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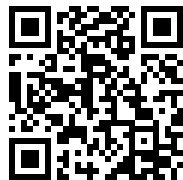
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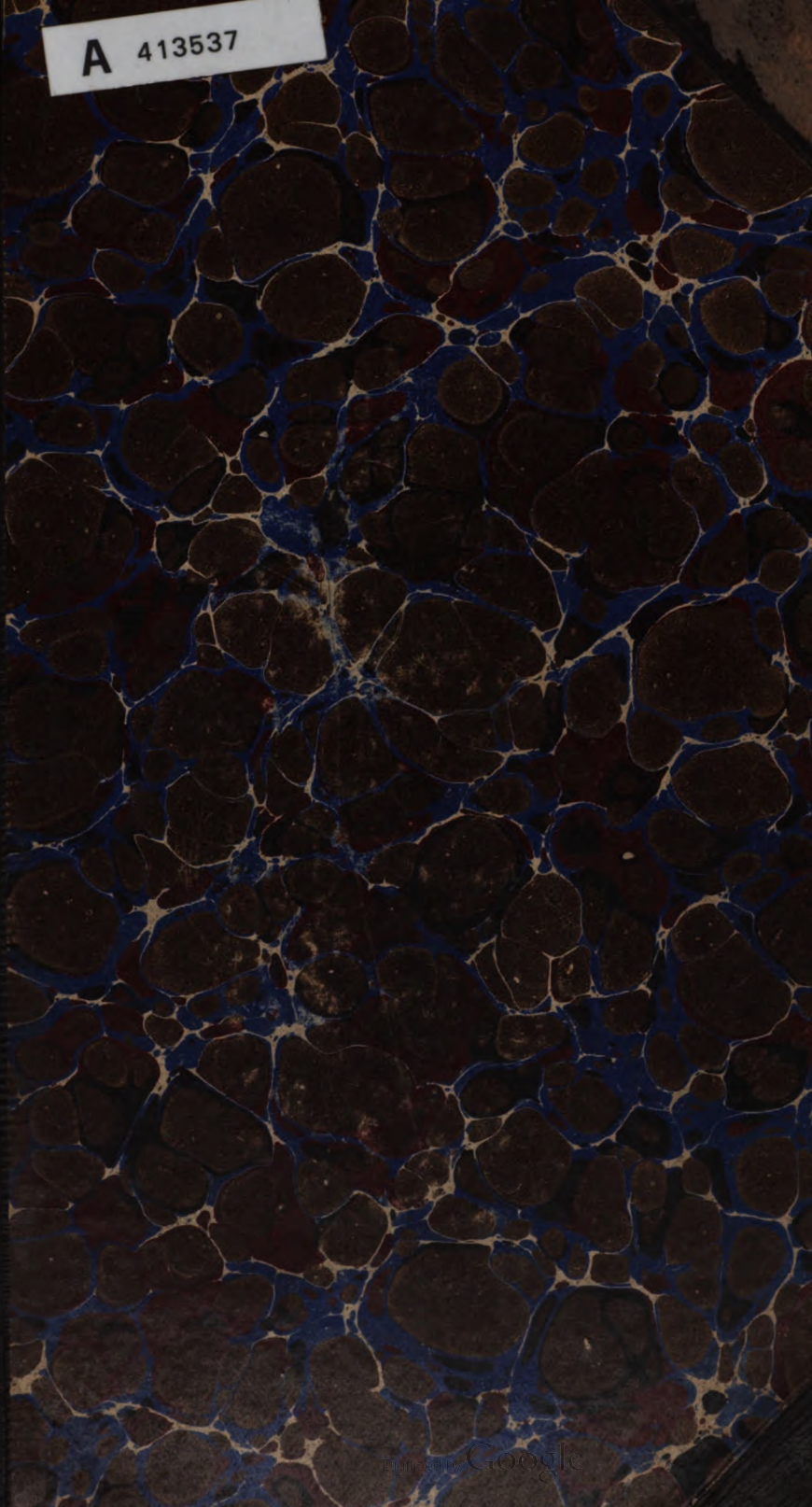
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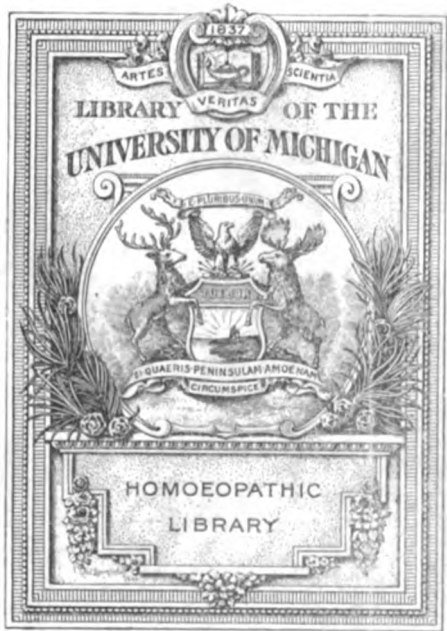
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THE MEDICAL ADVANCE

.. AND ..

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No. 1.

Pathologic Versus Symptomatic Prescribing.*

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VERSITY SCHOOL OF MEDICINE.

It was only since I returned home this fall that I was asked to prepare a paper on this subject, and, consequently, on account of the limited time, I feel that I can offer but a fragmentary study of a most important and many-sided question.

The title of this paper is a clear and succinct statement of the true position of the two great schools of medicine in relation to therapeutics,—on the one hand the pathologic (allopathy), on the other the symptomatic prescription (homœopathy).

It may be asked here if the allopaths do not also treat cases symptomatically. To which I reply that while they institute, oftentimes, what they call symptomatic treatment, it is not what we would designate by that term, being rather the treatment of single symptoms,—as pain by Morphia, rise in temperature with the coal-tar derivatives, etc.,—and, besides, they follow the expectant plan, in treating some cases, which leads ultimately to therapeutic nihilism; but whether symptomatic, expectant, or pathologic, their therapeutics has as its central idea, prerequisite to treatment, the finding out what the disease is that affects the patient, or failing that, the building, from such data as can be obtained, of a hypothetical disease upon which to base their therapeutic procedures.

* Read before the Boston Homœopathic Medical Society, Nov. 5, 1903.

But it is not my wish to weary you with a recital of details with which you are acquainted, nevertheless, a synopsis of this part of the subject is absolutely necessary for even its partial consideration.

Treatment of cases from the standpoint of the prerequisite diagnosis always reminds me of the joke I came across in an old copy of *London Punch*, in which an American physician, speaking to an English colleague, says, "Now in Vienna they're first rate at diagnosis; but then, you see, they always make a point of confirming it by post mortem."

This is the outline, as I understand it, of pathologic prescribing, pure and simple. From this it shades off, with many gradations, until we come to the method of those who set pathologic prescribing aside as valueless and who, therefore, prescribe symptomatically, i.e., obtaining "the totality of symptoms" and using them, for the purpose of selecting the similitum, according to their "rank of value," as Hering expressed it.

And now will come the question. Is not every symptom, in a case, of equal value in prescribing? For example, the bronchial rales, the symptoms of the cough and expectoration, the times of aggravation and amelioration, the desires and aversions, the mental symptoms, the physical signs and even the microscopic examination of the sputum, for by these last especially do we know *what* we are treating, whether tubercular disease or not.

In reply let me follow what has been considered a characteristic Yankee habit and ask a question.

What are we to do in a case *before* a definite disease can be recognized? For there is such a time, in most chronic and in some acute cases, and many patients present themselves or ask for treatment then. At this time the symptoms, being indefinite, point neither to the brain, thorax, abdomen, nor any other part in particular and yet the *patient* is sick.

We can attempt to turn this question aside by saying, Oh! these cases are functional. Perhaps they are, but some of them, at any rate, will later develop organic lesions.

How shall they be treated? Must we formulate a hypothesis before we can prescribe for such a case, or shall we wait until a positive diagnosis can be made? The latter alternative would be

the logical procedure from the standpoint of the pathologic prescription.

It is evident that the pathologic prescriber is here between the two horns of a dilemma, either he must prescribe early without the aid of a diagnosis, and so it will not be a pathologic prescription, or allow the patient to drift along for months and even years, without treatment, until a diagnosis can be made, speaking, of course, particularly of chronic cases.

Under such circumstances why not cut the Gordian knot and prescribe symptomatically? And, if the symptomatic prescription be useful in such an indefinite state, when a diagnosis cannot be made, the question naturally follows, "What is the need, in any case, of a diagnosis for the purpose of selecting the curative remedy?" Do not misunderstand, I do not say a diagnosis is not necessary nor useful for other purposes when it can be attained. I am only questioning its utility as applied to the actual purposes of prescribing.

And, if symptomatic prescribing is of value in cases where the diagnosis is impossible — and it has time and time again proved so — why not go a step farther and use it when the disease has advanced to a definite lesion?

It is evident, from what has been said, that the diagnostic symptoms may be set aside as useless in making a homeopathic prescription, for if the diagnosis is of doubtful aid, in prescribing, it follows that the symptoms by which the diagnosis is made are similarly valueless.

Having eliminated the diagnostic symptoms, the question arises again, which of the remaining ones are most useful in making a symptomatic prescription.

Hahnemann tells us, and all acknowledge, that the "totality of the symptoms" is the basis of the prescription.

Hahnemann tells us, and all acknowledge, that the more prominent, uncommon and peculiar features of the case are especially to be taken into account in making the prescription.

Are these prominent, uncommon and peculiar features freak symptoms? It does not seem reasonable to think so. In fact there is nothing in paragraph 153 of the *Organon* to warrant such

an assumption, and furthermore, it would seem that the question is fully answered in this paragraph. Let me read it:

“This search for a homœopathic, specific remedy consists in the *comparison* of the totality of the symptoms of the natural disease with the lists of symptoms of our tested drugs, among which a morbid potency is to be found, corresponding in similitude with the disease to be cured. In making this comparison, the more *prominent, uncommon* and *peculiar* (characteristic) features of the case are especially, and almost exclusively, considered and noted; for *these, in particular, should bear the closest similitude to the symptoms of the desired medicine*, if that is to accomplish the cure.”

We must note here what is said as to the more prominent, uncommon and peculiar features of the case being the ones to be *especially* and *almost exclusively* considered.

Which ones are they? The answer, which is a negative one, comes in the last part of the paragraph; it reads:

“The more general and indefinite symptoms, such as want of appetite, headache, weakness, restless sleep, distress, etc., unless more clearly defined, deserve but little notice on account of their vagueness, and also because generalities of this kind are common to every disease, and almost to every drug.”

Not the more general and indefinite symptoms which are common to diseases and drugs, but the symptoms which are uncommon, peculiar and characteristic, in disease and also in drugs.

What is the element that is present in this, that and the other case which makes them vary, ever so slightly, as to the peculiar symptoms, one from the other?

What can it be but those inherited or developed peculiarities, mental and physical, which are the expression of the true man, of the part which never dies.

To quote the golden words of Edmund Spenser, in his “Hymne in Honour of Beautie:”

So every Spirit as it is most pure,
 And hath in it the more of heavenly light
 So it the fairer body doth procure
 To habit in, and it more fairly dight
 With cheerful grace and amiable sight.
 For of the Soul the body form doth take;
 For Soul is form and doth the body make.

It seems reasonable to conclude that *this* is what Hahnemann had in mind when he wrote of the prominent, uncommon and peculiar features of the case which were to be almost exclusively considered in selecting the remedy if a cure was to be accomplished.

To repeat the trite sentence, we must treat the patient and not the disease, avoiding hypothesis and using the facts that are present.

I have a case to report which illustrates the effective work of the similimum in pre-diagnostic states and also the fact that sometimes, in chronic diseases, we have to wait until an "acute exacerbation" of the chronic miasm occurs before we can obtain the symptoms which point to the remedy.

Early in August, 1901, I was consulted by Mr. ———. He was then fifty-nine years old, of medium height, weight usually one hundred ninety-five pounds, complexion dark, but skin and scleræ of good color. He is a moderate user of alcohol. No specific history.

In the army (civil war) he had malaria with quinine *ad infinitum*, but has since been well, until five or six years ago when he began to have some gastric irritability at irregular times, with attacks of gradually increasing distress, the sensation of a ball in the stomach, and, finally, after four or five days' vomiting of much partly digested food and relief. No history of blood in the vomitus was obtained. During these attacks some vertigo. With some of the early ones he was jaundiced.

He has pains about the right shoulder blade, more or less, with aggravation from moving the hands or arms and relief from pressure and lying on that side. He can generally lie on either side or on the back with comfort, except that when an attack is on, he feels as he turns over in bed, as if the "ball" rolled from side to side.

At times pains in the liver region also, without particular reference to the stomach disturbances, not relieved by lying on the right side.

Stool every day, generally normal in character, sometimes gray and dry, but usually the color is light yellow to brown. He has been lately developing more of a tendency to constipation.

Urine often red and even brown, but for days at a time microscopically normal. Urinalyses usually negative, except solids decreased, specific gravity high, and once bile pigment was found.

He had lost from thirty-five to forty pounds in the last six months, and is now very sensitive to cold.

Tongue clean except mucous streak at edges. Mentally depressed and worried and sensitive to noises.

Physical examination: Chest, lungs negative, no cough. Heart, first sound somewhat valvular, impulse good; pulse fifty to fifty-five, full and regular. Abdomen, also negative, neither swollen nor retracted, no ascites and no tumor nor thickening to be felt. Liver normal. Spleen not palpable.

As he had been taking much old-school medicine, among which were several drugs which are antidoted by *Nux vomica*, he was given that remedy at first, and, some three or four weeks later, when a few symptoms seemed to indicate it, and also because it follows *Nux vomica* well, Sulphur was exhibited.

His condition slowly changed, no marked improvement, and yet he was better, but still the symptoms were so chaotic that no other prescription was hazarded. At the end of two months or so, there was very little progress, on the whole less pain, but he was not able to attend to business the whole day.

The state of things was such that I felt like Mr. Micawber when he was "waiting for something to turn up," but I did not have to wait long for there came on a series of attacks of abdominal pain which finally suggested the similitimum.

At first the pain was moderate and was relieved after taking food, so he had to eat every three hours to be comfortable, but after two days this failed. The pain then gradually became more violent.

Such remedies as *Sepia*, *Nux vomica*, *Colocynthis*, *Lycopodium*, *Rhus toxicodendron*, *Dioscorea* and *Cuprum metallicum* seemed indicated, at various times, but all failed to give more than temporary respite. For hours there would be entire freedom from pain, and then it would return as bad as ever. It was worse at irregular times in the twenty-four hours, one morning at eleven o'clock, then free till the next day in the afternoon, at which time lasting well into the night, and then followed by a free interval.

The attacks developed slowly and the abdomen was slightly bloated. The pain was a sense of pressure beginning at the scrobiculum and extending to the cardiac end of the stomach and from thence through the chest to the left shoulder blade.

At times relief from bending backward and at others relief from bending forward. Usually he was helped by pressure and especially by pressure with a hot water bottle. Temporary amelioration from warm drinks; skin dry, extremities cold, tongue coated, and breath offensive; constipation and vomiting with the intense pain.

Having at last obtained the foregoing symptom-complex it seemed very suggestive of lead poisoning, and on examination of the gums there, sure enough, was the blue line. But not being able to find any reason why poisoning should have occurred, I gave him *Plumbum metallicum* 3x with the result that the pain gradually left him, and the next day he was free and so remained. Not only was the colic cured, but all the old indefinite symptoms became less, and finally disappeared.

The remedy was repeated a month later and again three months after that, in higher potency each time. He has been well since.

I forgot to say that at no time while he was under my care was there any icterus.

Proceedings of the Central New York Homeopathic Medical Society.

ROCHESTER CLUB.

ROCHESTER, N. Y., June 11, 1903.

The quarterly meeting of the Central New York Homeopathic Medical Society was called to order by the Chairman, Dr. V. A. Hoard, at 2 P. M.

Members present Drs. V. A. Hoard, M. E. Graham, W. W. Johnson, J. Howland, A. C. Hermance, S. L. G. Leggett.

The minutes of March, 1903 were read and approved.

There was no report from the Board of Censors.

Dr. Johnson read Sections IX and X of the Organon, and Dr. Hoard presented the following paper upon this subject :

ORGANON. SECTIONS IX AND X.

When your president asked me to open the discussion on Sections IX and X of the Organon, my first thought was, that the vital force being the very ground work of homeopathic therapeutics, and as much a part of our belief as the law of cure itself, it would be no difficult task that was assigned me. But, on carefully reading them, I am convinced that they fully express all that can be said, and that so much can be expressed so well, in so few words, is indeed a marvel.

In his first edition of the Organon, Hahnemann said, "There must exist in the medicine a healing principle, the understanding has a presentiment of it." It was not however until the Organon had gone through a number of editions that he called this something the vital force, this was in the edition of 1833. In these few words he expressed a fact which is the fundamental principle of life.

The section reads: "During the healthy condition of man this spirit-like force animating the material body, rules supreme as dynamis." The definition of dynamis is, faculty, force, power, and as applied to biology, it is that which relates to the vital forces, to the organism in action.

The influences of agents on the organism which are ascribable to neither mechanical nor chemical causes are termed dynamic.

In these few words of the text is suggested the pathology of disturbed vital force, which stands today, as it stood then, pre-eminently above all others, and in our day is unaffected by bacteriology, or cellular pathology; these latter being a great advance in the science of preventive medicine, and of themselves, conflict in no way with the pathology as expressed by Hahnemann in the Organon; this I believe time will demonstrate.

By the action of the vital force we are able to comprehend the action of drugs on diseased conditions, and I believe this should teach us, that as this force in the organism is disturbed, in a higher or lower degree we should exhibit our remedies in varying potencies to meet such degree of disturbance, and not pin our faith to any one potency, or say we will neither go above nor below such a mark, in the exhibition of the remedy.

The vital force is upbuilding and constructive and maintains the co-ordination of all the organs and functions of the body. As the text says: "Maintain all its parts in the most perfect order and harmony."

Without it we have destruction and decay and the body it once dominated returns to its constituent elements. Again the text says, "So that our indwelling, rational spirit may fully employ these living healthy organs for the superior purpose of our existence."

What is the superior purpose of our existence? What a field is here opened for our thought.

Let us ask ourselves the question as physicians. In everyday work we meet and endeavor to relieve those conditions of disease, which usually come to us in a well-developed stage, diseases, many of them, that are without doubt due to some chronic miasm, which, perhaps, has been with the patient since birth; conditions which, had they been treated properly during the period of intra-uterine life, or in the formative period of infancy and childhood, would have been cured, or so nearly so, that the individual would pass through the allotted time of life, subject only to those diseases due to accident or exposure.

Gentlemen, I believe that preventing disease, on this line, is one of the highest duties of the physician. By studying the constitutions of the parents, and giving the constitutional remedy of both parents, to the mother during her pregnancy, and later to the child as its condition indicates, makes it possible for us to do great things on this line.

W. A. HOARD, M. D.

DISCUSSION.

The subject being presented for discussion:

Dr. Howland stated she had treated the mother, during pregnancy, with the result of an easy labor, in most instances. She said every prospective mother should have homeopathic treatment during pregnancy, if she had symptoms calling for a remedy; that the puerperal period would be shortened, the child better developed and healthier. In one case, so treated by Dr. Howland, labor lasted but one and one-half hours, and the patient was de-

livered of a ten-pound boy. In another, the patient improved much during pregnancy, but, because of small pelvis was delivered, instrumentally. Yet, like the first, the recovery was rapid and uneventful.

Discussion concerning the action of the remedies, and appropriate remedies in these conditions, and their influence upon the after life of the child, was animated and in accord.

Dr. Hoard believed that the painful symptoms in incurable diseases were best relieved by the indicated remedy.

Dr. A. C. Hermance then read the following paper upon

ECHINACEA ANGUSTIFOLIA IN BLOOD POISONING:

My knowledge and use of this drug is of necessity empirical. However, from reports read of its action and my own clinical experience, I am inclined to think it destined to take a prominent place in our materia medica. Particularly will it be indicated in diseases arising from a depraved state of the blood; in poisoned wounds, stings and bites of poisonous animals or reptiles; in erysipelatous conditions, septic infections and blood poisoning generally.

From my limited source of information I can only say that this remedy is obtained from an American plant indigenous to our Western prairies, the common name of which I do not know. However, my purpose in this paper is not to discuss the botanic characteristics of this remedy, but in a few clinical cases to relate its action and the general results obtained by its administration.

CASE I.—Mr. C., aged sixty-five years, a paper box maker by occupation, while working with some colored paper, cut his right thumb slightly on edge of the paper. The injury caused him little inconvenience until next day, when the finger began swelling rapidly, accompanied by intense lancinating pain, and much discoloration, purple in character. The day following I was called and found the following conditions:

Finger greatly swollen, dark blue or purple in color.

Lancinating, burning pain, running up the arm arterially.

Veins distended and swollen; arteries like red streaks running up arm, and very painful to touch.

Axillary gland swollen and very painful.

General muscular soreness, "seems as if pounded."

Vertigo with deathly sick feeling all over.

Trembling of lower limbs, cannot walk.

Dull, stupefying headache, with sense of weight on vertex.

General and extreme prostration.

Face drawn, haggard, deathly pallor, cold moisture on forehead.

Nausea and vomiting.

Diarrhea with frequent, offensive stools.

Throat swollen, fauces dark and purplish in color, with ulcerated patches.

Inability to swallow. Raises bloody mucus when coughing.

Tongue swollen, bluish color, very sore to touch.

Temp. 103°. Pulse 100.

Lach. 200, in solution, was given every two hours. This was at 9 A. M.; at 8 P. M. there was no improvement. Hand and arm swelling rapidly; profuse watery diarrhea; stool every hour, very offensive; cannot retain nourishment. Flaxseed fomentations ordered applied to hand every half hour. Lach. continued. 11 P. M. condition was unchanged. ℞ Ars. cm, one dose.

9 A. M. next morning. Patient had a very bad night. Heart action is now irregular. Hand and arm terribly swollen. Diarrhea, pain and prostration marked. Slight delirium. Temp. 103 2-5°. Pulse 110. ℞ Echinacea, φ twenty drops in half a glass of water, a teaspoonful every hour. Dressing, same remedy, 1 dr. to pint warm water.

4:30 P. M. Diarrhea lessened. Hot milk retained, other symptoms unchanged. Echinacea continued.

9 A. M. Following morning. Pulse regular, Temp. 101° much less pain, purplish color fading. Had two hours' sleep during night, nourishment retained. Echinacea continued.

4:30 P. M. Continued improvement; tongue moist and better color; throat clean and swelling reduced.

9 A. M. Third day. Patient rested well, temperature and pulse normal, Diarrhea ceased, swelling gradually subsiding, purplish color not so marked, pain much better. Echinacea continued.

The patient continued to improve daily. In one week from the

time he went under treatment the glandular involvement had disappeared. The hand and arm had assumed a healthful color, pain and swelling almost entirely disappeared. Taking regular nourishment, and gaining strength rapidly. In ten days he was practically well, with the exception of some muscular soreness.

CASE II.—Mrs. C., aged twenty-two years, while breaking up some boxes, accidentally ran a rusty nail in the palm of her hand. The next day after the accident, she presented the following conditions:

Hand much swollen.

Purplish areola around wound.

Red streaks running up forearm, muscular soreness, continued burning pain shooting up arm, swelling in axillary gland, severe frontal headache; nausea and vomiting. Temp 102° , Pulse 101.

℞ Echinacea 1x in solution every hour.

In twenty-four hours there was marked improvement, the 3x was then given every three hours for two days, with continued and rapid improvement. In five days patient was discharged cured.

CASE III.—Mr. M., aged fifty years, scratched his leg just above the knee with a rusty nail while packing some furniture. This was followed next day with swelling, burning, lancinating pains through wound, nausea, vomiting, and offensive diarrhea, frontal headache, rise of temperature, purplish areola around wound, general prostration, marked thirst. Arsenicum was given in different potencies without results. This was followed by Lachesis without improvement. The wound began sloughing badly, pains so severe patient could not rest day or night. A marked symptom in this case was sensitiveness to touch of the affected part, he being unable to bear the least pressure. Echinacea, φ twenty drops in half a glass of water, a teaspoonful every hour was given and a dressing of the same applied externally. The result being immediate improvement, and complete recovery in two weeks.

The special sphere of action of this drug seems to be upon the fluids of the body. It might be termed an internal antiseptic. We have records of it as greatly relieving the pains of carcinoma, and in malignant carbuncles its action has been quick and curative; also in septic diarrheas, and septic peritonitis from retained placenta, we have clinical evidence of its great efficacy.

Among the drugs whose pathogenesis correspond more closely to the symptoms exhibited in these cases are perhaps: Arsenicum, Arnica, Crotales, Pyrogen, and Lachesis. The latter remedy, as I have stated, was given by me with the result here given; also the Arsenicum.

Under Lachesis, we have the swollen, purplish, ulcerated throat, the marked systemic weakness, with offensive diarrhea, the burning lancinating pains, and purplish areola at seat of injury. Affected parts are bluish in color. Carbuncles with purplish surroundings, gangrenous ulceration with purplish areolæ.

Crotalus Hor: With its purplish erysipelatous inflammations. Stings of insects turning blue, felons and abscesses when parts are bluish, septic poisoning, purpura hemorrhagica, etc.

Arsenicum: With its burning pain, malignant pustules with livid areola, septic diarrhea and glandular affections.

Arnica: With its muscular soreness, echymosed spots, and septic states generally. Whether or not I should have accomplished the same results with one or the other of these remedies I do not know, but my desire to prove the efficacy of Echinacea, led to its exhibition with the results here recorded. I would suggest, when, in these cases of septic origin, our well-selected remedies fail, that we do not forget *Echinacea Augustifolia*.

DR. ALEXANDER C. HERMANCE.

[Anthracinum and Pyrogen may also be compared in carbuncles, malignant pustules, septic poisoning, etc., with purple or bluish areola and intense burning pain.—Ed.]

Dr. Hermance's paper was presented for discussion.

Dr. Howland thought the case suggested Natrum sulph.

Dr. Graham was inclined to believe that one of several remedies might have cured the case.

Dr. Leggett thought that from the standpoint of a treatment of the disease, the last assertion might be true, but from the standpoint of the individual expression of the sickness, the one remedy *only* had power to *complete* the cure; else, why so many partial cures?

Dr. Graham had used Echinacea in wounds and injuries, with success, when indicated by the symptoms.

Dr. Hermance related a case of blood poisoning following the

extraction of a tooth with a local anesthetic, that had exhibited, the color, sensitiveness, etc., and yielded quickly to the prescription of Echinacea.

Dr. Leggett asked if the extreme sensitiveness was a strong indication. Dr. Hermance said, "Yes."

Dr. Graham recommended the remedy in puerperal sepsis.

Dr. Johnson then read some cases sent by Dr. Alliaume, Utica, N. Y.

CLINICAL CASES.

CASE I.—Mrs. W. L. T., July 30, 1902. A lady about fifty-five, well nourished and about equally balanced in the sanguine and bilious-mental temperament, had had her back broken in the dorso-lumbar region by being shut in a folding bed.

The physician who had cared for her did not replace the fragments of vertebræ in their normal position, but simply put her in a plaster cast. About a year before coming to me, she had fallen upon a slippery walk, striking the back of the head very forcibly, and she had suffered with the following symptoms ever since:

Mental: Everything seems like a great effort; does not want to have company. Desires to be alone. Despondent. Wants to stay at home all the time.

Head: Incessant ringing in head. Very heavy pressure on vertex. Back of head and parietal regions felt like a metallic cap under the skull. Pain and lame feeling in occiput every morning. Throbbing in temples.

Nerves: Spells of complete exhaustion; can hardly move. Internal trembling; crawling of flesh over surface of body.

Chest: Much pain in left side, < lying on it.

Breathing: Some dyspnea at night. Must lie with head high.

Extremities: Very weak, left arm the worst.

Ears: Aching in left.

Nose: Bleeds frequently.

Sleep: Always late in getting asleep.

Heat and Cold: Heat prostrates. Cold water with meals nauseates. Glonoin iom.

August 9. Less ringing in head, pressure on vertex, pain in

occiput. Exhaustion about the same. Pain in left side of chest when lies on right side. Dyspnea. Weak feeling about heart. Arms and hands less weak. One slight nose bleed. Less desire to be alone. Late in getting asleep. \mathcal{R} Placebo.

August 25. Less pressure on vertex. Aching in occiput severe in morning. Ringing in head. Less exhaustion. Pain in left chest better. Some palpitation. No nose bleed. Sleepless by spells. Weakness of arms and hands by spells. Less earache. Legs ache. Glonoin 10m .

September 29. Kept her supplied with Placebo until now. Generally better. Some pain in occiput; must sleep with head high. Does not sleep well. Pain about heart when lies on left side. Gelsemium 200 .

October 4. Nape of neck more lame. Pain in occiput, $<$, comes over vertex and extends down shoulders. Placebo.

October 14. Had bilious attack. Neck very stiff in morning, and feels as if occiput were in an iron frame. Aching of back in lumbar region. Late in getting asleep. Sharp, quick pains about heart. Pressure on vertex. Crawling, prickling of flesh. Glonoin 10m .

November 18. I have kept patient on Glonoin, and she is surely getting well. Believing she was not doing as well as she might and that she was somewhat psoric, I gave a powder of Sulphur $2m$ and it helped her, especially in the crawling and prickling of the flesh.

February 17, 1903. On this date I discharged the patient as cured. All of her symptoms had gone, except some times she was late in getting asleep, and would get nervous. This I attributed to the spinal irritation, where the back was broken, and believe this irritation will always exist.

I believe I made a mistake when I gave her the Gelsemium. I wanted to hurry things. DR. C. E. ALLIAUME.

The subject of Dr. Alliaume's paper was discussed, and the author complimented upon the cure of a difficult case.

Dr. Howland suggested Natrum sul. for Dr. Alliaume's case as one of the most prominent remedies for concussion of the brain, when the patient in a fall strikes the back of his head.

Under miscellaneous business the secretary presented the bill for publishing the transactions of March, 1901, \$56. She reported \$38 in the treasury, and asked for instruction.

A member mentioned that Dr. Gwynn had thought many families of deceased members would be interested in the publication and willing to contribute.

Dr. Johnson made a motion which was seconded and carried, that Dr. Gwynn should be requested to do what was possible in this matter.

Dr. Graham made a motion which was seconded and carried that the treasurer be empowered to pay such funds as were in the treasury at once, and promise the balance as soon as available.

Upon further discussion of ways and means, the secretary was requested to send out notifications to members, of unpaid dues, payment of which would more than cover the indebtedness.

The meeting then adjourned to meet in Syracuse, Sept. 10, 1903.

S. L. GUILD-LEGGETT,

Secretary.

Thought Force and Nerve Impingement.*

E. N. CHANEY, M. D., PASADENA, CAL.

Physicians, who depend upon the single potentized remedy, as well as others who do not, neglect to a greater extent than is always practical, the removal of orificial irritation. Hahnemann drew our attention in his *Organon* in notes under Section 7 to pelvic troubles.

Removing adhesions and tumors, having their origin in *suppressed disease*, by the use of a drug potency, is a common occurrence; so also is the curing of chronic miasms and acute diseases in the same manner.

Wonderful it seems, when we place the anatomy in a condition that will make it almost impossible to take on disease until old age or accident supervenes. This fact has, however, been demonstrated by many physicians during the past fifteen years. All physicians know, or should know, that the sympathetic nerves

* Read before the Southern California Homeopathic Association, Los Angeles, Oct. 15, 1903.

(which bear the mentality of the body, regulate the blood circulation, the glandular and mucous secretions, and the peristaltic action of every tube in the body) present their terminals to the mucous surfaces of all the orifices, and especially to the sphincters and strictured portions of the last five feet of the large intestine. This afflicted locality is not usually felt by the cerebro-spinal system, which bears the mentality of our sensing and reasoning faculties. Finally, physicians are discovering trouble in the pelvic cavity that has disabled our organism indefinitely, and which has existed unrecognized.

The membranous folds of the orifices, that were congested in the parents during pregnancy, are not well reproduced in the offspring. As a result the tissues that should be duplicated in the infant appear undeveloped, and the membranous folds in the bowel, urethra, etc., are adhered and their caliber constricted, producing a state of nervous prostration all through life, unless the adhesions are forced open. One may possess the adhesion all through this earthly existence without knowing pain or sickness, if he is careful to limit the expression of human energy, and if he is fortunate enough to receive no chemical or traumatic injury to the impinged nerve terminals.

A foreign dynamic force can only enter our economy when invited there by a nerve irritation or vibration, which resembles the vibration expended upon the tissues by the proving of some drug. The inviting vibration is always produced by a congestion set up by a chemical, traumatic or bacterial agency. The tubes and glands are not all able to carry off the toxins fast enough to suit the emergency, because the activities of the sympathetic nerves are embarrassed by impingements and congestion soon involves the terminals and reflexes with their adjoining tissues.

Let us consider nerve vibrations as manifestations of a spirit force personified. If our tissues are in a normal state, we know that the nerve vibration comes from our own dynamic spirit force, but when symptoms abound, we observe the results of a drug spirit force utilizing our dynamic force. Every symptom is the expression of thought common to some drug's proving; its mentality is acquired during an individualizing physical existence.

The spirit force of a drug can be dealt with dynamically on

the physico-mental plane by potenziating the drug; that is, the influence of a remedy when potentized can act upon the mentality of the body, not necessarily on the reason; also the spirit force of a drug will enter our being and produce a manifestation when the mind of our body becomes emotional from auto distress.

As we register the hundreds of symptoms that individualize each drug during its proving, truly we can say, it is the thought or mentality of a drug that we deal with, and until the physician recognizes the bodily mentality *per se* of his patients his success must necessarily be limited. Having determined upon dynamic force as a THOUGHT PROBLEM, the action of potencies on the body is easily solved.

Psychology teaches us that all *thought desires manifestation*; also, *like thought is attracted to like thought*. The whole creation is formed by each and every thought finding a *physical expression*, according as each preceding thought has produced its manifestation and created a desire for the next thought in order.

We know that no one can hold our attention better than the person whose desires and expressions are like our own, and then when we are satisfied, quietude reigns supreme over our ambitions of expression. This is true of the spirit forces of disease and its remedy. If one's dynamic force is occupied with the foreign spirit force of a drug, we call it disease. It can be divested of its power to influence our dynamic force by introducing into the system, in water or on pellets a few drops of the potency having a like spirit force. This will re-establish our own dynamic force, which is a condition of health. Foreign spirit forces and the seemingly innocent membranous adhesions are both pernicious, therefore we must count it impracticable to relieve one and not the other.

It is not necessary to inflict, in most cases, a radical operation nor even to cut, cauterize or ligate the orificial pathological accumulations but gently resort to freeing the adhesions with probes, forceps, dilators and other instruments devised for this primary orificial work, together with the assistance of lubricants and non-toxic antiseptics and with the indicated remedy in a high potency; although at times in a low potency; the result will be, many so-called incurables will find health.

It may seem absurd upon first thought to speak of all pelvic

congestion as being caused by bowel disturbances; but when we remember that adhesion must have congestion in order to pull on the impinged nerves and cause pain locally or reflexly, and that congestion can only be aroused by a traumatic or chemical injury; and whereas no organ but the bowel can produce a traumatic or chemical irritation within itself, it stands to reason that the origin of all pelvic congestion is located in the undeveloped mucous membranes and the excreta of the large intestine.

This pathology exists almost entirely upon sympathetic nerves and ultimately may reflex the disturbance to the spinal cord, which in turn produces within humanity a disposition to mental agitation and crime against their reason. Therefore by removing pelvic irritations, we give to our fellowman a better circulation, a stronger mentality, a more forceful vitality and a happier disposition.

Cure of a Tumor Resembling Carcinoma.

FROM DIE ALLG. HOM. ZIETUNG. TRANSLATED BY A. MCNEIL, M. D.,
SAN FRANCISCO.

My father-in-law, the notary, Herr W. A. C., residing in Helvoit, Province of North Brabant, Holland, became ill in his sixty-third year of a disease of the stomach. He descended from a remarkably powerful family. He himself was in the fullest sense of the word of Bismarckian stature. Carcinoma, however, very frequently occurred in his family. His father died of carcinoma ventriculi; mother and sister, of carcinoma mammæ. His sister I have myself known. She without doubt had carcinoma mammæ, ulceration, edema of the left arm, etc.

The notary became ill in 1900 of a disease of the stomach. For years he had occasionally complained after eating, never when the stomach was empty. In a few months his Bismarckian stature had become that of Moltke, but not so sound as he. Herr C. was miserable. Icterus, copious hemorrhages of the stomach, nausea and vomiting of what he had eaten, and pains in the stomach. He had gone privately to different allopathic physicians in the neigh-

boring city of Hertogenbosch. Later, I learned that they had all pronounced his disease cancer of the stomach.

With two other physicians I examined him in his bed. We discovered a painful tumor in the region of the pylorus. The lymphatic glands in both axillæ and on the right side above the clavicle had all the properties of carcinomatous lymphatic glands. We all agreed that it was carcinoma ventriculi. The question arose, operate or not? We, therefore, sent him to the University of Utrecht. Prof. P. Talma with his assistant, Dr. B., examined him in April, 1901. His written opinion to me was a sad one. He would decide as to the advisability of operating when Herr C. returned in May. In the meantime the stomach was to be washed out daily with the stomach tube.

In May Herr C. returned to the St. Andrews Hospital, in Utrecht. Professor Talma several times examined him in April, washed out his stomach, examined his blood, etc. In May the professor again carefully examined the patient. I received Professor T.'s decision, which was as follows:

UTRECHT, May 7, 1901.

HONORED COLLEAGUE: I have examined notary C. once more. He has rapidly lost strength. Achlorhydria, lactic acid, large bacilli, hypoxanthines in the contents of the stomach. Great motor insufficiency (of the stomach?), emaciation and the beginning of cachexia. My diagnosis is rapidly developing carcinoma of the pylorus. *Inoperable*. Therapeutics M. See that there are good stools with enemas of glycerine. Wash out the stomach every morning. Decoction of Cundurango. Diet: must keep his bed.

Collegially yours,

(W. G.) PROF. S. T.

(Translated literally from the Dutch.)

The examination of the blood in April had shown: 5.1 millions erythrocyten; 10.500 millions leucocyten: 1,470 hemoglobulin, 83 to 90 per cent; polyneuclein 58.3 per cent, lymphocyten 30 per cent, cornuphile 3 per cent.

Herr C. also had cirrhosis hepatitis, perhaps arising from the absorption of injurious matter from the stomach. The liver large and hard.

If I am not mistaken, the professor in April referred especially to the swelling of the axillary and right supra-clavicular lymphatic glands as a demonstration of the malignant character of the dis-

ease of the stomach. The notary could not in the meantime attend to his official duties. The peasants had seen him vomiting.

Enemas were not used. He was always cold and he had coffee-ground stools. He took the Cundurango which caused nausea and disordered his stomach so that he could not drink milk even. Then he turned to Homeopathy. The village physician retired in anger. The stomach tube was employed daily for a month first by myself and then by one of his daughters whom I taught. He took Arsenicum for months, exclusively and regularly twice a day, 10 drops of the 6th dilution. Occasionally I gave Opium 30 by which I regulated his bowels.

Now a peculiar period began. The North Brabant Bank in Hertogenbosch failed suddenly and unexpectedly. The failure caused a great sensation in the Netherlands. Herr C. lost his entire property. He was honorably discharged from his notarial office by the queen of the Netherlands. Now ensued a year of horrible pecuniary and domestic cares. And yet he improved more and more. In the last months of service in his office he again held the periodical sales in the open air and in the fields. He played cards every evening with the peasants for months in the village tavern and drank water only. He had never used alcoholic drinks, and was indeed the founder of the anti-alcoholic Paulus verein in Brabant. As a specialist in agriculture, celebrated in all of Holland, he delivered lectures at the meeting of the national agricultural society to which the queen appointed him. He then lived in an institute on a pension which he received as a teacher in the real school before he became a notary.

The allopathic physician in Grave, director of the hospital in that city wrote to me:

GRAVE, Sept. 18, 1902.

DEAR FRIEND: The report of the examination for the life insurance company, of your father-in-law, Herr C., was really very good, at least very satisfactory.

With my warmest greeting,

DR. H.

What had happened? He had to be examined by the society "Nederland." He still takes the Arsenicum. In the late autumn of 1902 and in the first half of 1903 he was thoroughly healthy. He was once more a Bismarck. His clothes were too small, etc.

He was cheerful; he ate as formerly, that is as an epicure: he never vomited: he sang and danced for hours: he went to The Hague: he visited me in Gouda and sat in my pew in the Catholic church at Gouda. "What a big fellow!" the people said. He was judicial co-laborator in the newspapers. The swelling of the glands had entirely disappeared. And all this improvement occurred during the most horrible sorrows which caused the hearts of his children to ache almost to breaking and would have made a well man ill.

June 19, 1903, he was taken ill suddenly in the open fields and had an attack of classical pneumonia. The allopath, Dr. H., visited him as physician for the first time. Herr C. died on the critical day of paralysis of the heart. Neither the doctor nor I found the slightest trace of his former illness on his body. All the papers of Holland wrote articles on the life and work of Herr C., my dear father-in-law. He was a well-known man in all Holland. Was his case carcinoma?—I do not know. At all events it was very much like that disease. If he had been operated on with the same result, I would have been compelled to shout, "Long live modern surgery."

The case could not have been one of psychogenetic dyspepsia. He was the greatest and most decided optimist I ever saw. When the stage of psychical depression suddenly and unexpectedly afflicted him by the loss of his property by the bank failure, the cure had already begun.

Dr. H., of Grave, considered the case one of pseudo-leucemia. The spontaneous cure even of carcinoma is possible. (See the case of Frau Koenig Verh. de Deutsch Gesellschaft fur Chirg. 1899.)

At the beginning of 1903 the above-mentioned Professor Talma lectured in The Hague at the scientific congress on carcinoma. He said that the last fifty years had produced no essential changes in our knowledge of cancer. Did the above-mentioned case float before his eyes? I do not know.

PAROXYSMAL PARALYSIS: CURARE.

The following is concerning a case of paroxysmal complete paralysis of motion with unimpaired consciousness reported by the

one who relates the above case, cured by Curare, which I translated for the Advocate. Trans.

June 9, 1903 Fraulein von H. wrote me that she remained well all the time. She says no trace remains of her horrible perfectly regular recurring sufferings, which had afflicted her for years. This was a similitum case, such as I have not seen such another and perhaps never will again, in confirmation of the law of similars.

DR. A. C. A. HOFFMANN,
Physician at Gouda, Holland.

Is Appendicitis a Medical or Surgical Disease?*

E. G. FREYERMUTH, M. D., SOUTH BEND, IND.

Early last spring I received a telephonic message from a sister-in-law, asking what she could do for a terrible pain she had in her bowels. It had troubled her more or less since she was awakened by it in the night. She had almost fainted from its severity just before telephoning. I deemed it important to see her at once. A diagnosis of appendicitis was easily and quickly made. The indicated remedy was prescribed and directions for cleansing the alimentary tract were immediately followed. In a short time relief came. Mag. phos., Bry., Nux vom. and China, as indicated, brought the patient safely through the attack in a few days.

Subsequent to her recovery (?) she was carefully watched. The appendix was frequently palpated and a progressive decrease in its tenderness was gratifyingly observed until quite firm pressure failed to elicit signs of disease. Her symptoms called for China, which she received in a high potency. The lady, a frail and delicate little body, had always been regarded "sickly" because of an anemic appearance, but under the China and an occasional intercurrent remedy, as called for, she made such improvements in health, strength and general appearance as to call forth remarks from friends and neighbors. But lo! Without a moment's warn-

* Read before the Northern Indiana and Southern Michigan Homeopathic Medical Association, Nov. 4, 1903.

ing and like a bolt from a clear sky, she had another acute attack in July, more severe than the first. She finally recovered from this second siege much emaciated and in a very weakened condition. The question of a third attack was now considered. The patient and her family readily agreed with me that a recurrence of the trouble was far more dangerous to her life than an operation as soon as her strength permitted surgical treatment.

Early in September she was taken to Hahnemann Hospital, Chicago, where Dr. Chislett excised the appendix, which was found to be cystic and enormously distended, and turned so that it was adherent to the cæcum by its upper surface. The patient returned to her home on the twentieth day after the operation and has made an uneventful recovery, and rejoices today because of the assur-



NATURAL SIZE

- | | |
|--------------------|-------------------------------|
| 1. Tip of Appendix | 4. Meso-appendix |
| 2 and 3. Cysts | 5. Line of Adhesion to Caecum |

ance of a non-recurrence of the disease and the enjoyment of better health and digestion than she had had for years.

My object in reporting this case is to propound the following questions :

“Is appendicitis a medical disease? or, is the surgeon right in claiming it to be a surgical disease? What remedy in the *materia medica* could have assured the patient against another attack that would in all probability have been fatal?” In the light of the case reported how will the unbiased, prudent and conservative practitioner answer these queries? An increasing experience with this affection and my observation, persuades me to decide in favor of the surgical side of the question. I do not take this view from the standpoint of a surgeon, but from the position of a general practitioner who firmly believes in the efficacy of the homeopathic remedy, who finds that the more closely he “hews to the line” of *similia similibus curantur* the more chips fall to the side of success and who always aims to conserve the best interests of his patients.

But I also agree with Dr. J. B. S. King when he says “Homeopathy is not *all* of medical science.” The law of similars has its limitations. No system of drug therapeutics can offer as much for the patient suffering with appendicitis as a timely appendectomy does. Some of my Denver colleagues who may learn of the views here expressed will think I have undergone a radical change in opinion concerning the treatment of appendicitis.

An acute attack of appendicitis may be caused by a foreign body in the organ — pins have been found in it; by a constriction of its lumen preventing the escape of appendoliths, fecal matter or mucus and consequent formation of abscess; to an interference in its circulation, causing gangrene; to cystic degeneration, etc., all conditions demanding surgical attention, and each of which is a menace to life as long as it remains uncorrected. The idiopathic form of the disease, and which, by the way is difficult, and often impossible, to diagnose from the other varieties, may be amenable to medicinal cure, but in process of cure (?) may develop a pathologic surgical condition that will predispose to recurrence of attacks. Recurrence in fact is the rule. Subsequent attacks are generally more severe and serious and may come on

at a time when or place where skillful treatment cannot be obtained. So the idiopathic form, though apparently cured, may also become a menace to life. Life insurance companies appreciate this fact and reject all applicants who have had an attack of appendicitis unless the offending organ has been removed.

In exceptional cases one attack is all there is to a case of appendicitis. But the possibility of an erroneous diagnosis must not be lost sight of here. It is well enough to admit that appendectomy is often needlessly performed through error in diagnosis. The well being of the largest number of appendicitis patients demand operative procedure, sooner or later. This is clearly shown in the case cited in this paper. Many others could have been reported, but this particular case is selected by way of illustration. because the patient being a near relative, placed the writer in a trying position in advising a radical measure.

The question, sometimes most difficult to decide, is when to operate. If the surgeon can select the time, the best moment for the operation is after the subsidence of the symptom of an acute attack — when the patient is himself again — and before the recurrence of another attack which almost always “comes like a thief in the night.” Aseptically done, the operation at the time is practically free from danger. The next best time for successful surgical work is during the first twenty-four hours of the attack. The mortality of the operation during this stage is low, but increases with each hour of advance of the disease beyond the first day. There is sometimes a time in the history of an appendicitis when it is well-nigh impossible for the medical attendant and consulting surgeon to decide upon a line of treatment. Both fully realizing the gravity of the case either would gladly give way to the other’s judgment. To operate seems like hastening the end; not to operate seems like depriving the patient of the only chance for recovery. In this predicament the patient, his relatives or friends decide the question and either the physician or surgeon signs the burial certificate when a timely operation would have saved the patient’s life.

I imagine some will regard the views expressed in this paper as extreme and will urge a greater reliance upon indicated remedies, especially the anti-psorics, in the treatment of the affection

under consideration. Let me ask my critics how we may know whether the disease has been cured or is only in a quiescent state?

The case reported in this paper seemed cured when it broke out again with alarming fury. In the September number of the MEDICAL ADVANCE, Dr. C. E. Fisher gives the history of two surgical cases that had, for a long time, been under the professional care of that careful and successful prescriber, Dr. H. C. Allen, yet both had to have the scalpel applied before a cure was accomplished. An unsuspected abscess of appendix was found in the one operated upon for uterine fibroid. How long this "abscess distended, almost to bursting, with pus" existed cannot be guessed, but that it developed under the careful attention of Dr. Allen cannot be doubted, for the patient had been "under his care for three years or more."

One can readily understand how the gross symptoms of an appendicitis could be disguised or overlooked in a patient afflicted as this one was. Still the remedies given must have included the appendical trouble, for the "totality of symptoms" covers all the morbid conditions of a case. Theoretically the inflammation in the appendix in Dr. Allen's case should have been cured in its incipency; actually it developed into an extremely dangerous condition. Query: Does not this case further prove *that appendicitis is a surgical disease?*

Since writing the above, I have read the discussion of Dr. Wieland's paper, "The Knife and the Remedy in Appendicitis" in the October ADVANCE. The paper carries with it the conviction that its author has been taught some lessons in the treatment of appendicitis. It was logical, forcible and conservative and should have been better received by those who heard it read. The statement made by one of the speakers that he had practiced forty years and during that time had had a good many cases of appendicitis and never lost one is a twin sister to the statement sometimes heard that a "torn perineum has never occurred in my practice which covers an extensive obstetrical experience of many years." The writer once met the latter assertion with "such a one either makes no ocular inspection of the parts after delivery, cannot recognize an injury or —." It would be interesting to know how many deaths from inflammation of the bowels, peritonitis, ob-

struction of the bowels or obscure abdominal complaints occurred in the practice of these forty years. I do not question the honesty and sincerity of the speaker, but only suggest the probability of errors in diagnoses.

Not long ago a young lady of this city consulted a prominent and well-known prescriber in Chicago for relief from a chronic appendicitis, so pronounced by a number of able physicians in different cities who attended her during acute attacks. Each referred the case to the surgeon. She is now being treated with high potencies for a *tender and enlarged lymphatic gland* in the region of McBurney's point.

Another patient of this city consulted the same physician, and, without making a physical examination, assured the young man that it was impossible for him to have had appendicitis because the attack was accompanied with diarrhea.

The Philadelphia surgeon of large experience whom one of the speakers reported, "never operated for appendicitis until pus had formed" practices a system of surgery that is unique and must be original because it is at variance with the best surgical thought of the age, which holds that the best time to operate during an attack of appendicitis is in the first twenty-four hours of the paroxysm and before pus has formed so clean work can be done and the abdomen closed without drainage.

It is this delay in operating that is very largely responsible for the existing prejudice for surgical treatment of appendicitis. An appendical abscess is always dangerous and operative measures for its removal are attended with great mortality. Such an abscess may burst before the patient can be prepared for an operation, and cause death or a protracted and lingering convalescence and subsequent operation for the removal of an appendicular stump, ventral hernia or some other complication. It is the bad results of delayed operation the opponents to surgical treatment always refer to and magnify, ignoring the practically universal good results of early operation.

Homeopathic Therapeutics of Spinal Sclerosis.

CLARENCE C. HOWARD, M. D., NEW YORK.

Under the head of Spinal Sclerosis I have included Locomotor Ataxia, Spastic Paraplegia or Lateral Sclerosis, Ataxic Paraplegia and Friedrueck's Ataxia, diseases characterized by a process of connective tissue proliferation supplanting the normal or injured parenchyma, and although differing in their symptoms vary considerably according to the locality of the injury to the cord from a therapeutic standpoint they can be grouped under one head. I believe there is no remedy in our materia medica which might not be the similar of some of these diseases during their course, but I have selected only drugs the symptoms of which I have verified, having found in them a cure, a relief to the distressing symptoms. When these cases are diagnosed early, my experience has been that the progress of the disease can be arrested and practically cured as the healthy or less-affected portion of the cord will perform the normal functions of the whole.

ALUMINA.

The pains of Alumina are sudden, sharp, stabbing, gnawing and throbbing, coming on at intervals, accompanied by a sensation at times as if the limbs were being squeezed in a vise; these pains are felt through the body. Again, there is pain mostly confined to the lower vertebræ, as if a hot iron were being thrust through the tissues; stiffness, numbness and insensibility of lower limbs, tearing in all parts of the lower limbs.

Drawing pains in the knees on ascending stairs; cramp in calves on crossing legs and on resting toes on ground; on stepping the soles of the feet are painful, as if swollen or too soft; there is great lassitude of both arms and legs; heaviness, the arms and legs feel heavy like lead; itching, tingling, prickling of the legs.

Pains as if burnt by hot iron are felt in the elbow and fingers.

The toes and fingers become red and swollen, with a tendency to ulcerate.

Sensation of constriction along the esophagus when eating; liver sensitive, with stitching pains; flatulent colic; sharp stitching pains

with dyspnea; pains ascend to cardiac region; sensation as if abdomen hung down heavy as lead.

The symptoms are generally < while sitting and better from walking; < after dinner and from potatoes, are characteristic. When acting well, the change of feeling, "better after dinner," will be noticed.

The constipation of Alumina is due to an inactive or paralyzed state of the rectum; even a soft stool requires much straining. The stool may be large, hard and dry. Great tenesmus. These patients will complain of distended abdomens which is loud rumblings of flatus with emissions of large quantities.

Dizziness, objects turn in a circle; ptosis, diplopia or strabismus; unable to walk with the eyes closed, or in the dark; sensation as if walking on cushions. Formication as if ants were crawling back of legs. Nates go to sleep when sitting; heels become numb when walking; sensation on the face as of a cobweb or the white of an egg had dried upon it; the urine is slow in passing.

The sexual desire is increased at first, later suppressed; at first frequent nocturnal erections with pollutions.

ARGENTUM NITRICUM.

The character of the pains of Argentum Nitricum are tearing, squeezing, drawing, sticking as if sprained. The digging pains in the back are < at night and on rising from sitting and > by walking; there is a sensation at times as if the body were expanding. There is a general feeling of lassitude in lower limbs, legs insensible to touch, diminished warmth of legs, sudden contraction of the knees at night, jerking of toes.

Formication of arms and legs.

Convulsive motions of arms and legs, working outward and upward.

Rigidity of the muscles, especially the calves of the leg.

Feeling as if a band of iron were around chest or waist.

Sensation as if splinters were sticking in arms and legs. Vertigo when attempting to walk with the eyes closed, with a tendency to fall sidewise, staggering when walking in the dark. Debility of the limbs, they tremble; calves are weary as after a long journey.

Legs feel as if made of wood; staggering gait. The hands tremble. Eyesight worse by candle-light; right pupil dilated; right pupil contracted, loss of light reflex.

Loss of sexual functions, organs shriveled. Only partial erections failing on attempting coition. Incontinence of urine. Retention of urine, urine dribbles.

BELLADONNA.

Inco-ordination; weak and tottering gait with trembling in all the limbs; when walking, the legs are raised high and slowly, and put down forcibly. The pains are sudden, lightning like, throbbing, burning, stabbing lasting a longer or shorter period and coming and going quickly, leaving no pain in the interval excepting a soreness. Heaviness of the thighs and legs with stiffness of the knees. Pains sometimes in the leg as if jammed; a sensation of crawling in the feet, stiffness and heaviness of hands, rigid fingers, sharp stitches, pains through hands.

Pupils contracted or dilated immovable; the eyes and hands are in a constant spasmodic motion.

Obstinate constipation, spasmodic contraction of the anus preventing stool.

Inability to retain the urine; the urine is frequent and copious and of a pale straw color. Sensation of a worm twisting and turning in the bladder.

Sexual instinct seems extinguished in his fancy, complete loss of power.

The Belladonna patient is chilly and very sensitive to changes from warm to cold, from draught of air in damp weather, better from wrapping up warmly and in a room symptoms are < in the afternoon and after midnight > in the morning.

GELSEMIUM.

Has an unsteady gait, staggering on attempting to walk. Difficulty of walking due to lack of control of the muscles, inco-ordination with the loss of voluntary muscular movement; the limbs are heavy. There are paroxysms of shooting, drawing,

contracting and cramping pains in the legs. Coldness of the legs; the feet feel as if they were in cold water; the calves feel bruised; the thighs are sore to touch. The legs tremble; there are neuralgic pains with deep-seated aching and numbness. Great lassitude, listless and languid; tires easily.

Ptosis, the eyes are almost closed with loss of vision; can't read or write; unable to recognize any one across the room.

Constipated from paralysis of the rectum.

The urine is involuntary with a very frequent desire < from excitement.

Sexual power completely exhausted; slightest excitement causes emission without an erection. Coldness of the genitals.

HYOSCYAMUS.

Inability to rise from a chair, walk without assistance, or without the eyes fixed upon the ground; when walking in the open air with heat and trembling of the whole body; a staggering gait, weariness and languor; extreme coldness of the lower extremities both to touch and sensation.

The extensors of the limbs jerk and twitch so as to advance the leg and foot; the pains are sharp and mostly in the joints; gangrenous spots are apt to appear on the buttox and thighs.

The toes are spasmodically contracted while walking or going upstairs.

The hands are painfully numb with tingling and prickling; swelling of both hands and feet.

The pupils are contracted with dimness of the sight as from a gauze before eyes.

The urine is retained; urgent desire to urinate the discharge of a feeble dribbling stream, followed by copious micturition with rumbling in the abdomen involuntary day and night.

Impotence.

NUX MOSCHATA.

The lower limbs are painful and languid, with great uneasiness; the back feels weak and painful as if broken or bruised from a blow < on riding in a carriage.

The muscles of the neck are so weak the head drops forward on the chest.

The knees feel weak with pains in them, especially on going upstairs.

On the dorsum of the foot there is a pain as if a hard body had fallen upon it.

Pains in both legs as if the bones were being smashed to pieces; feeling in calves as from a blow; cramps in calves before going to sleep.

The pains come all over the body, occupying but a small space, continue but a few moments, but soon return, passing from place to place; they are digging and pressing, < from cold damp air.

The feet pain as if bruised from jumping; soles are always wet from perspiration.

The odor of the perspiration in the axillæ is offensive.

There are pains of a steady drawing character from fingers to shoulder with a sensation as of a string tied about the arm.

In the toes and fingers there is a buzzing sensation as if frost bitten.

The chest feels as if in a vise.

The characteristics are drowsiness, chilliness and listlessness, with dry mouth.

The bowels are distended with flatus; even soft stools are evacuated with difficulty, the constipation being from inactivity. All symptoms are < by emotional excitement.

The genital organs are relaxed with inclination.

The eyelids droop and feel heavy and stiff; pupils dilated or contracted.

There is an < from cold, damp air and in repose an > from warmth.

NUX VOMICA.

When walking, the legs tremble; unsteady gait, staggering; drags feet; stiffness and rigidity of muscles and numbness; can only walk with the aid of a cane or holding on to the wall for support.

Exaggeration of all the reflexes (or complete loss of patella)—

tapping the patella reflex the leg is violently extended followed by alternate contraction; must be firmly held to control the spasm.

Great reflexed excitability, chilliness of backs of limbs in morning with pain as if from freezing cold.

Drawing, tearing pains, mostly from below upward < from light touch > from heat and firm pressure, beaten and bruised sensation < during motion and at night.

Great weariness after being in open air. Inclined to boils and sores on nates; sharp pain as from an electric shock; shooting, jerking, tearing and drawing pains on posterior part of thighs. Crawling feeling over affected parts with sensation of heat; the arms and hands go to sleep, having a numb and stiff feeling < in dry, generally > in wet weather, < from cold air and being in open air, < of all symptoms from external impressions.

Incontinence of urine, nocturnal enuresis, constant dribbling with an overloaded bladder; great tenesmus with great burning and tearing pain. Constant desire for stool and urine, great straining.

Ineffectual urging to stool, or passing but small quantities of feces at an attempt; stools in large hard masses, frequently blood streaked; after stool exhaustion with trembling, especially of the hands < of symptoms during and after stool.

Sexual desire on slightest provocation at first, soon followed by complete loss of sexual functions.

< in moving, after waking, after mental exertion.

PHOSPHORUS.

The lower limbs are heavy with great weakness, especially on ascending steps; complete insensibility of lower extremities and body as far up as the chest. The gait is unsteady and stumbling; lowering temperature of the parts; formication from back to legs. Drawing, tearing pains from exposure to cold.

Excessively troubled with nightly attacks of fidgets in the legs and hips preventing sleep; must get up and move about; knees feel weak and stiff, very much swollen (a charcot joint) legs heavy and weary. Feet icy cold. Pains in soles as if bruised after a long walk as if feet were asleep. Inclined to have blisters and sores on the feet, especially heels. Drawing pains in back of leg.

Heaviness of both hands and feet; the hands feel numb and clumsy and burn; the arms are weak; can hardly move them, they tremble and become numb.

Drawing, tearing pains in joints of elbow, hands and fingers at night; hands fall asleep; fingers are all thumbs; numbness and insensibility, crawling, burning of hands, icy cold palms, clammy. Hot burning spots on spine, burning along spine; intense heat running up back, feeling as if a band were all around body. Speech embarrassed.

Pupils contracted.

At first excessive sexual desire accompanied with lascivious thoughts followed by complete loss of functions.

The hunger of Phosphorus is very marked, right after or soon after a meal, must eat again; almost faints without food.

Constipated stools, long narrow, voided with difficulty.

PICRIC ACID.

Profound prostration, both physical and mental; any attempt to study or work brings on exhaustion and burning along the spine, with great weakness of the legs, and increases the pains in the limbs. The lower extremities are weak and heavy and tremble; can only be lifted with difficulty; numbness and crawling with trembling and prickling with a sensation as if encircled in elastic stockings, or a band around the chest as of ants crawling over surface.

Weakness of the fingers, inability to grasp objects unless eyes are fixed upon them; rigidity and spasticity of fingers.

Over excitement of the sexual organs; great sexual desire with violent long lasting erections, later impotence, penis relaxed and shrunken, coldness of the genitals, wet weather <, the pains > from cold air and water; chilliness predominates.

RHUS TOXICODENDRON.

The pains are of a lame, stiff, sore and bruised aching character as if the parts had been strained < by rest, sitting or lying for any length of time brings on the aching and pain; when first attempt-

ing to move there is an < but continued motion > which soon produces exhaustion necessitating resting again only to have a repetition of the suffering.

Worse always in damp weather, especially when cold and damp in the morning on first arising and from prolonged bodily effort; great restlessness is a very marked feature of the remedy due to the pains on resting.

Weariness and exhaustion from any physical effort. There are drawing, darting, cutting, tearing pains as well as the lameness.

There is ptosis as well as paralysis of the muscles of eyeballs with a tendency to edematous swelling of the upper lids.

Urine involuntary at night during damp cold weather.

SULPHUR.

The pains of Sulphur are generally made worse by heat and at night and extend from above downward; they are of an aching, drawing, tearing, burning character which forces the patient out of bed to find a cool place; the soles of the feet burn so that they keep the sufferer awake hunting about for a cool place. The limbs are heavy and weak when walking. Cramps take place in the calves at night, drawing up the limbs; tingling in limbs; sensation in the middle of the thigh as if broken. Torpor and numbness of the legs, pains commence in thighs, extend down the leg, causing contraction. Sensation of icy coldness of the feet which are not cold. The soles are cold and damp. The gait is unsteady, the limbs tremble; there is great weariness and prostration. The legs go to sleep, especially when lying down.

The perspiration in the axillæ smells like garlic. The hands tremble, the fingers feel dead in the morning; the palms burn. Jerking in the arm and fingers, sharp pains, cramps in the arms at night; the hands feel weak as if paralyzed. Involuntary contraction of the hands when about to grasp anything; dead feel of the fingers. (Excessively sensitive to open air and washing.)

Eyes: Impaired vision, unable to recognize any one on the street; letters run together when attempting to read as if looking through a thick veil or fog and has a dead look; complains of heaviness of eyelids; eyes burn; pupils contracted.

Constipated stool, hard, knotty and dry as if burnt.
 Urine involuntary, especially at night, excorating parts.
 Irritability of the bladder; must hurry to urinate day and night.
 Sexual functions entirely lost; organs cold; testicles relaxed;
 soreness and moisture with offensive sweat on genitals.

A Cure Made by Picric Acid.

J. T. KENT, M. D., CHICAGO.

The patient is a woman passing through the climacteric period.
 Burning heat in the back, coming in paroxysms like flushes,
 brought on or made worse by mental exertion or excitement.
 Cold extremities.
 Face cold and pale.
 Heat in the head.
 Violent occipital headache.
 Heaviness of the limbs, especially the lower limbs.
Picric acid 10m (F. C.) produced a marvelous constitutional
 improvement in the case.

Electro-Magnetic Affinity of Drugs.

J. D. GRAYBILL, M. D., NEW ORLEANS.

WASHINGTON, D. C., Sept. 8, 1903.

Dr. J. D. Graybill,

DEAR DOCTOR: At the meeting of the Institute last June, Dr. Charles Gatchell, of Chicago, read a paper which endeavored to explain the law of similars by that law which separates substances into ions, etc. I said that a physician wrote an article in one of our journals twenty years ago, on the positive and negative action of drugs, but that I could not remember who. I find that it is you; but I find that you do not belong to the Institute any more, for which I am sorry, as we need your help. I thought that I had seen the article in some journal, but I cannot find it. If you will write to Dr. Gatchell, I am sure that he will send you a copy, or tell you where you can find it.

I should very much like to know what you think of the idea, and would like to read your thoughts in the *ADVANCE*. I do not remember reading anything from you for some time.

I know you were here at the meeting of the Institute, and should like to see you next year not only at Niagara, where the Institute will be, but also at Rochester where the International Hahnemannian Association will meet.

Sincerely and truly,

Chas. B. Gilbert.

While Dr. Gatchell and I may differ on some minor points, the final deduction is the same.

A solution, or dilution, of any substance does not convert it into Ions, unless that solution is capable of producing a change in the polarity of one or more of the elements of that substance.

Ions are not atoms, but elements, and are, therefore, the product of electrical or chemical decomposition.

A substance may be composed of a dozen elements, in perfect harmony, and remain so for years; but disturb the equilibrium of any one of its primary elements, and immediately chemical decomposition begins, and you have elements looking around for other elements with which to unite themselves.

In other words, the primary elements of a substance are its Ions. There may be six Anions and six Kathions, but one thing is certain,—they are not all Anions, neither are they all Kathions.

When you destroy the equilibrium of an organ in the body, by administering a crude drug, chemical decomposition takes place and Ions are the product.

Fluids circulating through an organ are a chemical compound; so also is the organ itself. Therefore, both are subject to chemical decomposition or electrolysis.

Nearly all metals, so far as is known, are Kathions. Iodin, Bromin, Chlorin and Oxygen are Anions.

The introduction of an element, or Ion, into any part of the body by cataphoresis, is an electrolytic process, and can be nicely illustrated as follows:

Iodin, being an Anion, is an electro-negative element, and has a strong affinity for the positive pole; therefore, when treating, for instance, an enlarged thyroid gland with a solution of potassium iodide, we must use the solution on the negative pole if we wish to utilize the resolvent effects of the Iodin. If then we put a solution of potassium iodide on the positive pole and complete the circuit through some conducting medium, the potassium hydrate, being a metal and a Kathion, will be transferred through the medium to the negative pole, while the Iodin, being an Anion, will remain at the positive pole, for which it has an affinity, and we would not even have a local application of the Iodin, because all of it would remain on the electrode. (Thanks to Professor Neiswanger for the above illustration.)

This also illustrates the fact that an electric current, and a cur-

rent of a magnetic affinity can and do travel over the same nerves in opposite directions. This also accounts for reflex action in an organ remote from the organ diseased.

In order to understand this action of electricity and chemical affinity, we must thoroughly understand polarities.

In an electric battery where there are zinc and carbon immersed in a solution of acid, the generation of electricity begins at the surface of the zinc below the fluid. Here the zinc is the positive element because the current flows from the zinc to the carbon; the carbon is then the negative element.

Outside of this fluid, the order is reversed, and you then speak of poles, and the carbon is called the positive pole, the zinc the negative. Each of these poles have peculiar properties which are in direct opposition to each other.

In 1886 I wrote two papers on the Electro-Magnetic Properties of Drugs. In one of these papers, I mentioned the fact that where an electric current enters a fluid or organ, oxygen and the acids are then thrown down; and where it leaves, hydrogen and the alkalines are thrown down.

Any person can demonstrate this fact as follows: Take a bent tube of glass, fill it two-thirds full of distilled water, make the connections with a galvanic current, stop the ends of the tube, making them air tight, and then turn on the current. Hydrogen will be thrown down at the negative pole and oxygen at the positive, and the quantity of water will diminish. Reverse the current and the deposits are reversed.

Oxygen and hydrogen are evolved by decomposition of the substance (water) by electricity, and oxygen thrown down at the positive pole is called Anion, and hydrogen thrown down at the negative pole is called Kathion.

Anions, which are the product of the negative pole, whose potentials are the same as that pole, are repelled by the negative pole and deposited at the positive pole.

Kathions, which are the product of the positive pole, whose potentials are the same as that pole, are, in like manner, repelled by the positive pole, and deposited at the negative pole.

I also said that diseases are produced by chemical changes taking place in the fluids circulating through an organ, these chemical

changes being normal in themselves, but abnormal to the organ. I certainly need not feel ashamed of what I said seventeen years ago, when I take up the latest, and what I consider the best, work on Electro-Therapeutic Practice, in the United States, and read the following:

In speaking of inflammation, the author says: "We almost fear to state how we believe this pathological condition is brought about, lest we be charged with being too ultra in our deduction; but a few years hence a writer may not be considered a 'crank' who advocates that it is due to a disturbance of the normal electrical currents traversing the body; and we are glad to quote, in this connection, from such eminent authority as Dr. J. Mount Bleyer, who says, 'Yet all this points to one conclusion and one deduction, that animal electricity comes first, that it is the prime factor in all the processes of change, of chemical action, or otherwise, within the living body; that without its stimulus of polarization, no chemical action can be called into life, consequently none can go on, and tissue metamorphosis, which is life itself, must cease.'"

The body is a complete chemical laboratory fitted up with electric wires (nerves), upon the principle of the Marconi telegraphy. In health these nerves are all in a state of vibration, and are capable of assimilating all vibrations from without, that harmonize with them, be they sound, light, heat, magnetism or electricity. When a nerve loses this vibratory power, its function is destroyed and degeneration commences, and we have an acid condition of the nerve. We all know that a nerve that supplies an organ, or any part of the human anatomy, is covered with its neurilemma. Within this, and surrounding the nerve filaments, is a myeline sheath; this sheath is nothing more nor less than an insulator which protects these nerve fibers up to the point where they enter the organ, muscle or tissue they are intended to supply. When this myeline sheath disappears, the nerve filaments spread out, allowing free transmission of the current.

The clearest demonstration we have of this is the optic nerve where it passes into the eye, and is spread out as the retina. The retina furnishes the eye with the power of receiving the waves of light, which are transmitted to the brain, and we see.

The motor oculi gives sensation and motion. The sympathetic

nerve gives the eye, or organ, the power to supply itself with nutriment. Every part of the human anatomy is supplied in a similar manner.

This is enough to show that the body is a living, chemical laboratory, and each nerve is capable of assimilating any vibration that harmonizes with it, and each organ is capable of assimilating elements that have a chemical affinity for the substance circulating in and through that organ.

Now, how about plants and other substances?

Every substance, plant or mineral, absorbs in its formation heat, light, magnetism and electricity, in addition to its solid elements. Let us examine Pulsatilla. In its formation, heat, light, magnetism and electricity are taken from the atmosphere; potash, phosphorus, lime, sulphur, albumen, starch and sugar from the earth. Analyze Pulsatilla and the above chemical constituents will be found.

In developing, by succusion, the dynamic force of a drug, you are simply setting at liberty the latent force or energy stored there during its development. Hahnemann does not say that it is absolutely necessary, in order to get the beneficial effects of a thirtieth potency, that you must make thirty triturations, or dilutions, of the same, and we have no reason to doubt his statement when he said, "I dissolved one grain of soda in half an ounce of water mixed with a little alcohol contained in a vial, two-thirds of which it filled; after shaking this solution uninterruptedly for half an hour, it was equal in potentiation and efficacy to the thirtieth development of strength." Here we have the power developed by friction.

Drugs act on the human system in three ways:

First. By mechanical irritation,

Second. Through their electrical properties,

Third. By magnetic affinity.

The two former are disease producing, and correspond to the primary action of drugs. The third is health restoring, and corresponds to the secondary action of drugs.

First. By mechanical irritation, we produce an increased circulation in a part, thereby increasing the secretions. This is best illustrated by taking castor-oil for a cathartic.

Second. Through their electrical properties, drugs cause chem-

ical decomposition in the fluids of an organ, change the polarity of an organ, and, if carried to extremes, produce pathological changes of the organs and all the tissues of the body.

Third. The force or power in a plant or substance, that turns the plane of polarization to the right or left, is magnetic affinity, or mutual liking or attraction. This liking, or attraction, does not consist of the gases or elements, but is a power that renders the plant or substance capable of appropriating from its surroundings, material for building up its own individuality.

One would imagine it is a very weak force that holds these elements together, but when we take into consideration the fact that, in the unions of the atoms of a pound of carbon with those of oxygen, they fall down the chemical precipice with a force sufficient to raise a thousand weights of a thousand pounds each a foot high, we get an idea of the magnetic force contained within a plant.

The primary action of a drug consists in the chemical change it is capable of producing in a body.

The secondary action consists in its power of restoring the system to health.

When does the primary action of a drug end, and the secondary action begin?

As long as a particle of a drug or substance remains, it is subject to chemical decomposition, or polarity changes, and drug action continues. When a drug, or a portion of it, ceases to be a fluid or gas, then it is capable of propagating itself indefinitely without loss.

This force may be illustrated as follows :

A man who is thoroughly educated on all subjects has power, force and magnetism. Suppose he removes to a community composed of people who, while fairly well educated, are not up to his standard of knowledge. He calls them together, and imparts to them his knowledge. One assimilates this subject, another absorbs a different branch. This continues until all the knowledge possessed by the teacher is imparted to the community. What is the result? He has added to the knowledge of each one he taught, thereby increasing the power, force and magnetism of each one, yet he has not lost one atom of his knowledge, but instead, has emphasized his power and magnetic force.

The curative action of a drug begins, then, as soon as there is a development of this magnetic force or affinity.

This ought to be sufficient to prove to any mind that drugs act on the human system according to the established law of polarities, chemical affinity and magnetic affinity.

An allopathic physician might say that this is according to the law of contraries. As well might you say that Hamlet furnished the missing link when he said, "I could a tale (tail) unfold."

The manner in which a drug acts on the human system has nothing whatever to do with the law *Similia Similibus Curantur*; Hahnemann established the fact that any drug, taken in large doses, capable of producing pathological changes in a healthy system, is capable of removing similar symptoms in a diseased system, said symptoms being brought about by natural phenomena.

The law of similars holds good only in the selection of the remedies. They must be selected according to their power of producing similar symptoms.

This teaches us that the high potency man can make the most direct cures, and with the least danger to his patient, while the low potency man, although he makes cures, does it at the risk of producing a chemical disease.

In other words, if this latent force (magnetic affinity of a drug) is developed by trituration, we get a more direct action than if that development must take place within the body.

Notes from Practice.

MARGARET E. BURGESS, M. D., PHILADELPHIA.

MUSHROOM POISONING.

CASE I.— Two hours after eating intense constrictive feeling at bridge of nose and through frontal sinus.

Violent congestive headache < in occiput, < by lying down.

Nausea, vomiting; heart depressed; finally fainting and imperceptible pulse.

Relief after emetics and stimulation.

Remote effects; erratic rheumatic pains — cured by *Pulsatilla* cm.

CASE II.— Four hours after eating, nausea and vomiting of large quantities of ropy mucus. Emesis gave prompt relief. Remote effects; rheumatic pains, to which she had been subject, disappeared, also arthritic nodule on index finger.

VERIFICATIONS — CINA; BORAX

Suppression of urine of forty-eight hours' duration in a baby fourteen months old due to cold, the only other symptoms being drowsiness and intense irritability; insisted upon being carried — but cried if touched or looked at. Cina cm caused a free flow of urine inside of an hour. On examination with HNO_3 — albumin was found which finally disappeared under Silica 8m and later Calcarca cm. At no time during attack was there fever.

Borax 3m relieved following symptoms at once: Mrs. W. aet. 35.—(light hair, blue eyes), painful shortness of breath and gasping on assuming recumbent position. The manifestation was purely hysterical; improvement when first prescribed was so immediate that when symptoms returned in a few weeks I prescribed other remedies, thinking the first effect merely a coincidence. Three or four remedies were given without success; then Borax again with almost miraculous results.

Tuberculinum 200 has become my sheet anchor — in colds with a persistent temperature. Phosphorus seems indicated, but fails. Tuberculinum has also done good work in colds beginning in throat and going both ways.

What in the World Is It?

G. E. DIENST, M. D., NAPERVILLE, ILL.

I mean the multiplied forms of the theory and practice of medicine. I am at a loss to understand why so noble a profession as medicine, with so many noble men in its ranks, is so distorted and so full of divergent theories. Sometimes I am almost persuaded to think it is due to ignorance rather than to learning, to jealousy rather than a love for the truth, to commercialism rather than

the good one can do, to an effort to gain fame rather than honor, to infidelity rather than faith in the healing virtues of medicines.

Polypharmacy, combination tablets and alternation of remedies repeatedly during the day in acute diseases, and constant changing of remedies in chronic cases to meet (?) the constant morbid changes that occur or seem to occur, are all things that seem so strange to me. It appears, at times, like the psychological mysteries of Buddhism which teaches that man has a soul or has no soul according to the likes or fancies of the man seeking information on these points.

Take, for instance, the matter of alternation of remedies as I have had occasion to see for myself — and I am sure that my observations are not exceptional — but common. And I ask in all candor, why give Quinine in three-grain doses, or greater perhaps, every three hours until there is humming in the ears, and an expectorant of crude Ammonia mur. and Ammonia carb. in equal parts in Syrup Simplex every two or three hours, a mustard plaster over the chest and a saline cathartic every second or third day in a simple case of pneumonia? If the Quinine is indicated in the fever and the cough, why give an expectorant at all? Does the ammoniated expectorant stimulate the action of Quinine, or is it to throw off the exudate resulting from the diseased lungs and which the Quinine could not relieve? Is it because the chemical affinity between the Quinine and ammonias is so intimate that the one remedy is useless without the other? If the Quinine is to reduce the fever, and the expectorant to throw off the accumulation of mucus in the bronchii or lungs, why put a mustard plaster on the chest? Is it to aid the other two agents used, by counter irritation and thus accomplish something they could not do, or is it simply to be “fussy,” to make it appear that you are doing *something*, or is it because some local “grandma” has seen it used with effect?

Suppose the bowels are reasonably active, as in the case in mind, why give the saline draught? Does it stimulate the healing properties of the other agents when used as described, and would they not accomplish a cure of the case without the saline evacuant? Or was it given on general principles to remove effete matter from the bowels that might result in serious toxemia, evidences of

which, however, are wanting? I think these questions perfectly legitimate and I ask for information.

I have lying before me a catalogue of a homeopathic pharmacy that boasts the purest remedies made. This catalogue gives a long list of combination tablets of which this house makes a specialty, and I was favored with some for trial. I find one tablet for "cough, hoarseness and bronchitis." This must be a good tablet, for the agent told me so, and he ought to know; but when I asked some why's and wherefore's,—for I am a trifle inquisitive when new things come out,—he could give me no answer, but said the "house found them to be just the thing," and named a number of physicians whom I know, and who, he said, bought them and dispensed them by the thousand. On looking at the formula, my inquisitiveness got the better of me and we were both soon in the mysteries of science so deeply that I have not found my way out yet.

The formula of this combination tablet is as follows:

Bryonia	3x.	Quantity not given.
Phosphorus	3x.	" " "
Causticum	6x.	" " "

Now here are some of the things that the agent could not make clear to me, and which I cannot solve myself. For instance, you have a Bryonia case or Bryonia conditions, by what law should I give Phosphorus or any other remedy until it ceases to be a Bryonia case and the symptoms call for something else? Was this tablet prepared for such cases or for such conditions where the three remedies stand out in a bold, clear and unmistakable manner? Or do morbid changes occur in "cough, hoarseness and bronchitis" to such an extent as to *demand* these three remedies in this particular combination? Or are the dynamic disturbances such as to make either remedy useless unless combined in just this proportion? What injury to the vital forces in a "cough, hoarseness and bronchitis" demands just this form of combination and none other? What chemical affinity in the 3x of two and 6x of the third strengthens their physiological or therapeutic value?

Suppose my patient needs Phosphorus for his cough and hoarseness by what law should I give Bryonia and Causticum, also as here combined? Is it because Bryonia is for cough and Phos-

phorus for hoarseness and Causticum for "bronchitis"? Suppose my patient has "bronchitis" only, should I give him the tablet to prevent "cough" and "hoarseness"? You see I am badly "muddled," and must have light on these things.

Then again, am I to infer that Bryonia and Phosphorus in the 3x are of no therapeutic value unless aided by Causticum 6x? Suppose I would prefer Bryonia and Phosphorus in 6x and Causticum in the 3x, what would the result be?

Besides, Hahnemann and Hering tell us that Causticum and Phosphorus are inimical, incompatible; and one should never be used before or after the other. But I presume the good of the pharmacy, not the cure of the patient, is the objective.

Brethren, if the law of similars is true — even old-school physicians, colleges and journals admit this much in fact and often in practice — by what method of reasoning do so-called homeopathic pharmacies make and sell such combination tablets, and upon what law of cure do physicians dispense them. Do these tablets cure more speedily than the indicated simple, single remedy in a potency suited to the case or the conditions? And do they place the life and health of the patient in less jeopardy than the indicated single remedy, and are their *cures* more lasting, and do they appeal more ardently to rational and intelligent and educated manhood than does the indicated remedy? What do you say to this? Yes, I will admit it takes less study and, indeed, very much less thinking than does a study of the totality of symptoms, and the indicated remedy. Here comes a patient, he has a cough (no matter what kind) he is hoarse, (no matter when nor to what extent) and if he or I can see bronchitis, I need but look at the labels on my bottles and here is the remedy. But suppose he has the cough and hoarseness and no *bronchitis*, then *what will I do?*

To be frank, I think the whole question of alternation of remedies and compound tablets is without law, without intelligence; founded upon ignorance, laziness, and inability to understand the laws of health and disease and the law of therapeutics; that it is pernicious, degrading, unworthy the notice of thinking men and women; that it is infernal, damnable, and those who practice it — well, brethren, did you say it was time for me to say Amen? Very well, you may hear from me again.

Phosphorus Cases.

DR. SAMUEL J. HENDERSON, BAD AXE, MICH.

CASE I.—Mrs. L., aged 61 years, a tall woman has been complaining for several years. Father died of apoplexy.

Vertigo on rising in the morning and after lying down, as if turning.

Fear in walking alone, desires to take hold of some one.

Fear as if something would happen.

Fear of losing consciousness.

Confusion at times in base of brain extending over head.

Rushing in head.

Full, slow pulse.

Losing flesh.

Always better walking out doors and worse in the forenoon.

Phosphorus 19m cured the above symptoms and reproduced an eruption on the elbows that had been suppressed with ointments many years ago. Another dose of Phosphorus 19m cured eruption, all in about one hundred days.

CASE II.—Mr. S., age 60 years.

Dry cough for several months, worse lying on the back.

Shortness of breath, worse riding, walking.

Great tightness of chest as if bound by a band.

Vertigo, worse riding, and after riding.

Blindness after riding.

Sharp pain in heart and left shoulder.

Pressure around heart, cannot lie on left side or back.

Aching pain at angle of left scapula, worse by motion.

Abdomen bloated.

Pulse accelerated by raising the arms.

Numbness of arms and fingers.

Great weakness, worse forenoon.

Dreams all night about the dead.

Phosphorus 1m, 19m and 50m at long intervals cured.

CASE III.—Oct. 3, 1903. Mr. B., aged 40, an athletic fellow, straight as an arrow.

Pneumonia lower right lobe tending to left side.

Sopor condition.

Dry cough.

Tightness of chest, as if bound by a band, around lower part of chest.

Respiration difficult, short, quick.

Cannot lie on left side or back.

Great weakness. Phosphorus 19m.

From a relapse on the 13th due to his own indiscretion, Phosphorus was repeated. It produced a vesicular eruption on body, burning like fire.

Was doing business again in a month, but had lost forty pounds in weight.

Had the second dose been given soon after the first, the relapse and violent burning eruption might not have occurred.

CASE IV.—Mrs. S. A, tall slim stoop-shouldered woman 69 years old.

Fluttering around the heart, as if going to die, worse morning after rising.

Feeling as if she wanted to get away somewhere.

Fear as if something is going to happen.

Dizziness, staggering, swimming as if on water.

Cannot lie on left side.

Chilliness toward evening.

Phosphorus 19m cured in a short time.

The repertory work begins with, fear as if something would happen, in Mrs. L——, and Mrs. S——, and constriction as if by a band around chest, in Mr. B—— and Mr. S——.

[If every reader would mark these symptoms as verified in his materia medica it would prove a valuable addition. That was the first thing Hering did after reading such cures and was the beginning of that magnificent work, "The Guiding Symptoms."

—ED.]

Baptisia Tinctoria.

PROF. J. T. KENT, M. D., CHICAGO.

Today we will take up the study of Baptisia, which is a short acting medicine, suitable in complaints that are not very long lasting. As far as we know, it is not an antipsoric, it does not

go deeply into the life of the patient, yet it is capable of producing violent changes in the economy with all the appearance of zymosis, such as scarlet fever, diphtheria, typhoid fever, puerperal fever and gangrenous conditions. And, what is unusual, this septic state develops more rapidly than that of most other remedies. The zymotic complaints of Arsenicum, Phosphorus, Rhus and Bryonia are much slower in their pace. The Baptisia typhoid comes on rapidly, hence this remedy is not so frequently indicated in the typical or the idiopathic case. When an individual has been made sick by cold, malaria, by drinking poisonous water or any zymotic or septic cause and is hurried into bed in a few days instead of keeping about for four, five or six weeks, that is like the Baptisia typhoid. The patient comes down suddenly with fever, perhaps an intermittent, which all at once changes to a continued fever and takes on a septic aspect. An individual who has been down in the mines, in the swamp, or in the sewers, who has been inhaling poisonous gases, goes to bed in a sort of stupor. His remedy is Baptisia. From the very beginning he is stupid and prostrated; his face becomes mottled, sordes form on the teeth; the abdomen becomes distended much earlier than we expect in ordinary typhoid. By the third day the mouth is bleeding, the odors from the body may be horribly putrid and there is marked delirium. One who is familiar with such things knows that they do not usually appear so soon. This patient is going down toward death rapidly; it is not a gradual decline of days and weeks: Every medicine should be studied as to its pace or velocity. Baptisia suits diseases that run a rapid course.

The patient goes rapidly into stupor. When aroused and made to realize that you have something to say to him, he attempts to utter a word or two, but all ideas seem to flit away and he drops back into his stupor again. His mind seems to be gone, he is confused. His countenance is besotted, it is bloated, purple and mottled and he gives you the impression that he has been on a drunk. That is the first thought you will have on looking at a Baptisia case. No matter what the disease is, no matter what organ is affected, if this state of the mind is present, the remedy is most surely Baptisia.

Now there is a strange thing about this mental confusion. The patient seems to realize a dual existence, he imagines that there are two of him and when aroused he will begin talking about "the other one" in the bed with him. He thinks that his great toe is in a controversy with his thumb, that one leg is talking with the other or that he is scattered around over the bed, and he fumbles and fumbles; and when you ask him what he is trying to do, he will answer that he is trying to get "those pieces" together. These are only examples of the one idea of duality. Every time you get a new case you will see a new phase of it.

"Confused ideas. Confused as if intoxicated." Most of the time the patient is unconscious except when aroused. Sometimes he mutters,— you will see his lips going. You will generally find him upon one side, curled up like a dog with his knees clear up to his face, and he does not want to be disturbed. But there may be intervals when the stupor is not quite so great; then he is restless and turns and tosses about trying to get the parts of his body together. He feels that, if he could only get them together, he could go to sleep. Sometimes he thinks that they are talking to each other and keep him awake. "His gouty toe is holding a confab with his gouty thumb."

The mind wanders as soon as the eyes are closed. Dullness especially at night. Indisposition to think. The mind is weak. Now you have the whole picture of the mental state in all complaints in which Baptisia is indicated. But they all come on rapidly they are all low forms of zymotic and malignant diseases such as scarlet and typhoid fever. These patients, if let alone, would die in ten or twelve days, whereas the ordinary typhoid may run on for weeks.

The putridity is marked. All the discharges have a cadaverous, pungent, penetrating odor that fills the whole house and may be detected as you enter the front door. The perspiration, if there is any, is sour, fetid and pungent. And even when it is absent, the body gives off an odor that is unaccountable. The oozings from nose, mouth and throat are bloody and putrid. The discharges from the bowels are bloody and putrid. The typical typhoid stool is soft and papy, and of about the consistency of corn

meal mush. Baptisia has this, but a black or brown, watery stool is more common in cases where it is indicated.

In treating a large number of cases of typhoid fever, it was my good fortune to observe clinically, a good many Baptisia cases in which the remedy cured promptly. It did the best service where the stools was like ground slate, colored brownish. I have also seen this medicine cure when the stool was slate-colored, thin, watery, smelling like decayed meat and accompanied with great prostration. I have seen it cure that "typhoidal diarrhea" when none of the other elements of typhoid fever were present; simply a prostrating form of diarrhea.

The headaches are nondescript. Baptisia is not a remedy that we would single out to treat headaches with, excepting the violent congestive pains in the head that are associated with this low form of fever. Violent pains especially in the occiput.

The eye symptoms are scarcely more characteristic. Congestion and redness of the sclerotic; pains in the eyes and back of the eyes. So with the symptoms of the ears and the nose; they are only such as are associated with fevers. But when we come to the face, we see the besotted expression of Baptisia. "Dark red with besotted appearance. Hot and perceptibly flushed. Dusky." That tells the whole story. "Burning heat in the face. Critical sweat on the forehead and face. Anxious, frightened look. On rousing from sleep, looks as if he had had a horrible dream."

The mouth, teeth, tongue and throat, all show Baptisia features.

Sordes form rapidly on the teeth.

The tongue is swollen, painful, raw, denuded and covered with black blood. It is stiff and dry as leather, sometimes described as feeling as if it were made of wood or burnt leather. It is ulcerated,—and, by the way, ulceration runs all through the remedy. Aphthous patches. Little ulcers no larger than a pin-head on the tongue and mucous membrane of the mouth, become black and offensive, spread and run together so that the whole surface of the mouth becomes raw. The throat also ulcerates and becomes raw and bleeding. There may be diphtheritic exudation, but round about it are these dark, offensive ulcers. The throat is greatly swollen and swallowing is difficult. Baptisia is a useful remedy in gangrenous sore mouth and sore throat.

Bleeding from the mouth, nose and throat. Oozing of thick, black, putrid blood. After a few hours of stupor, this blood dries in thick ridges on the lips and about the corners of the mouth. "Tongue red and dry in the middle. The roof of the mouth swollen and feels numb. Foul or bitter, nauseous taste in the mouth. Tongue of a dark hue; dry and brown down the center; covered with a thick, brown crust; yellowish white, deeply furred."

Baptisia has cured the ulcerated sore mouth of young mothers and nursing infants when the parts are dusky; the ulcers spread, the mouth is putrid and prostration comes on rapidly. There is usually no fever. Indeed, it seems sometimes as though there was not life enough to get up a fever. With these symptoms there is profuse salivation. The saliva is thick and ropy and runs out all over the pillow, like *Mercurius*.

A strong feature of the ulceration is that it is often painless; the part feels as if numb and without sensation. This is true of the sore throat, though *Baptisia* also has painful sore throat. "Fauces dark red; dark, putrid ulcers; tonsils and parotids swollen. Putrid sore throat; tonsils and soft palate swollen, not accompanied by pain." Great swelling of a purplish color. The darker it is, the more would I think of *Baptisia*. I have never seen the *Baptisia* mental state associated with a bright red appearance of the throat. It is always found with blood decomposition and duskiness of the skin and mucous membranes, never with the bright red such as we see in *Belladonna*. Although the latter may have duskiness, it is not nearly so marked as that of *Baptisia*, nor is there anything like the amount of putridity.

"Esophagus feels as if constricted from above down to stomach."

Now we come to another phase of the trouble. From the throat it extends into the esophagus. At first there is a spasmodic condition. Later there is paralysis. At first fluids will go down the esophagus but when a bolus of solid food enters the upper part of the esophagus, it lodges there and the patient chokes and struggles and gags until it is thrown back. He can swallow fluids, but the least particle of solid food gags. *Natrum muriaticum* and many other remedies have spasm of the esophagus coming on with nervous complaints, but I know of no other medicine besides *Bap-*

tisia, that has the spasmodic condition and the paralysis in conjunction with this low zymotic state.

“Constrictive feeling causing frequent efforts at deglutition; throat sore, feels constricted. Can swallow only liquids. Children cannot swallow solids. The smallest particle of solid substance causes gagging, thus they cannot use anything but milk; sometimes thin, watery offensive passages day and night,” associated with putridity, with duskiness and prostration. The fact that it is diphtheria, scarlet fever or typhoid will make no difference.

Tympanitic abdomen will be associated with the diseases I have mentioned. Great sensitiveness in the right iliac fossa, in a spot no larger than a fist. But all this putridity would point to Baptisia which, I am sure, would prevent you from using the knife on that little appendix.

“Fetid, exhausting diarrhea. Aphthous diarrhea”—which that the parts of the rectum that prolapse show little aphthous patches, and these probably extend all through the canal.

“Involuntary diarrhea.” Involuntary passage of urine and stool is commonly associated with the Baptisia type of sickness. “Dark brown, mucous and bloody stools. Fetid stools.” Dysentery.

After confinement, the lochia stops, the abdomen becomes very sensitive to touch,—the signs of blood decomposition, the appearance of the face, the sudden prostration, the rapidly increasing stupor and other mental symptoms are all indications for Baptisia in puerperal fever.

With the progress of these fevers, a paralytic weakness develops; the tongue quivers when protruded, the limbs become helpless and tremulous; the hand trembles when raised, there is quivering of the whole body. The patient huddles down in the bed, feels as if sinking. As the prostration increases, the jaw drops, he lies back unconscious with mouth open and gradually slides down toward the foot of the bed. “Lies in a semi-conscious condition, when she appeared dying.” “Excessive drowsiness. Delirious stupor. Lies in a semi-comatose state. Discharges and exhalations fetid;” the breath, urine, stool, ulcers. Baptisia, if indicated, will stop the progress of this low fever and carry the patient on to recovery.

THE MEDICAL ADVANCE

AND

JOURNAL OF HOMEOPATHICS.

A Monthly Journal of Hahnemannian Homeopathy

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

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JANUARY, 1904

Editorial.

The "Three Mistakes."

If the weight of a word is determined by the size of the brain behind it, the value of an opinion on a therapeutic question may be estimated by the ability of the man who gives it, his practical experience and the opportunities he may have had that would enable him to express an opinion. But before such an opinion is entitled to serious or even respectful consideration, he must at least have demonstrated his familiarity with the subject under discussion.

For instance, when an allopathic practitioner who never has had any practical experience in the use of the homeopathic remedy in the cure of the sick and who does not claim to have even given the similar remedy a trial at the bed side, expresses the opinion that there can be no possible curative power in the third potency

of any remedy, we cannot be blamed for declining to accept his conclusions or for placing our own estimate upon the value of his opinion. Without the clinical experience necessary to form an opinion of any practical worth we may either question his sincerity or ask him what he knows of it experimentally. How often has he used the third potency at the bed side when it was actually the similimum? Has he ever used the third or any other potency of a homeopathic remedy? Would he think it fair or just to have his own system of therapeutics judged by such experience?

But with Hahnemann it was very different. He was perhaps the ablest medical man of his time in Germany, if not in Europe, with both a theoretical and practical knowledge of the best there was in allopathy—the medicine of his time. When he published his discovery of a law of cure, all that he requested of his medical brethren was to put his experiments—both in testing remedies on the healthy and in the cure of the sick—to a practical test, following his rules, and publish the failures to the medical world. The challenge has neither been accepted nor the failures published.

The following rules were formulated by Hahnemann after years' of experimental work based on careful and accurate observation, with complete written anamnesis of the patient; and no greater mistake can be made by the homeopathist than their neglect:

There are three mistakes which the physician cannot too carefully avoid; the first is to suppose that the doses which I have indicated as the proper ones in the treatment of chronic diseases, and which long experience and close observation have induced me to adopt, are too small; the second great mistake is the improper use of a remedy; and the third mistake consists in not letting a remedy act a sufficient length of time.

Nothing is lost by giving even smaller doses than those which I have indicated. *The doses can scarcely be too much reduced*, provided the effects of the remedy are not disturbed by improper food. The remedial agent will act even in its smallest quantity, provided it corresponds perfectly to all the symptoms of the disease and its action is not interfered with by dietetic transgressions. The advantage of giving the smallest doses is this, *that it is an easy matter to neutralize their effect in case the medicine should not have been chosen with the necessary exactitude*. This being done, a more suitable antipsoric may then be exhibited.—*Chronic Diseases*.

Very few homeopaths, we venture to say, have ever even heard of these "three mistakes," for the simple reason that few have

ever read or studied the *Chronic Diseases*. We see from this that Hahnemann does not insist upon the use of a specified potency, although in the *Organon* he says that the thirtieth centesimal is the most useful, according to his observation and experience in both acute and chronic diseases. Hence, we infer that this is the potency or dose to which he refers as the dose "I have indicated." But this was the thirtieth centesimal, and his experience extended over many years of accurate clinical observation in both acute and chronic diseases, and was based on a written anamnesis.

Let us enumerate these mistakes :

First: To suppose that the doses (30th cent.) are too small.

Second: The improper use of a remedy.

Third: Not letting a remedy act a sufficient length of time.

The second mistake is generally due to carelessness, laziness and levity. Many homeopathic physicians, alas! remain guilty of these trespasses to the end of their lives; they understand nothing of the homeopathic doctrine.

The first duty of the homeopathic physician who appreciates the dignity of his profession and the value of human life, is to enquire into the whole condition of his patient, the cause of the disease as far as the patient remembers it, his mode of life, the nature of his mind, the tone and character of his sentiments, his physical constitution, and especially the symptoms of the disease. The enquiry is made according to the rules laid down, in the *Organon* [Section 83 *et. seq.*]. This being done, the physician then tries to discover the true homeopathic remedy. He may avail himself of the use of existing repertories. But, inasmuch as these repertories only contain general indications, it is necessary that the remedies should afterward be carefully studied in the *materia medica*. A physician who is not willing to take this trouble, but who contents himself with the general indications of the repertories, and who by means of these general indications, dispatches one patient after another, deserves not the name of a true homeopathist. He is a mere quack, changing his remedies every moment, until the poor patient loses his temper and leaves this homicidal dabbler. It is by such levity as this that true homeopathy is injured.

How many of our professed homeopaths use the remedy properly? Even when the *similimum* has been found, the case is often spoiled by too frequent repetition. And this "improper use of the remedy" has little or nothing to do with the potency or strength of the remedy used. The motto appears to be: "If a little be good, more will be better," and it is repeated irrespective of the improvement of the condition for which it was given.

In the selection of the remedy too, how many follow the instructions laid down in the *Organon*, Section 80 *et seq.*, of carefully writing out in full the anamnesis of the patient, as a basis for the selection of the remedy. Once the symptoms are properly taken

we may refer to the repertory to find what remedy to study, but we can rarely be certain of the selection without referring to the pathogenesis of the medicine. Many homeopaths think it beneath them to write out the symptoms, or use a repertory in the search for the similimum and then find fault with a cumbrous materia medica, filled with unreliable symptoms. These are the men who clamor for a reproving of the remedial agents of our materia medica, little dreaming perhaps that similar methods in the selection or use of the remedy will yield similar results.

The third great mistake which the homeopathic physician cannot too carefully avoid in the treatment of chronic diseases, is the too hasty repetition of the dose. This haste is highly indiscreet. Superficial observers are very apt to suppose that a remedy, after having favorably acted eight or ten days, can act no more; this delusion is strengthened by the supposition that the morbid symptoms would have shown themselves again on such or such a day, if the dose had not been renewed.

If the medicine which the patient has taken, produces a good effect in the first eight or ten days, it is a sure sign that the medicine is strictly homeopathic. If, under these circumstances, an aggravation should occur, the patient need not feel uneasy about it; the desired result will be ultimately obtained though it may take 20 or 30 days. It takes 40 and even 50 days before the medicine has completed its action. To give another remedy before the lapse of this period would be the height of folly. Let no physician suppose that, as soon as the time fixed for the duration of the action of the remedy shall have elapsed, *another remedy must at once be administered with a view of hastening the cure.* This is contrary to experience. The surest and safest way of hastening the cure is to let the medicine act *as long as the improvement of the patient continues*, were it even far beyond the period which is set down as the probable period of the duration of that action. He who observes this rule with the greatest care will be the most successful homeopathic practitioner.—*Chronic Diseases.*

The too frequent repetition of the remedy has been the most difficult lesson we have had to learn in the practice of pure homeopathy. Graduating from a college in which the principles of the Organon inculcated by Hahnemann were unknown or untaught, it required years of study and experience to overcome the first impressions of "the slipshod" methods expounded in the college clinic. A repertory was never used. How to select the remedy, when to administer it or how often to repeat it, was never heard at college, as it is taught by Hahnemann. Hence, we have a fraternal sympathy with the great majority of the homeopathic profession who were never taught to pay any attention to this all-important, yet vital injunction of Hahnemann

against the "too-hasty repetition of the remedy." This is not a question of potency but of principle. It applies with almost equal force to all potencies, all remedies and all patients, especially those suffering from chronic disease; and it is nearly or quite as disastrous to the patient under the 3x as under the thirtieth, one thousandth or one millionth. These principles, vital to the life of homeopathy and the well being of its patients and not "the high potency craze" are what the true followers of Hahnemann are trying to perpetuate. Some professed homeopaths would seem unable to distinguish between a principle and a potency.

News Notes and Items.

OUR HAHNEMANNIAN DIRECTORY, we regret to say, will be discontinued for the present, chiefly for the reason that while many recognize its convenience and aid to their traveling patients in this country and in Europe, few care to pay the extra charge for typesetting and advertising space. Perhaps it may be published quarterly.

THE MEDICAL FORUM is the name of the new journal, the organ we presume of the Kansas City Hahnemann College; and if we may judge from its able editorial corps, the future is full of promise for both the *Forum* and the college. The editorial announces that it "will be a liberal journal."

THE JANUARY SUPPLEMENT of the *Medical Register*, of the Illinois State Board of Health, contains the following notice:

Dr. Charles S. Owen, Wheaton, Ill., died Jan. 1, 1904, in Chicago, from injuries received in the burning of the Iroquois Theater, Dec. 30, 1903. Dr. Owen's wife and only son and the three sisters of Mrs. Owen and their six children, eleven persons in all, also perished in this terrible holocaust."

DR. A. P. HANCHETT, of Council Bluffs, Iowa, has been appointed a member of the State Board of Health by Governor Cummins. This is an illustration of the office seeking the man, instead of the man the office. Dr. Hanchett is a fine operator, has been surgeon-in-chief of the W. C. A. Hospital for several years and as a single remedy homeopath has few equals and no superior in Iowa. The state has honored itself this time,

COMMENT AND CRITICISM.

A Pertinent Enquiry.

E. M. HARRISON, M. D., PERRY, OKLAHOMA.

EDITORS MEDICAL ADVANCE:

I am of the old school of homeopathy, the school of Hahnemann and Hering, not the modern liberal (?) kind of homeopathy.

I am looking for an old-school homeopathic journal, but I fear they have all followed our master Hahnemann, for I have written seventeen enquiries like the following to so-called homeopathic journals. I have received only three sample copies and they did not read my enquiry or they would never have sent me their hybrid journals.

ENQUIRY.

"I wish to subscribe for a homeopathic journal that sticks to the Law of Similia Similibus Curantur. That and that alone being the policy of its executive head, a journal that discourages the use of unproved combinations or drugs.

"A 'you show me' before sending forth a theory to poison the life stream of homeopathy, in preference to holding aloft the God-given law of cure.

"If your journal teaches this law in its purity and honesty, send me a sample copy, *otherwise do not.*"

Yours truly, etc.

I have not sent the above enquiry, as yet, to the MEDICAL ADVANCE, *Critique* or *Recorder* and possibly two or three others, but will, for if Hahnemann has a friend left to advocate the cause he loved and died for, I must find it and help support it. Yes! I prefer several, but they must be pure in heart.

I do not care three cents about the dose or potency; whatever the symptoms, whatever the remedy; that is the keynote.

I do not care very much as to the advertisements, if only the homeopathy it indorsed be true and helpful; but I do desire the journal I take to stand firmly for the purity of the law of Similia.

I can regulate my dose and potency and as for the patent of proprietary mixtures, no self-respecting physician will patronize them.

It has been a long time since I have received a prospectus of the old-school of homeopathy and I take it for granted, the "modern school" with the assistance of the allopathic doctors and their laws, have driven them all into oblivion.

There seems to be no place for the followers of Hahnemann to send their students or even for the doctor to go for a few months to renew his faith and praise the law of positive cure.

I went into a great city a few years ago intending to take a postgraduate course; but the first lecture was enough for me. The worthy professor with a great flourish of oratory gave us the etiology, diagnosis and prognosis of a case and it looked as if I was in the right place indeed, but lo! the treatment, it was a combination tablet in alternation with another combination tablet. God forbid. I had taken that course many years before in the old (irregular) school, before the advent of tablets; the regular (?) then gave rhubarb and jalop, which did not deceive the prescriber or the patient, it made them both sick.

Some of my correspondents have told me that tolerance and liberality was the tendency. Yes! and others have said, the schools were gradually coming together, that not many years hence amalgamation would take place. Has it not already taken place? All except dropping the old and supposed obsolete word homeopathy.

Now, dear doctor, you must excuse me for writing this long letter of distress. I would not have worried you, but for three reasons:

First.—I, as an old-time homeopath, am at sea and desire a safe haven in which to anchor.

Second.—I wrote a letter similar to this to Dr. Wm. L. Morgan, of Baltimore, and he requested me to write to you.

Third.—You are not unknown to me, as I have your work on "Intermittent Fever" and with it, I have cured our Southern malaria without the use of Quinine or combination tablets.

Would you mind turning to page 21 of "Allen's Intermittent Fever," published 1884 and read the article on Similimum. That is my sentiment; a journal like that is what I want. Yes! I would

like to take two or three journals that advocate the law as here set forth.

I would not trade this old book, and I have had it nearly twenty years, for all the new revised editions put together, for fear it might have been "modernized."

If you can help me, very good, here is a stamp for reply. If you can't, just pardon this long letter and its longings.

I am yours truly,

E. M. HARRISON, M. D.

COMMENT.—To some of our readers this may seem to be the plea of an unwise, an ancient old-time homeopath, "a back number," gone to "the wild and woolly West," the back woods of Oklahoma, to spend his last days in peace, free from the importunities of the traveling agents of proprietary remedies and combination tablets. But there may be more truth in this enquiry than seems apparent at a casual reading. A graduate of the dominant school, familiar with its inconsistencies and its empirical and irregular practice, guided only by the ipse dixit indexes, without any claims to scientific accuracy in practice, is it to be wondered at that he should rebel when he hears the same fallacies taught from a homeopathic rostrum and proclaimed in the homeopathic journals?

But, doctor, do not be discouraged. The darkest hour of the night is just before the morning dawns. There is one journal and one college devoted to the teachings of Hahnemann—the "old and pure homeopathy" of the pioneers. And the seed they have sown and are sowing will eventually leaven the whole loaf.

One by one, since the organization of Hering College, the Organon has been introduced into other colleges—even for one year to the freshman or sophomore class—and has been gradually followed by a course of materia medica by a Hahnemannian. In Boston, Defriez and Turner; in New York, Nash and Austin; in Baltimore, Custis, but he should be in materia medica instead of obstetrics; in Pulte, Boger has given a few lectures this year; in St. Louis, Reed and Schott; in Kansas City, Crutcher, Edger-ton and Lyon, in Iowa City, Johnston; in San Francisco, Rice and Martin; and there is a prospect for a college in London with some good homeopathic teachers, Clarke, Searson and perhaps others.

For the encouragement of our brother in Oklahoma, let us point to the fact that there are more Hahnemannians, more who use and rely on the single remedy today than at any time in the history of the school. More converts are being made from allopathy than ever before, and they begin with the single potentized remedy.

Watchman tell us of the night,
What its signs of promise are.

New Publications.

SYLLABUS OF LECTURES ON PHYSIOLOGY. By William H. Bigler, A. M., M. D., Professor of Physiology and Pediatrics, Hahnemann Medical College, Philadelphia, Pa. Second edition, revised and enlarged; 205 pages, flexible; interleaved, \$1.50; postage, 10 cents; not interleaved, \$1.25; postage, 7 cents. Philadelphia, Boericke & Tafel. 1903.

Notwithstanding the objections from many teachers to the use of compends of Anatomy, Chemistry, Physiology, etc., we sincerely thank the author for this Syllabus of Lectures. Our students, and for that matter all medical students, do not study Physiology to become masters of the subject or scientists, but to obtain a practical knowledge of a very necessary branch, a foundation stone for the study of medicine.

But there are only twenty-four hours in a day, six working days in a week and twenty-eight weeks in a course of lectures, so that it is practically impossible for any student to keep pace with the lectures of the freshman and sophomore years if compelled to study the voluminous text-books. The student should have a compend or Syllabus on Anatomy, Chemistry, Bacteriology, Physiology, Materia Medica, etc., by which with the aid of lectures he can follow the teacher and practically master the subject. In the college library, the student has access to the voluminous text-books for reference, but this compend is large enough for practical work. It is interleaved for the notes and additions needed in each individual case. Besides filling a want in the armamentarium of the student it is the work of a homeopath, a teacher in a homeopathic college, and published by a homeopathic publishing house

and should be prized accordingly. Thus one by one we are securing text-books of our own in every department of the medical curriculum and we trust soon to be independent. Again we thank both author and publisher for "breaking the ice" in the text-books of the fundamental branches.

HOW TO ATTRACT AND HOLD AN AUDIENCE. A popular treatise on the nature, preparation and delivery of public discourse. By J. B. Esenwein, A. M. Hinds & Noble, New York; 272 pages; \$1.00 postpaid. 1902.

Every physician is liable to be called upon in the capacity of a public speaker on various occasions. For obvious reasons, he is very desirous of making a good impression upon the people before whom he speaks. One who makes a profound impress upon the minds of an intelligent audience, controlling their thoughts and guiding them in the direction of his own, can never be entirely forgotten. How very necessary it is for teachers in our medical colleges to be not only imbued with the true spirit of the professional teacher and a thorough knowledge of the subject, but he should be able to hold his audience and impress the student. A few hundred of our professors should procure a copy and profit by its teaching.

We have never seen a work which gave the real help to a timid speaker or the finishing touches of improvement to a natural orator, that this book gives.

A Model Cure.

A nervous hysterical mood, sensitive to the least noise; voice tremulous; fear she is going to die; general chlorotic appearance; amenorrhœa for five months; constipation; scanty, frequent and dark urine; face and legs edematous: Xanthoxylon cured. *Reutsch.*

WOODSIDE COTTAGE

FRAMINGHAM, MASSACHUSETTS.

For the care and treatment of chronic cases under strictly Homeopathic regimen. Especially adapted to conditions of neuroaesthetic or psychologic origin. Insane cases not received.

FRANK W. PATCH, M. D.

THE MEDICAL ADVANCE

.. AND ..

Journal of Homeopathics

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No. 2.

Symptoms that Distinguish a Case: That Sketch the Image of the Disease in a Patient.

JULIA C. LOOS, M. D., H. M., HARRISBURG, PA.

The only basis for study of disease is the record of symptoms of sick people. No better method has been devised than that of Hahnemann for bringing symptoms into a comprehensive form for study and making acquaintance with the image of any individual miasm. As a preparation for dealing with diseases the first essential is familiarity with their natural expression when their course has no interference.

Every miasm (disease), whether acute or chronic, so acts upon the economy that the orderly functions are disturbed; not properly performed. In every disease, however, these disturbances occur in a definite course, each maintains its own order of disturbance, following the period of invasion, progressing through prodrome and active period to a period of decline, in acute miasms, but in never-ending progression throughout the life of the individual in chronic miasm.

Each disease is characterized by special symptoms by which it may be recognized, but in various beings these characteristics of the disease appear in a variety of forms. No individual of the human race is complete, hence no one is capable of exhibiting in entirety either the virtues or the vices of its nature. Hence any disease in an individual is shown only as a fragment of the whole image, the full nature portrayed by a large number. This indi-

vidual fragment is yet a sufficient part of the whole to represent its nature and is recognized as a form of this or that miasm by the characteristic combination of symptoms characterizing the miasm.

Many symptoms are so common to different sorts of disturbances of the vital force that they are characteristic of nothing. Headache, skin eruptions, loss of appetite, rise of temperature, vomiting, pain in the abdomen, disturbed bowel evacuations are common symptoms of sickness ; but a certain combination of some of these common symptoms occurring in definite form characterize the miasms.

A particular form of fever, with a definite kind of pain in a certain part of the abdomen with diarrhea of a particular type, a sluggish, stupid, malaise and peculiar kind of eruption form the characteristics of typhoid fever.

So each miasm is imaged by a characteristic combination of symptoms, any one of which is common to many miasms.

From a clear comprehension of the natural functions of all parts and the control of functions in health, we judge the condition of each part by the disorder symptoms. No one symptom is diagnostic of a local condition nor of a disease. All things must be considered *together*. The expression of weak heart action may include symptoms all over the body, each of which, with different associations would signify a different derangement. A tumor of moderate firmness in the epigastrium might be a feature of aortic aneurism which it would be fatal to have ruptured, but the physician should be prepared to see a later softening of the tumor with discharge of pus when the history of the case shows that the tumor develops after a severe blow at this point and examination shows superficial tissues involved. To determine the condition giving rise to functional disturbances sometimes requires careful discrimination, but should not be neglected, if full accurate knowledge is desired.

GENERAL SYMPTOMS.

General symptoms of the patient are frequently deduced from many particulars. We recognize a general catarrhal condition from the discharges here and there, or a nervous depression from

sluggish response in several functions or a tendency to wandering pains or alternation of similar symptoms in different parts or alternation of wholly different symptoms. Local changes lead to the summing up—"general glandular enlargements" or "indurations" or "deficient nutrition" or "congestions" or "zymotic state." The broad conception of the symptoms must be considered in estimating from the record the true state of the case.

CHARACTERISTICS OF THE PATIENT.

The records of the sick people contain another class of symptoms, viz., those that characterize the patient, an important class in each case. Our standard of measurement is the normal healthy man who naturally at night is prepared to sleep and when day returns, awakes and desires to enter into activity according to his affections. At regular periods he grows hungry, eats, feels refreshed and is ready for action again, grows tired from long, continued exertion and by a short cessation is rested from fatigue. He feels good, enjoys his activity, the society of friends, is unconscious of the action of internal organs, even of their existence. He appreciates himself as a unit in mind and body, thinking, willing, acting a harmonious individual.

But when he is sick, these things are changed. He becomes sensitive to all sorts of circumstances that ordinarily, in normal state, are unnoticed; sensitive to the very things which contribute to his life: light, temperature changes, winds, motion, noise, touch, to articles of food, etc. He has definite periods of time when he feels bad, certain hours of the day or parts of the month or year. He has definite aggravations associated with the natural functions of the organs, digestion, defecation, respiration, etc. Those things which normally refresh, now aggravate him. He is comfortable only under certain limited conditions. He desires queer things. His natural affections are perverted, he loathes friends, food, activity, his very life, and desires things ordinarily repulsive. He scolds or becomes violent or taciturn. He dwells on trifles that vex him, entertains morbid fancies, loses control of memory, of thought, of feelings. In endless variety the individual *himself* is

disturbed in sickness irrespective of the way the *bodily functions* are performed.

These then are the characterizing symptoms of the patient. To understand the sick man all these things must be perceived. A full record of symptoms must include these symptoms that mark the patient as well as the common symptoms, and the symptoms that characterize the miasm which afflicts him.

MORBID TISSUE SYMPTOMS.

One other class of symptoms is worthy of distinction. Mention has been made of functions disordered by disease, i. e., by disorder of the vital force. When disease action has continued under conditions favoring its progress, functions become so far disturbed that tissue repair is interfered with and normal tissue formation is replaced by degenerative tissue formation or increased production, developing so-called pathological growth. These things (overgrowths and deficiencies then destruction), by their actual presence in the particular locality where they occur, in their interference, give rise to symptoms of disturbed function. Symptoms of disease results must be distinguished from others of all kinds.

Pressure on a part of the brain, on the spinal cord, on the liver, on the bowels, will be followed by a line of symptoms in accordance with the natural function of the part, not necessarily limited to the area receiving the pressure but extending where the disturbed function is in control. Scar tissue on a sensitive nerve, growths on the valves of the heart, destruction of the tubules of the kidney, each produces its mechanical symptoms according to the function disturbed. These are symptoms of disease results.

Such discrimination of all the symptoms in a full record of disorder is the rational method of perceiving the image of sickness for practical use in treating individual cases. Thus we are enabled to reach definite conclusions of what is going on within, following the history step by step.

By our philosophy, now proved beyond doubt, the patient is to be cured most promptly, mildly and permanently by the use of a remedy most similar in its effects upon the economy to the effects of the miasm in this particular case, as revealed by the symptoms.

SECTION 104 OF THE ORGANON.

When the totality of the symptoms *that specially mark and distinguish the case of disease* or in other words, when the picture of the disease, whatever be its kind, is once accurately sketched, the most difficult part of the task is accomplished. The physician has then the picture of the disease, especially if it be a chronic one, always before him, etc.

Every phrase in this first sentence is important in its meaning.
Read it again :

Among all the symptoms in the record of our patient, *which* are to be of use in the selection of the remedy? Those symptoms that accurately sketch the image of the disease, the totality of the symptoms that specially mark and distinguish the case.

From the foregoing discriminating study of symptoms it is clear that *not all* the symptoms in the case belong to this class. All symptoms that do not specially mark and distinguish the case (i. e., the patient under consideration) are not to be included here. Some of the symptoms in our record are those common to many kinds of sickness. Some symptoms are common to the disease affecting the patient, they distinguish the disease. Some symptoms may be evidences of the results of disease. But those that specially mark the case are the symptoms of the patient himself. The characteristics of the patient under consideration, those peculiar aggravations and ameliorations that are not an essential element in the pathology of the disease but distinguish one case from another afflicted with the same miasm.

The characteristic symptoms of the miasm give an image of miasm but the characteristics of the patient produce an image of the man as he is disturbed by the miasm. The common symptoms and symptoms of disease results may be ignored in sketching the image of the disease in this particular case but those that characterize the disease and most of all those that characterize the particular patient affected constitute the totality of the symptoms that specially mark and distinguish the case of disease. When the symptoms have been clearly distinguished in the record and the image of the disease in this patient thus accurately sketched, then the most difficult part of the task is accomplished.

Until this is done by the physician, he is not ready to take any steps in administering remedies for the correction of the disorder.

no matter how long he must study the record, no matter how long he must wait and watch and question and search, until the case is thus sketched, he is not prepared to proceed with a prescription. The curative remedy is the one capable of producing in the economy such an image of disorder as this disease has produced in this patient. How can it be determined what remedy will do that if we do not perceive the image here portrayed. The characteristics of this sick patient are to be the guide points to the curative remedy, the remedy which is characterized by the same or the most closely resembling symptoms. Evidently then we cannot proceed until we determine the characteristic symptoms of the patient in his sick state.

With this aim, to restore the patient to health, ever in view, having determined what are the symptoms that characterize this patient and in their combination keeping the image before us — we seek the remedy which most closely resembles in its effects — or its image, this image of disorder. This should take the whole attention of the physician until it is accomplished. The intensity of the patient's sufferings, the anxiety of friends, the social position of the sick person, the possible financial returns to the physician, the possible contagion of others,— each and all of these must give way in the physician's mind to the paramount problem — determining the image of the disease in this patient and the remedy whose image is most similar. To concentrate the attention on this matter it is often necessary for the physician to go entirely out of the environment of the patient and the patient's associates. More frequently than not in a case of profound sickness it is necessary to resort to repertories and records of provings to determine what remedy is most similar.

When we realize the importance of determining in each case to be treated what are the characteristic symptoms that sketched the image of disease in the case, when we realize that when this is done the most difficult part of the task is accomplished, we must be impressed with the fact that no student who has not been thoroughly grounded in this discrimination, no matter how many years' preparation he has had, is not qualified to practice in the name of Homeopathy.

What must we say, then of the colleges throughout the land

offering to train students in Homeopathy? Do we find their graduates well trained in this line? Do we find the professors in the departments of Medicine, Clinical Medicine and Therapeutics drilling the students in the discrimination of symptoms to determine in each case the characteristics that sketch the image of disease in each patient? Let the graduates of the colleges testify. Let them show how much was their attention directed to this and how much it was directed to bacteria annihilation and treatment of disease results. When these graduates in course of time realize that "symptoms of disease," "symptoms of the patient," "general symptoms," "common symptoms," — "disease-result symptoms" are meaningless terms to them and yet are important in the homeopathic application of drugs to disease, how shall the college withstand the reproof of these who were taught in their halls? How shall they repudiate the anathemas?

"Woe unto you hypocrites, Pharisees, blind guides, for ye pay tithes of mint and anise and cummin and have omitted the weightier matters of the law. Even so ye also outwardly appear righteous unto men, but within ye are full of hypocrisy and iniquity, wherefore ye be witnesses unto yourselves, that ye are the children of them which killed the prophets, while ye build tombs of the prophets and garnish the sepulchers of the righteous."

CURE IS FROM WITHIN OUT.

Mr. I. C. L., 27 years of age, medium height, blonde, with blue eyes and light brown hair, cheeks sunken, reported first on December 1. He preceded the report of his own case by stating that there was a family history of stomach troubles and he himself had had indigestion for three years or so. Recently has been emaciating. Weight reduced from one hundred thirty-five or one hundred thirty pounds to one hundred fifteen. As a child he was thin until seven years of age but grew stout after that and only of late years has lost flesh.

Weak, draggy, languid; legs weak, used to be in forenoon but now continues all day.

Sleep generally good until 4 or 5 A. M. Never can sleep late, and feels unrefreshed in morning.

Feverish in evening after 5 P. M.; face hot, hands and feet cold; < by excitement.

Indigestion: hungry always, not > by eating. Has had a diet of eggs, until he has a distaste for them. By direction has used malted-milk tablets and Wyeth's malt nerve tonic, and still growing thin, craves sweets, vegetables, meat (latter, disagrees?); used to crave sour things. Wants hot food. Averse to fat.

Thirstless, except about every two weeks has a spell of unquenchable thirst.

Mouth offensive odor: slimy, greasy tasting coating. Tongue dirty, dry, red tip.

Eructations sour; heartburn.

Eyes yellow.

Constipation, may have no stool for two days at a time.

Colds settle in head from drafts. Had a severe cold four or five weeks ago.

Skin: Eczema six or seven years ago, "itch," on arms (outer side) and thighs, vesicles forming yellow lumps that can be rubbed off. Itching, bleeding or scratching, < warm in bed, > warm bathing (lard and sulphur). Now dry skin, peels up when shaves; almost cracks. Color yellow, red blotches on forehead. Pricking, itching, recently after bathing. (Cuticura soap.)

Perspiration little more of late, since he is weak.

Hair falling after eruption.

Chills slight, first, in summer of 1901, last summer doctored a month or more (Quinine); tertian, 9-10 P. M.

Fever next day, all forenoon. During heat, diarrhea.

Sweat after fever began, continued after the fever.

Thirst absent. Intermediate day, weakness.

This continued until after he left the neighborhood.

Tonsillitis in 1899 at college; > in open air; > in warm room 70° to 72° comfortable, 65° is chilly.

Feet cold in morning, though well wrapped. Can't fall asleep unless they are warm; one leg or one arm, sometimes middle of back, cold, on waking; perspiration feet offensive < when cold.

Disposition variable; > company, < alone.

Dreads cold morning bath, past six weeks.

A few days later he reports cold in larynx. Hoarseness, cough

with rattling but difficult expectoration of yellow mucus, soreness and tightness in chest, pain in back, lumbar region, coldness from feet to knees and sore lameness all over.

The very clear and interesting sequence of things in this history was emphasized to the young man. He admitted that he had about concluded that driving off the eruption was really at the beginning of his indigestion and was ready to accept the statement that the skin trouble would return as well as some sign of chills. Sulphur 55m. The prescription was made after careful study which brought Sulphur, Pulsatilla and Lycopodium most prominently related to the case.

One week later he reported the cold improved immediately. Diarrhea began shortly after last visit and for two days occurred at 5 A. M. but not later in the day. Since that, bowels were regular. He reported also that he was vaccinated at fifteen years of age and had a running sore for six months. The proud flesh was burned three times a week and bathing was prohibited. Healing began after free bathing in warm water. A year later for a month there existed a running sore on left side of lower lip. This left a red scar which grows bright when he gets heated.

At the first visit his diet of eggs was discontinued and he was told to eat reasonably of ordinary substantial food. This he did from the first. In three weeks weight increased three and a half pounds.

Chills came on the 19th, and each evening until the 29th, after supper. At first they were followed by little fever and some thirst. Later heat and perspiration followed.

Diarrhea again on 30th and for three days, beginning at 5 A. M. Gripping pain before and chilliness during stool; no straining, stools yellow, brown, watery, with flatus.

Eruption on face before diarrhea; sore pustules; a few on back, sensitive to pressure.

Rheumatism in shin muscles and ankles came at same time, later persisted in right ankle only.

January 26. Sulphur 55m.

During next two months the eruption continued on face, neck and shoulders in successive crops of pustules with redness and itching. Eyes continued yellow, then vision became blurred and

lids agglutinated in mornings with yellow discharge. By the 20th of March the following record was obtained:

Sleepless for two weeks; wakens often, falls asleep late and wakens within fifteen minutes of 3 A. M. On waking feels active, wide awake.

Loss of weight nine pounds in two weeks.

Bowels irregular, at times flatus from rectum.

Languid < evening 4:30 or 5 P. M. until 8 P. M., then feels bright.

Feverish spells in evening.

Perspiration copious all over. Feet soles sore as if boiled; offensive.

Warm, feels excessively warm in moderately warm weather.

Appetite good. Thirsty for large drinks.

Headache dull, feels large. Eyes heavy. On shaking feels as if something goes from one side to other < left side.

Eyes blood shot, pricking like splinters, on rising, morning, and in evening after riding in the wind; > bathing cold water; lachrymation from light, from touch.

Cough for a week, from tickling in trachea, spasmodic, dry > by lying; sense of contraction in upper trachea.

Mouth: ulcers on inner side of lip. When seven to eight years old had several for which yellowish-white powder was used. Old ones used to burn. These are sensitive to acid.

Depression of spirits comes suddenly in evening. Thoughts wander when he tries to work mentally.

March 20th. Argentum nit. 40m.

This was followed by a week of skin activity. The eruption was much < on face and "every little scratch became a running sore." Then it was "better than it ever was."

By the middle of April he reported that a gain of two pounds in weight that week brought him to 121 pounds.

A return of symptoms, especially mental symptoms was the occasion of a repetition of Arg. nit. on April 24.

After an absence of two months he reported himself better than he had been for years; and we can readily believe it.

Here is a good verification of the doctrine set forth by Hahnemann, in which the course of disease action in progress and under

curative measures is well displayed. The young man applied for treatment to relieve him of indigestion but that was only one chapter in the history and the treatment that cured that brought out to the surface all the disorder from his early childhood and when order was restored, he, the man, was better in every way, and the physician was minus a patient. But the physician's duty in this case was accomplished with satisfaction.

SYMPTOMS THAT CHARACTERIZE A CASE OF ERUPTION.

Maud K., aged 16 years, came to the office about the middle of July, complaining of an eruption which had troubled her for about two weeks. She could give no history of its origin but said several girls working in the same place, a candy factory, had been affected similarly.

The eruption consisted of groups of small vesicles with dull red areola, slightly hardened at base. Itching, at night in bed, < when gets warm. After scratching, burns and breaks open continuing to ooze yellow water. Areola spreads after first appearance. Eruption began on abdomen, later developed on outer side of right thigh, on back, back of neck and in axillæ.

Leg stiff (on walking) about the eruption; soreness on walking.

Face on left side frequently has pimples under the skin. Is swollen beneath the eyes on waking in the morning some days.

In attempting to pick out the most peculiar, unusual, striking things about this eruption, the first selection was the place of its first appearance.

Abdomen eruption: given in "Kent's Repertory" with the list:

Agar., Anac., Apis., Ars., Bar. m., Bry., Calc., Kali. bi., Kali. c., Merc. Nat. c., Nat. m., Phos., Rhus, Sul.

The following distinguishing features were then noted with the remedies found in each of the preceding lists:

Eruption vesicles: Anac., Ars., Bry., Calc., Kali. bi., Kali. c., Merc., Merc. c., Nat. c., Nat. m., Phos., Rhus., Sul.; itching, Anac, Bry., Calc., Nat. c., Rhus, Sul.; red areola, Anac, Nat. c., Sul.; discharging, Anac., Nat. c., Sul.; vesicles in groups, Sul; inflamed, Anac; itching becoming warm in bed, Anac., Sul.

Because the eruption with its peculiarities presented so unfamiliar an image and that remedy seemed a little out of the ordinary for eruptions, *Anacardium* was first consulted in "Hemig's Guidings Symptoms." How beautiful seemed the words of the text:

SKIN.—Bright scarlet eruptions of the whole body, especially of the thighs in contact with the nut and of the abdomen.

Destruction of the epidermis, leaving an inflamed surface covered with small miliary pustules, with unbearable itching and discharging a yellow liquid forming crusts.

Chest, neck, axillæ, upper arms, abdomen, scrotum and thighs were not only covered with raised crusts, discharging a thick yellowish liquid, but these had partly changed into wart-like excrescences, with thickened epidermis, the whole intermediate skin being of an erythematous redness and the itching fearful. Itching worse in evening and when he went to bed.

Here was a better description of the thing than I had made even on seeing it. So, although the case presented a wholly unfamiliar image at the beginning, here in the *materia medica album* I found its photograph and had no doubt of the effects of *Anacardium* in this case.

It was administered with the warning that the eruption might come out more for a few days but would then grow better and nothing was to be put on but olive oil and water.

Much later I learned that the eruption came out in large, close, red spots on thighs and legs but occasioned little pain after a day or two and the whole skin was cleared in about one week. The other girls had a much longer siege, even to three months. Then indeed was breathed again a prayer of thankfulness for means of discriminating symptoms and the possession of a logical repertory.

A short time ago a friend of the allopathic persuasion, or, call it what you will, remarked that he had rheumatism, and added that "Salicylate is good enough for patients but I don't want any of it;" and we wondered if he knew that homeopathic physicians were not afraid to take what they prescribed; and if he had any idea of the number of them who took Perfection Liquid Food — which they find so good for their patients — "when a little run down."

Homeopathic Remedies in Tuberculosis.

J. HENRY HALLOCK, M. D., SARANAC LAKE, ADIRONDACK MOUNTAINS, N. Y.

There is no place among the whole list of diseases where homeopathy today shows itself so superior to old-school medication as in that class of patients who are predisposed to consumption. We sometimes call them scrofulous or psoric. Burnett calls it consumptiveness.

Whoever has watched the brilliant results of Calcarea, Calcarea phos., Hydrastis, Iodin, Bacillinum, Psorinum, etc., in a typical case must have been thankful that he was not of a school dependent upon laxatives, tonics and cough mixtures.

Two years ago a young lady, twenty-two years of age, came to me after having been the rounds of such medication. She was a tall, slim blonde, with a family history of scrofula and tuberculosis, her own mother dying of cancer. She was weak, anemic, with enlargement of the lymphatics, especially the cervical. She had a stomach which would hardly digest the simplest food; was discouraged and tearful. Her bowels were constipated and she had a dry, hacking cough with a slight evening temperature. Her chest was long and lean with prominent ribs and scapula.

There was no consolidation, though there was a suspicious prolonged expiratory murmur over the lower lobe of the left lung. There was no expectoration for the microscopist, and I was not then familiar with the diagnostic value of tuberculin. But had the case not yielded promptly I should have considered it one of tuberculosis and have treated it accordingly. She proved, however, to be in the pre-tubercular state, and Pulsatilla, Phosphorus and Bacillinum made such a change in her condition that in two months I discharged her cured. She had gained ten pounds in weight and was to all appearances in perfect health. She has since married and is the mother of a healthy child.

But we, as homeopaths, must bear in mind that consumptiveness and consumption, though different stages of the same disease, are very different as far as results from medical treatment are concerned.

Eight years ago this spring, after battling for some weeks with a cough seemingly from laryngeal irritation, I was induced to send some of my sputa to a microscopist, who reported that it contained, not only tubercle bacilli, but elastic lung fibers and pus. Then I remembered that I had had a hemorrhage a year before, and, though I had been attending to my business, was far from my normal weight and strength. A physical examination showed both lungs involved, and I realized that I was in the second stage of tuberculosis.

I had already taken the indicated remedies with but slight results, and knew that something more heroic must be done at once. With a complete change of environment, in a proper climate, I believed the remedies would receive the aid necessary, and so it proved, Iodine being the one I depended on most.

Some of the mistakes I made upon first coming to the Adirondack Mountains may be of help to others, as it has since been to me, in guiding myself and the cases that have been placed under my care. The place I first chose was entirely too damp, though no large body of water was near. The forest was dense to within a few rods of the camp, and in such a place the ground never becomes dry. Next, in looking for elevation in a clearing sufficiently large to insure dryness, I lost sight of the fact that such elevation was not of sufficient benefit to counteract the effect of exposure from hard winds and storms that are sure to come at certain times of the year, and that a place to be of much benefit must get its elevation of 1,500 or 2,000 feet without being on the top of some high exposed knoll. It must be surrounded with higher mountain peaks and sheltered in all directions from which hard winds may blow.

Then with a porous soil and an air loaded with oxygen from blowing over many miles of surrounding forests one has an ideal air in which a consumptive has a chance to regain his health.

Three years ago I was full of the old idea that exercise made strength, and I usually started the day with a little run of twenty rods and in the afternoon would take a long walk, or, being fond of fishing, I would spend the day along a trout stream, and later in the season I killed my two deer and a fair number of partridges.

All this after ten years in general practice, where I had treated

the usual number of consumptives. And since coming here I have met many another trying to guide himself, and while they may not have made the same mistakes I did they frequently make worse ones, and I have come to the conclusion that it is nearly an impossibility for one sent into a strange climate to get the full benefit without the occasional advice of one familiar with their needs. For several months I hardly held my own. A physician who visited me during the summer of 1896 took back a very unfavorable report to friends in the city, and with the amount of purulent matter I was expectorating my chances were not good.

My gain commenced soon after I stopped all exercises and began sitting out quietly on a sheltered porch from five to eight hours a day. And by watching many cases since, I am convinced that exercise of any violent kind, while active processes are present in the lungs, by rushing the blood into the weakened, diseased parts increases the fever and hastens the breaking down process.

Gentle exercise should be begun after the disease is arrested, and increased as the strength and symptoms of the patient will permit.

With warm blankets on a sheltered porch one can be comfortable at all seasons of the year. I have never known such a patient to catch cold, nor did I have, during the past winter, a single case of la grippe among patients thus spending their time out of doors, yet the disease was prevalent enough among those living shut up. By the above methods I have not only been able to regain my own health and vigor, but have been instrumental in aiding a good number of others to do the same.

One case was of especial interest to me, as he was among the earlier cases sent me, and was my companion on many a pleasant occasion.

Mr. G., aged 38, sent me, November, 1896, by Dr. May, city bacteriologist, of Syracuse. He was a heavily built man of healthy German parentage, and not one in whom we would usually expect tuberculosis.

He had la grippe during the summer preceding. Had suffered from catarrhal troubles, lost weight and strength, and after several physicians had failed to benefit him he sent a specimen of

his sputa to Dr. May, who found that it contained tubercle bacilli. About this time he began to raise a little blood, which had the effect to hurry him to the woods. My own previous experience, and the reports and treatment followed at several of the German sanitariums, had convinced me of the proper course, but Mr. G., who had gained nicely during his first two weeks could not resist the temptation of attending a country dance "just to break the monotony." He danced and otherwise enjoyed himself until a late hour, caught cold and from that time on till spring I had to fight a very active tubercular trouble with repeated hemorrhages and all the usual accompanying symptoms.

He was given in about the order named Aconite, Phosphorus, Hepar, Bacillinum 200th (B. & T.'s, by Burnett), with the result that by March, 1897, he had made a perceptible gain which continued until he was quite well.

During the summer of 1897, all active disease having left him, he was able to hunt, fish and enjoy himself generally, but of course under advice. The consolidation had cleared up, temperature was normal, and he was fast gaining his weight and strength.

In this case, as in many others since, I know that the cure was aided by homeopathic remedies, but these must have failed without the aid of proper climatic treatment.

It is so important that such patients should eat and digest large quantities of nourishing food that the digestive organs, which are almost always weakened, require attention, and here again the results from our remedies are conspicuous.

Mr. G. spent the winter of 1897 here to give his disease a chance for thorough arrestment.

When he left for home the following spring he was so fleshy he could hardly wear any of the clothes he came with, and was an absolutely well man, and though jumping at once into hard work, as proprietor of two city hotels, he has kept well without one sign of his original disease.

Variolinum—The New Vaccination.

A. M. LINN, M. D., DES MOINES, IOWA.

Since the generous spread of smallpox in many sections of the United States incident to our becoming a world power, the question of vaccination is once more paramount.

Jenner's great discovery is generally accepted as the adequate and only means of protection from this dreadful plague. Its use is rooted and grounded in the traditions of our professional faith, and has been esteemed the *sine qua non* in combating smallpox. This is, however, no longer a universal verdict. Vaccination has always been esteemed a necessary evil—a choice of two evils. It has not held its present place without protest. Indeed, the pathway of vaccination has been strewn with as many thorns as the fabled "course of true love." Anti-vaccination societies in England and upon the continent have made persistent and vigorous protest against compulsory vaccination. In our own country a respectable minority proclaim a determined opposition to its use, and strenuously insist that other safe and effective methods of immunization may be used.

DANGERS FROM SCARIFICATION.

Inoculation of one individual by the scab taken from the cicatrix on the arm of another is no longer tolerated. This barbarous practice is not now in vogue, and no longer are the sins of the vicious visited upon the innocent by this means. Nevertheless, inoculation by scarification is open to serious and well-grounded protest.

Infection of the wound is not an infrequent occurrence. The ugly ulcerations occur in every community. Impure vaccine is the legitimate product of the commercialism which produces it. The strife for the "almighty dollar" glosses over the production of questionable virus and obscures the paramount interest, i. e., the public safety. It will continue to be so till the products of the vaccine farm are required to pass the crucial test of government inspection.

In the *Ohio Sanitary Bulletin*, the official organ of the Ohio State Board of Health, Dr. Friedrich, the health officer of Cleveland during the smallpox epidemic, said he "stopped vaccination on coming into office because he had found evidence that impure vaccine virus had been productive of some very bad results; that he expected to resume vaccination when he found virus free from pathogenetic organisms, but that up to that time (June 28, 1902) such vaccine virus as he had examined in the Board of Health laboratory had been shown to be impure or inert." On August 11, 1902, he further writes: "Last summer I stopped vaccination, for the clinical facts showed that the virus used was not pure. The first point examined produced 2200 colonies of pathogenic germs. One-fourth c.c. of a billion culture injected into a guinea pig killed it in twenty-four hours. Such horrible stuff was advertised as pure vaccine virus and used on human arms."

What occurred in Cleveland occurs elsewhere, and the experience of the city on the lake is no isolated exception; other communities have learned the same sorrowful lesson. Moreover, auto-infection of wounds from soiled clothing and other sources often occurs. Friction of clothing, scratching the wound with the nails while asleep or chafing the itching arm thoughtlessly may provoke the same evil result. These cases occur in every parish in the land, and the enforcement of compulsory vaccination awakens some vigorous protests even among the most intelligent people.

VARIOLINUM.

Only the pessimist fails to acknowledge the rapid medical advancement of our day. Progress is the watchword everywhere. If in other lines, why not in methods of immunizing against smallpox? Vaccination is good — immensely better than nothing — but it is open to serious objections. Is the ultimate step in immunization yet attained?

It is to the credit of homeopathy that it offers a better method, a safe and effective means of immunizing against smallpox. Variolinum is not a new remedy, but its scope and action are not well understood and not half appreciated in our own fraternity. This is due to the fact that vaccination by scarification is "ours

by right of inheritance," and for the further reason that it has fallen to the lot of few of us to treat smallpox. We have contented ourselves with scarification and overlooked a safe and more effective means of attaining the same end.

Variolinum, like vaccine, is a product of the smallpox poison. It is the clear serum of the smallpox vesicle just prior to its becoming pustular. Some pharmacists prefer the contents of the ripened pustule. It is evident from the symptoms that the same toxine which provokes the systemic storm in vaccination by scarification does so on immunization by Variolinum. The symptoms awakened aside from the local inflammation at point of scarification are identical.

Those who have had experience can testify that the remedy is a potent one. It is used in any potency from the 3x upward, and will awaken its characteristic effects with equal readiness. From three to four doses of a two-grain powder daily is the usual method of exhibition. Its effect is especially manifest in non-immunized persons in from three to ten days by the development of a majority of the following symptoms: viz., chilliness, backache, headache, fever, nausea, prostration, diarrhea and dizziness. The writer has records of several scores of cases thus immunized by the 3x, 6x and 200 of Variolinum.

One of my patients thus accosted me: "Doctor, I am afraid to take any more of that medicine. It has made me so sick and weak I can scarcely attend to business. I had a severe headache, chills, nausea, and am now having a high fever, backache, and am much prostrated."

Our Des Moines fraternity has records of several hundred cases which read like the following:

"No. 65.

"The symptoms produced by inoculating Charles Wickersham, West 20th Street, on 2d day of Sept., 1902, are as follows: Chilliness, headache, general aching (over the body), prostration. Impaired appetite, diarrhea, marked fever and restlessness. Out of school for three days." Signed REV. L. B. WICKERSHAM.

Address 1168 20th St.

We issue no certificate of successful immunization unless a majority of the characteristic symptoms are provoked by the rem-

edy. A rule was adopted by our Des Moines Society requiring that a record be kept of each case supplied with the remedy, and the patient certifies over his own signature or by his parent to the effect produced. With singular unanimity non-immunized persons after taking Variolinum a short time experienced the above symptoms.

The systemic storm provoked by Variolinum covers a period of from three to seven days; when it subsides the patient is *immune to smallpox*.

HOW DO WE KNOW IT?

During the past two years smallpox prevailed in many districts in Iowa and during a part of that time in Des Moines. It afforded our physicians ample opportunity to test the merits of Variolinum. It has stood the test and more than vindicated our claim that it immunizes against the smallpox contagion. Recently in an effort to secure recognition for this method before our State Board of Health, the writer presented to his colleagues a large number of duly attested statements like the following:

To Whom It May Concern.

"This is to certify that my son, Mr Harry Willis, was taken sick with smallpox June 2, 1901, and died on June 18, 1901, from complications. About June 5, 1901, my husband, Mr. John Willis, my sons Clyde and Clifford and I took Variolinum, furnished (through our own physician) by Dr. Linn. All of us were in the house all the time my son Harry was sick and none of us contracted the smallpox as a result of our exposure. In December another son, who was absent during the former quarantine, had smallpox. Again we took the Variolinum and we did not take the disease. My husband was vaccinated in 1863; no other member of the family had ever been vaccinated."

[Signed] HANNAH WILLIS,
JOHN WILLIS.

Subscribed and sworn to before
A. J. Mathis, Notary Public.

My colleague, Dr. C. B. Adams, read the following interesting history:

“ This is to certify that I attended the family of Mr. J. H. S. during an attack of smallpox in January, 1902. In this family of seven, consisting of father, mother and five children, three children were suffering with the disease in a very severe form. None had previously been protected by vaccination. All refused to be vaccinated, desiring a long period of quarantine for the county support. The father requested me to give all members of the family not suffering with the disease, medicine to fortify their systems so that they might not suffer from a severe attack of the disease. I gave them all Variolinum for a period of ten days, with the result that not a single remaining member of the family contracted the disease, although they all mingled freely with the diseased members of the family for a period of forty days.”

C. B. ADAMS,

Member of the State Board of Health.

Numbers of persons who had been immunized by *this method only* were subsequently employed as nurses, or were quarantined for weeks at a time with smallpox patients without contracting the disease. Indeed, no authenticated instance has yet come to my notice where a patient thus immunized has subsequently contracted smallpox. Furthermore, as if to furnish conclusive proof of the efficiency of this method, no one thus immunized can be successfully vaccinated. It has been demonstrated again and again. Neither will any one showing a recent characteristic scar of successful vaccination be affected by Variolinum.

Dr. Edwin Schenk, in his capacity as smallpox physician, was directed by the city physician during the recent epidemic to study the results of the use of Variolinum. He reports as follows: “ I continued to keep track of all cases under treatment and, together with cases previously treated, I found the results quite as effective as through vaccination by scarification.”

Of the two methods of immunizing, that by Variolinum appeals to the thoughtful as the most complete and effective. The remedy is continued through the period of the disturbance excited by it, the systemic storm is maintained at its maximum, every dose of Variolinum is so much added fuel to the flames; they feed upon the dross of susceptibility and when it is effectually consumed the

storm abates leaving the patient thoroughly immune to smallpox. No less important than its power to immunize against smallpox is its power to abort the disease. In this sphere, indeed, it is a *ne plus ultra*. It may be depended upon with absolute confidence and it will not betray that confidence. It is a priceless remedy in the hands of physicians treating this dread disease. The writer makes no fanciful claim for the remedy beyond what it has again and again accomplished.

Does it seem like a flight of the fancy to claim that this remedy when exhibited from the date of exposure to smallpox will check it before it reaches the eruptive stage? It is none the less true. Does it appeal to you as little less than miraculous that Variolinum given continuously from the time of the initial chill, will abort the disease before it reaches the vesicular stage? Verily, it is true.

Does it seem a Utopian dream to maintain that if given from the date of the appearance of the eruption, Variolinum will check smallpox by the time it reaches the pustular stage? It does it.

An able article on this subject from the facile pen of that veteran Dr. H. M. Bishop of Los Angeles, appeared in September, 1901, in the *Pacific Coast Journal of Homeopathy*, which every one interested in the study of Variolinum should read. From this article I quote the following interesting account:

THE CARE AND CURE OF SMALLPOX.

“A man called at my office in the chilly stage of fever, having the aspect of one severely ill. He complained bitterly of a distressing ache in the lumbar region, and of great nausea and headache. On inquiry I learned that he was a general sewing-machine agent, and had been introducing his machines in the surrounding manufacturing villages where variola had been prevailing. I felt sure that he was coming down with the disease, and sent him to his room which was on the top floor of a boarding house in the center of the city opposite the postoffice. I prescribed Variolinum every two hours, taking a dose myself, and gave such other remedies as the various symptoms indicated. For three days the fever raged. On the evening of the third day a most profuse papular eruption appeared, accompanied with a subsidence

of the fever. At this juncture I reported the case to the health officer, a physician of extensive experience in the old school. He visited the patient with me, and after carefully examining the case and feeling the shot-like hardness of the papules, so unlike any other eruption, he hesitatingly pronounced it a severe type of smallpox. The next day he called with me again and we found the eruption assuming the vesicular form, so that the merest tyro in diagnosis could have named the disease. He then said that he had been fixing up the pest-house, and would be ready on the morrow to take the patient thither. Now, it was mid-winter; the ground was covered with melting snow and ice, and the so-called 'pest-house' was seven miles away — a barn-like structure that could not be made comfortably habitable even for well people. I therefore strongly objected to the contemplated change fearing a complicating pneumonia. My protest was overruled, and the next morning an improvised ambulance with helpers arrived in front of my patient's abode. When the health officer entered the room, the astonished look on his countenance was only equaled by the change that had come over the aspect of my patient, for the eruption on the latter had ceased to develop and was shrinking away. He was not carried to the pest-house, but in a few days was up and around. This was no case of varioloid, but a most pronounced case of *variola vera*, with the eruption as thick as possible without being confluent, and no symptom lacking to make a complete picture of this formidable disease up to the fifth day of its development, when it suddenly receded under the use of the Variolinum."*

Our efforts to secure recognition before our State Board of Health failed *pro tem*. The defeat is only temporary. We were overcome by the splendid voting ability of the non-medical members of the Board — a veterinary surgeon and a civil engineer. Next time — and there will be a next time — we shall hope for better success. The writer believes in vaccination; it has served the human family well and saved its millions. Indeed, we are in a measure immune today because our fathers were vaccinated. Smallpox is milder now than formerly because people are measurably immune. Vaccination is good; Variolinum is better.

The writer is somewhat familiar with the regular practice as it

is exemplified in this state. Vaccination is their chief and, practically, their only weapon against smallpox. When vaccination fails, they have absolutely no effective means with which to stay the progress of the disease. It must run its entire hideous, repulsive course unchecked. The stages of invasion, eruption, vesiculation and pustulation regularly follow in regular sequence under the regular administration of our irregular friends. Some of our own people as well as they, attend their cases blissfully unconscious of the fact that Variolinum will check the disease in from three to six days. To those unfamiliar with its use these claims may seem extravagant. In truth, they are only what have been demonstrated in competent hands again and again.

Vaccination is only effective as a preventive. Variolinum not only prevents but will check the disease in all stages. Vaccination is good; Variolinum is better.

At a recent meeting the Iowa Homeopathic Medical Society adopted the following definition:

"Vaccination is the introduction of a virus into the system for the prevention of smallpox, and is accomplished either by the administration of a proper preparation of the virus of smallpox through the mouth or by introducing into the circulation the virus of cowpox by applying it to a freshly made scarification of the skin."

— *North Am. Jour. of Homeopathy.*

ADDITIONAL FACTS.— THE LEGAL STATUS OF VACCINATION IN IOWA.

IOWA STATE BOARD OF HEALTH,
DES MOINES, IOWA, Feb. 6, 1904.

EDITOR MEDICAL ADVANCE.

In Iowa the courts have decided that we are entitled to use Variolinum as a means of vaccination. Its legal status is something like this. No school of medicine has any legal or moral right to interfere with the accepted practice of any other school. Our State Medical Society, by resolution, defined vaccination in such form as to include the proper use of Variolinum. Our local society provided rules for its demonstration, and no certificate of successful immunization is accorded in any case unless the proper symptoms are developed.

Every additional day that passes by gives added proof of the efficiency of this method of vaccination. In our practice we do

not need the testimony of added experience that Sulphur or Calcareia is a useful remedy in its proper sphere. When we exhibit such a remedy, we know what it will accomplish. Among crude drugs, we know that Ipecac will produce nausea, and Colocynth will provoke cramps. Their sphere of action is known and demonstrated. We entertain not a shadow of doubt what the result will be when we exhibit Variolinum to unvaccinated patients.

The symptoms are developed with remarkable regularity. They are not uniform in every case, neither are the symptoms provoked by vaccination the same uniformly. In some there will be a marked degree of fever with a high degree of inflammation about the point of inoculation. In the use of Variolinum the symptoms are the same within a limited range. Added experience with the remedy extending over a period of some two years gives uniform results. The remedy is used in many parts of the country, and used successfully.

Herewith additional records which are quite interesting and which are duly attested before a Notary Public:

The son of Mr. R. was taken ill with a mild but typical case of smallpox, on Jan. 26, 1901. No attention was given save the care of the mother. About twelve days later the mother was taken ill with nausea and chills, severe pain in the back and all over the body. The chilliness was followed by fever. I was called and administered Variolinum at hourly intervals, and the following day she was better. No eruption appeared and no further symptoms of smallpox. Two or three days later, I was called to see the daughter, a girl of ten years, and found her with a temperature of 103 2-5 degrees. This fever had been preceded by nausea, chilliness, severe pains in the back and all the muscles of the body. She began taking Variolinum when I made my first visit some three days before. I continued the remedy, and when I called the next day I found three or four small red spots on the face and neck. Continued giving Variolinum. On the following day, the fifth during which the remedy had been given, the papules had entirely disappeared, the child was well and has continued so from that time. None of these people had ever been vaccinated and since that day have been released from quarantine.

(Signed) ALICE HUMPHREY-HATCH, M. D.

The following, also duly attested, is further evidence:

"I, M. L. Purdy, being first duly sworn do depose and say, that my father, Mr. A. Purdy; my sister, Miss Nancy Purdy; my brother, M. L. Purdy and I took medicine internally (Variolinum) for the purpose of internal vaccination, and we did not contract smallpox although exposed a number of times. My sister and father nursed my mother through an

attack of smallpox. My sister was never vaccinated. My brother and I were vaccinated twenty-two years ago. My mother, who had the smallpox, was vaccinated when a girl.

"Duly subscribed and sworn to."

These are only examples of scores of duly attested affidavits now in my possession, all of which attest the immunizing power of Variolinum.

In the face of evidence like this, it seems strange that the members of our school, or for that matter any other school of practice, would consent to inoculate the system with infective material, which may lay the foundation for years of subsequent ill health. In all of our experience with the remedy we have never found a single instance in which any harm has resulted from its use. Occasionally a child may be affected by the use of the remedy sufficiently to require him to remain out of school for three or four days. The effect amounts to nothing more than a slight indisposition, and the average school boy will delight in having sufficient excuse to take a short vacation. But in no instance has any after effect followed the use of the remedy. At a more convenient date, I shall be pleased to give you my theory of its action.

Trusting that this information may awaken in the minds of your readers enough interest to induce them to investigate the merits of Variolinum as a prophylactic, I am,

Very truly yours,

A. M. LINN.

[This paper is logical, practical, homeopathic and convincing and if distributed among the profession, the school boards and your patients may so change public opinion as to secure a better and safer prophylaxis — prevention as well as cure — and do away with the odious compulsory vaccination rules. Reprints will be furnished at cost of paper and presswork. How many do you want? — ED.]

A MODEL CURE. Headache after a fall on occiput, in a robust young lady, was combined with a sensation as if being lifted up high into the air; she was tormented by the greatest anxiety, that the slightest touch or motion would make her fall down from the height: *Hypericum* cured. *Hering*.

A Case of Cancer of the Breast.

CURED BY X-RAYS.

TRANSLATED FROM L'ART MEDICAL, BY HORACE P. HOLMES, M. D.

CASE.— Mrs. X., fifty-six years of age; she belonged to a family of arthritics (grandfather, father and brother gouty). Her mother died at the age of fifty-six years of uterine cancer.

As personal antecedents, we may note a chronic coryza beginning at the age of twelve years, typhoid fever at twenty, a peritonitis at thirty-five, and lastly frequent attacks of asthma accompanied by bronchitis. The patient, twice married, has had two children and two false conceptions; always menstruated regularly; she had her menopause at the age of fifty-three years.

It was about that epoch, August, 1900, that she perceived that her left breast had slightly increased in volume and became harder than the right; a small depression appeared at the left of the nipple. Being then at Saint Die, she consulted a physician who diagnosed chronic mastitis and ordered a pomade.

In 1901, there was occasionally a sero-purulent drop from the nipple, and the patient having no suffering continued her pomade in all security:

At the beginning of 1902, she went to live in Havre.

In June, a redness appeared beneath the nipple, soon followed by an ulceration with a flow of a serosity of a sweetish odor. Although Mrs. X—— did not suffer, she consulted a surgeon, however, who judged an operation impossible and made applications of Commander balsam.*

A second ulceration showed itself above the nipple followed by a third a little to the right.

At the end of August, she consulted Professor Troisier who

* Commander balsam.— An alcoholic composition, of which olibanum, myrrh, balsam tolu, benzoin, cape aloes, angelica root, the tops of the flowers of hypericum, makes the base. This balsam is stimulating: it is given internally in the dose of 10 to 40 drops; externally, it is used as Arceus' balsam.— *Dictionnaire de Médecine, etc.*, par Littré. H. P. H.

declared to the husband that it was a very grave affection likely to prove fatal in a few months.

They continued the applications of the Commander balsam, Meanwhile the ulceration progressed rapidly, and, in October, pains made their appearance and at the same time a fetid liquor issued from the wound.

I was called to see the patient the 11th of January, 1903. I noticed the presence of an ulcer of an oval shape with a large transverse diameter of twelve centimeters and a small diameter of eight centimeters; the depth was about five centimeters; the borders were scalloped and the center reddish; I noticed at the same time that the nipple was covered with a sphacelus of a blackish color. A foul sanies flows from the wound. The axillary and sub-clavicular glands enlarged.

The patient does not sleep at night, although the pains are still supportable; the general state is quite good, although the appetite is diminished.

During a month and a half, I tried every means to deodorize the putrid cavity (*Hydrastis canadensis*, Anidol, Chlorate of soda, Oxygenated water, etc., etc.).

The pains later became intolerable. I advised the application of the X-rays.

A radiotherapeutist, M. le Dr. Marion, came to locate in Havre.

After some hesitation, for he had never treated nor seen a cancer treated, he agreed to make the application to my patient under the cover of my responsibility.

The outfit of my colleague consisted of a coil of thirty-five-hundred alternating spark, discharged from an alternator with a Nodon valve and Ducretet accumulator.

The flask which was used was a new chemical regenerator (Potash) and consequently very mild. The same flask served for all the applications.

We had nothing for measuring the degree of penetration of the rays, no spark-meter, nor Boist's radiochronometer, instruments which I would have afterward appreciated for valuing and verifying in order to make accurate work.

The treatment was begun the 11th of March.

SITTINGS	DATES	DURATION OF APPLICATION	DISTANCE OF FLASK
I	March 11	7 minutes	30 centimeters
II	March 12	10 minutes	25 centimeters
III	March 13	10 minutes	20 centimeters
IV	March 14	10 minutes	20 centimeters
V	March 15	10 minutes	20 centimeters
VI	March 16	10 minutes	20 centimeters

From the second sitting, we noticed a diminution of the pain which continued to decrease to a complete cessation after the sixth sitting. The sanious flow also diminished and upon the borders of the ulcer appeared a commencement of cicatrization.

The general appearance is better.

The applications were continued.

SITTINGS	DATES	DURATION OF APPLICATION	DISTANCE OF FLASK
VII	March 17	10 minutes	18 centimeters
VIII	March 18	10 minutes	18 centimeters
IX	March 19	10 minutes	18 centimeters
X	March 20	10 minutes	18 centimeters
XI	March 21	10 minutes	18 centimeters
XII	March 22	10 minutes	18 centimeters

During these six new sittings, the ulcer is filled with granulations and two centimeters of cicatrized tissue formed on the borders; the odor has completely disappeared and the central, fungous excrescence is in the way of resorption.

From the 24th of March to the 1st of April inclusive, nine new applications were made at twenty centimeters and of ten minutes' duration.

After the twenty-first sitting, an intense, scarlet erythema appeared in the pectoral region, on the face and neck, and a partial falling out of the hair on the left temple was observed; the ulcer has considerably diminished and the cavity remains filled with granulations; there is no longer any discharge nor odor.

From the second to the fifteenth of April inclusive, seven applications of eight minutes with the tube at twenty centimeters were made.

In place of the erythema, there is a furfuraceous desquamation; the ulcer is filled with granulations, and the fungous excrescence has notably diminished.

From the fifteenth to the eighteenth of April inclusive, there were six new sittings of eight minutes, with the tube at twenty-five centimeters.

The twenty-eighth of April, the thirty-fourth day of the treatment pursued, a magnificent blossoming of phlyctenular blebs, accompanied by a considerable flow of a pungent odor. We decided to suspend the treatment. But soon, the sanious odor reappeared and the applications were recommenced the fourth of May.

The tube was then placed at forty centimeters from the patient, and the duration of the sittings was eight minutes.

After two applications the odor and the pains disappeared and the twenty-fifth of May, the thirty-ninth day of the treatment, the cicatrization was complete and the ulcer was replaced by a fine skin covered with furfuraceous scales.

During June and July some sittings were given, first twice a week, then only once, the tube always at forty centimeters and during five minutes only.

At this actual moment, in place of the ulcer, there is a rosy skin of good material. The axillary and subclavian enlarged glands no longer exist and the patient has returned to her cheerfulness and ordinary life.

REFLECTIONS.— Am I going to declare after that case that the X-rays should always cure cancer? Assuredly not. But I may conclude, with many others who, moreover, are more competent than I am in the matter, that it is, at this time, the preferred method in the treatment of cancer, more superior in effect than the surgical method, since it preserves the affected organ, and acts not only upon the local condition, but also on the general nutrition.

One might offer the objection that a relapse is possible; I do not contradict that. But then, have we not always at hand the curative means which acted so well from the first?

I believe that by using care, by employing only rays of a determined degree of penetration, by protecting the patient with lead screens, one may have recourse to the X-rays with serious chances of success, and that without any species of danger.

Havre.

DR. MONDAIN.

[Hahnemann says that the cure of chronic diseases occurs from within out, and his observation is verified by the experience of Hering, Lippe, Bayard, Wells, Dunham, Raue, Guernsey and many others. Is such a cure as this permanent when made from without in? Are these X-ray cures lasting?—ED.]

Carbuncle: Two Cases Compared.

A. W. VINCENT, M. D., UNION, ORE.

CASE I.—W. H. had, what he called a large boil, and I was foolish enough to let that diagnosis stand instead of calling it a carbuncle, for it was a large affair situated at one side of the point of the coccyx and through its various openings could be seen a large "core;" foreign substance that should be removed no doubt.

I gave a few powders to correct that vital disturbance which had permitted it to accumulate and nature, restored to normal activity, proceeded to remove it. He was out directing the work on his ranch every day, practically lost no time and was well in about a week. He paid me two dollars.

CASE II.—G. H., a brother to the above had an almost identical condition. His doctor decided to assist nature in getting rid of all that foul matter. The brother, my patient, protested and told of his own case which he insisted was just as bad.

Nevertheless I was called in to give an anesthetic and so am in position to tell the tale out of school. It was no worse than my patient's case. It was thoroughly cut and scraped out and packed with iodoform gauze. His secretions were encouraged with moderate (?) doses of calomel and all the minor points attended to.

He paid me five dollars and the other doctor is not cheap, and I saw him limping to his office to have it dressed nearly three weeks later and he told me it was still in a bad shape. A few days ago he told me what an immense deep scar he has there and he guessed that showed that it was a pretty bad case, something more than an ordinary boil. And he is one of the brightest business men I know.

The law of similars is an absolute law for the treatment of actual disease, i. e.; disturbances of the vital force.

There are other things for a physician to do in managing the body to which *rules* may apply. We use chloroform and similar drugs in a way not according to law. But they do not cure disease.

Surgery attains a mechanical end; it removes causes, it removes results; products which nature has allowed to accumulate. But it does not treat the vital disturbance which permitted the accumulation. Yes, my dear allopathic brother, of course, you use calomel to attain a mechanical end, to remove foreign matter from the body. Well, neither is that treating disease; and the most extravagant surgery of the knife is far less evil than the surgery of calomel, *et al.* which accomplish a mechanical effect upon certain organs at the expense of poisoning the whole system as even the laity well knows. And neither way is justifiable when by correcting the vital disturbance we can prompt nature to accomplish better results with no disturbance, as in my case above cited.

Unique Surgical Operation.

A MOST PECULIAR AND INTERESTING CASE OF "LAPAROTOMY."

R. H. VON KOTSH, M. D., CHICAGO.

A few weeks ago a female patient boarded a fast train at Freedom, Minnesota, bound for Chicago, with a view of having one of the most serious surgical operations performed, commonly known as "Laparotomy." No operation of this peculiar nature has been successful, as far as the saving of the life of the patient is concerned. Arriving at Chicago, a short rest was given the patient, in which time a number of prominent men inspected her, but strange to say could not find any symptoms indicating distress or ill health.

After different consultations, operation was decided upon and after due preparations was performed in the usual manner. Ab-

dominal incision brought the stomach into the field of operation and after incising the wall of the organ, lo! and behold, a hard solid mass, covered with a slight coat of a mucus nature, was found in the stomach. After close inspection of the mass which was the shape of a cricket ball and weighing about fourteen ounces, it was found that the ball consisted of particles of grass, hair and no less than a thousand ordinary pins; in addition to this, two good-size nails were enclosed in the same mass. The pins were all bent in a most peculiar way, points inward and heads toward outer surface of ball.

To go no further, it must be added that the subject was a domestic animal, or to be more definite a common Minnesota cow; while the surgeon was a meat dresser in the great Chicago packing house of Swift and Company. Conjecture is rife as to the presence of the metal ball. A plausible theory is that the bovine while grazing contentedly near the farm house, inadvertently picked up a package of pins, perhaps two or three packages. Somehow or other these succeeded in reaching the stomach; and, in the mysterious processes of bovine digestion, collected into a spherical mass, which naturally brought astonishment and wonder to the packing house people.

Cure of Color Blindness.*

DR. JNO. F. EDGAR, EL PASO, TEXAS.

Secretary Dr. Julia H. Bass, solicits a paper upon the above subject, owing to the hint in August, 1903 *Medical World*, page 371, "that Hahnemannian homeopaths can cure color blindness." Homeopathy is a law of cure. I do not "believe" in it. I leave the "believing" to the uneducated, the superstitious, the prejudiced class. Homeopathy will cure any ill, every ill, the human organism may have, if the physician obtains a complete picture of the whole symptoms, and selects the remedy according to the provings on the healthy. Then use the minimum dose, according to the law of dynamization, administered and repeated only

*Read at Texas Homeopathic Medical Association.

as needed. If the person is violating nature's laws of life, those violations must be observed and corrected. Hygienic laws must also be observed; not the fad ones, but the natural ones.

Facts are found in our true copies of *materia medica*. Do not give away your ignorance and want of study and comprehension by crying out for "a reproof of our *materia medica*," along the present fad and theoretical lines of the irregular schools. The X-ray observation might help a little, but the bug and serum theories are absurd, and most of us will live long enough to see them absolutely shelved. An author, writing upon any scientific subject, must be first, well educated and well informed, then be absolutely honest. When buying medical books be sure and get those by such authors as will prove always reliable, and will continue to be reliable many years hence. Not like those of the irregular (allopathic) school, "have to be changed every decade," "to keep up to date." I mention a few of our absolutely pure honest works: Hahnemann's, Hering's, Raue, Allen's, Bell, Lippe, Guernsey's *Obstetrics*, Eggert, and a few others. Don't buy those semi-homeopathic books, no matter how much advertised (for pay). Buy only honest, true ones, and read your *Organon* over and over again. The truth is there; you will receive more light each time you read it. I often think Hahnemann, even with his immense non-bigoted brain, wrote truer to the absolute truths than he comprehended at the time. At least history, thousands of years hence, besides our one hundred years of confirmation, will confirm his true conception of the Creator's laws.

Now to the subject. Take the color that is the most prominent in your patient's vision as your keynote to guide in the selection of the remedy, then add as complete a picture of your patient's abnormal condition as you can. The illusion color also, as well as the ones seen and described correctly. From that bring the concomitant symptoms in to make the picture complete. The following are therapeutic hints only, to aid the prescriber. Patients should be warned upon the harm of crude drugs — allopathic or drug-store prescribing — as worm powders, liquids, digitalis, alkaline theory prescriptions, headache powders, etc.

The following is compiled from "Hering's Guiding Symptoms," which is an absolutely scientific, honest and reliable work.

In "Allen's General Symptom Register," you may find some more, but I have given you only the thoroughly verified ones of Hering.

See Santonine for nearly every vagary of colors.

Atro. sul., Cycl., Chin. sul., Chloralum, Dig. and Santonine are the most prominent and show the ill results of drug dosing.

I give one illustration: A railroad brakeman aged thirty-one had scarlet fever two years ago, has never felt well since. Is weak and exhausted all the time; feet are tender. Palpitation, worse at night. His privates swell occasionally; feels very amorous mentally, but is physically incompetent. Noise in his ears like boiling water. Cannot distinguish colors clearly, and is afraid if it is found out, he will lose his situation. Nearly everything looks green; some days yellowish though green is most constant. His eyelids often look and feel puffed. Has a poor appetite, tongue coated white, feces light color. Feels sleepy, yet sleep does not refresh him. Digitalis 30 brought this man out on every point. It happened to be a clear cut case.

BLURRED VISION OR AS FROM MIST: Acon., Agar., Ail., Amm. c., Amm. m., Ammoniac, Arum., Arun., Ars., Asaf., Bar., Bell., Berb., Bis. Buf., Cainca., Cal., Cal. fl., Cal. p., Camph., Carbo. Caust., Ced., Cepa., Chel., Cina., Croc., Cund., Cycl., Diad., Dros., Dul., Euphr., Gels., Graph., Grat., Hyos., Ind., Iod., Jab., Kali. c., Kali. i., Kobt., Kreos., Lach., Lachn., Lac. ac., Lact. Laur., Lil., Lyc., Mer., Mill., Morph., Mosch., Nat. ars., Nat. m., Nat. p., Nat. s., Nicc., Nux, Ol. an., Ox. ac., Petr., Phos., Phys., Pic. ac., Plb., Psor., Puls., Ran. b., Rhus, Ruta., Sars., Sec., Sil., Spig., Stram., Sulph., Tab., Tart., Ther., Vinca., Znc.

FIERY COLORS OR SPARKS OF LIGHT: Acon., Alum., Ammoniac, Amm. c., Amm. m., Anath., Arun., Astac., Aur., Bar., Bell., Bor., Brom., Bry., Cal., Cal. fl., Cal. p., Camph., Carbo., Caust., Ced., Cepa., Chel., Chin. s., Cic., Cina., Cinch., Coca., Coff., Con., Croc., Cup. ars., Cycl., Dul., Elaps., Fer. i., Gels., Glon., Graph., Ign., Iod., Ipec., Kali. bi., Kali. e., Kali. ch., Lac. c., Lach., Lyc., Lys., Mag. p., Mer., Nat. c., Nat. m., Nic., Naph., Nux, Op., Petr., Phos. ac., Phos, Pic. ac., Plat., Psor., Puls.,

Sec., Sep., Sil., Spig., Spong., Staph., Strom., Stron. c., Ther., Thuja., Val., Viol., Znc.

BLACK, INCLUDING MUSCAE VOLITANTES: Acon., Act. r., Act. s., Agar., Amm. c., Amm. m., Anac., Ammoniac, Anath., Arg. n., Arn., Ascl. t., (with slow pulse), Astac., Asaf., Aur., Bar., Cac., Cal., Cal. p., Camph. Caps., Carb. ac., Caust., Chel., Chin. s., Chlor., Cic., Cina., Cinch., Coca., Coc., Con., Cund., Cup. ars., Cura., Cycl., Daph., Doryph., Elaps., Fer., Form., Fl. ac., Gels., Glon., Graph., Kali. c., Kalm., Lac. c., Lach., Lachn., Lact., Lil., Lith. c., Lyc., Mag. c., Med., Meny., Mer. pr., Mer. v., Nat. c., Nat. m., Nit. s. d., Nit. ac., Nux, Nux m., Petr., Phos., Phys., Psor., Puls., Sar., Sep., Sil., Sul., Syph., Tereb, Thuja., Val., Ver., Znc.

DARKNESS AFTER EATING: Cal.

— siesta: Lyc.

— when nauseated: Kalm.

BLUE: Act. s., Amm. b., Amyl. n., Ars. h., Aur., Bry., Cina., Coff., Croc. Cycl., Hyppo., Ipec., Kali. c., Lach., Nicc., Sec., Stront., Znc.

BROWN: Agar., Atr. s., (bugs.) Lac. c., Med.

GRAY: Ammoniac., Arg. n., Brom., Cal. p., Elaps., Guar., Lachn., Nux, Phos., Sep., Stram., Sil.

GREEN: Amyl. n., Ars., Bry., Caust., Cina. (looks green), Cycl., Dig., Hep., Kali. c., Lac. c., Mer., Phos, Ruta., Sep., Stram., Stront., Sul., Ver., Znc.

RED: Atr. s., Bel., Bry., Cac., Ced. (night), Comoc., Con., Croc., Cund., Dig., Elaps., Fl. ac., Hep., Hyos., Iodof., Ipec., Lac. c., Nux m., Phos., Sars., Stront., Stram., Ver., Znc.

VIOLET: Cannot be recognized: Santonine.

WHITE: Alum. Amm. c., Apis., Ars., Caust., Chloral, Coca., Dig., Elaps., Grat. (green looks white), Sul., Thuja., Ust.

— Specks: Ratanhia, Ustilajo.

— Spots: Sulphur.

— Stars: Alum., Cal.

— Flies: Atrop. s., Dig.

— Serpents: Ign.

— Water, like bottles of: Thuja.

- YELLOW:** Agar., Aloe., Alum., Amm. c., Amm. m., Amyl. n.,
 Aur., Bry., Canth., Ced. (daytime), Cina., Coff., Cycl.,
 Dig., Irid., Kali. bi., Lac. c.
- HALO AROUND THE CANDLE OR LIGHT:** Ammoniac, Anac., Anag.,
 Atrop. s., Bell., Cic., Caust., Cinch., Como., Cycl., Nat. p.,
 Phos., Puls., Sars., Staph., Sul.
- RADIATING LIGHTS:** Bell., Con., Ign., Phos. ac.
- RAINBOW:** Bry., Cal., Cic., Con., Dig., Nicc., Osmium, Phos. ac.,
 Stan.
- STRIPED LIGHTS:** Bell., Con., Sep., Sol. n., Sul.
- AS IF FEATHERS:** Alum., Cal., Lyc., Nat. c., Nat. m., Spig. (on
 the lashes), Sul. (black).
- FLICKERING OBJECTS:** Aesc., Aloe., Agar., Amyl. n., Anac., Arn.,
 Ars., Bor., Bry., Camph., Caust., Cham., Chel., Cycl., Diad.,
 Lach., Mer., Nat. p., Phos., Sars., Seneg., Sep., Sul., Thuja.
- COLORED LIGHTS: Make him dizzy:** Artemesia vul.
- CANNOT WALK IN THE DARK, without reeling:** Alum., Arg. n.,
 Pic. ac.
- CAN SEE IN THE DARK:** Ferrum.
- HEMERALOPIA:** Cal. s., Cinch., Hyos., Lyc., Ran. b. (during pregn-
 nancy), Stram., Ver.
- ALL AWRY: Colors added to the one he recognizes:** Nux. m.,
 Stram.
- Crooked or up side down: Bell.
- NYCTALOPIA:** Sil., Sul.
- ANIMALS:** Cats, dogs, rats, etc.: Stram.
- SERPENTS:** Arg. n., Cund. (black) Gels., Ign. (white), Physos.

A Case of Paralysis Cured.

WILLIAM A. GLASGOW, M. D., MISSOULA, MONT.

Mr. J. J., age 24, has been paralyzed since December, 1902.

PREVIOUS HISTORY: Is a locomotive fireman and has always had splendid health until the time above mentioned, when he was admitted to the railroad company's hospital for treatment. They treated him for several months when he was discharged as incurable.

PRESENT CONDITION: When called to the case the following symptoms were noted:

Violent tearing pains in frontal region, < at night, < by motion and bright lamp light.

Profuse perspiration about the head which stains the linen yellow and also, has a very strong odor not unlike garlic.

Breathing: irregular, short, spasmodic; pulse average about 95.

Appetite almost gone, no desire for any kinds of food, the odor of cooking nauseates.

Very constipated during early part of sickness, but now stools are involuntary.

Urine: scanty, high colored, odor like cat's urine; albumen in variable quantities, urates increased.

Sleep: restless, tosses about and cannot get to sleep although sleepy. Sleeps better during the day than at night.

• Profuse perspiration which aggravates all the symptoms, especially worse at night. He feels exhausted upon wakening.

A macular eruption was discovered over back, arms and face, but no itching.

There is complete loss of all the voluntary muscles of the body. The patient cannot even move his head.

A few other symptoms illicited and (by the way the ones that indicate the remedy); are < in cold, wet, cloudy weather; soreness of teeth with salivation, teeth feel too long; sore throat and, former mucus patches in the mouth all characteristic of syphilis which he confessed had been contracted eight months ago.

Mercurius vivus, 3x, was given twice a day for three weeks, under which he improved rapidly for a while and then came to a standstill, when he was given one powder of Mercurius vivus 1m (B. & T.) and placebo, quantum sufficit.

That is all the medicine he has had and today he is up, working on the railroad without any symptoms of his former illness remaining. This is a case that a freshman in a homeopathic college could have cured but was considered incurable by some good old-school physicians.

The Dose: What Is It?

W. L. MORGAN, M. D., BALTIMORE, MD.

From the earliest history of Homeopathy down to the present time, the question of dose has been a stumbling-block and a mystery. Even the physician who studied the Organon and followed the law in prescribing, understood no more about the dose or how the remedy performs a cure, than the chemist does about chemical affinity. Yet, from many demonstrations he knew that the potentized drug would work when properly used, while those who had never tried it could not believe. A knowledge of the method of preparing, and the many futile attempts at chemical analysis of the potencies were sufficient to convince superficial thinkers that it was all a deception and they at once attributed the cures to imagination, faith or delusion. Such men treat homeopathy and her friends with derision and contempt; they never study the Organon or the philosophy of homeopathy, and they spurn the idea of inductive reasoning on the subject as a thing too small for their superior learning. These tactics well played by the old school have had their effect on the large mass of physicians who joined the homeopathic ranks, seeking an easy road to eminence, but who were tender-footed, weak-kneed and unprepared with ammunition to withstand the sharp fire of the front and had to fall back to a place of supposed safety and prepare other means of defense against the withering sarcasms. These, together with another class ambitious to be reformers, instituted a general "reform" under the name of homeopathy, leaving out the Organon, the vital force, the infinitesimal dose, the potency, and the individualization of the case, producing a system as imperfect as mathematics without arithmetic or language without grammar.

And now, of the twenty homeopathic colleges in this country, eighteen teach none of the above branches which are so essential to homeopathy, a large percentage of so-called homeopaths know little or nothing of the Organon, spurn the idea of the vital force and ridicule the potencies and those who use them; they substitute microbes for vital force, tinctures and combination tablets for potentized remedies and generalizing the name of the disease for the individualization of cases.

When asked what all this has to do with the subject of dose, we answer that it is the apparent diminutiveness of the dose, in its effect on the weak knees and weaker energy of these skeptics that has caused all this trouble. But, we are happy to state, we now have remarkable confirmations of the doctrine of the potency in the researches of physical scientists, in the recent discoveries of the radio-active properties of Radium, Thorium, Barium, etc.; the further discovery of the divisibility of matter beyond the atom, of the fact that fragments of broken atoms, becoming electrons and ions, radiate with the velocity of light and form the basis of electric force; also the discovery by Dr. Kenyon, that triturating in liquid air splits the molecules and lets out the "intercellular juice" which is the same as Hahnemann's vital force, or the curative agent.

With these additions to our knowledge of physical science of older times, we can examine, by inductive reasoning, the process of potentiation by trituration in crystalized sugar or milk, and see how the fragments of broken atoms become electrons and ions which radiate and are caught up and held loosely in the menstruum, which then is transformed into a storage battery having the peculiar properties of the drug from which it was prepared, corked up in a non-conductor vial and ready for use. It is now possible for scientists to analyze and make comparisons and to understand how the infinitesimal dose can be an entity of great force and utility when used in its proper place, according to the instructions given in the Organon.

We now see how matter is changed into electricity and that the potentiated remedy is in the form of a storage-battery. We have only reached the beginning of the deeper consideration of this subject. Consider that about 800 remedies have been proved and are in use, and that each one has characteristics, differing more or less, from those of every other. Each species of matter, organic or inorganic, has its general characteristics as a species. (Compare general symptoms necessary in diagnosis of disease with general characteristics of the various species of matter.) It is well known that each individual has or may have characteristics derived from the influence of surroundings, in addition to those of the species to which it belongs. These are the individualizing

symptoms, recognized by all true homeopaths, and not at all by allopaths.

The physical scientist, who, up to the past few years contended that homeopathy was a deception, since he was unable to demonstrate that there was anything in potentized remedies, has now furnished the means for showing that it is the drug reduced to its actual life-force, which is the electricity of the broken atoms, well known to every homeopathist in its characteristic effects upon the sensitive animal vitality, when properly used, from the crude drug to the very highest potencies.

Now since every species of matter has characteristics of its own, differing from those of every other species, it must be admitted that when such matter is reduced to electrons and ions, the electric force so formed must possess the same or very nearly the same characteristics as the original matter. It must be equally as reasonable and logical to conclude that there are as many kinds or species of electricity with as many different characteristics as there are kinds or species of organic or inorganic forms of matter. Hence, allow me to say, that the dose is static electricity plus the characteristic vital element of the drug, held loosely in the menstruum as an electric storage battery, ready for use at the will of the prescriber.

LIFE AND WORK OF JAMES COMPTON BURNETT, M. D., with portrait. Compiled by Dr. J. H. Clarke.

To the indefatigable labor of this busy man, the profession is indebted for a brief biography of Compton Burnett who has left an indelible footprint on British homeopathy.

This work is divided into three parts — Part I is mainly Biographical. Part II is entitled "Critical," and gives an account of Dr. Burnett's lines of thought and methods of work, especially the original developments he worked out in homeopathic practice. Part III gives an account of the Memorial which has been initiated in his honor.

Appendicitis?

S. L. GUILD-LEGETT, M. D., SYRACUSE, N. Y.

May 31, 1899, Miss P—, about 21 years of age, typewriter and bookkeeper in a down-town office, and usually in excellent health, applied for a prescription.

The previous morning she had been well, but at 1 P. M. began to complain of pains in the abdomen, which became so severe that she returned to her home in tears. She claimed to have suffered somewhat in the same manner ten days previously, but had attributed it to a glass of cold ginger ale.

She had had a stool the day before at noon, that was normal, but had been uneasy and restless all night, > for a little while by a change of position.

The pain extended from the right groin up over the right hip; and the region of the appendix extending to the umbilicus was extremely tender to touch, or to straightening out the body. The patient was easily made to weep from touch or pressure.

Questioned as to diet, thirst, etc, she said the abdomen had felt badly from the quantity of cold water she had drunk, the day before, so she had since refrained.

The region affected, the relief from change of position, the distress from cold drink, gave the necessary indications, and she received one dose of Rhus 45m (F.)

I saw the patient, June 1, 2, 3, when she had so improved as to walk to the office, but, the walk was too much, so she did not return to business until the fifth of June. She has never shown symptoms of the same kind of disturbance since.

THE MEDICAL ADVANCE

AND

JOURNAL OF HOMEOPATHICS.

A Monthly Journal of Hahnemannian Homeopathy

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

Subscription - - - Two Dollars per Annum

The editor is responsible for the dignity and courtesy of the magazine, but not for the opinions of contributors.

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FEBRUARY, 1904

Editorial.

The Ontario Medical Act.

In our editorial for December, we were in error in saying that a graduate from an American college must attend one year in some Canadian school before he can be admitted to examination. Dr. Leonard Luton, of St. Thomas, calls our attention to the mistake, which we gladly correct by publishing the requirements for homeopaths. The following clauses from the *Ontario Medical Act* fully explain:

Until a homeopathic medical college for teaching purposes is established in Ontario, candidates wishing to be registered as homeopaths shall pass the matriculation examination established under this Act, as the preliminary examination for all students in medicine, and shall present evidence of having spent the full period of study required by the curriculum of the Council, under the supervision of a duly registered homeopathic practitioner.

Such candidates must also have complied with the full curriculum of studies, prescribed from time to time by the Council for all medical students, but the full time of attendance upon lectures and hospitals required by the curriculum of the Council may be spent in such homeopathic medical colleges in the United States or Europe as may be recognized by a majority of the homeopathic members of the Council; but in all homeopathic colleges, where the winter course of lectures is only of four months' duration, certified tickets of attendance on one such course shall be held to be equivalent to two-thirds of one six month's course, as required by the Council; and when such teaching body has been established in Ontario, it shall be optional for such candidates to pursue in part or in full the required curriculum in Ontario. R. S. O. 1887, c. 148, s. 17.

From this it will be seen, that until a medical college is established in Ontario, students may attend homeopathic colleges in the United States that are recognized by the majority of the homeopathic members of the Council. This only emphasizes what we said in our editorial of the necessity for establishing a homeopathic college in Ontario. The sooner it is done the better for the cause and the profession.

Therapeutic Poverty.

At a recent meeting of the Chicago Medical Society, Dr. Arthur B. Bevan read a paper on pneumonia, which created a sharp discussion and attracted public attention to the almost unheard of statement, that "there is no known cure for pneumonia." The Doctor claims that:

The study of medicine has reached that point as an exact science where physicians know accurately the limitations of drugs. They recognize that there is no known cure for pneumonia. It is time they acknowledged this to the public. When this is understood by all, I believe assistance will be offered from every side to help any attempts made to solve the problem.

Of course there is no remedy that will cure pneumonia. This was commented on and explained by Hahnemann a hundred years ago. He published it to the world, and his followers have been reiterating it ever since, that drugs do not cure diseases but patients. Of course, there is no remedy for pneumonia any more than there is for diphtheria, appendicitis or consumption. We

should treat the patient, not the pneumonia; for no two patients require the same remedy, although suffering from the same disease.

About sixty years ago Dr. Fleischmann made his celebrated test in a hospital in Vienna, in which every case of pneumonia, as soon as the disease was diagnosed, was treated with Phosphorus, because Phosphorus had produced engorgement of lungs in both men and animals when given in lethal doses. His percentage of cures was vastly better than under his previous empirical treatment; but every case did not call for Phosphorus, and many patients died who might have been saved had they received the similimum. The patient, suffering from pneumonia, the totality of whose symptoms called for Bryonia, Iodine or Sulphur, could never be cured by Phosphorus. Under correct homeopathic treatment, pneumonia is neither a serious nor a fatal disease. The mortality is very low, perhaps not more than five per cent, but the vital force of the patient must be conserved. Overfeeding should be avoided, and the absolutely similar remedy should be properly selected and then properly administered. Under these conditions recovery would take place rapidly, and the engorged lungs relieved in a short time.

Dr. Bevan further claimed, that what the profession needed more than anything else, just now, was the endowment of an institution for special research in this disease. Here are the Doctor's remarks:

The sweeping inroads recently made on human life by this disease afford an opportunity for men of wealth with the welfare of the human race at heart to establish a fund of \$400,000 to \$500,000 as an endowment for research work along this line. We want some man or group of men in this community to devote \$25,000 a year to such a movement. I do not believe that in this country or elsewhere there has been any special research.

The study of the etiology, cause and prophylaxis of pneumonia, might possibly be conducted in an institution especially endowed for the purpose, but that would not facilitate the cure, which never can be effected by treating the disease instead of the patient. To treat pneumonia homeopathically, the instructions of Hahnemann must be implicitly followed. The symptoms of the patient should be carefully selected, and no matter to what remedy they

point, that should be given, irrespective of diagnosis or pathology. What a furor was created several years ago in the homeopathic ranks, when Dr. W. E. Payne, of Bath, Me., reported the cure of two cases of pneumonia with *Podophyllum*, because this remedy had never been known to produce pneumonia in the healthy. But, the symptoms of Dr. Payne's patient called for *Podophyllum*; and whether it had ever been given for pneumonia, or had, like Phosphorus, ever produced engorgement of lungs on the healthy he had nothing to do. His duty to his patient was simply to follow the law.

The New Vaccination.

We republish from the *North American Journal of Homeopathy* the admirable article of Dr. A. M. Linn., of Des Moines, Iowa, on "Variolinum, the New Vaccination." As the homeopathic representative of the Iowa State Board of Health, it has been the business of Dr. Linn, during the numerous epidemics of variola which occurred in Iowa during the last few years, to investigate the best prophylactic means of prevention as well as the best method of treatment. In this paper, Dr. Linn furnishes us with the ablest arguments and what is better, clinical proof, which have yet appeared in favor of modern scientific prophylaxis. He furnishes us a substitute for the old and antiquated method, against which so much has been written. There is no doubt that vaccination, as at present known, has done and is doing much more harm than good; and however much we may believe in the evils left in its train, before we can convince the people and the medical profession that there is a better way, we must produce the evidence. In this, Dr. Linn has succeeded. He has demonstrated by affidavits from numerous sources in every part of the state, that Variolinum is a much better preventive than crude vaccination, and that it not only serves as a superior prophylaxis, but it cuts short the acute attack of smallpox, converts a confluent or malignant case into a mild one, and almost always prevents that much dreaded result, the pitting of the patient. This article of Dr. Linn's is eminently fair, argumentative and

scientific, and he offers what has never been offered before, proof that the new method, superior in every way to the old, may be substituted with advantage to the patient and humanity. Every one, who has had an extended experience with crude vaccination, admits the possibility of an impure vaccine virus. No matter how careful the manufacturer may be, occasionally a diseased or tuberculous animal may be used in the propagation of the virus. The Doctor is innocent of any attempt to injure the person, yet the constitutional effects of the impure virus may follow the child through life.

Dr. Linn is perfectly willing to admit that vaccination is immensely better than nothing, but he does not believe we have reached the highest immunization by such means. He demonstrates that the internal administration of Variolinum in the potentized form is safer, more potent, and hence much more desirable an agent in obtaining complete immunization. Persons receiving the Variolinum present similar symptoms, although in a milder form, than from crude vaccination. In from three to ten days, after administration, the symptoms of vaccinal fever: chilliness, backache, headache, fever, nausea, prostration, diarrhea and vertigo are found. The author furnishes evidence that seems indisputable, that Variolinum renders the patient immune to smallpox, and this evidence is of a different character than much we have on the subject.

Dr. Edwin Schenk, in his capacity as smallpox physician, was directed by the city physician of Des Moines, during the recent epidemic, to study the results of Variolinum immunization. The following is his report:

“I continued to keep track of all cases under treatment, and together with cases previously treated I find the result quite as effective as vaccination through scarification.”

Dr. Linn further proves by sworn affidavits, and these are supported by his colleagues, that Variolinum has the power, not only to prevent but to abort smallpox. If administered from the date of exposure it will check the disease before it reaches the eruptive stage. These statements have been demonstrated by competent observers, and at a recent meeting of the Iowa Homeopathic Medical Society a resolution was adopted defining vaccination to

be, "the introduction of a cow-pox virus into the system either by the mouth or through the circulation by scarification of the skin." The facts here presented by Dr. Linn have recently been verified by Dr. Munger, of Hart, Mich., and Dr. Vincent, of Union, Ore., both of whom recently were compelled to grapple with an epidemic of variola. We have used it in our practice for fifteen years, and have found it affording a better protection than crude vaccination. Why should the homeopathist be compelled to adopt the old dangerous and unsatisfactory form of vaccination when he has something far superior both safe and scientific of his own? Why not treat smallpox both in prophylaxis and cure as we do scarlet fever, measles and diphtheria? Why make smallpox an exception to the law, because our colleagues of other schools are strangers to natural law in the medical world?

COMMENT AND CRITICISM.

Transcendental Mathematics.

DALLAS, TEXAS, Dec. 9, 1903.

EDITOR MEDICAL ADVANCE.

In *The Medical Age* of the twenty-fifth ult., under the caption "Transcendental Mathematics, An Infinitude of Nothingness," appears an editorial containing the following allegations:

The method of preparation of homeopathic dilutions, as directed in the manuals of the cult, is to take one drop of the strong or mother tincture and add it to 100 drops of alcohol for the first dilution or attenuation; one drop from this in a second 100 drops of alcohol for the second dilution, and so on to the thirtieth dilution, which was Hahnemann's "favorite prescription," though even higher dilutions have been used. It is interesting to note what relation the original drop or grain of medicinal substance bears to the menstruum when the higher dilutions are reached:

The first dilution, as stated, is one drop in one and a half teaspoonfuls of alcohol.

The second, one drop in twenty-one fluid ounces.

The third, one drop in 104 pints.

The sixth, one drop in 206,000 hogsheads.

The ninth, one drop in a lake of alcohol, fifty fathoms deep, with 250 square miles of surface area.

The twelfth, one drop in a sea of the same depth, six times the size of the Mediterranean.

The fifteenth, one drop in fourteen billion cubic miles of alcohol, an ocean 46,000 times greater than all the oceans of the earth.

The twenty-fourth, one drop in fourteen quintillion cubic miles of alcohol, equal to 140 masses extending from limit to limit of the orbit of Neptune.

The thirtieth dilution, Hahnemann's "favorite," equals one drop in fourteen septillion cubic miles of alcohol, a quantity equal to many hundred spheres, each with a semidiameter extending from the earth to the nearest fixed star.

It seems to be giving undue publicity to such malicious drivel to quote it, but, unfortunately, it is believed by, possibly, the majority of those to whom it is addressed, who retail it with extra coloring, of course, to the laity. The article was brought to my attention by the unquestionably best trained allopathic physician in Dallas, and probably in Texas, a graduate of two European and one Canadian Medical college and who nevertheless firmly believed the assertions to be true, until I had labored with him. I have been confined to my bed since October 30, as the result of a serious operation, but I could not let such a libel on homeopathy go unchallenged. Accordingly I wrote the editor of *The Medical Age* (a senile "age" apparently) as follows:
Frederick W. Mann, M. D.

SIR: In the interest of truth, which we all profess to seek, let me protest against the statements contained in your article entitled "Transcendental Mathematics" in the November issue of the *Medical Age*.

The homeopath who wants to attenuate a drop of the tincture of a drug to the thirtieth centesimal potency will get thirty vials, containing one and a half teaspoonfuls, ninety-nine drops, of alcohol in each. He then takes one drop of the tincture and adds it to the contents of the first vial, for the first attenuation, or potency, one drop of this is added to the contents of the second vial for the second potency and so on to the thirtieth. Is this "one drop in fourteen septillion cubic miles of alcohol?"

I have always noticed that such statements as are made in your article come from the pens of men who have never studied their subject, even for the purpose of intelligent abuse. They smack of the same old bigotry that sought to encourage the burning of innocent women by alleging that the latter claimed to be able to fly round the moon or influence the Devil.

At a time when the American Medical Association is extending

the olive branch to all legalized schools of medicine, your article is peculiarly mischievous.

If you have the sense of justice a man of education should have, you will publish this letter.

Dunham, 1902.

VERE V. HUNT, M. D.

*Dr. Vere V. Hunt,
Dallas, Texas.*

MY DEAR SIR: Your communication of the 9th inst. is at hand. Thank you for your explanation of the method of preparing attenuations. You plainly follow the same method described in the article you criticize so freely and by your own statement corroborate the truth of that article. In your letter you do not state what becomes of the other 99 drops in the vial of the first dilution. In the estimate furnished in the article published, we follow your method to the letter, except that we use enough alcohol to make a menstruum for the original drop of tincture carried through each dilution successively to the thirtieth. If you care to verify the figures given, you will find that the result will be approximately "one drop in fourteen septillion cubic miles of alcohol," and allowing for any error you may make in such a computation, we are quite willing to allow an ocean or two of alcohol either way.

F. W. MANN.

COMMENTS: There are none so blind as those who will not see. And when these blind editors become leaders of the blind, it becomes both ludicrous and ridiculous. And this entire problem in mathematics hinges on the small word "if." "If" the entire menstruum were used? Or as Dr. Mann puts it, "what becomes of the other ninety-nine drops in the vial of the first dilution?" It may be kept as the first potency.

Let Hahnemann explain this complex problem:

Thus two drops of the fresh vegetable juice (tincture) mingled with equal parts of alcohol are diluted with 98 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 vials, each of which is filled three-quarters full with ninety-nine drops of alcohol, and each succeeding vial is to be provided with one drop from the preceding vial, and in its turn twice shaken, and in the same manner at last the thirtieth development of power (potentized decillionth dilution) which is the one most generally used.

If the entire mentruum were used? If the moon were made of green cheese? If Dr. Mann were honest enough to investigate for himself instead of using worn-out statement of Simpson, of Edinburgh, made fifty years ago and copied and used in their lectures by Palmer in U. of M., Holmes in Harvard and Quine in

Chicago. Thirty one-dram vials contain all the alcohol necessary to make the thirtieth potency instead of the "fourteen septillion cubic miles of alcohol," of Dr. Mann's fiction. Put Hahnemann's statement to the test and publish the failure in the *Medical Age*.

Ridicule has no place in science. Hundreds of allopaths equally as learned, honest, scientific and skilful as Dr. Mann have made the thirtieth potency, and more than that have put it to the test both in private and hospital practice and have praised its wonderful curative efficacy in acute and chronic disease after the crude drug had failed completely.

Besides, many drugs which are wholly inert in their crude form — Alumina, Carbo., Chalk, Graphite, Lycopodium, Salt, Sepia, Silica, the metals, etc.,— become when potentized to the thirtieth, active health deranging and health restoring agents. Try them and publish the failures in the *Medical Age*.

But why should this question of dose be such a stumbling-block? Dr. Mann and his readers meet it daily, for many morbid as well as medicinal agents derange health by olfaction. Contagious, infectious and malarial diseases — measles, pertussis, scarlatina, variola, varicella and perhaps diphtheria, hay fever, yellow fever, etc., are received by olfaction. The effects of Amyl Nitrite, Glonoin, Ipecac, Chloroform, Chlorin, Lead, Phosphorus, Arsenic, Mercury, Rhus, Cactus, Melilotus, etc., are well known examples where disease-producing agents act by olfaction, and by olfaction they are equally curative. Many of these remedies too are forceful examples of the effects of a single dose in causing and curing disease. Try Glonoin on yourself, Dr. Mann, and publish the result in the *Medical Age*.

Chronic Appendicitis: Curable and Incurable.

ASSOCIATE EDITOR OF THE MEDICAL ADVANCE.

No less an authority in pathology and post-mortem anatomy than the great Austin Flint believed that even so grave a suppurative disease as tubercular consumption could sometimes be cured, even without the help of medicine, so that the sufferer would no longer be in any danger of dying of it, though sadly marred and

wanting inside. It certainly is not then absurd to suppose that the same may be true of even appendicitis, with all its dangers, especially when rightly chosen homeopathic remedies are added to nature's struggles, in a person of strong or at least very persistent vitality.

And yet in an able and extremely thought-stirring article in your January number, Dr. E. G. Freyermuth seems to ignore these facts, or at least to imply, that the chances of cure and the possibility of telling whether there has been a cure and of preventing relapses, grave ones I mean, are so utterly incalculable that the best way is to always operate after the first acute attack has subsided and the patient is himself again.

But this point he has utterly failed to prove, though he has thrown a flood of important light on the problem. Will you then allow me to briefly analyze his argument? for surely the problem is one of most far reaching importance, for it involves the whole problem of the true spheres of both homeopathy and surgery
AND HOW TO FIND THE DIVIDING LINE.

Evidently, Dr. Freyermuth means to be fair in the argument; for he starts in with a case in his own practice and family which he thought was cured, and yet got, nevertheless, a dangerous relapse. But when he comes to speak of Dr. Allen's two cases, reported by Dr. Fisher in the *ADVANCE* for September, 1903, he unintentionally misrepresents the facts, and in the heat of honest but too hasty argument does grave injustice to that noble veteran of true homeopathy. For, if he will turn once more to Dr. Fisher's article, he will see that both the cases to which he refers were cases in which there was very little hope of real cure; and the whole point of Dr. Fisher's article is to prove that even in incurable cases, careful, searching homeopathic treatment greatly lessens the dangers of a grave surgical operation. And yet these two cases of unmistakable surgical appendicitis do clearly prove, so far as proof is possible in such matters, that there are some cases of appendicitis in which it is wiser to call in the assistance of that wonderful palliative, surgery.

But since the relapses are oftentimes so dangerous, Dr. Freyermuth will doubtless claim that this admission in connection with his own experience and the sad experiences of many others proves

that the wisest way is to always operate in order to escape all possibility of relapse. This again, it seems to me, he has not proved; for it is possible for one who studies the deeper facts of health and disease closely enough to tell beforehand in which cases a serious relapse is apt to occur, and in which it is not likely to occur at all. The dividing line seems to be this; if you have studied your patient's past and present life as well, and after using the deepest, most searching chronic remedies which our *materia medica* offers, and using them with the utmost care, you still find that there is in his life an element of incurable, chronic discord, then you should most assuredly advise that appendicitic patient to commit himself to the surgeon's care, for a relapse is almost sure to come, and it is almost sure to be a serious one. In cases like these, surgery is doubtless a most potent, and legitimate, and welcome palliative; for it does not cure any more than our medicines do in a case like that. But it simply proves that there are some people whose chronic disorders and discords are so inveterate, organic and deepseated that there is at present no cure for them, even in homeopathy. This certainly is not a startling discovery, although it does seem to be one of which some enthusiastic homeopaths have utterly lost sight, fancying that anything and everything under the sun can be cured by our magic globules.

But now let us turn for a moment to Dr. Freyermuth's own case; for here the patient does not seem to have had any of those obstinately, malignantly organic disorders which were evidently present in the other two cases. Why then, did he fail? Of course, I do not wish to dogmatize, and yet it seems to me, judging by his frank confession, that the reason was his own mistaken choice of remedies. The very fact that he did not choose a single one of our deeper chronics, like Sulphur, Psorinum, Calcarea, and Silica and others equally potent, *when well indicated*, is to my mind proof positive that in spite of his evident ability, he had through an oversight failed to study deeply and minutely enough *the details of his patient's whole past life*. Had he but studied these, I, for one, feel sure that he would not have placed his main reliance on China, as he did, simply using other remedies as occasional inter-currents; for though China is a most potent remedy in facing certain acute conditions sometimes due to a chronic dis-

ease and sometimes not, it is not, so far as I am able to learn, a medicine that is at all likely to meet and remedy the deeper, slower and more dangerous disorders of which appendicitis is but one symptom.

How happens it then that the lady in question seemed to improve so wonderfully under China, so that the doctor himself and all her friends were apparently enthusiastic over the completeness of her cure? Ah! there is to me one of the most deeply interesting and terrifically important lessons of Dr. Freyermuth's paper which is this; that it is possible for us to use our homeopathic remedies in a way which will simply cover up and put wholly out of sight, for a while, the patient's real disease, without in the least lessening its more vital dangers. We are wont to speak in terms of keen disapproval of the palliatives which our good friends the allopaths are wont to use. But, it seems to me that we too often forget that our own treatment is at times simply palliative and self-deceptive, instead of being really curative. That lady's pale face doubtless looked healthier; that lady's step was doubtless quicker; her heart more cheery; her eye more bright; but I do not believe that the good doctor's medicine had really touched her deeper ills as potently as it might have done had he prescribed differently. And yet, he evidently believes heartily in giving what we so vaguely call "similimums." If, then, in spite of such careful treatment as his, a grave relapse occurs in a case so apparently healthy in its general outlines, of what earthly use is our similimum?

I have already admitted that there are cases of grave chronic discord so deep that a similimum is of use only as a palliative, even as Dr. Allen so patiently prepared his Paris patient for the surgeon's knife and the days and weeks and years of suffering that doubtless lie before her still. He was not dreaming of a cure in a case like that, however fondly he may have hoped at times that cure would come. But in Dr. Freyermuth's case, and in thousands of others in our daily practice, the situation is wholly different and our mistake is this; we forget that there are two kinds of similimums, one medicine may be a true similimum to a small group of symptoms which have developed within the last two or three months, but not be at all the true similimum to your patient's life-long, hereditary, inborn, constitutional defects.

These two are wholly different. I have not gone wild on constitutional treatment; I do not claim that we would ignore the symptoms which our patient has had within the last few weeks in our blind zeal to give him some deep-acting, anti-psoric remedy; but I do claim that if we make a sufficiently minute and searching study of the past life we are sure to find that there is in the circle of our *materia medica* some deep-acting remedy, one of a small group of remedies to which that life history points, and is at the same time thoroughly similar (70, 80 or 90 per cent similar) to the patient's recent symptoms. It is one of the commonplaces of medicine that when a group of symptoms are rather vague and sometimes, even in more serious cases, it is possible to get what seems to be a cure with any one of several remedies which are similar to the vague, unfinished and faulty symptom picture which we have copied from our patient's life, ignoring its deeper, for the time unseen, elements. But such medicines though truly similar to this small group of symptoms are never truly similar to the deeper needs of our patient and do not cure his deeper ills. The medicine given is a true similitum to *our incomplete life-picture on paper*, but is not a true similitum to the real bent and build and temperament and life of our patient.

If Dr. Freyermuth's earnest plea for surgical operation in appendicitis cases teaches us to frankly admit that there are certain clearly recognizable cases in which we need the surgeon's help and should not wait until our patient is gravely sick before asking it, it will have done us a great kindness. But the deepest lesson of his paper, is one which he did not mean to teach, namely: that in cases where cure is possible and probable there is no real safety but only a most dangerous "quiescence of disease"—only that, and nothing more—when we prescribe hastily or superficially with similar *acute remedies* instead of chronic and without a most searching comparison of the patient's whole past life in all its many-sidedness. If we are not willing to prescribe thus searchingly in an appendicitis case after the first acute attack is past, or if perchance we do not know how to do it as yet, then we certainly ought to recommend the surgeon's help; for as Dr. Freyermuth has well said, a surgical operation is by all odds the less dangerous of the two alternatives, and is far more likely to save our patient's life.

But fortunately, the number of men who are willing to patiently study the past life of their sick friends and clients is steadily increasing, and slowly but surely we are becoming a little more skilful in really finding the remedies best suited to the deeper needs of the men and women whom we try to help. As the number of such really skilful whole-life prescribers increases, the necessity for surgical interference in appendicitis will slowly grow less, though there will still be some hopelessly discordant cases in which it will be our safest recourse. But in a fairly healthy life, one that has been blessed and helped soon enough with the wonderful remedies which God has given us, death does not come as a terrible explosion of some terrible disease, but rather as a simple, gradual wearing-out and laying down of burdens one by one. And when a person who has once had appendicitis is sufficiently healthy to live and work and die in this way, the danger of a grave relapse is probably not great. The disease in its buried, unseen, but almost harmless hidden form will still be there. The deformed appendix will never do its work, whatever that work may be, quite as well as it should have done, but it will not be a source of discord or of danger, but only a slight chronic defect.

COMMENTS:

W. H. WHEELER.

Dr. Allen's case was not under continuous homeopathic treatment, for during a tour in Europe she became ill and was subject for months to the drug and palliative treatment of allopathy. In Dr. Freyermuth's case, the patient never received the deep acting antipsoric which corresponded with "the patient's whole past life." China was not and could not have been the similimum for "the deeper needs" of the patient, and could not prevent a relapsing tendency of chronic appendicitis. These relapsing cases are psoric, syctic or tubercular and the similimum must embrace the basic element of the constitutional diathesis.—ED.

The So-called Homeopathic College.

EDITOR MEDICAL ADVANCE. KANSAS CITY, MO., Jan., 1904.

I have read your editorial in the December ADVANCE about founding foreign homeopathic colleges, but I do not see what you hope to accomplish in foreign countries when our cause is being betrayed in this, our stronghold.

There is one college, advertised as homeopathic, to which I sent a student last fall; when some weeks later he wrote me that he had registered at an allopathic institution, because he had found that the faculty of this so-called homeopathic college "had turned allopaths."

In looking up the matter for myself I find that my student is about right. The professor of diseases of women has one son, registered as a regular, a graduate of a regular college. The professor of obstetrics has two sons, both regulars. The professor of diseases of children has a son, a regular. The professor of surgery has a son, a regular. One of the trustees, and a member of the faculty, is a regular. Several members of the faculty have recently resigned and are now registered as regulars. Another member of this faculty published a book and did not dare put on the title page the fact that he is connected with a homeopathic college.

I have investigated these facts and I give them to you for what they are worth. Do you blame my student for going to an allopathic school that seems to be so popular with the professors to whom I recommended him? The so-called homeopathic (?) college is east of the Mississippi River. Do you dare publish these facts.

J. S. HEMENWAY.

COMMENTS:

Yes, we dare publish any facts that are in the interest of the homeopathic profession and for the welfare, present and future, of homeopathy. Now if Dr. Hemenway will "dare" give us the name of "the so-called homeopathic college" and thus protect the innocent student, which as preceptor he is in honor bound to do, we will also give the college and the members of the faculty a little free advertising.—ED.

NEW PUBLICATIONS.

THE PRACTICAL CARE OF THE BABY. By Theron Wendell Kilmer, M. D., Associate Professor of Diseases of Children in the New York School of Clinical Medicine; Assistant Physician to the Out-Patient Department of the Babies' Hospital, New York;

Attending Physician to the Children's Department of the West Side German Dispensary, New York. 12mo; pages xiv-158, with 68 illustrations; extra cloth, \$1.00, net, delivered; Philadelphia, F. A. Davis Company, 1914-1916, Cherry St., Publishers.

The aim and object of this book is very tersely set forth in the preface:

How easy it is for an experienced nurse to say, "The infant's napkins should be changed as soon as they become damp," never once thinking of the necessity of explaining to the young mother *how* to change them. Fancy a book on "Emergencies" to read; "When one finds himself suddenly thrown into the water he should swim." It sounds easy.

This gives the key to the work and accounts for the numerous illustrations. He not only tells the reader how to "care for the baby," but he shows how, by an excellent illustration, and these illustrations extend to the minute details, even the "correct" and "incorrect" method of placing the nipple on the nursing bottle. "If anything is worth doing, it is worth doing well," appears to be the motto of the author, and this thoroughness is found on every page. Here the reader will find "a correct way to lift a baby," from which he may infer there is an incorrect way. But read it and find how much you have forgotten.

CARE OF THE EXPECTANT MOTHER DURING PREGNANCY AND
 CHILDBIRTH AND CARE OF THE CHILD FROM BIRTH UNTIL
 PUBERTY. By W. L. Howe, M. D., 12 mo, 65 pages, Philadelphia; F. A. Davis, Company. 1903.

This pocket manual is intended for nurse and expectant mother, to furnish common-sense rules for their guidance during pregnancy and the care of mother and child after birth, and the care of the child until puberty. It simply gives the normal conditions and causes of illness which may be avoided by care in diet, clothing, sleep, exercise, bathing, when to consult the doctor, etc., etc., How to fix the time of labor is an example of its practical value: Take the last day of menses, subtract three months from that date and add seven days. It would be well if every nurse carried a copy of this practical hand-book in her pocket.

Example:

Last day of menses, January 2nd.
 Less three months, equals October 2nd.
 Add seven days, equals October 9th.

A MANUAL OF OBSTETRICS. 1111 pages and 1221 illustrations, by J. Clifton Edgar, M. D. Published by P. Blakiston, Son & Company, Philadelphia. 1903.

An unusually practical work ; far better than is usually compiled by any member of the irregular (allopathic) school. The author's style is easy, plain and teachable ; and the work gives an exhaustive diagnosis, relating to family history and medico-legal reports. With H. N. Guernsey's work on obstetrics to accompany it, to teach the true physiology, how to aid nature to correct abnormalities according to a law of cure, it should be bought by every sincere, up-to-date practitioner. He covers all subjects except advanced therapeutics.

Pages 17 to 20: Ovulation and cause, more or less correct, and impregnation very cleverly shown.

Page 18: External and internal migration of ovum not clearly proved.

Page 38: Straps to hold corset up should be added because it is right.

Pages 43 to 85: Embryology is hardly necessary, but it is there to study, and may help a true M. D. to keep from committing abortion.

Pages 86 to 90: Determination of sex is *not* proved.

Page 118: Does not recognize that nausea can be produced by a contracted cervix.

Pages 144, 145: Difference between twins, triplets, quadruplicate births, and multiple births not as clear as might be.

Page 152: Examination and cleanliness of patients is excellent, but there, and all through, is the tendency to the fad of asepsis, and makes exposure more than is necessary.

Pages 160 to 173: External palpation and pelvimetry is well illustrated.

Pages 173 to 190: Internal pelvimetry, pelvigraphy, cliseometry and cephalometry also, well illustrated.

Pages 191 to 196: Hygiene and management of pregnancy is fair, outside of the suggestions for drug forcings and douches, instead of remedial helps, that a truly educated regular (Hahne-mann homeopathist) can do.

Part 3: Pathological pregnancy; anomalies of decidua; amnion; placenta; cord, ante-natal pathology in general.

Pages 284 to 305: Ante-natal diseases of fetus and death of fetus; there is where a regular homeopathic physician could give correct aid.

Pages 306 to 322: Diseases of genitalia and displacements, and abnormal conditions, that interfere with normal pregnancy.

Pages 323 to 364: Diseases of other parts; urinary, alimentary, circulatory, respiratory and nervous systems.

Pages 365 to 370: Diseases of infection; skin and osseous parts.

Pages 371 to 387: Abortion and miscarriage.

Pages 388 to 401: Ectopic and abnormal gestation.

Pages 402 to 404: Metrorrhagia during pregnancy; that a true regular physician can relieve scientifically.

Pages 407 to 503: Physiological labor very well described and illustrated.

Page 475: He uses a very apt expression: "The passages, the passenger, and the forces."

Page 508: He recognizes a portion of truth, that vaginal secretions are aseptic of themselves, and when all physicians recognize such truths, and live truths, there will be less call for fads.

Pages 499 to 533: Management of labor is quite plain; but covers an excess of manipulations, even to giving expression to his theoretical fads again as on pages 153 and 513, on vaginal examinations; when it is *the necessity* that calls for examination, not theories that occur in hospitals, and may be demanded in some wealthy families. To read Guernsey afterward, upon same subjects, shows finer distinctions and less exposure.

Page 531: His suggestion to use ergot is wrong, and all students (and that includes every practitioner) should study Guernsey's suggestions, which *are scientific and true!* Same about use of nitrate of silver to the infant's eyes.

Page 532: Post-partum douche is also wrong, and abdominal binder much worse.

Pages 535 to 706: Pathological labor; description and mechanical suggestions are good, but study Guernsey's book and *know how* to aid nature by nature's law of cure. Every possible pathological condition is considered and well described.

Pages 707 to 805: The puerperium, normal and pathological, is much better than is generally given, and Guernsey's therapeutic hints will here come in as invaluable aids. His suggestion of an abdominal binder is *not* rational or scientific. The pelvic binder and perineal support might be useful in some cases.

Page 780: He is afraid of his own therapeutics, and says, "He relies upon hydrotherapy." The surgical treatment cited is still worse. His suggestion as to treatment of diseased conditions of the mammæ are crude and common, in comparison to that of the regular school practice. The use of the knife into a woman's breast is absolutely irrational, when there is a much better treatment. Treatment of blood (?), nervous and skin troubles, is also very unscientific.

Pages 807 to 823: Care of the new born physiologically, is fairly treated and illustrated.

Pages 825 to 844: Pathology of new born; description is good but treatment horrible and crude. Intra-partum affections are well described. Treatment of ophthalmia neonatorum is crude.

Chapter V on bacteria and fungi will be out of fashion in ten or fifteen years.

Pages 887 to 1056: Obstetric surgery. Knowledge of Guernsey's therapeutic hints will obviate the need of saline injections and most of the surgery. Nearly all positions, including Wachter's, are well illustrated. The use of instruments well illustrated and described. Irrigation might be synonymous with irritation. Yet it is a fine book, well-printed and bound, unusually well proof read; well worth the cost, but don't forget to add Guernsey's work after you have read this, if you are an honest man and practitioner.

El Paso, Texas. January, 1904.

JOHN F. EDGAR.

THE PATHOGENIC MICROBES. By M. Le Dr. P. Jousset, Physician to the Hospital St. Jacques, Paris. Authorized translation by Horace P. Holmes, M. D. 192 pages. Cloth, \$1.00. Postage, 8 cents. Philadelphia: Boericke & Tafel, 1903.

The profession is indebted to Dr. Horace P. Holmes for an admirable translation of the latest work of this talented author, and every one may read it with profit irrespective of the school of practice with which he is affiliated. The pathogenic microbe

here is demonstrated as being present in a latent state in the mouth or digestive tract of many persons in apparent health. The pneumococcus exists in the mouths of most people, even in those who have never had pneumonia. Eberth's bacillus exists in the intestine of man in a latent state, even for years. Koch's bacillus, after many years, has been found in the walls of cicatrized cavities in people cured of phthisis at Davos. Hence he concludes, "the pathogenic bacillus may exist in the latent state in the organism, wholly conserving its virulence."

In his "Résumé," page 175 the author says: "We have demonstrated that the faculty of producing a morbid state, which is called the pathogenic function, the virulence, was in the microbes an *accidental* state and not a *necessary* character. That the pneumococcus and the streptococcus in the mouth and throat, Koch's bacillus in the lymphatic glands, and the bacillus coli, the typhoid bacillus and the cholera bacillus may exist in the intestine without any virulence."

"Antitoxin, or rather the immunizing and therapeutic serums, are always new products, resulting from the work of the living cell upon the microbe or upon its toxin."

On all that pertains to the pathogenic microbe, this to the busy man, is a veritable gold mine in a condensation that is admirable. It should be in every homeopathic library.

SURGICAL ASEPSIS. ESPECIALLY ADAPTED TO OPERATIONS IN THE HOME OF THE PATIENT. By Henry B. Palmer, M. D., Consulting Surgeon to the Central Maine General Hospital, Lewiston, Me. Illustrated with 80 engravings, four of them full-page half-tone plates. Over 200 pages. Large 12mo. Price, \$1.25, net. F. A. Davis Co., Philadelphia. 1903.

This work is well illustrated and aims to demonstrate practically how to convert a home into an operating room, in which surgical work can be safely performed. This is often both desirable and imperative, and if the home be a good one and the same surgical skill and nursing can be obtained the home treatment offers many advantages over the hospital in the care of surgical cases. The fact that the patient is among his friends and surrounded by home comforts and under the care of his family

physician, especially during a tardy convalescence, removes a source of anxiety and hastens recovery. Aseptic wound treatment, pathogenic bacteria, sources of infection and the application of the means of sterilization, etc., are well treated in special chapters and both surgeon and physician will find here many a practical and valuable hint.

Model Cures.

KALI CARBONICUM: Irascible, passionate, irritable; peevish, frets and worries about everything; in constant antagonistic moods; the week before menses has to restrain herself, else she would injure her sister whom she dearly loves. Labor pains in the occiput instead of the uterus.

ARSENICUM: A young man has cramp-like pain in the chest; comes in stormy, cloudy weather; when walking fast; from warm, tight clothing; change of temperature and violent laughing; has to stand still when walking against the wind. Oppression of the chest, anxiety, alternately cold and hot; raises white slimy mucus, which relieves; coming into a warm room makes him worse.

SEPIA: A lady, aged 49, stout and fleshy, had catarrh every winter with violent coughing. After being in a draft, the cough was tormenting and dry; she had to sit straight up day and night, with horrible anxiety about the rattling in chest, with soreness as if raw in the chest; fears she will suffocate. Sepia 3d produced an aggravation, great orgasm of the chest, sensation as if the throat was being laced; when a slight expectoration commenced and all her symptoms disappeared.

BADAIGO: Since a nervous attack five months ago, a kind of insanity with ecstasy and despair of salvation; his heart troubles him. Any exciting or elating thought causes palpitation more than emotions. Indescribable bad feelings about and below his heart with soreness and pains, flying stitches all over.

SPONGIA: In rheumatic endocarditis valvular insufficiency; attacks of severe oppression and pain in the region of the heart; all the symptoms are aggravated by lying with the head low or an inability to lie down at all.

LACHESIS: A French milliner had a jealous quarrel with her lover. With the words: "Oh, my heart!" putting both her hands to it she fell down and was nearly twenty-four hours in an asphyctic state; no pulse could be felt, breathing was hardly perceptible; was laid out on her back. Lachesis 30 was followed in a few minutes by a light sighing, turning on her side and recovery.

NEWS NOTES AND ITEMS.

DR. S. E. CHAPMAN, Watsonville, Cal., has just received a patent on an "Individual Ventilator." It is so named because each person in a public audience takes just the quantity he wishes of fresh air without, in the least, interfering with his neighbor. It is applicable for theater, hospital, church, school, sleeping or living room, day or sleeping cars, berths of ships, etc. Not only the quantity but quality and temperature of air is under perfect control. Experts have pronounced it "the only system of ventilation worth anything." An admirable prophylaxis of tuberculosis, and no hospital can afford to be without it. Let us see it at work at St. Louis exposition this summer.

THE ILLINOIS STATE BOARD OF HEALTH and the Texas Homeopathic State Board are acting on the reciprocity basis for license, Dr. Vere V. Hunt, of Dallas, being the first Texas physician to secure the Illinois license. Texas has three medical boards, the allopathic, homeopathic and eclectic and the homeopathic is the first to get into line.

DR. JAMES SEARSON who recently paid us a friendly visit as the traveling scholar of the British Homeopathic Association to see "how we do it in America," removes from 27 Harley Street to 86 Wimpole Street, W., the location formerly occupied by the late Dr. Compton Burnett.

In future his practice will be confined solely to London. We predict for Dr. Searson a successful career, especially if he follows the footsteps of his predecessor in his strict individualization and the use of the single dynamic remedy.

THE MEDICAL ADVANCE

.. AND ..

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No. 3.

Dietetic Considerations.

DR. J. B. S. KING, CHICAGO.

The composition of various foods, their chemical constituents and proximate principles, is a very important and useful, though somewhat neglected branch of medical knowledge.

Depending largely upon very general ideas about food, not infrequently upon personal prejudices, and sometimes upon pseudo-scientific advertisements, physicians may recommend very inappropriate articles of food for their various cases. Cock sure statements about diet made in a newspaper corner or advertisement is apt to be adopted by the uninformed reader and forthwith becomes part of a mass of confused and conflicting notions, which make up his dietary ideas, and which he inflicts at intervals upon his friends for the rest of his natural career.

One considerable grievance, resulting from the inattention of the profession, to dietary matters, is the infliction upon the public, by the aid of physicians of a host of proprietary foods. Dishes for the sick, the delicate and the young, that should be properly made at home, the preparation of which should be part of the knowledge of every housekeeper, are made by commercial firms, and by means of insistent flamboyant advertisements, forced upon the notice and into the use of the public.

Vast fortunes are being made in this way out of the ignorance of the public and the complacency of the doctors. Foods, as good for the sick and as nourishing for the infant as these vaunted

proprietary articles, may be prepared in the home at a saving of from one hundred to three hundred per cent in the cost.

MILK.—Notwithstanding the frequent mention made of milk in the dietetics of disease, its advantages and disadvantages do not seem to be well understood, if the general tenor of discussion in medical societies may be taken as a guide. It is sometimes indiscriminately recommended and at other times indiscriminately condemned, and both positions are generally based upon particular experiences, rather than upon rational grounds. Milk has long been exploited as a perfect food, because it is furnished as a complete nutriment by nature and because by analysis it is shown to contain all the elements and compounds needed in nutrition.

A due reverence for the wisdom of nature and her processes would lead us to affirm that milk is a perfect food for the infant.

But because it is especially adapted to the infant, it does not follow that it is a perfect food for adults. It does contain all the elements necessary for the growth of an infant, but these elements are not in the proper proportion for the maintenance of the bodily integrity of the adult.

In the first place it is too bulky for an ideal food. An average-sized man, performing moderate work, would have to consume about eight and a half to nine pints in order to get sufficient carbon for his needs. This would load the body with a considerable surplus of water. The amount of nitrogen would also be considerably in excess of his needs, and to eliminate both of these excesses would require an extra amount of work for the kidneys. This makes an exclusive milk diet particularly inappropriate in acute or sub-acute inflammations of the kidneys, when the kidneys should have as little to do as possible.

The large amount of citric acid in milk is often overlooked. The daily yield of milk from an ordinary cow probably contains as much citric acid as three lemons. As it is combined with lime in a neutral salt, the acidity does not appear. The gritty sediment in condensed milk consists chiefly of this salt. Both pasteurization and sterilization tend to throw this salt out of solution, and this may have something to do with the marasmus and rickets that has been noticed in babies fed upon such milk. It is far

better to keep a baby strong and thus able to resist morbid germs than to weaken it in the endeavor to avoid them.

Milk is more completely and more rapidly absorbed in infants than in adults for the reason that the need of the infantile system for lime and minerals causes the salts to be absorbed eagerly and thus prevents the formation of more difficult lime soaps.

On the other hand milk when taken as an exclusive diet by an adult is worse absorbed than any other animal food and a considerable per cent of the proteid is wasted. This must be due to the excessive amount of water and proteid consumed in conjunction with that diet, for both the proteid of milk and the fat of milk, considered in themselves, are among the most readily digested members of their respective classes.

Milk is very deficient in iron, and an exclusive milk diet in adults tends to produce chlorosis. It takes all of the eight pints to furnish the daily need of an adult in iron.

It would be a great boon to diabetics suffering as they do from a restricted and monotonous diet, if they could drink some milk. With a little trouble, milk may be so prepared as to give agreeable variety and valuable nutriment to such patients, without in the least increasing the sugar in the urine.

The proteid, with a fair proportion of the fat, may be precipitated from a quart of milk by two drams of lactic or three drams of acetic acid. This should be strained off and well washed with water. This precipitated casein, on being mixed in one quart of a proper proportion of cream, gelatin and water, sweetened with saccharin and made slightly alkaline with caustic potash, makes an agreeable fluid scarcely distinguishable from ordinary milk in taste or effect, but free from any milk sugar.

CEREALS.—The cereal business has been taken hold of by large firms and trusts formed, for the most part, in disregard of the law, for the purpose of making money. Cunning misrepresentations, false scientific statements and virtuous devotion to pure food and a false education of newspaper readers to the admiration for and use of those trust preparations are the principles and plans of that dishonest business scheme.

Such tactics have succeeded in placing the Quaker Oats so

firmly in demand that every other form of rolled oats has been practically driven out of the market.

The retail price is ten cents for two pounds, minus the weight of the carton. The same weight of rolled oats of exactly the same quality, absolutely as good in every respect, can be bought at retail for five cents. In other words of every thousand dollars paid by the public for Quaker Oats, five hundred dollars is an overcharge, which goes as profit to the bank account of the trust.

The public thought and attention being so largely formed and directed by advertisements, the few cereals upon which the trust desires to make money are used to the almost complete exclusion of other desirable products.

Barley, the most ancient grain, and a most valuable and economical food, has dropped into the abyss of oblivion as far as domestic use is concerned, chiefly owing to the picture of a coarse, disgusting-looking Quaker which covers fences and walls all over the land.

Barley is fairly rich in minerals and fat, nearly equals wheat or oats in nitrogen, and stands better than oats in carbohydrates. It is easily digested, easily cooked, agreeable and characteristic in flavor, and economical in price. It never irritates the skin as does oats. Why, then, has it given way to Quaker Oats at twice the price? (Quaker Oats, five and one eighth cents a pound; barley, three cents.) Simply because the gentlemen interested in selling cereals at a fancy price to the dear public, being shrewd in business and greedy for money, determined of their own good pleasure, that oats is what the dear public should use. Then appeared that gross-looking Quaker in flamboyant colors and the waste fences and dead walls blossomed like a purple cabbage, with odious pictures.

There is no denying that oats is a very nutritious grain far richer in fat and nitrogen than wheat: therefore use rolled oats as much as you like, but buy it in bulk at three-quarters or one-half the price of the Quaker brand.

Turnips are of low nutritive value, but their flavor is much liked by a great many people and they are rich in minerals. As they contain neither starch nor sugar, they offer a valuable relief to the monotonous diet of the diabetic.

Cottage cheese made from fresh milk is high in nitrogen and free from carbohydrates. Eaten with cream it is digestible, grateful and strengthening. It is made by adding 12 cc Acetic acid to one quart of milk heated to 90° F., straining the cheese from the whey, washing in plenty of water, and salting to taste.

Radishes are a very ancient food, and form an excellent relish. They are rich in sulphur and lime.

Gum Arabic, although so mild and demulcent in taste, is extremely rich in lime and forms an excellent non-irritating food for babies during teething.

The subject of diet has not been studied yet in the homeopathic way. There has been too much generalizing and too many theories based on chemical analysis, with too little close observation. The whole subject needs a thorough going over, from a scientific homeopathic standpoint.

How to Become a Homeopath.

EMIL KOBER, M. D., NEW YORK.

From the first stage of a subscriber to your valuable paper, I wish to advance to the second degree of an inscriber in the hope to be of some benefit to those who intend to travel the thorny path from allopathic darkness to the light of homeopathy; for those that are willing to tear down the house built upon quicksand and to rebuild upon the rock, that never shifts, upon the eternal law, "Similia Similibus."

Why did I go in search of light regarding the art of healing the sick? Simply because I am one of those peculiarly constituted fellows that constantly ask:

Why, why shall Potassium acetate, a renal irritant, be able to relieve an already irritated kidney?

Why shall a bronchial irritant cure bronchitis?

Why shall Phenacetine cure a headache by its sedative action?

Why does every one of my fellow practitioners have his favorite remedies and these only as long as one wears a suit?

Thus I asked and no satisfactory answer could I find by any process of reasoning. Prejudice I never knew, then is my backbone so constructed as to bend easily and arch in graceful curves before the so-called grand authorities "The Story of My Life" is my witness :

First, a student in a German gymnasium, and a German University than *tabulirasa* or a clean sweep and dash for liberty, two years on a farm near Chicago, back to the academic fold, three years' study in New York, four years of allopathic practice, three years of homeopathic study, while at the same time engaged in active practice, these facts I think will amply bear out my contention of being independent of prejudice and authority, which is not real but assumed. On the other side I humbly bow to the laws of nature, to the facts borne out by results, the laws of psychology and science in general.

I took up homeopathy because I knew it was based on a "law" and if I can save some of my readers a part of the weary journey which I have traveled and incidentally time and money, I am amply repaid for my work.

If you contemplate to become a homeopath, you must be willing to work hard and give every day of your life a few hours to the study of your cases and of the *materia medica*. Unless you study both you will never be successful. I gave about three hours daily to this work and never went out without a book to read while I was riding in cars.

Next comes the great question, What shall I study? For a beginner especially from the allopathic school, I would not advise Hahnemann's "Organon" for the same reason for which you do not give meat to a baby, but milk. A beginner shall begin with R. G. Miller's "Synopsis of Homeopathic Philosophy." *Journal of Homeopathics*, Aug., 1900 and I believe also published in pamphlet form. After the careful perusal of this most excellent synopsis he may begin the study of *materia medica* with Nash's "Leaders" the best work ever published in the line of concentrated works. Let every beginner, every advanced homeopathist read this work till he knows it by heart, every symptom and symptom combination is pure gold. After he has mastered this work and by its aid cured some cases he will find many that

can be cured by only knowing Nash's work, then let him take up Farrington's "Clinical Materia Medica" a mine of symptoms, comparisons and therapeutic hints. Miller, Nash and Farrington will take up a year or two to be mastered and by that time the mind will be ripe for deeper work and Hahnemann's "Organon" may be read and digested without trouble or misunderstanding.

Next I would advise a perusal of H. C. Allen's "Keynotes." Hughes' "Pharmacodynamics" are for the man firm in the saddle or he may be misled to a too narrow conception of our grand remedies or an erroneous idea as to the dose.

After these studies you will know your materia medica pretty well but never forget: *Reptilio est mater studiorum*. If you are able to do it, take up next the introductions to each remedy in J. H. Clarke, the introductory remarks in Hahnemann's "Materia Medica Pura" and "Chronic Diseases" and later pass on to a study of Hering's "Guiding Symptoms."

The repertories I would recommend are: Knerr's "Repertory to Guiding Symptoms," difficult to use but invaluable, Kent's "Repertory," very full, easy of access after you have learned its method. Last but not least, Bönninghausen's immortal repertory, my dearest friend and steady companion on my daily rounds, because I am not ashamed to use a book at the bedside if necessary. "Allen's Encyclopedia" is almost indispensable for reference; neither would I like to be without Hahnemann's works and Jahr's "Symptomen Codex."

There are many other works, lesser lights as I may call them, it will be good for any physician to have those books especially monographs as Minton's "Uterine Therapeutics," H. C. Allen's "Fevers," etc.; then a few good journals and we are well fitted for the work as far as externals go and if we have well perused the works mentioned above, the inner man then ought also to be well trained. But still we must always be on the guard not to lend our ears to false prophets or seek the easy road. "Keynotes" are well and good, but not to prescribe on; never prescribe on a keynote or a single symptom, it is a deadly snare; always take down your materia medica or use your Bönninghausen and look up several symptoms and make thus sure of your choice.

Beware of habits formed by the frequent use of a drug; suppuration most often points to Hepar, Mercury or Silica, but not always. Rhus, Ammonium carb. and others often are the similitum in their stead.

Causation is another snare. Injury — Arnica is the usual idea association but any other drug might be the similitum as well as Arnica. Put causation "way down at the end of your list" and use it last.

Start all your prescriptions on Bönninghausen's four points: location, sensation, aggravation and amelioration and concomitants and then prove it by its fitness to particular and if possible peculiar symptoms. I hope I have given at least a few points of value to the reader and beg to be pardoned for positive manner. I have worked according to the system above and it has given me satisfaction. My motto has become "Symptoms from the first to the last." I try never to look at the disease. If I have a suppurating ulcer, I overlook that until last and seek for all other symptoms, past or present first before I take the symptoms of the ulcer as burning, stinging, sensitive and what not; generally I have found the remedy on the other symptoms and when I look over its symptoms in regard to the ulcer it is only to find that it fits and fit it does, nine times out of ten.

Let me conclude with the request of an answer from some other quarter.

The Evolution of a Hahnemannian with Illustrative Cases.

DR. E. J. BEARDSLEY, DECATUR, IND.

I suppose that most high potency prescribers were once low potency prescribers. The reason and the method of the transition has always been to me a very interesting story. I wish in this article to tell my own story and to give some cases which I believe will be of interest.

When I was in college I heard no lectures on the Organon, the philosophy of homeopathy and so far as I remember we had no high potency prescribers. In the clinics it was diagnosis and

☉, 1x, 2x and 3x, and I remember distinctly that once at the opening of the college, Dr. H. C. Allen was present by invitation and delivered an address. In that address he pictured a Belladonna case of scarlet fever and said if I find these symptoms present I give one dose of Belladonna 200 and expect with great certainty to find the patient better at my next visit. At the close of the lecture I heard one of the faculty, who at that time was my ideal of a professor say things that would not look well in print. So Dr. Allen with his 200th did not stand well in my estimation — what a fool I was not to believe it enough to test it for myself soon as I began practice; but I did not and for ten years, I groped on with ☉ and 3x.

About five years ago I met Dr. G. P. Waring in his office in Chicago and he called my attention to Dr. Kent's lectures on materia medica and interested me in the high potencies. I secured Dr. Kent's lectures and read them carefully. I also read his lectures on the philosophy of homeopathy. I got Dr. Allen's "Keynotes" and at his suggestions the "Guiding Symptoms" and a lot of B. and T's 1m potencies.

Among my first cases were:

CASE I.—A young farmer 19, always well and vigorous who contracted mumps. Before the inflammation had subsided their barn burned and the young man got out of bed and suffered a severe exposure to cold and wet, with the result that a severe orchitis followed. He was under treatment of old-school medicine for nearly a year, run down, anemic and in general ill health. He told me one doctor wanted to perform an operation on the scrotum though just what operation I do not know.

I gave him Pulsatilla 1m (B. & T.) three doses. He began improvement at once and with a few doses of the Pulsatilla he gained twenty pounds in weight and was a picture of health. I felt sure then that Pulsatilla 1m could do something.

CASE II.—Miss M. H., aged 24: thin, anemic, menstruated first at thirteen, got wet and cold — was quite sick, never well since.

Had a peculiar dread of being alone with men.

Terrible headaches after teaching Sunday-school class, playing organ or anything that taxed the nervous system.

Had given up school and settled down as an invalid.

Tendency to weep.

I thought this was a Pulsatilla case and so she got Pulsatilla 1m (B. & T.), one dose. After a few days she reported no better and had a severe headache. She then received Natrum mur. 200 (B. & T.), one dose. Headache soon disappeared and she seemed better in every way.

After a few weeks headache returned and she received Natrum mur. 1m (B. & T.). Better for many weeks and returned to school.

After some months headache returned and I sent her Natrum mur. 45m (Fincke) and since there has been no return of trouble. She graduated with honor and has been a great worker ever since. Then I felt sure there was something in high potencies.

CASE III.—Miss M. E., stenographer, age 23: Large, plump, always in splendid health. In going to and from her work she rode a bicycle over a short stretch of railroad and bruised labia; abscess resulted; old-school doctor poulticed and treated it for three or four weeks; no better.

When patient came to me and I gave Arnica 45m, one dose, and placebo. Next day, I was summoned to see her and found her with flushed face, bounding pulse, temperature 104°, abdomen tympanitic and very tender to touch. I thought I had a case of septic peritonitis and the picture was so like Belladonna that I gave Belladonna 6x (B. & T.). In twenty-four hours these symptoms all disappeared and in two days she was back at her work and has had no trouble since. I wish the editor or somebody would tell me whether that was an aggravation of Arnica or a pretty cure with Belladonna 6x, I have given Arnica the credit.

CASE IV.—Mrs. A F., age 39: Large, phlegmatic, slow. A regular picture of Calcarea. Married eighteen years and no children, but wanted a baby very much. Came to see me for an ear trouble. I explained to her that it would be necessary to put her on a constitutional treatment and suggested to her that as the entire system underwent a change the ear would not only get well but that the pelvic organs would also take up their functions and she might find herself in a way to become a mother. In three months' time "the gig was up" and in due time there came the typical Calcarea baby. She is now more than a year old and is

altogether the finest baby in town. The constitutional treatment consisted of five or six doses of Calcarea 45m and placebo.

I have now made so many cures with the 1m, 45m and cm that I am not only convinced of the effectiveness of high potencies but of their immense superiority over the low. However, I have not abandoned the low potencies, but range anywhere from 3x to cm.

How to use a repertory was one of the hardest things I had to learn.

How to take a case so as to have a case after it was taken I also found difficult. The symptoms of real value are not always easy to find.

I want to advise every doctor who is in the transition period, or likely to be, to read Dr. Kent's lectures on homopathic philosophy; Allen's "Keynotes" and *THE MEDICAL ADVANCE* (all the back numbers he can get); Nash's "Leaders," and get for reference Hering's "Guiding Symptoms" and Clark's "Dictionary of Materia Medica," and start in with a good repertory with a full determination to master it. Then get B. & T.'s 1m's and try them. No doctor will ever be convinced until he tries it for himself, and if he does try it he will be convinced and will do better work than he has ever done before.

Verifications of Cajaput.

A. L. FISHER, M. D., ELKHART, IND.

A re-hash of well-known symptoms of our materia medica will poorly repay a practitioner for time and expense in attending a medical meeting. A theoretical discourse on the selection of remedies according to their primary and secondary symptoms, or the sequence of symptoms in provings, while interesting to some, especially the author, will really help but little at the bedside of the sick. Per contra, a brief, pointed paper giving something new in verifications of prominent symptoms that are liable to be met with in cases incurable by other means is alone worth the expense many

times over. Two cases have come into my hands for treatment that had baffled the efforts of several physicians, one for weeks, the other for months and both were cured promptly by a remedy of which I can find no record of clinical use in our school of practice and none of real instruction in the old school. A description of one of these cases will answer for both, as they differed in essentials only in degree and duration.

Mr. X. about fifty years old comes from a neighboring town. General health is good but he cannot eat solid nor semi-solid food without experiencing severe cramping or constricting pain in the esophagus. So severe is the pain that for many weeks he has lived on liquid diet almost exclusively and has become so weak that he is obliged to quit work. More recently liquids have caused this pain, though in less degree than solids.

Allen's "Symptomen Register" gives, under constriction of the esophagus, several remedies; but aggravation after eating and worse while trying to swallow solid foods, only under Cajaput.

The sensation of swelling and soreness in esophagus, of which patient also complains, is found under the same remedy, Cajaput, 3x, cured the case promptly, as it did the other similar case.

What was the diagnosis? False stenosis or spasmodic constriction of the esophagus.

The cause? *Sabe dios.*—perhaps a slight, superficial ulceration.

To students of materia medica, I put the questions: Of what practical use is it to physicians to be told that Cajaput is stimulant, carminative, stomachic, anti-spasmodic, anthelmintic, and anti-parasitic and may be useful in non-inflammatory disturbances of the intestines? When should it be given instead of another one of a score or more of drugs having the same string of descriptive epithets?

There is but one way to learn the therapeutic value of a drug: prove it on the healthy and apply in accordance with the law of similars.

[Cajaput also has many nervous reflexes from the female sexual organs, especially after cervical lacerations.

There is the persistent choking sensation of hysteria similar to Asafoetida; nervous dyspnœa and nervous distension of abdomen.

— ED.]

Aconite in Dysentery.

DR. B. B. SHABA, CALCUTTA, INDIA.

The indubitable effects of Aconite in the first stage of fevers go without the saying. It is known to homeopaths that extreme restlessness is its sure indication. It has also a predominant action upon the mucous membranes. But its effects in curing dysentery is not generally marked. Recently, I came across a case in which there was high fever accompanied with dysentery and by the only administration of Aconite not only the fever subsided but the dysentery also disappeared without any other special medicines given therefor.

A Hindu male aged about fourteen years was suffering from high fever rising up to 106° . He was extremely restless, thirst intense, drinking a large quantity of water every time, had a cutting, griping and lancinating pain in the umbilical region. Stool fetid, bloody and frequent with tenesmus, passing scantily about 30 to 40 times within twenty-four hours. The patient was tossing about in extreme agony. He came under my treatment on the third day when I gave him six doses of Aconite, 3x, to be taken every three hours. On the next day the temperature lowered to 101° and the frequency of stool much decreased. The medicine was repeated three times a day for the next two days with the result that both fever and dysentery disappeared.

PHTHISIS PULMONATIS.

Age 22, dark complexion, thin, slender person. Saw him in October at the beginning of winter in India. High fever rising to 105° in the evening every day, then remission after a profuse sweat at about 3 A. M. when the patient could rise from his bed and felt a little relief. Fever low in the morning but rising with the day, reaching the maximum in the evening. Intense thirst, restlessness, violent cough, difficulty in expectoration, constipation, pain in both lungs. He was given at first a few doses of Ferrum phos., 3x, and Kali mur., 6x, alternately. The next day though the fever abated a little, the maximum being 106° F., other symp-

toms remained as before. The same medicines continued for the next three days without any sign of further improvement. On the fifth day though fever abated a great deal, the symptoms of phthisis became apparent. Night sweats began to be profuse, offensive foot sweat, great constipation, paroxysms of cough at night, blood streaked expectoration, great prostration and other pulmonary congestions. Three doses of Silica 30 were administered during the course of the next day with the marked result that there was no fever in the evening as was expected and signs of improvement observed. The next day dawned with the complete disappearance of other symptoms, only a little cough remained. A few more doses of Silica and a few doses of Sac. lac. restored the patient to his normal condition and proclaimed trumpet tongued the virtues of the systems of remedies recommended by Dr. Schussler and of Silica in cases of phthisis and other pulmonary congestions.

Tried It on a Horse, After Everything Had Failed.

C. EDWARD SAYRE, M. D., CHICAGO.

As many of our allopathic friends claim that the cures of the homeopath are due to faith in the physician, or suggestion, I will relate a few of my early experiences with homeopathy which convinced me that it was a therapeutic law.

For about ten years, I was a veterinarian and finally decided that I would take a course at a medical school. A peculiar incident turned me from an allopathic to a homeopathic school. I was attending a horse for a homeopathic physician, who asked if I had ever used homeopathic remedies in the treatment of animals.

I said: "No! that when animals were sick, they needed medicine, you cannot give them a nice talk, tell them to eat less and exercise more, and send them home with some sugar pills, they do not imagine that they are sick like most people, but are sick when they exhibit symptoms, and need medicine."

He replied, "That is true of many cases, but we can cure sick people with homeopathic remedies, and quicker and better than the allopath could."

I expressed some doubt about it, and he then asked: "What do you know about homeopathy?"

I replied, "Nothing."

"That is the trouble; if you knew anything about it you would not talk so," was his reply.

This set me to thinking. Have I a right to condemn that of which I know nothing? The more I thought the matter over, the more I became convinced of the injustice of the majority of allopaths, for very few know anything about homeopathy, except "little doses." This finally decided me to attend a homeopathic, instead of an allopathic medical college. Fortunately, I entered Hering College, being one of its first students, as it was just opening. I must confess that my credulity was stretched to the limit, and I was tempted to quit; but I had paid my fees, so thought that I might as well get my money's worth.

About six or eight weeks after entering, I was called to see a gray mare sick with pneumonia, that had been given up to die by one of our prominent veterinarians, and found a desperate case of double pneumonia. I could not see much chance for her, but thought that possibly by stimulating her, I could carry her along for a few days and give nature a chance to effect a cure, and if she died, I could say "You should have called me sooner." She did not improve, but if anything got worse. I then called on Dr. H. C. Allen, and described the case as best I could, for at that time I did not know the value of the symptoms peculiar to the individual case. He gave me a powder of Bryonia cm. and told me to give it to her and let her alone. I said, "I don't dare, I must give her something to keep the stable men quiet." He replied, "Give her water from a bottle every hour if you must keep them busy." I did so, and on calling again that evening was met with the cheerful greeting, "Dot vas besser medicine dot you left dis morning" (he was an old German). I could see no change, pulse, temperature and respiration were the same, but he was with her constantly and she had seemed brighter to him. The following morning a great change had taken place. Pulse, temperature and respiration falling, eating better and much stronger. She made a rapid recovery with no other medicine.

This case made me think that there was something in homeopathy after all, but I was still very skeptical.

Soon after this, I had another case of pneumonia which gradually grew worse in spite of my best efforts, the horse becoming weaker while being stimulated as much as possible. I began to think that I was going to lose him, and was tempted to try homeopathy, but did not feel competent. Finally I received a telephone message that the horse was down and dying, and to come at once. I hurried to my patient, feeling very much worried, as the owner had paid \$700.00 for him. The owner was there, and very angry. I asked for counsel, and he replied, "What is the use? You all do the same thing. If there was a homeopathic veterinarian in the city, he would save him." I then told him that I was studying homeopathy, but did not know enough yet to prescribe, that I thought that I could get Dr. Allen to see the case, as it was only a few blocks from his office, but I did not know whether he would visit an animal or not. I called him to see the horse and gave him the symptoms: bloody discharge from nose, great prostration, rapid breathing and the anus open and protruding.

He gave me Phosphorus 1m, a single dose dry on the tongue, and said, "I will see him in a few minutes," and he then gave me another powder of the cm potency for the evening. I did as I was directed, and in twenty minutes the horse got up and began to eat hay. When Dr. Allen called, he said, "Let him alone, and he will get well." I gave Placebo and the other dose in the evening and he did get well very promptly.

From then on, nearly all of my cases were treated homeopathically. I carried my allopathic case for several months, but before my first session closed, I discarded it entirely, and sold my supply of drugs for what I could get.

I could cite many other cases in animals, and I must say that my most remarkable cures have been in the lower animals. I presume it is because there are no drug habits to combat, and what symptoms they exhibit are pure disease symptoms.

Such cures as these ought to dispose of the question of faith both in the law of cure and the dynamic power of the potentized remedy. They demonstrate likewise the folly of treating a dynamic derangement even in a horse, with massive doses of crude drugs.

“Trying It on the Dog.”

LEWIS GREGORY COLE, M. D., NEW YORK.

There are few men who are more radically opposed to homeopathy than I was; although after graduating from one of the best allopathic schools in the country and serving my time in one of the large hospitals of this city, I was compelled to start in practice still feeling an “aching void” so far as therapeutics were concerned; but all the talk and argument of one of the most eminent homeopathic physicians in the city was of no avail to make me investigate homeopathy, in fact it made me the more opposed to it. In spite of this fact, however, he gave me a fox terrier of which I had become very fond and one day when the dog was traveling at an illegal rate of speed he collided with an automobile traveling, equally fast in the opposite direction. The front axle struck him on the top of the head and he dropped back apparently dead. I carried him into a near-by drug store and did artificial respiration on him for fifteen minutes, and pumped him full of hypodermatic injection of Atropine before he showed any signs of life; finally he began to breathe and I felt that I could lay my finger on one case where I had saved a life, even if it was only a dog’s life. But I found he was paralyzed from head to tail, his hind legs were limp, his front ones in tonic convulsions, his head thrown back till it was at right angles to his body, his body is opisthotonus, pupils dilated, and he was howling and moaning continually.

I could not make out any depressed fracture of the skull and I searched all my old-school books to find something I could do for concussion of the brain. There were elaborate classifications and theories as to what it was, but nothing to do for it, so I decided to operate and sent for my homeopathic friend who had given me the dog to administer the ether. After looking the dog over and not finding any depression he said:

“You are man enough to call me to see the pup, are you man enough to give him some sugar pills?”

There was not much else to do, so I said “yes,” and he left him some Arnica 30 which I gave him every three hours: glad of a

chance to prove that homeopathy was a humbug. Much to my surprise the dog began to improve steadily and a few days later I wanted to know why he had given Arnica, so he left me a copy of Nash's "Leaders" with certain "raps" at the old school underlined, but instead of simply reading those paragraphs, I started in at the beginning with Nux vomica and read it like a novel which indeed it was to me. In the meantime, the dog had improved for a while and then began to fail more rapidly than he had gained, until he had refused to eat or drink for five days. Although I hated to lose the dog, I was glad to see him fail so that I might prove that there was nothing in homeopathy.

By this time, I had read half through the book and ran across the description of *Cicuta virosa* and it came like a flash of lightning out of a clear sky; and I said to myself if there is anything in homeopathy, that is the drug, so I went down to B. & T.'s on Forty-second Street, pulled my hat down over my face, looked up and down the street to be sure no one I knew would see me and made a rush, and when I got in I could not think of the drug I wanted so I borrowed a copy of Nash's "Leaders" and looked it up and when Mr. Tafel asked me what potency I wanted, I was equal to the occasion and told him the thirtieth; because I had seen that number on the Arnica bottle; but I did not know a 3x from a cm.

I began giving the *Cicuta* in the morning and that evening when I returned home the dog dragged himself to the door and asked to go out. It was the first he had moved that day and he still refused to eat or drink. I let him out and he went to a near-by drug store where he was very fond of the druggist and when I went to get him the druggist said: "If you would feed your dog he would get well," and then informed me that he had fed him two boiled eggs, several slices of bread and half a quart of milk. I expected to see the dog die, but he improved by leaps and bounds from that minute and went on to complete recovery, leaving me in my astonishment to find out where I was at.

Here was a dying dog.

There was a well one.

Here were a set of symptoms said to be caused by taking *Cicuta*.

There were the identical symptoms in the dog.

The psychological effect was eliminated, and the cure had been made with the thirtieth potency and the remedy administered by a man who hoped it would fail.

These are some simple facts that caused me much thought; but they have helped me over some rough places since then. About a year and a half before this time a patient had come to me with symptoms of pressure on the bladder, frequent and painful micturition having to urinate every five to fifteen minutes for five years.

The uterus was anti-flexed and she had a salpingo ovaritis on the right side, the left ovary having been previously removed. I told her that the only thing that would cure her was an operation which she readily consented to, and I did a total hysterectomy with relief of the symptoms so that within a month she could hold her urine for two hours and she had very little dysuria.

The "operation was successful" but about one year later the symptoms began to return and were more severe than before the operation, and accompanied by terrific headaches beginning in the morning and lasting all day, worse on left side.

The husband came to me and said: "You told me my wife's trouble was caused by the uterus pressing on the bladder?"

I said, "Yes."

"You told me that you removed the uterus, etc?"

I assured him they were on the shelf in a fruit jar.

Then he wanted to know why she had the same symptoms, and what pressed on the bladder this time and what could I do to relieve them.

I left the first part unanswered and told him about the dog episode and asked him if he wanted me to try homeopathy on his wife. They again consented and I spent thirty-six solid hours working her case out by Bönninghausen's method and gave her the 200 potency of *Sepia* three times a day and she never had a headache after the first dose and within two weeks the "pressure on her bladder" was relieved so that she could hold her urine for four hours, and she never has been as well since she had her first child as she has been since she had her first *Sepia*.

Tubercular Meningitis: A Case.*

W. D. GORTON, M. D., AUSTIN, TEXAS.

Dec. 5, 1902.—Mamie H., blonde, aet. 5; nervous child. Eczema capitis since infancy. Mother insane. Family history tubercular on mother's side.

I was called to a neighboring city to see this child, making three visits. During the course of her attack I received two telephone reports daily from the father.

Patient had been ailing for a week before going to bed.

Temperature ranges from 101° to 104°.

Every fifteen minutes, day and night, child rouses from sleep as though frightened, crying, moaning, throwing arms about.

Right thumb is kept in mouth except during the spasms.

Thirst for large quantities, often.

Involuntary stools. Feet cold.

December 7.—Spasms are growing worse. As soon as spasm is over patient falls asleep.

Delirium, picking at clothes and nose.

Eruptions at corners of mouth; blisters filled with blood on upper lip.

Tongue and mouth dry. Carotids throb.

Holds hands to neck or behind ears during spasm.

Chews tongue and runs it out of mouth.

Picks the lips; grinds the teeth constantly.

Tongue coated white, red edges, red streak in center, feels sore.

Refuses food; begs for candy and sweet potatoes.

Moans in sleep; talks in sleep before attacks; wants to lie on the floor. Water gurgles all the way to stomach. Stool fetid.

Rolls head during the attacks.

Is > after drinking and urinating: < from 4 to 5 P. M., and at night.

Keeps arms above head; throws hands during spasm. Rattling of mucus in throat.

Belladonna, Phosphorus and Hellebore have only palliated for a

* Read before Texas Homeopathic Medical Association, Dallas, Oct. 7, 1903.

few hours at a time. Phosphorus put an end to the gurgling.

The patient had not been violent. I left Stramonium 200 to be given if Hellebore did not relieve by midnight.

December 8.—Telephone report that Stramonium was given at 2 A. M., patient sleeping two and a half hours after the dose. Involuntary stool continues.

December 9.—Hard convulsions between 10 and 11 A. M. Last night rash appeared all over body, resembled heat rash. Light spasms from 4 to 8 P. M. Stools >.

December 10.—Telephone message that patient had one three-hours' sleep last night, and several shorter ones. Temperature 101° to 102°. Hungry this morning. Eruptions on lips >; tongue cleaning off. Keeps thumb in mouth less.

December 11.—Picks lips and frets. Temperature 101°. Mucus in throat causes choking on coughing. Bites finger nails and eats crusts from lips.

December 13.—Temperature 100 2-5° to 102 2-5°. Spasms light. Appetite >. Sleeps well. Stramonium cm (F.) had been given when spasms increased for several days.

December 14.—Temperature 101 4-5°. Slight headache. Chest and stomach tender to pressure. Irritable all day.

December 15.—Lips all scabbed over, lower lip is > and getting > on right side. Picks eruptions until they bleed. No spasm. Thirst for little and often when temperature is rising, but none when fever is highest. Whining; calls for candy, sweet potatoes, chewing gum and watermelon. Pain in ear.

December 16.—Abscess in ear broke last night. Soreness around ear. Stools have been > under Stramonium. Temperature 101 2-5°.

December 17.—Rested well last night. Temperature 103 3-5°

December 19.—Restless yesterday and last night. Wants to be waited upon constantly this evening; fidgety, desires first one thing and then another. Unsatisfactory attempts to urinate. Wants feet warmed although they are warm to the touch. Calls for water and before the cup has been put down wants it again. Temperature 103°. A repetition of Stramonium did not >.

December 20.—Cina 200.

December 21.—Much >, resting well. Rarely asks for any-

thing today, but when she does, it must appear at once. Does not want to be left alone. Temperature $101\ 1\text{-}5^{\circ}$ to $102\ 2\text{-}5^{\circ}$. Emaciated.

December 24.— Restless last night ; not doing so well.

Flushed cheeks for several days.

Pain in stomach after eating.

Still eats crusts from lips. Temperature 101° to 102° .

December 27.— During the night would rise up every two minutes and whine or cry. Thirst for little and often. Desired to be moved to another bed but not satisfied with the change. Arsenicum 200.

December 28.— Sleep of two hours after medicine ; except for this interval no relief from crying. Says the crusts from lips are good and persists in eating them. Is gaining strength and cries for everything desired, and if it does not come at once, crying is increased. Will not be left alone. Temperature 101° to 102° . Hellebore 200.

December 29 and 30.— Telephone messages that patient is $>$. Good sleep, but throws off cover. Crying spells getting lighter and farther apart.

Hellebore 33 m (F.) to be given when $<$.

January 1, 1903.— Doing well. Hunger. Restlessness or pain becomes $>$ after giving a single powder.

January 4.— Constipated, stools large and hard. Appetite good. Cough and soreness in chest for several days. Feet get cold easily.

January 5.— Rests well ; cannot get enough to eat.

January 8.— Was dressed today for first time. Was too weak to stand. Cold feet and hands ; no cough ; so hungry must have food during the night.

January 11.— Gaining strength ; can sit up in bed and play. Lips healed. Ear still sore. Walked a little one day but today cannot stand. Hellebore, cm (F.).

Convalescence progressed rapidly. Mercurius sol, and Pulsatilla were required for discharge from ear.

An old-school physician pronounced this case tubercular meningitis before Stramonium was given. I had stated to the father that it was doubtless of a tubercular nature, and held out no hopes for recovery.

The Use and Abuse of Opiates.

DR. J. FITZ-MATHEW, WEST SOUND, WASH.

Under what circumstances is a homeopathist justified in using opiates or cardiac stimulants?

As a supplement to Dr. J. B. S. King's views upon the use and abuse of opiates, I submit the following:

1. When a patient is moribund: to relieve ante-mortem sufferings when the homeopathic remedy is insufficient, and at the request of the friends or patient.
2. In cases of acute pain from traumatic causes and you cannot otherwise relieve.
3. In acute suffering from injuries and shock, when immediate drug action is called for.
4. During the passage of a gall stone when the homeopathic remedy is insufficient.

In the last case we can no more expect entire relief of pain, without an opiate, than that we could perform a painless stretching of the sphincter ani without an anesthetic. I have sat up all night in conjunction with a veteran homeopathist, in a case of gall stone and it took all we could do with the remedy and moral suasion to induce the patient to submit with any sort of equanimity to the ordeal; meanwhile the doctor who gives a full dose of morphine and applies a hot water bag goes home to his bed, as far as this case is concerned.

We get few thanks, and frequently none, for abstaining from morphine. "Every case must stand on its own legs." Much depends upon the temperament of the patient and the condition of the gall stone. There is undoubtedly much abuse in the use of opiates, the temptation is great to the young practitioner when a patient is howling with pain and he can neither find nor apply the indicated remedy, and here may be his justification; but there is no excuse for the homeopath who habitually substitutes morphine.

I have recently had a case in which a "regular," after failing to relieve a very bad congestive headache which occurred with suppression of milk in a young primipara, tried to inject morphine.

Fortunately for her she refused and came to me and "the headache at once yielded to China 200." It is a grave offense for any doctor to administer morphine when it has to be repeated and thus induce the morphine habit in any case in which the end of life is not in view.

We who have, so often in our years of practice, seen again and again the wonderful and beneficent action of our remedies in relieving all sufferings within their sphere of action know that when they fail it is not the failure of homeopathy but of the practitioner.

The common practice in surgery of preparing a patient by a full dose of morphine and afterward giving repeated doses of strychnine to sustain the patient from shock of operation, I believe to be both unnecessary and injurious. The cumulative drug action exhausts reactive power and conduces to the very thing it is given to prevent, viz., collapse. If a patient is properly prepared by a competent prescriber before operation and stimulated only by saline solutions and nutritive enemata, his chances of recovery from shock are much greater. If the patient survives both the shock of operation and the effects of the drugs, it is proof to me that he did not need the latter.

Obstetrical Notes.*

R. DEL MAS, PH. D., M. D., CENTERVILLE, MINN.

The Word of God will always be true. We physicians see every day that our parturient sisters still bear on their heads the anathema of the Creator: "Thou shalt have labor pains." The question comes to my mind as to whether Eve suffered as do her daughters of the twentieth century. They are heirs to the faults of their ancestors. Moral deviation, luxurious living and erroneous therapeutics, combined or acting separately, have given mankind the heritage of disease and death. Through sin, death entered this world of ours; and we may sin either morally or physically. No wonder then that we rarely find a woman giving

* Read before the Minnesota Institute of Homeopathy, 1903.

birth to a child without a certain amount of pain, or carrying it through the period of gestation without a certain amount of physiological disturbance, for the viciousness of mankind is great.

Can we not come to the rescue of the parturient woman who suffers? Homeopathy can cure "everybody" but not "everything." It can remove susceptibility to disease but as to the "ultimates" of disease it frequently fails. Thus a cancerous patient may be cured, but his cancer often will remain and carry him off. But homeopathy has a great field in obstetrics, for here we deal with the past in the mother and the future in the child. Here we remodel and reform: for, let me say, a homeopathic accoucheur who loves mankind, and knows his remedies, never leaves the bedside without having made the woman "better" and the child "new." I will explain further on.

We are told that we must "rest on our oars" when we find the presentation of the child and the diameters of the pelvis normal. A "pachyderm" might take such advice and put it into practice, but when we reflect that women are more delicate than men, that their nerves can vibrate to a higher pitch than we can imagine and that it is our duty to help suffering humanity, then and there we must perform the office of the Good Samaritan.

It goes without saying that instrumental means should be used in the right place. But skill and an eye to "business" will often lead a man to use the forceps where science, patience, charity and conscience would be better for the woman. If a physician has not a good heart, an honest soul and an unselfish mind, if he loves not the sick in order to do them good and nothing but good, he may become rich and sometimes "célèbre," but he will never endear himself to his patrons; and his conscience (if he has one) will never know what pure love is, nor feel the happy thrill of an unselfish heart that propels the blood through the veins for the bettering of the human race.

Thus, at a confinement, one will show whether he can handle his remedies as well as his instruments.

A good accoucheur must understand and respect women. He must be proud to see her bear children the fruits of maternity. He must be fond of children; he must be kind and patient, or success will not be his; he must go to his case with a knowledge of all

the whims and fancies of woman and previous to making the examination, he must gain the confidence of the patient and family as well — not by displaying his instruments and making a show of his knowledge,— a kind word, a smiling face and plain manners will do better. After examining the case to ascertain “how things are,” he must study the woman, scrutinize her, and often do it very rapidly, especially in miscarriage or hemorrhage. He needs the power of observation as well as knowledge,— a sound judgment coupled with calmness. He must be able to readily differentiate one remedy from another — for only one is necessary at a time — and when he has found that one, let him give it with confidence, for our law is eternal and consequently immutable and infallible. The law never fails, though the prescriber often does.

Our patient may need Cimic., Nux vom., Puls., Cham., Acon., Bell., Gels., Sep., Caul., Lyc., Kali c., Sec., Camph., Ipec., China, Phos., Sulph., Pyrogen, etc., but only one of them, for we have but one patient. Our success will depend on our ability to individualize. Keynotes rarely succeed in bringing about good results. They do not belong to homeopathy. For instance, take a patient — blonde or brunette, it matters not — who has short, ineffectual pains, who is discouraged and weeps and moans, seems to be bashful and timid, throws the covers off and refuses a drink of cold water. She needs Pulsatilla. Give it to her and you will see how differently her labor will progress.

Perhaps we have a brunette, lean, nervous and irritable, snappish, who faints from the pains or has urging to stool. Nux vomica will put a stop to her sufferings or greatly ameliorate them.

Six or eight months ago I was called to see a patient who was very “touchy” and irritable; any pain was intolerable to her; she became angry at everybody, though her husband would laugh she would whine and cry. She would not let me talk to her but sent me into another room, saying that if I didn’t know my business I had better go home. She received Chamomilla and in half an hour a girl baby was born. It started out as a dry labor, but the Chamomilla “wetted” it.

Sometimes the woman is flooding. This may be due to placenta prævia, or to a tear, and mechanical means must be resorted to. In other cases it can be accounted for only by the relaxed

state of the uterus. Then we study the patient and find that Bell., Camph., Phos., Sec., Sab., Ipec., or some other remedy fits the case and we give it. Some will resort to the fluid extract of Ergot. If it works, well and good, if not, they will try something else. The allopath does the same. With us it ought not to be a case of "trial" and "experiment," but of sure prescribing. We only need to study the individuality of the woman and give the similar remedy.

[The fluid extract of Ergot is not safe and should not be used in massive doses for the parturient patient. It may help control a hemorrhage, but it may ruin the patient for life.—ED.]

Experience has taught me that when the woman has been treated early in the case, confinement is in every respect normal and hemorrhage never occurs. If the constitutional remedy has been prescribed during gestation, the woman will hardly ever have trouble at confinement.

It is to be regretted, that homeopathy, as taught by Hahnemann, is not practiced in its purity by all those who have enrolled their names under its banner. The greatest monument that we could erect to the discoverer of true therapeutics would be to honor him by faithfully following the precepts laid down in the Organon. Until we do, we may consider ourselves as men whose moral energy stands on the same level as that of traitors. You will pardon this digression.

I do not believe it expedient to tell you what potencies I use nor how I use them. Some believe in high, others in the low potencies. Some repeat the dose, others do not. I would say, that I have always obtained the best results from the single dose of the high, even in obstetrics.

You will undoubtedly ask me, if I know what puerperal septicemia is, and I will reply, that, as a homeopath, I would never have known what it is if I had never treated cases that had been under the care of some one else during confinement or miscarriage. Here again our remedies are mighty levers. Instruments are too often used. If we treat these conditions from a surgical point of view, we will often meet with failures. In septicemia, I have found that Puls., Phos., Ars., Pyr., Sulph., Ferr., Croc. hor. and a few other remedies will cover the cases most often met with. It is

tempting to use the curette and get a good fee for it. But let us not forget our patients; septicemia is not a local trouble. Germs will never be the cause of disease unless susceptibility to their influence is prior to or favors their entrance into the economy. So it is with septicemia. So soon as susceptibility is removed, the germs "clear out." Let us re-establish order in our patient from center to circumference and not from circumference to center. Our allopathic brethren teach — and perhaps believe — that germs have no action upon the economy until its vitality is lowered to the point where it is no longer able to resist their deadly influence; and still they aim at the germ alone, forgetting the patient. Do you wish to be "germiciders" or homeopaths? I hold that it is more logical to stick to the patient.

At the beginning of this paper, I said that a homeopathic accoucheur will never leave the bedside without having made the woman better and the child "new." It often happens that during labor we have to give an "unconstitutional" remedy, something that is suited to the woman only for the time. In such a case, during and after labor, I study the woman from top to bottom in order to ascertain whether she needs a constitutional remedy or not. This practice has, up to now, given me the best results and saved a lot of trouble. If a woman needs Fer., Puls., Cal., or some other deep-acting remedy. I must give it to her in order to make her "better."

And the baby? Look at him. He is either sycotic, syphilitic, psoric or drugged. Keep your eyes open, ask questions, study that new creature. He is so delicate; he may die in less than twenty-four hours, he may die in three months or in two years. Can you not do something for him? Be human. He may need Bor., Cal., Sulph., Mer., Puls., Nat. mur., Syph., Psor., or Kali jod. Ask him, he will tell you. I know of some physicians who, after they have placed the baby in the hands of the nurse, never look at him again. They are not men. They go to the case to make their fee and are anxious to get back to the club-house to their drink and cigars. If you do not love mothers and children, please let some one else take care of them. When we have "bettered" a mother and made a child "new," our hearts should be full of joy. I love to see a child live and grow, mentally well-

balanced and bodily vigorous. He never asked to see this world of misery and deception, and since the physician received him, let the physician welcome him and make him "new" through the medium of homeopathy.

Hering College Clinics.

AN OBSTINATE CASE CURED WITH A SINGLE DOSE.

J. A. TOMHAGEN, M. D.

Mrs. O. N., aged 42; married; no children. A bilious, mental, vital organization; or in other words a bright stout brunette. The former term is preferable and not only more euphemistic but more technical. However, it is only a name, typical of the patient and partially diagnostic, but has nothing differentiating therapeutically. The selection of the remedy is entirely symptomatic.

The following symptoms were given:

Backache; sacral and interscapular; sometimes stinging, burning and again a chilliness, moving from side to side.

Stinging pain in hepatic region.

Fluttering around the heart; *worse after sleep*, lying on left side and when hurried.

Menses: sometimes every two weeks; continue three or four days but always *scanty*.

Leucorrhœa: slight, milky-white.

Urination: frequent and little at a time, sometimes painful, burning worse in morning.

Choked sensation in morning forces her to cough but cannot raise anything till she has made repeated efforts, when a little sputa is loosened, *which* >.

Throat feels dry.

Two years ago had diphtheria worse on the *left side*.

Wakens frightened at 2 A. M., and finds herself lying on left side; heart begins to flutter and compels her to turn over or sit up.

Cold feet habitually.

Constipated habitually and habitually takes physic, therefore *habitually constipated*.

Nov. 22, 1895.—Lachesis cm.

November 29.—Fluttering of heart less often.

Urinary symptoms better.

Constipation same. Placebo.

December 6.—Had headache twice last week but feels > in general. Placebo.

December 13.—Had headache yesterday.

Flushes of heat as soon as she goes into house.

Leucorrhœa much better.

Pains during urination better.

“I don't waken frightened the past two weeks.” Placebo.

December 20.—“Pain worse in my *thighs* and *wrists* and much less in my back.”

“Feels better generally.” Placebo.

December 27.—“Pain like rheumatism from *right hip* down the thigh.” “Also pain from lower angle of scapula to left breast.”

“This is a stinging pain.”

Leucorrhœa more albuminous.

Urine now frequent and quite profuse.

Bowels still constipated. Placebo.

Jan. 3, 1896.—Backache much better.

Burning between shoulders is gone.

Fluttering of heart rarely.

Menses now every three weeks.

Leucorrhœa better.

Throat still dry.

Pains shifting from back down the right thigh. Placebo.

January 17.—Fluttering about heart twice the past week between 12 and 2 A. M. but very slight.

Frequent urination but painless.

“Rheumatic pain *now* in *sole of right foot*, but pain in right wrist is gone.” Placebo.

Patient continued to improve till the end of term, when we lost track of her for some months.

February, 1904.

Was surprised to see her walk into my office two weeks ago and hear her say the little pills she had received at the college years ago cured *her rheumatism*, which had never troubled

her since. She desired to get some more for the Grippe at the present time.

Lach. cm was selected according to the totality of peculiar symptoms ;

Aggravation after sleep.

Scanty menses.

Cough > by raising a little mucus.

Diphtheria two years ago, < on left side.

Wakens frightened at 2 A. M.

This *totality of peculiar symptoms* constitutes a *concrete image* which is *fixed*, and must be discerned in the symptom whole as given by the patient.

Those who endeavor to cover *all the symptoms* with the hope of *including* the *peculiar* ones, fail as a rule. Many symptoms are incidental and outside of the *image*.

The next step is the remedy. How high or how low? This has never troubled me in the least and only in this way. The lower the potency, the oftener it requires repetition. I prefer the high and highest potencies since they produce the most enduring results, and having used them for twenty years, and never found them wanting, I continue in their administration with increased confidence.

The order in which these rheumatic pains disappeared, from the center to the periphery, and from above downward is the natural order of recovery, a most valuable observation of Hahne-mann which has been verified in the cure of many chronic ailments.

A Cure by Formic Acid.

P. L. BARNES, AVONDALE, CINCINNATI.

The patient is a woman 40 years of age, single, stenographer, dark complexion, and rather nervous, giving symptoms as follows :

After a warm bath there is intense itching over body and ex-

tremities, more marked on right side, accompanied by smooth, red spots, size of a dime, which disappear in a few hours.

As she says, "there is a cold burning like flakes of snow falling on the parts."

All itching and burning greatly relieved by scratching and rubbing.

Formic acid, 30 centesimal potency, one dose, relieved all symptoms in four days.

A Chronic Belladonna Case.

J. C. WHITE, M. D., PORT CHESTER, NEW YORK.

W. B.—retired sea captain, heavy weight, aged fifty; nervous sanguine temperament; complained of pain in left shoulder, extending down arm to palm of hand < by exposure to drafts, low temperature and lying down, especially at night.

Burning sensation in palm of hand; skin of the hand and palm frequently exfoliated.

Thirteen years previous, after severe exposure, he had suffered severe pain in left shoulder and arm < by motion, jar and by recumbent position, had not been able to lie down for a period of two months, even hypodermic of morphine and the application of anodyne liniments did not ease him so that he could lie down with any sense of comfort.

Ever since this acute attack, he has suffered the burning sensation in the palm of the hand, and any exposure would renew with the pain in the shoulder and arm. I said to him, that any able homeopathic physician would have cured him in three days!

I gave him six powders of Belladonna 50m. with directions to take one each evening until relieved, then wait until again required, and at some future time to tell me how many powders he found it necessary to take. Several weeks after this visit he had required but two powders. The pain, discomfort and burning had entirely disappeared.

THE MEDICAL ADVANCE AND JOURNAL OF HOMEOPATHICS.

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MARCH, 1904

Editorial.

The New Vaccination.

Here is an opportunity for the homeopathic profession to drive home an entering wedge for the propagation of the blessings of homeopathy in preventive medicine. If our readers would circulate broadcast among their clientele reprints of Dr. Linn's paper on Variolinum in the February number, then put the new system into practice, and thus obtain new and added statistics of its value, in a few years the old, antiquated, unreliable and unsatisfactory method of Jenner would be substituted by a modern, up-to-date, safe and much more reliable, and what is better, homeopathic prophylaxis as much superior to the old system as the homeopathic treatment of diseases. Thus far we have had only three calls for reprints. If they are not wanted and if our readers do not care to help themselves and thus benefit homeop-

athy, we shall not reprint very many. If our school would give hearty endorsement to the new method, it would be one of the best means ever yet devised for the propagation of homeopathy. Let the people know for the benefit of posterity that homeopathic prophylaxis is superior to every other, it would very soon follow that homeopathic practice would be known as superior to every other in every department of medicine.

In Hawaii, Dr. Milton Rice is about to demonstrate, officially, that leprosy can be cured by pure homeopathy as well as Asiatic cholera, which Hahnemann demonstrated was not such a scourge as the irregular practice would lead us to infer from the mortality attending their treatment. The mortality under irregular treatment was from sixty to seventy per cent, and even after Dr. Koch had discovered the comma bacillus and proceeded to kill the germs scientifically, the mortality was not materially affected. Yet Drs. Pulte and Ehrman in Cincinnati reduced the fatalities to ten or eleven per cent. Why not embrace the opportunity to demonstrate that the homeopathic treatment and prophylaxis of smallpox is equally superior and at the same time pleasant, safe and effective. It will also prevent unsightly pitting.

Single Remedy.

Neither Hahnemann, his colleagues nor any of the pioneer homeopaths, apparently, ever thought of anything but the single remedy in the cure of the sick. They hailed with delight the discovery of natural law in the world of therapeutics, the dynamic theory of disease and the use of one single, simple, medicinal force in contradistinction to the polypharmacy to which they had been accustomed. The old method was as unsatisfactory then as it is now, and they gladly embraced the new therapeutics. Individually they assisted in making the original provings, and realized that each remedy was tested singly on the healthy and should be thus used in practice. They could not conceive how a mixture of drugs or the alternation of remedies could ever be called for in the system of practice under natural law. Polypharmacy did not

fulfil the requirements of similia and for them that was sufficient. It was clinical results and complete restoration to health of the sick, a better, surer and more scientific method for which they had abandoned the uncertain methods of the schools. While their materia medica was limited, what they had yielded results hitherto unknown and they willingly contributed by provings to the pathogenesis of new remedies.

Hahnemann's dictum is found in the *Organon* and has been verified by practically every homeopathic practitioner, now and then, and a little work would enable them to do it every time. How easy it seems when we read reports of some of these cures and yet any one may do it who will work. The following is Hahnemann's view of it :

272.—In no case is it requisite to administer more than one single, simple medicinal substance at one time.

273.—It is not conceivable how the slightest doubt could exist as to whether it was more consistent with nature and more rational to prescribe a single, well-known medicine at one time in a disease, or a mixture of several differently acting drugs.

274.—As the true physician finds in simple medicines, administered singly and uncombined, all that he can possibly desire, he will, mindful of the wise maxim that "it is wrong to attempt to employ complex means when simple means will suffice," never think of giving as a remedy any but a single, simple medicinal substance; for these reasons also, because even though the simple medicines were thoroughly proved with respect to their peculiar effects on the unimpaired healthy state of man, it is yet impossible to foresee how two and more medicinal substances might, when compounded, hinder and alter each other's actions on the human body.

Requirements for College Matriculants.

Miss Annah May Soule, instructor in Mount Holyoke College, expresses the opinion that colleges should have physical as well as mental entrance requirements. An article by her in the last issue of the *School Review*, published by the University of Chicago press, says :

"Our stores and factories are demanding well-proportioned, healthy workers. It would seem that our schools could demand no less. Factories and railroads are refusing to employ men whose fingers show the yellow stain of the habitual cigarette

smoker, deeming such too enfeebled in mind and body to be of service; yet our colleges are taking no account of yellow fingers, and make little attempt to teach the morality or economy of vigorous health."

"Entrance to college should be opened only to those in good health. The physically unprepared should be excluded, as well as the mentally unprepared."

Responsibility for Criminals.

"Society alone is responsible for its criminals."—Dr. G. Frank Lydston in *The Chicago Sunday Inter Ocean*, maintains this view of the responsibility for our criminals. Many others of our noted medical men hold different views. That our marriage laws are lax or even altogether wanting. That we cannot regulate matrimony by law, hence society cannot be held responsible for what it cannot cure. Dr. E. H. Pratt on the other hand claims that:

The individual is responsible for his own crimes and for his own vicious habits. Society is often blamed for all the wrongs that afflict it, but it is the individual that is to blame. Human beings are born with a predisposition to crime, to vice, to insanity, to inebriaty; but it is his own fault and not the fault of other people if he becomes the victim of himself. A man can make of himself anything that he chooses. He can be a criminal or he can be the most upright man in the community in which he lives. It all depends upon himself.

If there is something lacking in a person's nature, it does not stand that sense is entirely gone from him. A person may be born without an ear for music, but he can be trained to distinguish musical tones and can be taught to have the finest kind of an appreciation of music. These "folded" senses, as in the instance of the musically dull, can be developed and made acute. The person who is born with a predisposition to insanity may become insane if certain conditions surround and affect him, but he can prevent himself from becoming insane if he will train himself, get out of the element in which he was born, so to speak, and develop that side of his mind which defies insanity. You know that the evil things of this world are the result of nothing but the lack of the good things. As darkness is only the absence of light, so hatred is only the absence of love, vice is only the absence of goodness. If we have any of the secondly named qualities, we will have none of the first named.

It is not necessary to make it our duty to see that the child is well born. The child that is not well born may have a predisposition to be evil in many ways, and it depends upon himself whether he will be. Human beings are not born with evil traits that they cannot put down and out. There are no criminals that could be nothing else. There are no vicious people who could be nothing else but vice ridden. Society has its diseases, but they are the diseases of the individuals in society, who are their own victims, not the victims of the multitude.

COMMENT AND CRITICISM.

The Curability of Leprosy.

MILTON RICE, M. D.

About two years ago, we asked Dr. Rice to give the readers of the *ADVANCE* his experience in the treatment of leprosy. He replied that he found it curable, but was not ready to report any cures until the diagnosis could be verified by bacteriological examination and the treatment and cure be made under official supervision. His work has apparently been recognized by the Board of Health and we predict the same success in leprosy that we have had in Asiatic cholera, yellow fever and the bubonic plague.

HILO, HAWAII, Feb. 13, 1904.

EDITORS *MEDICAL ADVANCE*.

Knowing your intense interest for all things pertaining to the welfare of our school, I take the liberty to send you a copy, under separate cover, one of our papers, containing an announcement of what is going on in this part of our country.

The concession therein mentioned, you may be assured, was not obtained without a long and determined struggle. The laws governing the treatment of leprosy are so stringent, as to constitute a criminal offense if detected in treating these people without permission from the Board of Health, a permission I believe, they have never before granted to a member of our school. But despite this fact, I have managed to treat a sufficient number of these cases to demonstrate to my satisfaction, that by straight homeopathic means this disease can be cured. The people here are with me, and with the endorsement of an official body, such as the Board of Health, homeopathy will receive an impetus, such as in my esteem it has seldom had. It will take another year or two, however, to put this matter in such shape as to compel its universal acceptance; but when this is accomplished, you may say to the coming doctors, that there will be room for all that Hering College can produce in the treatment of leprosy alone, as none but the genuine homeopath can do anything with this

disease. No mixers need attempt it; they have already brought discredit on homeopathy by their failures.

A more complete knowledge of leprosy is going to be the most thorough exemplification of Hahnemann's teaching that we have yet had. During my investigation of this subject, I am daily made to feel the necessity of a close adherence to those teachings, that during our college life we are often disposed to pass over lightly; namely, the homeopathic law and its philosophy as laid down by the founder of scientific medicine. Yours sincerely,
MILTON RICE.

The following, from the *Hilo Tribune*, is self-explanatory:

TO TEST REMEDY.

Board of Health Gives Dr. Rice a Chance to Prove Leprosy Cure.

While Governor Carter and Dr. C. B. Cooper were in the city a decision was reached with reference to the matter of treating lepers which may be of far-reaching importance. Dr. Milton Rice of this city has been studying this disease and believes that he may have found a cure. After canvassing the subject in all its bearings it was decided to give his claim an official trial.

Dr. Cooper, President of the Board of Health, gave the *Tribune* the following official statement:

"Dr. Rice claims to have a cure for leprosy. No one can have a greater interest in these claims than the members of the Board of Health, and Dr. Rice may rest assured that if there is merit in his claims he will have the hearty backing of the Board in every way.

"We have arranged for a committee, composed of physicians outside of the Board of Health employ, in Hilo, consisting of Dr. Grace, Dr. Hayes and Dr. McDonald, bacteriologist for the Board of Health. The Territorial bacteriologist will be up at an early date to examine certain suspects with the committee, and should any of them prove to be lepers arrangements will be made for Dr. Rice to treat them at the detention hospital in Waiakea, where they will be kept under surveillance. An ample opportunity will be given for a trial as to whether his claims of a cure are well founded.

"It is not intended to make this a lazaretto by any means, but the claims made by Dr. Rice and the firm belief of a large number of Hawaiians that a cure can be effected by him is such as to demand the attention of the Executive and the Board of Health. Three options were presented to Dr. Rice: First, accommodations would be provided for himself and family at the Settlement, where every facility would be afforded to treat the disease in any stage that he might wish to select for experiment.

"Secondly, that the same accommodations would be provided for himself and family at the Kalihi camp detention hospital and cases sent there for his treatment.

"Thirdly, to permit him to have three or four cases at the Hilo detention camp.

"Dr. Rice chose the latter. The gentlemen composing the committee above named, with Dr. Grace as chairman, will keep track of the progress of the treatment. Notes will be kept of the progress of the cases under treatment until a satisfactory determination of the matter is arrived at.

"I am recommending this course as a member of the Board of Health. I shall recommend the same before a full meeting of the members of the Board of Health for a vote. If my recommendation is not overruled, the test of the treatment will be made as outlined."

COMMENTS: Dr. Cooper and the members of the committee are laboring under delusion that Dr. Rice has a remedy for leprosy, and this is an official opportunity given by the Board of Health to test "his remedy." But homeopathy is not "built that way." Dr. Rice will test a system of cure — the science of therapeutics — in the cure of this so-called incurable disease under the practice of the irregular schools. A hundred cases may be bacteriologically verified as leprosy, but a strict individualization may prove that the law demands a different remedy for each patient. It is the patient that has the leprosy that must be cured. The pathological change is not the disease, merely the effect of diseased vitality, of deranged physiological forces or as Hahnemann puts it; "when a person falls ill it is only this self-acting vital force that is primarily deranged by a dynamic influence." Or as Sir Andrew Clark said: "The structural change is not disease; it is not co-extensive with disease, and even in those cases where the alliance appears the closest the anatomical relation is but one of other effects of physiological forces, which acting under unphysiological conditions, constitute by this new departure the essential and true disease. For disease in its primary conditions and intimate nature is dynamic; it precedes, underlies, evolves, determines, embraces, transcends and rules the anatomical state."

It is these "primary conditions," these preceding, underlying, constitutional causes, the dyscrasia or psoric or syphilitic miasms of Hahnemann that are overlooked and that must be taken into

account in treating patients suffering with leprosy. Hitherto, this loathsome disease has been dealt with as a local manifestation, a disease of the skin, by all schools of medicine and the profession has been slow to learn that we should treat "the patient, not his parts; the tenant, not his house." A careful anamnesis, a strict individualization and the similimum given in a strong dynamis will rob this ancient bug-bear of much of its horror.

NEW PUBLICATIONS.

POCKET MANUAL OF HOMEOPATHIC MATERIA MEDICA; Comprising the characteristic and cardinal symptoms of all remedies. By William Boericke, M. D., Professor of Materia Medica and Therapeutics, Hahnemann College, San Francisco. Second edition, revised and enlarged; 12 mo, pp., 682; flexible cover; price \$3.50. Boericke & Runyon: New York and San Francisco. 1903.

This edition of 682 pages includes every medicine introduced into homeopathic practice, together with a therapeutic index. It is an admirable condensation, a pocket encyclopedia of homeopathic materia medica. It includes verifications that have been brought to the author's notice by practitioners all over the world and have been recorded in the leading journals of our school. The author has liberally availed himself of Dr. Clarke's invaluable "Dictionary of Materia Medica." The addition of the index to the complete list of remedies materially adds to the practical value of the hand-book, and while the symptoms of many of the less known remedies are condensed, the practitioner will find many valuable hints that are not to be found in many works of materia medica. Here he will find many remedies, also, to which he is a total stranger, and will be astonished to find that we have a partial proving or verification of previous clinical records of so many remedies.

THE WORTH OF WORDS. By Ralcey Husted Bell, with an introduction by Dr. W. C. Cooper. Hinds & Noble: New York, 33 West 15th Street.

Herbert Spencer says: "Men ought to regard their language as an inheritance to be conserved, and improved so far as that is possible, and ought not to degrade it by reversion to lower types."

In the introduction, the author strikes the key to his charming book: "To me there is nothing in the world quite so charming as elegant diction."

This book will be found very useful to all who would speak and write good English, and who should not assay to be a good English scholar? This is especially true of a professional man. There are very few who will not find on every page of this work some word that might or should be used in a different sense, the study of which will be found both useful and practical. Here is a practical illustration of the word whole:

Whole, entire, complete, total should not be used indiscriminately one for the other.

Whole implies that from which nothing has been taken.

Entire, that which has not been divided.

Complete, that which has all of its parts.

Total, the aggregate of these parts.

Books like this should be read from time to time, for few of us are in danger of becoming too pure, and almost all of us employ certain words incorrectly, both in speaking and writing. We heartily commend the book.

ANNUAL REPORT OF THE SURGEON GENERAL OF THE PUBLIC HEALTH AND MARINE-HOSPITAL SERVICE OF THE U. S. FOR THE YEAR 1902.

This health report of the Marine-Hospital Service contains a complete list of the work done by this Department of the government, both in the states and territories, including our recently acquired Pacific islands. It is an able compilation of the work of the department in sanitation and will be found valuable as a work of reference both for physicians and laymen.

INFANT-FEEDING IN ITS RELATION TO HEALTH AND DISEASE. A modern book on all methods of feeding. For students, practitioners and nurses. By Louis Fischer, M. D., visiting physi-

cian to the Willard Parker and Riverside Hospitals, of New York City; attending physician to the children's service of the New York German Poliklinik; former instructor in diseases of children at the New York Post-Graduate Medical School and Hospital; fellow of the New York Academy of Medicine, etc. Third edition, thoroughly revised and largely re-written. Containing 54 illustrations, with 24 charts and tables, mostly original. 357 pages, extra cloth. \$2.00, net. F. A. Davis Company, Publishers, 1914 Cherry Street, Philadelphia, Pa.

This work of Dr. Fischer has been completely revised and almost entirely re-written. Many changes of value to the general practitioner in the formulæ for home modification of milk have been made.

A new chapter, entitled "Milk Idiosyncrasies in Children," showing how children were fed who could not tolerate milk, is added. Also another chapter entitled "Buttermilk Feeding," treating of the method of feeding in vogue in Foundling asylums.

Much attention has been given in another part to modified milk.

What has been given as authority in a previous edition is now left out or greatly modified. The author's conclusions that accuracy at the laboratory, plus clean utensils, is almost invaluable, and he cites a successful modified milk feeding that practically will not need revision for some time to come. Nevertheless, the success in the feeding of infants will eventually be found in a strict individualization: fit the baby for the food, instead of fit the food for the baby.

SALLY OF MISSOURI. A novel of the Ozark Mountains. By Rose E. Young. New York: McClure, Phillips & Co. 1903.

The author of this work, Miss Rose E. Young, late business manager of the MEDICAL ADVANCE, at one time manager, publisher and whilom editor of the *Medical Century*, for very often Miss Young was compelled to not only edit but manage the *Medical Century* during the absence of its chief editor.

The scene of the novel is laid in the zinc mining region of Missouri. The heroine of the book is Salome (not Sarah) and is a

fine specimen of a Missouri girl, educated at Vassar, with all the dash and energy of a Western girl. The hero is a New York man, a graduate of Yale, who inherited a portion of the Ozark Mountains from his ancestors. In a spirit of adventure, and in order to see the country, he goes to Missouri, and there, like many another young man just fresh from college, meets his fate.

Sally's father was an enterprising man of affairs, and through his business acumen as a manufacturer, farmer, banker, etc., built up a town in the Ozark Hills and became the "Lord of the Manor." Eventually he falls upon evil ways, became financially involved and dies just before bankruptcy overtakes him.

There is some charming description of Missouri scenery, Missouri dialect and Western character. The author has succeeded in implanting love for Missouri in all the characters, the simplicity and naturalness of whom induces an intense interest in the work. There is not a dull page or prosy chapter in the book. We congratulate the author on her literary success, and the only suggestion we should make would be she ought to have chosen a more taking name. While there is not much in a name it is all we have to criticise.

KENT'S MATERIA MEDICA. The publication of Dr. J. T. Kent's "Materia Medica" will, we feel assured, mark an epoch in that much-discussed subject. It is different from anything that has yet appeared. While going into minute details and covering almost as much space for each remedy as does Hahnemann's "Materia Medica Pura," yet it is not a list of symptoms, but the list of symptoms and all that pertains to them put into clear and readable form.

Here is a specimen, selected at random, that will illustrate our meaning and give you an idea of a book that every homeopathic physician should possess. It is clipped from the proofs of *Allium cepa*:

"It is not strange that the old ladies used to bind onions on the ear for earache and around the neck for sore throats, for onion is very frequently indicated in almost every climate for the effects of cold. Cold, damp, penetrating winds, in any climate, are likely

to bring on *Allium cepa* complaints — coryza, la grippe, influenza or whatever they may be called, and usually there is a great deal of congestive headache. Rawness in nose, copious flow of water from the eyes, which is always bland; copious watery discharge from the nose, which is always excoriating. Rawness in the larynx and throat, extending down into the chest. Rawness in the nose. In twenty-four hours it reaches the larynx. Cough, excited by tickling in the larynx and when lying down at night in a warm room. On going to bed in the evening *Allium* has its most troublesome aggravation. I have heard patients describe the pain in the larynx on coughing, saying that it felt as if some one was reaching down with a hook at every cough. Tearing in the larynx with every cough. Sneezing, rawness of all the mucous membranes and that tearing cough, all symptoms worse in a warm room and in the evening; it is astonishing how quickly the onion will break up that ‘cold.’” — *Jottings*.

[This is the reason why these lectures do not appear in the *ADVANCE*, much to the regret of both editors and readers.— ED.]

Model Cures.

H. C. ALLEN, M. D.

PULSATILLA: Mr. McM., aged fifty, small, compact, energetic, light complexion, has had hemorrhoids for several years, with only partial relief from all kinds of treatment.

For three or four months symptoms are:

Backache: small of back, before stool.

Back < on beginning to move, but > by continued motion.

Bright red blood with stool, from one to two pints every morning; prostrates, weakens.

Mental exertion or excitement <.

Despondent: fears he will not recover.

Fulness after eating: flatulence.

Thirstless: > outdoors, wants to live in open air.

Pulsatilla M. gave prompt and permanent relief.

TUBERCULINUM.—Mrs. G., age 36; father died of consumption; eczema when a child; married at 19: has had four children; one baby died of eczema.

The typical tubercular head; full, large, protruding eyes. Irritable, despondent; easily annoyed or angered.

Hard goitre; been treated locally, no result.

Menses: early, or at times delayed for months; now two and a half months since last period and she fears pregnancy.

Terrible pruritus vulva during last months of pregnancy; itching intolerable, < at night.

Hungry; persistent craving for meat.

Craves open air in all kinds of weather.

Diarrhea: frequent attacks of; stool profuse, watery, offensive, undigested; sudden, imperative, driving out of bed from 3 to 5 A. M., which Sulphur failed to cure.

General emaciation and drenching night sweats.

Under Tuberculinum cm, menses and bowels became normal and she was rapidly restored to health.

NEWS NOTES AND ITEMS.

DR. JULIA C. LOOS will remove her office, April 1st, to 705 North Second Street, Harrisburg, Pa.

Her valuable article, "Symptoms that Distinguish a Case," in the February issue, was greatly appreciated by many readers, who express the wish that she may become a frequent contributor.

DR. S. A. KIMBALL, formerly at 124 Commonwealth Avenue, will, in the future, have his office in the Warren Chambers, 419 Boylston Street, Boston, Mass.

DR. EDMUND CARLETON teaches the Organon in the New York Homeopathic College. His name was accidentally omitted in our January editorial, with Drs. Nash and Austin. He demonstrates

the philosophy of Hahnemann and holds a medical clinic Saturday afternoon for illustrative purposes. These clinics, we understand, are well attended by the students.

DR. CONRAD WESSELHOEFT celebrates his seventieth birthday, March 23d, and some of his friends have planned a banquet and the presentation of a Loving Cup on the evening of that day, and have invited the profession to join them in showing the high appreciation in which he is held for the valuable work he has accomplished. The occasion promises to be a red-letter day in the history of our cause in New England.

DR. BUKK G. CARLETON announces the competitive examination open to all graduates in medicine for twenty-two resident physicians in the Metropolitan Hospital of New York, containing over one thousand beds. The period of service is eighteen months, occurring in June and December. The examinations will be held April 29, 1904. For particulars, address 75 West Fiftieth Street, New York.

BOERICKE & RUNYON, Homeopathic publishers, have just issued a catalogue of their books. It contains some excellent portraits of the authors, notably a splendid picture of the late Dr. Dearborn. This handsome little booklet will be mailed to any physician or student, on request.

THE MISSOURI INSTITUTE OF HOMEOPATHY will meet at the Southern Hotel, St. Louis, April 27, 28 and 29. The officers extend a cordial invitation to all physicians interested in homeopathy. We recommend our readers to attend the session, if possible, and take with them a chapter of their experience.

THE KENTUCKY STATE SOCIETY will meet in Lexington, May 25th and 26th. Kentucky always has a good meeting, and its members know how to extend a royal welcome to visiting brethren.

DR. FRANK WIELAND, Chicago, has taken office from 3 to 5 P. M. at 70 State Street.

THE CATALOGUE OF THE PRACTITIONER'S COURSE, New York Homeopathic College, is just at hand. It presents a very enticing bill of fare for all who can possibly take in two or three weeks' work in May. It certainly will pay to attend such a course every year.

DR. RUDOLPH F. RABE announces, that, at a recent meeting of the New York Homeopathic Materia Medica Society, a paper by Dr. Nash, on the subject of pneumonia was very poorly attended. It seems strange that so well-known a man as Dr. Nash, and so important and timely a topic as pneumonia, failed to bring out more than a baker's dozen of physicians. The members of the society missed a treat, and perhaps the opportunity of acquiring some useful information.

DR. ROYAL E. S. HAYES, of Hazardville, Conn., writes: "I attended the meeting of the I. H. A. in Boston, last June, and became an associate member. The time spent there was one of the happiest of my life. I felt that I was among congenial spirits, and was, at last, where I belonged." These meetings are very helpful, and frequently are the source of inspiration and renewed zeal in the cause. The doctor caught the spirit of the meeting, for he adds: "If there is ever any way in which I can be of service to the cause of homeopathy, aside from the daily routine, even if it involves sacrifice, I shall be happy to take advantage of it. It seems that there is a great work needed to bring the knowledge of true homeopathy to suffering humanity, so that there may be a demand for physicians who practice it. It seems that the crying need of the time is that people should have, at least, an elementary knowledge of the principles of homeopathy. Then this abuse of using patent medicines, home drugging and allopathic treatment would be greatly lessened." How may it be accomplished?

THE NEW YORK STATE SOCIETY held its fifty-second annual meeting in Albany, February 9th and 10th. During the last six years, 270 candidates have passed the state examinations for medical license.

The following officers were elected:

President, Dr. B. G. Carleton.

First Vice-President, Dr. Martin Brewer.

Second Vice-President, Dr. Ermina C. Eddy.

Third Vice-President, Dr. F. D. Buchanan.

Secretary, Dr. De Witt G. Wilcox.

Treasurer, Dr. C. T. Haines.

Perhaps the most important matter presented at the meeting was the report of the committee for the defense of alleged malpractice suits. The following conclusions were reached:

First, We find it desirable to form a protective association to be composed of the members of this society.

Second, That a committee be appointed for the purpose of ascertaining how many in the society would be willing to join such association; that the membership fee therein shall not exceed \$3.00 per annum, which fund shall be used to defray all the expense attending the defense of alleged malpractice suits against members of the association.

Third, The membership in this protective association shall be confined to the members of this society.

RESOLVED, That the president appoint a committee of three, with full power to act, to be known as the Committee of Defense Litigation, whose duty it shall be to take in charge the furnishing to the members of this society, under a plan to be adopted by said committee, protection from the expense incurred in the defense of alleged malpractice suits brought against the members of this society.

IN our long list of remedies for entire loss of appetite there are none more efficacious than Podophyllum, Lycopodium and Ferrum, which have a satiety on attempting to eat. Keep them well in mind when studying cases presenting this symptom. You can readily remember them by recalling the fact that their initials, P. L. and F., are the same as those of Perfection Liquid Food.

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.. AND ..

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No. 4.

Transactions of the Central New York Homeopathic Medical Society.

ROCHESTER, N. Y., Dec. 10, 1903.

The quarterly meeting of the society was called to order by the President, Dr. R. C. Grant, at 2:30 P. M.

Members present: Drs. Ross, Grant, Hussey, Graham, Leggett, Hoard, Follett, Tretton, Dake.

The minutes of the September meeting were read and approved.

There was no report from the Board of Censors.

The reading and discussion of Organon, § II, was omitted.

The subject of the "Relative Value of the Medical and Surgical Treatment of Appendicitis" was presented for discussion.

Dr. Graham, surgeon, said that many cases of appendicitis were amenable to medical treatment, and that he had cured patients so attacked, remedially, especially in the acute stage of the disease. He especially urged caution when the patient did not show signs of amendment within twenty-four hours, and censured that practice which delayed operation until it was too late. He considered that two-thirds of the fatalities, occurring after surgical treatment, were due to delayed operations. He referred to a late case of his own, whom he, at that time, believed would recover without operation. He said its history pointed to recurrent appendicitis; that two previous attacks of soreness in the appendicular region, following a cold, with frequent occurrence of nausea and faintness, had been reported. He considered many cases of appendicitis to be catarrhal, caused by colds, and that recurrent cases should

be operated upon between attacks. He reiterated the statement that the acute, sharp pain of the attack should be modified by the remedies within twenty-four hours, and cautioned against a sudden rise in temperature. Noting the rapid progress of the disease in some cases, he cited one to which he had been called at night, and had operated upon the next morning, in which was found a ruptured abscess. The operation was followed by prompt recovery. He had found Aconite, Belladonna, Plumbum, Rhus and occasionally Baptisia useful in these conditions.

Dr. Follett had had an unusual opportunity for observation of the efficacy of the treatment of appendicitis, both remedially and surgically. This observation of methods had been made of two towns, situated side by side, Seneca Falls and Waterloo. The former, town of seven thousand, whose physicians of both schools disbelieve in surgery, and the latter, a town of five thousand, whose physicians believe in surgery, and whose inhabitants, with rare exceptions, have received the benefit of that belief, with a result in the death-rate, greatly in favor of Seneca Falls.

Personally, with the usual average of cases, Dr. Follett had but once used the knife, and that case ended fatally. He found such remedies as Bryonia, Rhus, and once Lachesis, most curative; not because it was appendicitis, but because some one of those remedies was often indicated in the individual case. He said that the need for surgery was eliminated by the timely prescription.

Dr. Ross recalled a case in which the active symptoms of appendicitis disappeared under the remedy, leaving a tumor. Operation showed some pus, but, also, conditions that were obviously improving.

Dr. Hussey inquired if there was anything in blood examination that pointed to a diagnosis of pus. Dr. Graham said not.

Dr. Hoard believed that recurrent cases should be treated remedially between attacks; that the condition, often catarrhal, was as curable as catarrh of any region. He said that he had had but two cases for the surgeon. He thought that the most frequently indicated remedies in his experience were Lycopodium and Rhus, although he had some cases which Aconite and Belladonna had cured. He said Lycopodium had been most often indicated in recurrent cases.

Dr. Follett, referring to the class of people most apt to develop appendicitis, said that in his experience the disease was not found among those people actively employed, i. e., farmers, or others engaged in the physical activities, but in those of the upper and middle classes, those leading a sedentary life. He quoted the saying of a surgeon who had told him that ninety per cent of his cases died.

Dr. Hussey said that a surgeon of his acquaintance, of large experience, had attributed the prevalence of the disease to the practice of eating such quantities of pre-digested foods, and their presence in the appendix. He thought that in those days of "spectacular" surgical experiments it was necessary to be fully equipped for prescribing. He had never had one of his own cases operated upon, nor a case die. He had been told by his confrères that it was luck, and his time would come. He had had one case in which he had had a surgeon as counsel, and in which both had visited the patient two or three times a day, for three days, without a resort to operation, with a cure, and without a recurrence, even though the attack was very severe. He, usually, in those cases, as in recurrent tonsillitis, or other and like conditions, found a remedy necessary, after the acute conditions subsided, and which eventually prevented further trouble.

Dr. Grant recalled two cases in which Chamomilla worked wonders. One of these had had two previous attacks, and was sent by a priest to him at the hospital. A tumor in region of the appendix was easily detected. The condition was cured by two doses of Chamomilla. The second was a boy of twelve whom the doctor had watched two or three hours each day, for two days, and had finally decided must be operated upon the next morning. He saw the patient at midnight, studied awhile, and finally gave a dose of Chamomilla *cm*. At 5 A. M., the doctor was called to an obstetrical case, so telephoned to Dr. Ross, who was to operate, to go ahead, he could not come. Dr. Ross answered that there was no reason for operation, patient was all right, the Chamomilla had done the work.

Dr. Grant had found Arsenicum, Lycopodium, etc., frequently indicated in appendicitis.

Dr. Hoard recalled a case in one of his families, first treated

for a day by an old-school physician, and whom he found on the second day with tumor, size of his fist, in appendicular region and in awful pain, that yielded perfectly to three doses of *Lycopodium* 200. Referring to Dr. Hussey's remark upon predigested foods, he said the cereal habit, in which food was bolted without chewing, was a great source of intestinal indigestion.

Dr. Tretton recalled the case of an old lady treated many years ago: no stool, vomiting, excruciating pain, and so weak she had been sent to the hospital. *Plumbum* administered twenty-four hours without >. The excessive exhaustion led to the prescription of two doses of *Opium*, with the result of improvement the following morning, and a discharge from the hospital in ten days.

Dr. Gwynn, unable to be present, enclosed the gist of his experience in a letter to the president, saying: I know but little of it, and in the midst of conflicting testimony hardly know "where I am at." In thirty years of busy work I saw but one case of genuine appendicitis — perityphlitis — as we then called it. It was in an allopathic family, and they, fearing that the case promised little, and I thought it promised less, was glad to have them send for one of another school. The case went on from bad to worse and soon died. Long years after, I lost a lad seven years of age — the other was a strong man of twenty-five — of what I now think was appendicitis. Aside from these two in which I had a hand in their death, though I do distinctly remember that I have had many cases of peritonitis that now would be termed appendicitis. There is not a day that I live but what brings thoughts of the marvelous cures wrought by homeopathy alone, for then I knew nothing else; only we were allowed to apply clothes wet in hot or cold water as most agreeable to the patient, to be changed when they became hot or cold as the case might be.

Looking back over long years, I do not see but we had better success than they have now with the more heroic practice. I want to say, but dare not, that appendicitis, like the ubiquitous microbe, is a prodigious fad and will die the death it so richly deserves. That both exist is not to be denied; — that either exerts half the influence credited to it may be denied without fear of successful contradiction. As I wrote you some time ago I would

advise treating the patient and let the appendix "go to the dogs," or some other bad place.

The president closed the discussion of appendicitis and opened that of

CALCAREA.

Dr. Gwynn had sent hearty endorsement of this remedy in the following words:

Calcarea is now familiar and more definite. I do not know of a remedy in the whole materia medica that less often disappoints you than this, nor one that from start to finish has a more satisfactory record. When and where the start is who shall say.

It has been well said that to bring up a child well, "begin a year before it is born." To start well with Calcarea you may start even farther back than that. The history of the case before you may begin with the grandparents, and come down along with marked lines.

Dr. Nash quotes Henry N. Guernsey's saying, that the general temperament is "leucophlegmatic" and this is only saying, a pallid, flabby state of the body, including every part of the organism, only the mental faculties often escaping, and even more richly developed.

As I said before these strange conditions may have pertained to generations back as witnessed in a case seen two days ago.

Was sent for to see a child seven years old in an adjoining village. The mother met me at the door, a soft, spongy woman, fleshy yet pallid. The child looked like the mother, and not a bit like the father, a stout, firm, wiry man; a fat baby, full abdomen, slow dentition, small bones, sweating to wet the pillow, sweating to wet the stockings so they dried through the night; took cold easily; always took cold easily; had a glass of hot milk before breakfast and "vomited a chunk as long as his hand looking like dough;" "vomiting of milk like curds" with a bronchitis of ten days' standing and a characteristic cough. This is no fancy sketch and no light case, for he had been carefully attended by a physician of standing and experience, who had treated the case as he would

have treated a case in any other child, not seeing anything in this case out of the ordinary.

I gave the child Calcarea from a vial that I got from my preceptor in 1863 and have used it ever since, and it has *never, never, never* failed me when it was indicated; and Calcarea is a remedy so clear cut that you may always know you are right. What potency it is I know not, and care less so that it does not fail me, and it will not. I left, saying, "It will not be necessary to call again," nor will it be.

I ought to say that the mother was greatly exercised to know where the "chunk" came from, that this child vomited, forgetting that curdled milk and white bread, if well mixed, closely resemble dough.

Dr. Ross recalled a case in which Dr. Julius G. Schmitt had helped him to see that Calcarea was the remedy. It was that of a child with brain trouble, whose constant cry was: "Ma! Ma! Ma!"

Dr. Follett had verified the symptoms of Calcarea, in the case of an injured knee, by a fall, with possible penetration by a nail. The accident had caused contraction, swelling and doughiness, which the old-school physician in charge had decided could only be cured by operation. The leading indication for its use was the fact that the child would eat "nothing but eggs." He considered Calcarea, especially in the thirtieth potency, the prize remedy in the constipation of infants.

Dr. Tretton related a case of "milk crust" with incessant crying, convulsions, etc., cured by Calcarea 30. The convulsions stopped after circumcision.

DR. LEGGETT'S CALCAREA CASES.

April 6, 1896.

CASE I.—Mrs. B., laundress; short, fair, red hair, about fifty years old, during an attack of la grippe had the following symptoms:

Discharge from right ear and nostril; profuse, fetid, purulent; which she described as "coming with a sudden rush of almost a handful of matter," and saturating a quarter of a sheet, placed under her head at night for protection. She was almost insensible

of the flow, it came before she could prepare for it, and was exceedingly annoying when occurring during her household duties. She also complained of bewilderment from blowing the nose, scant discharge on blowing the nose; < from cold; and she, of course, worked in water. One dose of *Calcarea 6 m* cured permanently and quickly.

CASE II.— March 18, 1898, Bertha R., age 14, weight 130.

Menses: Too soon, too profuse, lasting too long.

— Color, bright, no clots.

— Frequency, two and three weeks.

— During, chilly.

— Backache when standing.

— Pallor, unable to study.

— Condition has been of several months' standing.

REPERTORY WORK:

Menses: Chilly during; too soon, too profuse.

— *Amm. c.*, *Calc.*, *Castor*, *Cycl.*, *Ipec.*, *Mag. c.*, *Puls.*, *Zinc.*

— Pains in back, during.

— Pains < standing.

— *Amm. c.*, *Calc.*, *Puls.*, *Lyc.*

Calcarea 6 m. No further need of medicine.

CASE III.— Mrs. C., 69 years of age; chronic rheumatoid conditions of many years' standing. During the year had been tormented with the thought and fear of "snakes." She imagined them coming in the window, if left open at night, and dared not put her slippers under the bed at night, for fear she should find snakes in them, etc., etc.

This symptom reported in June, 1903, with those of "headache from drinking milk," and "wandering, shooting pains here and there," led to a prescription of *Lac Caninum cm* (F.) on the 22d.

July 13, 1903, she reported relief from thoughts of snakes, until within the week, when she awakened, "cuddling snakes in her bosom."

She had a return of rheumatic lameness in the knees for three days.

She received *Lac Caninum mm.* (F.).

Sept. 28, 1903, she reported that she had not been troubled with rheumatism, but had had much diarrhea during her absence in

the Adirondack region. She had but little trouble about snakes. The stools were frequent mornings and forenoons and get her "out of bed," though less early than Psorinum, Sulphur, Aloe, etc. This condition was increased at every cold change; she also complained of perspiration on chest.

Calcareo 6 m.

March 11, 1903.—She came with this complaint, that she could not use her arms. If she sewed, if she washed, even the few dishes which herself and daughter used for breakfast, she must rest, unbutton her clothing, and the stomach would seem to swell, and she was wretched. She coughed from a recent cold, which jarred her head frightfully. She described the stools as first hard, then softer, and next thin. She again complained of occasionally thinking of snakes. It was then that I astonished myself by finding that Calcareo was one of the remedies that produced "imagination of snakes about," and found that remedy covered the following symptoms:

"Imagines snakes."—Arg. n., Calc., Lac. can.

"Pressing pain in stomach < motion." Calc.

"Stools, first hard, then pasty, then thin." Calc.

"Stomach < clothing, pressure." Calc.

"Cough with shocks in the head and headache." Calc.

Calcareo cm. (H. S.).

Dec. 9, 1903.—I called to inquire the result and learned that she had no relief from fatigue of the arms until all the Placebo had been taken (several powders) but was now herself again.

CASE IV.—July 21, 1898, Mrs. F., aged 34, mother of four children, tall, finely developed, medium blonde, had procured an abortion in April of the same year, and had suffered from metrorrhagia since that time. She had submitted to curettement without avail, and had come to me for remedial measures.

The second day of the flow had drenched five napkins one yard square, and during three hours at cards had saturated her clothing. She had no pain, and had always been able to fulfil her regular duties at that period. She received one dose of Calcareo 85 m, and the next month reported but one day of excessive flow.

Improvement continued until December 14, when she reported "over-work," "care of sick child" and "undone." Examination

by local physician had shown "swelling, inflammation and displacement backward of the uterus, with flabby ligaments and muscles." He had told her she would need a support after reduction of the inflammation. She also reported a tendency of the uterus to bleed at the slightest touch; a constant, acrid, yellowish discharge; poor appetite, nervous, low spirited. *Calcarea cm.* (H. S.).

Jan. 3, 1899.—Much better; discharge almost entirely gone.

Feb. 1, 1899.—"Real well again," not nervous, looks better, etc.

No further sickness of any kind until an eruption of boils in spring of 1903, which were not cured until she received *Hepar*.

Dr. Grant recalled a case in which the "crop of boils" was about the knee, and was cured with *Nux vom.*

Dr. Hoard recalled the case of a young girl who went in bathing soon after her first menses, which suppressed the menses and brought on a profuse, acrid, offensive leucorrhœa, which obliged her to wear napkins. She was naturally of feeble construction, having loose joints, weak ankles, etc., but was almost "made over" by *Calcarea*.

Dr. Dake thought *Calcarea* frequently indicated in enlarged tonsils.

A case, son of a tuberculous mother, had enlarged tonsils, and sweat of the head since birth. The first prescription of *Calcarea cm.* had improved the patient for three months. He had now placed the patient upon *Calcarea 1 m* every third night, and looked for complete cure.

Dr. Grant cited a case of hydrocephalus in a child probably ten months old, that had been pronounced hopeless. The wide open fontanelles, the bulging membranes, the sweating head, with thin arms and legs, pot-belly, called for *Calcarea c.*; two or three doses of the remedy, at long intervals, not only cured this child but made him bright, strong and active; now about three years old.

Unable to be present, the distance being so great from her Brooklyn office, Dr. Josephine Howland sent the following illustration of the use of *Calcarea* in deeply chronic conditions:

Miss K., age 35, dark blue eyes. When five years of age had measles, with asthma as a sequel which through mind cure, ceased at nineteen.

When nine years old had pertussis followed by enlargement and suppuration of cervical glands that discharged for four or five years; had nineteen surgical operations before they healed.

Diphtheria six years ago; cervical glands badly swollen.

Stomach deranged two years ago; vomited at once after eating; this lasted six weeks.

External genitals so sore can scarcely sit; raw and burning.

Leucorrhœa, milky-white, since last autumn, > pain in r. ovarian region.

Double femoral hernia when sixteen years old, from alighting from a horse.

Bearing down pain in abdomen and rectum; > lying on back; > crossing the limbs when standing.

Burning during and after urination, producing faintness and perspiration.

Takes cold easily; affects throat and chest.

Dark circles under eyes most of the time.

Formerly happy disposition; now sensitive, despondent, sad and weeping.

Aversion to fats; ice cream causes sore throat.

Mercurius sol. 6 m.

April 5.—Better; bowels >, two stools this week; backache >. Urine still painful; profuse, milk-white leucorrhœa; weakness in stomach and back < standing; weary, unrefreshed in morning. Calcarea 13 m.

April 10.—Better. Urination painless; bearing down >, walked two miles today; backache >; bowels more normal. Placebo.

May 1.—Felt well until today. Menses appeared two days early; profuse, painful, but generally much improved. Placebo.

May 9.—Quite well past week; but now suffering from grief, death of brother. Ignatia 34 m.

May 18.—Marked general improvement. Placebo.

June 1.—Same old pains in r. abdomen returned; otherwise >. Calcarea 13 m.

She had been under the care of a New York physician when she came to me. The bearing down pains were so severe she could neither walk nor stand with comfort, and was told to stay

in her room and if not better he would make a local examination. This staying in her room alone did not improve her mentally or physically as she was a stranger in a strange hotel. She accidentally saw my sign on the door, came in for advice, not treatment; it was with great difficulty I could persuade her there was a better way and a probable cure for her in homeopathy. She is now one of my best friends and an enthusiastic advocate of my treatment and of homeopathy.

The discussion of *Calcarea* was closed and miscellaneous business opened for debate.

Dr. Hussey, whose motion for the addition of a Topic Committee to the offices of the society, was tabled at the September meeting for discussion by a larger assemblage of members than were then present, said his suggestion was based upon his experience in the Buffalo Medical Society, and that he would again move that each year the president appoint a Topic Committee of one, if the distance from other members was too great; of two, if the committee was appointed from one city, so that subjects for future meetings might be arranged at early date; men of known ability invited to be present and speak before the society, and such ways and means considered as experience taught would add to the interest of the meetings. The motion was seconded, discussed, put to vote and carried.

The president appointed Dr. Hussey, who asked to be excused because of the great amount of work in which he was already engaged.

The president then appointed Drs. Ross and Dake.

Adjourned.

S. L. GUILD-LEGGETT,
Secretary.

THE OLD, OLD STORY.—“The delight with which tetanus antitoxin was welcomed has given way to bitter disappointment, for the reports now coming in are decidedly detrimental to the use of the serum. The mortality rate is proving as high, or higher, under its use than under the old methods of treatment.”
—*Medical Summary.*

A Reminiscence of Dr. A. R. Morgan.

T. DWIGHT STOW, M. D., MEXICO, N. Y.

My acquaintance with our old friend, Dr. A. R. Morgan, began in 1856. He was then a young and enthusiastic homeopathician, having an office on the east side of Warren Street, Syracuse, a street noted for the number of pioneer homeopathic physicians that then, and since, trod its pavements. Some of us recall the names and lineaments of Drs. Loomis, Richardson, Lyman Clary, Frank Bigelow, J. G. Bigelow, Wm. H. Hoyt, H. H. Cator, Wm. A. Hawley, H. V. Miller, G. H. Greeley and A. R. Morgan. All of these did valiant work in their day, and all have passed on, and joined the majority.

Ah! how vividly loom up the forms and deeds of those dear old friends, and many others, of the dead and living, who were active and loved members of the Central New York Society; and the many, many interesting and instructive sessions held quarterly in the office of Dr. Clary, and Dr. Wm. A. Hawley.

When I made the acquaintance of Dr. Morgan, my tent was pitched in Fulton, N. Y., and I had occasion to consult him from time to time in troublesome cases, and found him a conscientious, careful, reliable prescriber. He was a fine looking man; tall, straight, and before the accident that impaired his usefulness, weighed about one hundred eighty pounds. He was always pleasant, was of a jocose disposition, yet often grave, and generally dignified. He was loved and respected by his colleagues; had the love and complete confidence of his friends and patrons, and the respect of the community. If memory serves me aright, he was in company with Dr. H. H. Cator for a time. They remodeled their office, and put on a new roof. One day in attempting to suggest a plan to one of the mechanics he fell astride a joist, and severely injured one of his testicles. Active inflammation followed by abscess, supervened, and in a short time a fistula connecting with the bladder, was the outcome. For years—two or more—he had to wear a rubber guard and reservoir, to direct and store the urine and mūco-purulent discharges. For some time after the injury, he was confined to his house, but prescribed

for patrons daily, to the extent of his physical ability. At length, he was obliged to leave Syracuse, for New York City, where he practiced some, lectured in the New York Medical College. Prior to this, in 1867, he occupied the Chair of Theory and Practice in the Homeopathic Medical College of Pennsylvania.

Before he attempted to practice again, after he left Syracuse, he entered into partnership for the manufacture of an open-grate coal stove — a ventilating stove. But the firm lost in the venture, and sold out. I called on Dr. Morgan at his place of business, one day, and bought one of the stoves, shipped it to Fall River and used it in my office some three years. Dr. and Mrs. Morgan had one son, who had heart hypertrophy, with dilatation. I met the doctor in Boston, in answer to a letter wishing me to see his son at the Parker House, as he was taking him from some place in Maine, to their home in New York, there to die. His death was a very severe shock to the loving parents, and they never recovered from it. They had no other child.

In 1862, after the army of the Potomac had retreated from before Richmond, and was reorganizing at Harrison's Landing on the James River, Dr. Morgan visited me in the camp of the 81st N. Y. Vols., and we had a very enjoyable time. He had been sent there by citizens of Syracuse, to get Major Barnum, who was wounded in one of the battles fought on the line of retreat, and was taken prisoner by the Confederates. I think his mission was successful, in that it brought about an exchange of prisoners. Dr. Morgan traveled extensively, and stored much valuable information as a result.

After courses of lectures at Geneva Medical College, New York, and at the Homeopathic Medical College of Philadelphia, from which he graduated in 1851-2, he went to Paris to complete his course of study. He was city physician; Onondaga County Orphan Asylum physician; surgeon of the 51st New York State Militia, all of which places he filled with credit to his profession and satisfaction to the people. He was obliged to leave the profession in 1871. Some ten or twelve years ago, he resumed practice in Waterbury, Conn., where he remained until shortly before his death. For the last three years his health failed, and himself and wife went to several watering places to recuperate, among

them Mt. Pelee, which place they left just three weeks before the terrible eruption.

Dr. Morgan died in 1903 in the Hospital at Boston after an operation to relieve the old cystic or prostatic trouble, that it seems, had returned. He was a strong, forceful writer on medical subjects and contributed much to medical and homeopathic literature. In defending homeopathy he was a strong advocate as many of his articles plainly show. He has published some of his productions, the last being his very valuable "Repertory of Urinary Organs."

Mrs. Morgan, his wife, is a true, loving and lovable woman, who shared the doctor's joys, sorrows, fortune and misfortune without murmur. She deserves the respect and sympathy of this society.

Lac Vaccinum de Floratum (Skimmed Cows' Milk). A Neglected Remedy.

We venture to say that not one homeopathic physician in a hundred has ever used this invaluable and neglected remedy, and yet, we have a better proving of it and more clinical data verified, much more reliable than some of Schussler's Biochemic remedies, which they use every day without reference to pathogenesis. We have found it an invaluable aid in the treatment of many obstinate chronic diseases, and republish from Hering and Clark some of the pathogenesis that our readers may, at least, investigate it or put it to the clinical test and publish the failures.

The first idea of potentizing skimmed milk originated with the late Dr. Swan, upon reading Donkin's skimmed milk treatment for diabetes and Bright's disease. The first proving was made by a lady in New York, in whose case the headache and nausea with constipation were strongly marked. A subsequent and more extended proving was made by Dr. Laura Morgan.

With a few exceptions, the symptoms of the following scheme have received repeated clinical verification. The idiosyncrasies of

many people are strongly marked, especially in regard to various articles of diet. Some are unable to use milk, cream, oysters, lobsters and many different kinds of vegetables without being made sick. The symptoms set up by milk in many sensitive persons, especially the violent headache and the constipation, are a matter of common knowledge and it is in these affections that the remedy has especially distinguished itself. Scarcely a physician of a few years' experience can be found, who has not met many patients who could not use milk on account of its producing constipation. Like many of Schussler's Biochemic remedies, milk contains within it an epitome of all the tissues and salts of the animal which secretes it, hence it is natural to expect of it a wide range of action in the potencies; for instance, *Natrum muriaticum* is a prominent ingredient and it is not surprising that symptoms of this remedy are found in the pathogenesis; for example: "Thirst for large quantities and often;" "nausea and vomiting;" "depression with weeping and palpitation."

Burnett maintains that an excess of milk in the dietary of children, after they have cut their first teeth, renders them susceptible to colds; and in this connection it may be well to recall that milk is one of the articles forbidden to hydrogenoid or chilly patients.

It is especially indicated in chronic diseases with faulty defective nutrition with reflex action of the nervous senses, also in that large class of troubles in which elimination is indifferently performed.

There is marked periodicity in the symptoms. Like Sulphur, they are prone to occur every seven or eight days. Most symptoms occur in the morning. The headaches begin in early morning, increase during the day and cease at sunset, like *Natrum muriaticum*.

The typical *Lac de floratum* patient is one in whom the processes of excretion and elimination have been, for years, growing more and more marked,—the morbid products of metabolism are evident—the scanty menstrual flow, the tardy, scanty constipated bowel movement, and the marked repugnance to or aggravation from milk or cream in any form.

MIND.—Loss of memory; listlessness and disinclination for either bodily or mental exertion.

Depression of spirits; don't care to live; question as to quietest and most certain way of hastening one's death.

During conversation, headache and depression of spirits.

Depression with crying and palpitation. Fainting spells.

Imagines that all her friends will die and that she must go to a convent.

Does not want to see or talk to any one.

Can remember what has been read only by a strong effort of will.

Vacillation of mind.

Great dependency on account of the disease, is sure he is going to die in twenty-four hours.

Has no fear of death but is sure he is going to die.

SENSORIUM.— Head light, with throbbing in temples.

Vértigo: on moving head from pillow; lying down and especially turning while lying, obliging to sit up (Conium).

Head feels heavy with marked tendency to fall to right side.

Faintness and nausea when stepping upon floor in morning.

At first a sharp pain at apex of heart, as though a knife was cutting up and down; this lasts a few seconds and is followed by strange feeling in head; forehead feels extremely heavy, with dull sensation over eyes, and considerable throbbing, most marked on each side of head; rest of head feels very light; dimness of vision; can only distinguish light, not objects; at same time great loss of strength; cannot stand, but falls backward, and remains entirely unconscious for two or three minutes; weakness passes off gradually, and is followed by weeping, palpitation of the heart and great depression of spirits; imagines that all her friends will soon die, and that she must go to a convent; she can produce an attack at any time by extending arms high above head, or by pressure around waist; spells came on at 7:30 P. M. Fainting spells.

For the periodical headaches which occur before, during or after the menstrual period, especially with constantly decreasing menstrual flow, it may be compared to *Cocculus* and *Sepia*. The general prostration and colic pains are not so marked as with *Cocculus*, and the well-known pelvic phenomenon of *Sepia* are absent; but the headaches are probably more severe than either of these remedies and patients will often say, if you could only

give me a remedy to take during the headache to palliate the severity of the pain and make it bearable, I will be very grateful. Many patients in this condition are driven to the use of morphine and other palliatives who might be promptly relieved by the similar remedy, and Lac de floratum deserves a trial. This meets the symptom totality of many of these so-called incurable headaches occurring at this time, and with a corrected diet will benefit.

Many a patient has told me at the next visit: "Your headache remedy worked like a charm. Its severity was modified in an hour and before noon I was entirely free from pain."

When the remedy ceases to benefit, Psorinum, Sulphur or the antipsoric called for by the totality of new symptoms may so change the character of the case that marked progress will be made in the cure.

HEAD.—*American sick headache*: begins in forehead, extending to occiput, in morning on rising (Bry.); *intense throbbing*, with nausea, vomiting, *blindness* and obstinate constipation (Epig., Iris, Sang.); < noise, light, motion (Mag. m., Sil.); during menses (Kreos., Sep.); great prostration; > pressure, by bandaging head tightly (Arg. n., Puls.); copious, pale urine.

Dimness of vision, as of cloud before eyes; profuse urination; full feeling in head; slight nausea at pit of stomach; face pale; feet cold; coldness in back.

Pain commencing in and above inner end of right eyebrow; before rising in morning; soon after rising pain passed into eyeball; until afternoon, at which time it became unbearable; < by walking and particularly by sitting down, though done carefully, also by heat radiated from fire or stooping, > on pressure; pressure on temples disclosed strong pulsation of artery; pain ceased entirely at sunset and did not return until next day.

Intense pain at point of exit of supraorbital nerve, diffused thence over forehead; attack commences with chill, quickened pulse, flushed face and discharges of wind from stomach.

Pains so severe that she would bury her eyes in her hands and press them into pillow.

Severe headache for years; severe pain over eyes; intense throbbing in temples.

General sore pain of head, produced by coughing.

Severe headache with a sensation as if top of her head was lifted off and was raised about five inches, and brains were coming out; head feels very hot and motion increases pain; face felt as if flesh was off bones and edges were separated and sticking out.

Pain first in forehead, extending through occiput, making her nearly frantic.

Intense headache in forehead and through head, in vertex, afterward head felt bruised.

HEADACHES CURED BY LAC DE FLORATUM.

HEAD.— Pain first in forehead, then extending to occiput, very intense, distracting and unbearable; great photophobia, even to light of candle; deathly sickness all over, with nausea and vomiting, < by movement or sitting up; very chilly, and external heat does not >; frequent and profuse urination of very pale urine.

After light breakfast, pain in forehead, with nausea; very pale face, even lips looked white; vomiting of ingesta and afterward of mucus and bitter water; deathly sick feeling in pit of stomach, < rising up in bed; profuse urination every half hour; urine colorless as water; great thirst; intense throbbing pain in vertex.

After injury subject to distress in head; severe pain in forehead just above eyes; breath offensive; appetite poor, nausea; at times sleeps for hours during attack; great distress across back; urine dark and thick.

Nausea, and sometimes vomiting, which >; pain in forehead as if head would burst with blindness; pain is > by bandaging head tightly; < by light and noise; constipation, stools large; hands and feet cold.

Periodical pain in forehead, as if head would burst, accompanied by violent efforts to vomit, and more rarely vomiting; hands and feet cold; diarrhea alternating with constipation, the latter predominating; loss of appetite; smell or thought of food causes nausea; tongue moist, coated white; thirstlessness; always < at menstrual period; menses scanty and accompanied with colic.

Attacks come every eight days; during attack can neither eat nor drink, nor endure light or noise; does not even like to speak; great prostration. < during menstruation; when pains subside, in-

flammation of tonsils appears; tongue white and no relish for food.

Throbbing frontal headache, nausea, vomiting and obstinate constipation; especially in anemic women.

Severe frontal headache; nausea and sometimes vomiting upon rising in morning, or from recumbent position at any time, or upon moving; great constipation; constant chilliness even when near fire; urine profuse and watery, or scanty and high colored; intense pain throughout whole spinal column; excessive thirst for large quantities; great depression of spirits; sudden prostration of strength at 5 P. M.; skin color of red rose, with swelling of face, neck, arms and body, generally in morning and during day and evening.

Severe pains over eyes, with intense throbbing in both temples; eyes feel as if full of little stones; eyeballs intensely painful, and on shutting eyes, pressure of lids increases pain; edges of lids feel contracted, and convey sensation as of a narrow band drawn tightly across eyeball; pain over left hip; constipation and profuse urination during paroxysm.

In morning nausea and sensation of a round ball of pain in center of forehead.

Throbbing in temples.

Head feels large as if growing externally.

Head heavy, falling to right side.

General sore pain of head produced by coughing.

SIGHT AND EYES.—Dimness of vision; can only see lights, not objects; preceding headache.

Sensation as if eyes were full of little stones.

Great photophobia, even candle light unbearable.

Intense vertigo when opening eyes while lying, when rising up; objects appeared to move swiftly from left to right, at other times moving as if tossed up from below in every direction.

Great pain in eyes on first going into light, soon passed off; on closing eyes on account of light, pain was felt in eyeballs as if from pressure of lids.

Pain in and above eyes.

On closing eyelids painful pressure as if lids were short laterally, causing sensation of band pressing upon balls.

Upper eyelids feel very heavy; sleepy all day.

Pain in head, most marked over left eye and in temple, extending into eyes, and causing profuse lachrymation.

The dim vision preceding headache is similar to that of Kali bichromicum and Psorinum, and this type of chronic headache is usually of a psoric character and very obstinate. It marks a profound nervous weakness that few remedies will control. Lac de floratum is one of the few.

EATING AND DRINKING.— Could not drink milk without its causing sick headache.

Many patients complain of inability to use milk in any form, not a recent trouble, but an idiosyncrasy which has followed them from infancy. Eating or drinking milk may cause nausea, vomiting, diarrhea, sick headache or obstinate constipation. Many are unable to bear the sight or odor of milk. Many cannot eat food in which milk forms an ingredient; and many are equally susceptible to the use of cream in any form. We have found that these persons, who are so susceptible to milk, very frequently present symptoms which call for Lac de floratum as their constitutional remedy, and many a cure of an obstinate chronic disease has followed its use. Sometimes a strong dynamic potency of Lac de floratum will not only relieve the inability to use milk but will cure the constipation produced by it. For the persistent nausea and vomiting of pregnancy, this remedy will relieve as many cases perhaps as Lactic acid, for it will be as frequently called for by the symptom totality of the patient.

HICCOUGH, BELCHING, NAUSEA AND VOMITING.— Sour eructation.

Nausea in morning.

Nausea from a recumbent position at any time during day or evening, or upon moving or rising in morning.

Deathly nausea, cannot vomit, with groans and cries and great distress; great restlessness with sensation of coldness; although skin was hot, pulse was normal.

Nausea and vomiting and a sensation of deathly sickness, from movement or rising up in bed.

Vomiting first of undigested food, intensely acid, then of bitter

water and lastly of a brownish clot, which in water separated and looked like coffee grounds; no smell; bitter taste.

Incessant vomiting, which had no relation to her meals.

Few remedies have a better picture of the "morning sickness" — the nausea and vomiting of pregnancy — than Lac de floratum. It is also a significant fact that Lactic acid is another valuable remedy in this condition, and that many patients are greatly benefited by the use of buttermilk when nothing else can be retained.

If obstinate constipation be present during pregnancy, the bowels being normal at other times, Lac de floratum is still better indicated.

SCROBICULUM AND STOMACH.— Violent pain in pit of stomach, seldom lower, brought on by fatigue.

A good deal of wind and acid stomach, no tenderness.

Bloating in epigastric region, with attacks of asthma; he could scarcely breathe; hard pressive pain at about fourth cervical vertebra.

ABDOMEN.— Abdomen sore and sensitive to touch.

Severe pain across umbilicus with headache.

Great fatigue from walking, on account of heaviness as of a stone in abdomen.

Constant pain in frontal region; nausea in morning, deathly paleness of face on rising in morning; aching pains in wrists and ankles; puffy swelling under malleoli; drawing pains, with heat, across lower abdomen and bearing down; frequent, scanty, pale urine; pressive bearing down in both ovarian regions; cannot bear pressure of arm or hand on abdomen; slight yellowish leucorrhœa; great lassitude and disinclination to exertion; depression of spirits; does not care to live; questions as to quickest and most certain mode of hastening one's death; great fatigue from walking on account of heaviness, as of a stone in abdomen.

Drawing pain across lower part of abdomen, with heat and pressing; bearing down in pelvic region, both sides; cannot bear pressure of hand or arm on abdomen. Flatulence.

Chronic gastro-enteritis, symptoms of chronic diarrhœa and vomiting.

STOOL AND RECTUM.— Frontal headache; deathly sickness, with

or without vomiting; pale face in morning, also lips and tips of fingers white; coldness over whole body.

Is generally constipated, and when it is most persistent very chilly; cannot get warm.

Frequent but ineffectual urging to stool.

Constipation: with chronic headache; most powerful purgatives were of no avail; feces dry and hard; diarrhea; stool large and hard, passed with great straining, lacerating anus, extorting cries and passing considerable blood; chronic.

Continual persistent constipation; > only by cathartics and enemas, with violent attacks of sick headache; pain first in forehead then extending to occiput, very intense, distracting and unbearable; great photophobia, even to light of a candle; deathly sickness all over, with nausea and vomiting < by movement or sitting up; chilly, and external heat does not relieve her; frequent and profuse urination of very pale urine.

URINARY ORGANS.—Frequent but scanty urination.

Profuse, pale urine.

Albuminuria.

Constant pain in region of kidneys, passing around each side above hips to region of bladder, also downward from sacral region gluteal, and from thence down back of thighs; pain burning, not > in any position, < by lying down.

Urine very dark and thick.

Urine very pale; cannot retain it.

Urine comes away drop by drop, or else gushes out with a sensation of very hot water passing over parts; wetting bed at night.

FEMALE SEXUAL ORGANS.—Pressive bearing down in ovarian region.

Drawing pain across uterine region, with heat and pressive bearing down in both ovarian regions; cannot bear pressure of hand or arm on abdomen, intense distress in lower part of abdomen during menstruation, not > by any position; violent inflammation in ileo-cecal region, with intense pain, swelling, tenderness, fecal accumulation and violent vomiting.

Menses delayed a week with congestion of blood to head; coldness of hands, nausea and vertigo; flow commenced next morning

after taking Lac de floratum, scanty with pain in back; sensation of weight and dragging in left ovarian region.

After putting hands in cold water sudden suppression of menses; pains all over, especially in head.

Drinking a glass of milk during menstruation will promptly check the flow until next menstrual period.

Irregular menstruation, sometimes very dark and scanty, sometimes colorless water.

Slight yellowish leucorrhœa.

NERVES.—Great lassitude and disinclination to exertion.

Great restlessness and extreme and protracted suffering from loss of sleep at night.

Feels completely tired out and exhausted, whether she does anything or not; great fatigue from walking.

Great loss of strength, commencing with a sharp, cutting pain in apex of heart; forehead feels heavy, with a dull sensation over eyes and throbbing, principally in temples, rest of head feels light.

PREGNANCY. PARTURITION. LACTATION.—Morning sickness during pregnancy; deathly sickness at stomach on waking; vertigo and waterbrash on rising; constipation.

Decrease in size of breasts.

Has never failed to bring back the milk in from twelve to twenty-four hours.

Diminished secretion of milk.

It is a well-known fact that the large majority of American mothers are unable to nurse their babies. In from two weeks to two or three months, if there be a lacteal supply, it rapidly diminishes and they resort to the bottle, and artificial feeding is the result.

Within the last five years this remedy has enabled us to correct this weakness and the mother has gone on with healthy, normal lactation. We first began to use it in cases in which no symptoms were obtained or given us. Many cases in which we did not see the patient but guided by others to the well-known symptom "has never failed to bring back the milk in from twelve to twenty-four hours," we have given this remedy with almost universal success. We call the attention to this fact and would be pleased if our readers would give it a trial and publish the failures to the world.

In the pathogenesis here presented they will find sufficient indications for the selection of the remedy if they have an opportunity to examine the patient.

The morning sickness and other gastric troubles during pregnancy with obstinate constipation and perhaps the intolerance of milk may be characteristics found in the majority of patients calling for this remedy.

A Class Room Talk.

EDMUND CARLETON, M. D., NEW YORK.

We will take a few moments of our limited time to consider the questions you have submitted.

Dunham calls "Homeopathy, the Science of Therapeutics," because it is founded upon the Law of Similars. To understand this great, natural law is indeed a scientific attainment.

Hahnemann says (*Organon*, § I): "The first and *sole* duty of the physician is to restore health to the sick. This is the true art of healing." To practice homeopathy is unmistakably an art. We are dealing with a science and an art.

"Shall we pay no attention to Pathology?" We shall study it. Virchow's Cellular Pathology has proved to be a well-working theory; it has stood an unusually long time; and it may be a good while before some wise man upsets it. A knowledge of the natural courses of diseases is necessary. It will not do to send the typhoid fever patient down town to business, or to encourage his belief that he will go next week. The physician should know all this and more of the disease — how to feed, nurse and all that — but will such knowledge influence the course of the disease? No!

What will? The prescription.

Will all the knowledge of Pathology in the world affect his selection of the remedy? *No, never.* The healing art requires a medicine similar to *all the symptoms.*

" Nevertheless, will it not be right to heed the germ theory? "

" If we kill the germs, will not the patient be well? "

Let us briefly consider these questions that you may become better enabled to overcome error.

Practically, the so-called germ theory means bugs. Does a specified kind of bug produce a specified form of disease? My answer is, not proved. Each of you has, undoubtedly, at the present moment bugs in the mouth. Are you sick? No! Your vitality is unimpaired; the soil is hostile; no bug thrives there; but let your vitality be impaired, then you are sick. I leave it to you to decide whether the bug is cause or coincidence. The bug advocates themselves admit that some forms of disease are produced, not by bugs, but by their toxins. This seems to me to be a fatal admission. From one, judge others.

The sting in the tail of this scheme is the intention to *treat diseases with a generalization*. If a man is sick detect the criminal bug, and then inject the modified carcasses of more of the same kind of bugs into the patient. Cheap and nasty! Dilute bugs *versus* a colony of live bugs. The sublime arrogance of this scheme is many sided. It puts a premium upon laziness. Drop a nickel in the slot and find your bug; drop another nickel in the adjacent slot and receive your bug-juice; squirt. No physician required. A clerk can put the case through. Remember, the juice is put in pickle to keep it from decay. The pickle is often Carbolic acid. Of course, both juice and pickle have their effects upon the human system, although the bug man ignores that fact. (Cf. Organon, § 32.*)

The result may be good or bad — often the latter. Who can say which agent did it? If there is a recovery, a victory is claimed for the juice. Just as likely it should be credited to the pickle. Arrogance personified! There is to be no attempt whatever at individualization; the patient must be fitted to the garment, not the garment to the patient. In fact, no consideration whatever is shown to the patient; it is to *kill bugs*; it does not matter what

* * * * * Every real medicine will, at ALL times and under EVERY circumstance, work upon EVERY living individual, and excite in him the symptoms that are peculiar to it (so as to be clearly manifest to the senses when the dose is powerful enough), to such a degree that the whole of the system is always (UNCONDITIONALLY) attacked, and, in a manner, infected by the medicinal disease, which, as I have before said, is not at all the case in natural diseases "

effect the injection has upon the *sick person*; § 18, of the Organon, is flouted.† Demand to know the symptoms produced upon the healthy by it before consenting to use any antitoxin. If they correspond with the symptoms of the sick, and the agent has been fit by potentiation, then it may be given by the mouth or otherwise, like any other homeopathic medicine.

One might not care who believed or disbelieved the bug theory, except for the fact that the believer wants to start on a crusade against bugs, as we have shown, instead of prescribing for the sick man. No consideration of the soil. Any dairy man can tell you that only the richest cheeses have "skippers." Bugs of many kinds are widely distributed; but they do not distress healthy people; the sickly are the prey. Do not confound cause and effect. Let the horse precede the cart. By the way, those gentlemen who talk so glibly about preventive medicine, and persuade multi-millionaires to set up shop for them, have for their end and aim the syringe. In order to *prevent sickness* they plan to *poison well people!* It is time to oppose this abominable plan.

So you see that the question: "Do we not know the direct causes of many diseases formerly attributed to psora?" has to go into the cart behind the horse. We do not admit that bugs are the cause.

A good example of squirtative prevention is vaccination; and that brings us to the question: "If vaccinia is homeopathic to variola, why are not the various antitoxins homeopathic to their respective diseases?"

Vaccinia is not properly homeopathic to variola. It lacks power and intensity. Read the introduction to the Organon, page 75, a little more carefully. Cleveland, Ohio, has recently favored us with an object lesson. Smallpox flourished mightily there, just in proportion as the health officials most strenuously practiced vaccination. At length they gave it up, stopped vaccinating, cleaned up the city and encouraged calmness and hygiene among the inhabitants. No more smallpox! But do you fancy for a

†"From this incontrovertible truth, that beyond the totality of the symptoms there is nothing discernible in diseases by which they could make known the nature of the medicines they stand in need of, we ought naturally to conclude that there can be NO OTHER INDICATION whatever than the ENSEMBLE of the symptoms in each individual case to guide us in the choice of a remedy."

moment that the *vaccinia insane* would allow such a state of things to last long? *O, tempora! O, mores!* that would never do. A flourishing industry was endangered. The Knights of the Lancet rallied in force, and compelled their subjects to vaccinate more fiercely and industriously than ever. Immediately they had a huge epidemic of smallpox on their hands. *Vaccinia* has little power to stop *variola*; it is often an agent of evil. Throw vaccine virus and the mass of antitoxins upon the rubbish heap, where they belong.

[Our colleague has our sympathy and our encouragement. It is a most difficult task to help a student unlearn the false doctrines and useless theories of the empirical schools. He can confer no greater good upon the student than help him to master the principles of the *Organon*, the corner stone in the homeopathic fabric. — Ed.]

Extraordinary Case of Excitement from the Ingestion of Meat. Cured by *Carnine*, cm (Swan).

THOMAS SKINNER, M. D., LONDON, ENG.

For the following unique and interesting case, I am indebted to my friend Dr. Edward Mahony of Liverpool:

I have never seen the boy, consequently the case has been conducted solely by correspondence.

In October, 1902, I was consulted by Dr. Mahony about a boy of four and a half years of age, John G. W., born in India. He arrived in this country in November, 1900.

During December, 1900, he occasionally had given to him at meals a little meat, and this was always followed by symptoms of extreme nervous excitement, but the exact symptoms then produced are not now obtainable. Meat was, however, stopped on the advice of a physician to whom an account of the attack was given.

On the fifteenth of October, 1902, he was given a small piece of steak along with his usual vegetables and gravy. Within fifteen

minutes of his rising from the table, he began to show signs of unusual frolicsomeness and activity, jumping on to and off furniture, throwing caps into the air and hanging them on all sorts of absurd positions, pulling keys out of locks and throwing them all over the rooms, and even pushing them out under the doors. He then started to play a game of "Horses," careering wildly in and out through rooms and lobby backward and forward. His manner and method of play was quite different from his usual. His expression was animal-like, cheeks flushed, eyes bright, mouth wide open; the lower jaw being dropped with an ugly retraction of the lower lip, exposing all his lower teeth and cavity of the mouth, or occasionally the lower jaw was worked up and down with a chewing motion.

He kept this up for fully fifteen minutes, and during most of that time was shouting at the top of his voice and generally making a great din; at one end of his course, hitting a double thundering knock on a door before turning to race back again.

He carried on in this way in presence of his mother and the writer, and though checked on several occasions to keep his mouth shut, — the expression was so animal-like as to remind one of cases of acute mania and suggestive of hydrophobia — the old expression and manner of behavior promptly reasserted themselves.

Later on, he toned down somewhat, but even in his next game, playing at "Ships," he showed great muscular excitement, lugging about bits of furniture by way of "Cargo," which he had never been known to attempt to move, and all this was done in the most excited and hurried manner possible.

His nervous temperament is constantly in evidence: an incident which occurred eighteen months ago will show to what extent it affects him. He was invited to view, along with some other small children, the local cyclist parade. The party were seated on an open-iron-work veranda, and for some reason he was diffident about joining them. He ultimately did so, but trembled visibly the whole time, so much so, that one member of the party remarked upon his extreme nervousness.

When the parade was passed, his mother grasped him by the two wrists to help him from the veranda into the room, and she

was surprised to feel a distinct thrill transmitted from his wrists, the feeling comparable only to a slight shock from a galvanic battery.

On Friday, the twenty-fourth of October, 1902, one powder of Carnine supplied by and prescribed by Dr. Skinner was given the boy dry in his tongue at bedtime. The following day he was excited, kept talking constantly and at times sillily, but there was no evidence of any unusual muscular excitement or exuberance of spirits. He was still talkative from time to time upon Sunday, the 26th of October. Up to Thursday, the 30th, there was nothing to note beyond the fact that he was more wakeful in the early night, would waken three or five times between the hours of 6:30 and 11 P. M., but this happens frequently at other times, e. g., it happened upon the evening of the 23d of October, i. e., the night before he was given the powder.

On Thursday, the 30th of October, he had for his dinner a piece of rump-steak prepared in exactly the same way as on the last occasion. He took it and enjoyed it. The afternoon and evening passed without the least sign of unusual excitement.

On Thursday, the 13th of November, 1902, the rump-steak was again given, and again there was not the slightest evidence of any ill effects.

I have much pleasure in stating that Dr. Mahony and I are indebted for the close and excellent notes of this remarkable case to Dr. James Watson, Honorable Assistant Physician of the Hahnemann Hospital, Liverpool.

Let me add, that Dr. Mahony has kindly supplied me with his journal of the previous history of this remarkable patient, and he informs me that the child's mother was greatly benefited by the same class of medicines.

March 14, 1901.—Great fright nearly two years ago; now cries out in his first sleep. Bell. 200.

March 29.—Stools very offensive (used to be pale when in India). Easily startled. Ankles bend. Organ of comparison large. Sil. 200.

April 12.—Greatly improved. Sil. 50 m.

July 9.—Loose stools after fruit. All symptoms returned. Sil. cm.

October 22.—Spot on left cheek, said to be ringworm. Face changes color. Stools light colored and food undigested. Calc. 500.

November 5.—Sleep disturbed, long in getting to sleep. Circular spot on left chest. Sepia 800.

December 6.—Above cured, now large stools with frontal headache. General > by keeping still. Stool is first constipated, then light-colored. Bry. 200.

December 7.—General sensitiveness. Bell. 200.

December 8.—Sensitiveness especially to light. Stram. 200.

December 9.—Reported practically cured.

December 10.—Very irritable, one cheek flushed, tongue white. Cham. 200.

December 19.—Must be in company while awake; complains of legs being weak; appetite remains after eating. Lycopodium 200.

December 23.—Inability to use one leg, stools very offensive; had probably a chill when out in his perambulator some days ago. N. B.—No medicine entered, but most probably he received Rhus 200.

Jan. 2, 1902.—Skins of prunes found in the stools, which were very offensive, some days ago. Speaking generally, greatly improved. Puls. 400.

January 28.—Face flushed, mostly on right side, head hot. hands and feet cold. Sulph. 200.

July 22.—Nervous when alone; at periodic times, Lycop. 30.

NOTA BENE.—John G. W. returned to India in November, 1903. In a letter received February, 1904, he is reported to be taking meat almost daily without any ill effects. His general health is also stated to be excellent.

A Study of Xanthoxylum.*

DR. A. S. RUFFE, GRAND RAPIDS, MICH.

Materia medica, to the most of us, is a dull subject; and were it not for the marked and startling results, following the proper application of the homeopathic remedy to diseased conditions, it would be still less interesting.

*West Michigan Homeopathic Society.

There is no royal road to it. I have often wished there were, for the everlasting boning that is required to apply it with any degree of accuracy is a weariness to the flesh.

I have endeavored to make the following presentation of *Xanthoxylum Americanum* as brief and concise as possible but if you are wearied with it, console yourselves with the thought, that many others have suffered in the same way, and that although the malady is distressing it is not dangerous.

In the mental sphere *Xanthoxylum* has a feeling of depression and weakness, a terrible nervous and frightened feeling.

Both *Aconite* and *Arsenic* have similar conditions; but the great restlessness of *Aconite* and the despair of *Arsenicum* are absent.

Head feels full; throbbing headache over right eye with nausea; an achy feeling in the upper part of the cranium, accompanied by flashes of throb-like pains, as if the top of the head were about to be torn off.

Pain and bewildered sensations in back of head.

Pain in lid of right eye; watering of eyes and nose.

Discharge of dry and bloody scales of mucus from nose.

A dull headache in a space not larger than half a dollar over the nose.

The last two symptoms are very similar to *Kali bich*.

A dull pain in right ear, seeming to affect the jaw socket; the kinds of pain one has when he doesn't know whether his tooth or ear aches. Pain in the lower jaw. It would appear from the symptoms that this might be a good remedy for toothache, as indeed it has proved itself many times.

Strong peppery sensation, with burning and dry feeling in the mouth and tongue.

This symptom is often accompanied by a feeling of extreme prostration and utter helplessness. This is like *Capsicum* and will often help when that remedy fails.

A feeling of enlargement of the throat.

Soreness of the throat and expectoration of tough mucus.

A feeling as if a bunch were on the left side of the throat when swallowing; later shifting to the right side. This symptom is

like Lachesis where the soreness begins on the left side and goes over to the right.

Anorexia, could eat but a few mouthfuls for breakfast and could drink but half a cup of coffee, which was vomited soon afterward. This would suggest a possible remedy in the nausea of pregnancy.

Nausea accompanied with frequent chills.

Feeling of fulness or pressure at epigastrium.

Pain in right side below ribs; flatulency, rumbling in the abdomen with soreness on pressure.

Gripping pain on waking in the morning, continued at intervals through the day.

Severe gripping abdominal pains.

These abdominal symptoms are similar to *Lycopodium* and *Belladonna*, and it would be well to keep the remedy in mind when treating cases of congestion of the liver, gall-stone colic, duodenitis and appendicitis.

Urine scanty and high colored.

Profuse light colored urine.

In this apparent contradiction of urinary symptoms, doubtless one was primary and the other secondary, although the time of their occurrence is not given.

On the female sexual organs, the symptoms were marked and characteristic.

Flow too early, very profuse, and pain baffling description.

Here we have a combination of menorrhagia and dysmenorrhea, a condition not found under any other remedy with which I am familiar.

In *Murex Purpura*, menses early, very profuse but painless.

Sepia, early, scanty, very dark; pain ceasing when flow begins.

Pulsatilla, late, scanty or profuse, light and watery, painful first day.

Lachesis, flow very profuse, spasmodic, dark or almost black, very little pain, worse after sleep or during sleep.

Nux vomica, spasmodic, small in quantity, early and painful.

Secale, passive flow, as if the womb stood open, dark in color and painless.

Ipecac, frightful hemorrhage, bright red blood with large clots and constant nausea.

Belladonna, gushes of hot, bright red blood.

This does not complete the list of remedies affecting these organs by any means; but each has its own peculiar sphere and if properly selected, will, in my opinion, always produce the desired effect.

On the respiratory organs, have been noted, hoarseness, with slight hacking cough; but the most marked symptom was a constant desire to take a long breath.

Sharp shooting pains in the right side extending through to the shoulder blade, with a constant desire to take a long breath (Bry.).

The chest symptoms are like those of Bryonia, Belladonna and Kali carb. But it has not the aggravation from motion and the relief from lying on the painful side of Bryonia, nor has it the excessive tenderness of Belladonna where the patient could not lie on affected side, neither has it in the same degree the sharp shooting pains of Kali carb., that come at any time whether moving or not; and none of these last-named remedies have the feeling of suffocation and compelling desire for a long breath of Xanthoxylum.

Pulse is at first increased in pressure and rapidity; but later becomes weak, thready and intermittent.

In the extremities, we note dull pain in left knee; also in left elbow extending to the hand.

Dull pains in left side and top of left foot.

The whole left arm and shoulder numb.

Pain in both feet shooting up to the knees.

I have found the remedy curative in muscular rheumatism, especially of the shoulders and arms.

Feeling of numbness through whole left side of body from head to foot.

Frequent chills or rigors with pain in extremities.

Sensation of heat all through veins.

Flashes of heat from head to foot.

These last named symptoms, as indeed many others running

all through the remedy are very much like Lachesis and I have made several cures with it where I had prescribed Lachesis and failed.

The Appendicitis Craze.

We need hardly say we have a sincere respect for the medical profession, whose earnest labors for the alleviation of human suffering and the prolongation of human life cannot be esteemed too highly. Yet, like the rest of us, they are liable to err in individual instances, and although doctors are proverbially said to differ there is always an element of cocksureness in the constitution of the young medico in particular which may lead to disastrous results, especially in the domain of surgery. As an illustration, we refer to appendicitis, in which resort is almost invariably to the knife. It is needless to say we are willing to admit that it may be indispensable in cases when the diagnosis admits of no doubt. There is too much reason to fear, however, that in many instances the diagnosis is entirely wrong, and that the administration of simple remedies would of itself suffice. What we hear from America in this connection is of such grave importance that we make special allusion to it. Dr. O'Hanlon, of New York, is a man of wide experience and reputation, being employed in connection with the coroner's office in that city in making autopsies. This is what he says respecting it:

Appendicitis belongs to a class of diseases which we often read about but seldom see in autopsy. Again and again I know of cases where a diagnosis was made upon the strength of pain in the right iliac region and some gastro-intestinal symptoms, all of which promptly disappeared after a dose of castor oil. Among 3,000 autopsies made by me during the past seven years, I have seen only ten cases of appendicitis. I had forty-two cases sent me for autopsy which had been diagnosed as appendicitis; in ten of them I found a greatly distended colon, but no lesion of the appendix, either gross or microscopical, could be discovered, and in the remaining thirty-two even the distention of the colon was absent and the appendix normal.

Now it should be remembered that the disease is one affecting an internal organ: that the absolute removal of that organ, involving an abdominal section, is the only recognized remedy, and

that, under such operation, the patient is quite as likely to succumb as he is to survive. Dr. O'Hanlon's experience is with the corpses of those who have succumbed; and when he tells us that out of forty-two cases in which appendicitis had been diagnosed there was absolutely no indication of the existence of that disease, we are brought in sight of a series of ghastly blunders, which, for the honor of our professional skill, we trust has no counterpart in this country.—*London Finance Chronicle.*

An Inoperable Case.*

JOSEPH HASBROUCK, M. D., DOBBS FERRY, N. Y.

The study of materia medica includes a wide range, from the toxic effects of the crude drug to the finer provings of the attenuated medicine.

How far this attenuation may be carried, with profit, is still a mooted question and will be long in being decided. But this much is firmly settled in my mind at least. In the application of drugs for the relief and cure of the sick, according to the homeopathic law of cure, the confirmed symptoms from the provings of the potentized drug, carried at least to the 30th, are the most reliable.

While many drugs produce similar effects on the human economy, in semi-crude doses, the reliable *characteristics* are shown only by the provings of the higher attenuations, and happy is the man who hath his quiver full of them. They are guiding stars in the firmament.

To the uninitiated, all stars are similar and bright, but to the mind educated and the eye trained, each has an individuality and relationship; and chaos becomes an orderly arrangement of planetary systems.

In like manner may the mazes of homeopathic provings become a revelation to him who will give them systematic study.

We gain some knowledge of anatomy by reading, more from the study of the manikin, but he only who dissects the human body gets an understanding that approaches perfection.

*Read before the New York Homeopathic Materia Medica Society

He who would learn the homeopathic materia medica must be converted. Certain great truths were taught more than 2,000 years ago, which were to the "Jews a stumbling block and to the Greeks foolishness," and yet these great principles now dominate the world.

How shall this be accomplished?

First by mastering the principles laid down by our founder, Hahnemann, and amplified, exemplified and proven by his disciples.

The student of law does not first read the revised statutes, but lays the foundation in the basic principles of the science as taught by Blackstone, Story, Marshall.

There have been many examples of those who, in the event of an unlooked for recovery, by the application of the Hahnemannian law of cure, that have suddenly seen the light as did Saul of Tarsus, and have been eminent and enthusiastic apostles of the faith; but the fact still remains true, that the great mass of workers will come from those, who have been trained in the homeopathic faith. Just as it is true that the great body of Christian workers comes from those who have been instructed in the tenets and principles of Christianity.

Now after conversion is accomplished, it is also important that it be permanent.

How shall this be assured? What do you think would become of the Christian convert who gave most of his reading to Voltaire, Paine and Ingersoll? Just exactly what happens to those homeopaths who ape old school and so-called scientific medicine, ridicule Hahnemannian provings and read almost exclusively allopathic journals.

They discard the simples, practice polypharmacy and prescribe and dispense combination tablets, and finally are homeopaths only in name, if they do not go over bag and baggage to the old school.

Now do not understand me to prize lightly the collateral sciences — chemistry, bacteriology, etc. Get all you can, but in the application of medicine for curing the sick homeopathy furnishes the only *law*, sufficient, definite and with a certainty commensurate only with our knowledge of the means employed.

Therapeutics, that is the use of medicine for the cure of the

sick, cannot be learned in the laboratory because you have, in this case, the important factor of the living body to deal with.

Take for example a case diagnosed albuminuria. Chemistry and the microscope have confirmed it. It will not do to give Arsenic or Apis or any one, or a combination of many other drugs, because they have been curative or beneficial in other cases; but we must individualize the drug and the patient.

And not to be prolix I will give a resumé of:

AN INOPERABLE CASE; ITS TREATMENT AND RESULT. A STUDY IN
MATERIA MEDICA.

On Sept. 1, 1903, Mrs. K., a ward patient in the Dobbs Ferry Hospital, came under my care as visiting physician for that month. She commenced to suffer from dyspeptic symptoms about a year ago — vomiting, constipation, wasting due to starvation — and during the last two months general dropsy worse in the abdomen.

The fluid had been drawn off by paracentesis about two weeks previous but was rapidly reaccumulating.

The disease was diagnosed by a New York expert and also her attending physician as cancer of the stomach, inoperable.

She was taken into the hospital on a stretcher to await the inevitable, which was considered near at hand. She got sleep and surcease of pain only from hypodermics of morphine.

As I never accept the verdict of doom without examining for myself, I disregarded the diagnosis and prognosis and made my own examination.

Found a lump at the lower border of the stomach and the dropical abdomen which appeared like a woman's in the last month of pregnancy. She was bloodless in appearance and the extremities greatly emaciated. (Skin and bones.) She vomited all ingesta. Bowels moved only from injections, a saltish saliva ran constantly from the mouth, but her mind was entirely clear, and she believed her condition to be hopeless. There was much sensitiveness over the stomach and abdomen. I took a few more notes, but as they will appear later I omit them for sake of brevity.

My first thought was Carbo Animalis. In Hering's "Guiding

Symptoms," I found the following emphasized pointers which were particularly marked in her case.

Unclouded consciousness with great anguish and sinking of the vital forces.

Vertigo increased when sitting up and worse when reclining.

Cachetic appearance of the face (indurated pancreas and uterus, carcinoma).

Saltish water from the stomach and runs out of the mouth (cancer of the stomach, indurated pancreas).

Eating causes fatigue and distress and burning in the stomach, inflation, long-lasting nausea, vomiting.

Hiccough after meals, eructations, saltish water runs from the mouth, retching, cold feet. (Cancer of the stomach.)

Oppression, sore feeling in the pit of the stomach (indurated pancreas).

Heartburn; saltish water rises from the stomach (cancer).

Unsuccessful desire for stool.

No expulsive power.

Difficult micturition; scanty offensive urine. (Indurated pancreas.)

These symptoms were nearly all marked with the double heavy lines indicating *verified by cures*.

I had now diagnosed my patient, but not her disease, and gave Carbo Animalis of the 7th Centesimal — one medicated disk once in two hours and awaited the result with confidence. Ordered nurse to give half the quantity of morphine and to give the white of egg and water to drink. The morphine was reduced each day in the same ratio and discontinued entirely in less than a week.

No more enemas were needed and the urine flowed plenteously and painlessly.

About the third day gave a teaspoonful of Bovinine in milk once in three hours. There was no more vomiting of ingesta, but she vomited more or less mucus once a day for two or three weeks.

Water brash and eructations much less in a week and not saltish.

Within two weeks ate poached eggs, lamb chop and dried bread,

cereals and milk, was helped into a wheel-chair and sat on the piazza.

In three weeks was up and dressed, and attended to nature's calls in the bath room.

In six weeks the calves of the legs had increased markedly in good solid muscle.

She returned to her home and housekeeping duties not a well woman, but bright, hopeful and cheerful.

The dropsical abdomen is still larger than normal, but is diminishing.

She has had one setback from eating fish. Gastritis and diarrhea supervened, which yielded quickly to Bryonia 200. At my visit November 15, she was vomiting ingesta — more of regurgitation, mouthful at a time — without nausea. Prescribed Phosphorus 30.

November 17.— Vomiting has ceased.

November 22.— No vomiting, but abdomen larger. Prescribed Carbo Animalis 30th.

With the above noted exceptions she has had only Carbo Animalis and never two medicines at the same time.

As the autopsy has been indefinitely and unexpectedly postponed, I am unable to name the disease.

Whether cancer of the stomach or indurated pancreas, I care not. I firmly believed on September 2, even as I know now, that Carbo Animalis was her only hope.

In inoperable cases, at least, give the homeopathic remedy a chance.— *North American Journal*.

“PERUNA” AND OTHER FORMS OF ALCOHOLISM have been looked into by Mrs. Martha M. Allen, the energetic worker of the W. C. T. U. In an advertisement of this nostrum a statement was made that “Peruna has among its friends many of the leading temperance workers in this country who give it unstinted praise, and do not hesitate to endorse it by the use of the most extravagant language.” The chemist found it contained 23.46 per cent, by weight, of alcohol. The Massachusetts board found 15.33 per cent of alcohol in Vinol; 16.77 per cent in Lydia Pinkham's Vegetable Compound; in Orangeine there were found acetanilid, caffeine, and sodium bicarbonate.

The "Manual of Pharmacodynamics," by Dr. Hughes, as a Text-book for Students.*

B. G. CLARK, M. D., NEW YORK.

This work is known wherever homeopathy has been studied — by some highly praised, by others condemned. That it has not occupied its rightful place in our literature is the opinion of the writer, and it will be his endeavor to explain why it should not be used as a text-book for students in our colleges.

I believe a book can be best understood by grasping the motives and intentions of the author, or the ends sought to be accomplished by him. This brings us to a glimpse of the personal character of Dr. Hughes. I shall not attempt to speak of all this great man's work for the cause of homeopathy, nor of his beautiful homelife and pleasing personality, for that has been done by abler pens than mine; and in drawing attention to his deep religious convictions I do so only in order to explain more fully the noble aspirations of the man as a Christian and as a physician.

As a churchman, Dr. Hughes was, I believe, a member of that body of Christians known as the "Irvingites," or the "Catholic Apostolic Church," and held that all Catholics, if not all Christians, could be reunited on the lines laid down and the doctrines taught by this branch of the Catholic Church; and to this end he labored is season and out of season. The reunion of Christians became part of the life work of this good man, and I believe his last efforts were put forth in this cause.

Now when this strong, Christian character became a believer in the law of homeopathy, is it any wonder that he should want to go back to the "day-book" of the provers and examine carefully each symptom, also to study attentively the writings of Hahnemann and his immediate followers? No! we should expect as much from such a man. That he was a firm believer in the law of *Similia Similibus Curantur*, there can be no question; but in his critical way he found *some* symptoms in the provings

*Read before N. Y. Co. Society at meeting in March, 1904.

made with potencies above the 12th, and as these symptoms were not confirmed by the provers using the tinctures, he reasonably felt there was room for doubt. And doubt must have no room in a work of such responsibility: a physician in his duty to his patient, carrying out this great, God-given law, must not be led aside by any doubt but must have the best results obtainable for his work. The "Cyclopedia of Drug Pathogenesis" was largely the result of this idea and of Dr. Hughes' labors. That it is the most reliable materia medica we have today is generally conceded; but that it is largely a work of reference and not a good working materia medica must also be conceded.

A review, however brief, of a man's life work must precede any reference to a particular line of work, in order that one may the better understand that special line under consideration. We have called your attention to Dr. Hughes' work as a churchman, to his belief in and some of his work in connection with the cause of homeopathy. Now, this sincere and devout man, believing so firmly, as a physician, in our law of cure, saw a way by which all physicians might, and by the grace of God *could* be brought together and made into one united profession, laboring for the good of mankind under the banner of Similia Similibus Curantur. Surely, a noble idea! In the reuniting of the Catholic Church, minor differences must be adjusted, and perhaps some compromise in matters of ceremonies must be made, but none in the essential doctrines of Christianity: so in reuniting the medical profession, minor differences must be dropped and what to some seem impossibilities must not be brought into the foreground — like the pathogenetic symptoms given by the potencies above the 12th, for instance — and in writing to the old-school physician he must be approached on the lines of his former teaching. It was from this point of view that Dr. Hughes wrote and published, "Letters to an Enquiring Friend," in 1867, a second edition appearing in 1870. Some of you are doubtless familiar with these "Letters;" to those who are not, I will say that each letter dealt with usually one remedy; they were addressed to a supposed friend, an "old-school" physician, telling him how he could use the drug for conditions which the writer described, and begging him to try it in his next case with the indications given and note

the results. Dr. Hughes speaks of the physiological action of the drug, and then turns to the conditions under which it will be called for. It was the *condition* that was to be acted upon. There is no doubt that even at this time Dr. Hughes was conversant with all of Hahnemann's writings, and from his quotations, it is evident that the "Materia Medica Pura" was ever before him; yet, it is always the *disease* that the drug will cure. Why? Because it was the old-school physician to whom he was writing, with the object of bringing him to his (Hughes) mode of thinking, and interesting him in this new and, to him, untried therapeutic field; and he must speak to him in as familiar terms as possible. When Dr. Hughes was asked to deliver a course of lectures before the British Homeopathic Society in 1875, these "Letters to a Friend" were taken as a basis, were much amplified, and, as he says, were delivered substantially as published; they are known as "Hughes' Pharmacodynamics." In this work, the same methods obtain as in the smaller book published in 1867 and 1870. The "Pharmacodynamics" was bought chiefly by physicians, and it made interesting reading for one looking for something better than was usually found in old-school works on materia medica; it opened up a wider field, and to one just beginning the practice of homeopathy, and yet a graduate of the old school, it was more than interesting — it seemed to be the real object of his search. No wonder that it was hailed with delight.

When a doctor is satisfied with himself and thinks that his knowledge of his profession is about complete, he has arrived at a pitiable stage of his career. Not so with the author of "Pharmacodynamics." He knew before he began this work what homeopathy was. A hard student himself, he thought he could lead others on to study more of homeopathy by introducing them to as much of it as he could under this head. But no! he had told us in his convincing way what to expect, and some of us felt that there was therefore no need of studying the *Organon*, or the "Chronic Diseases;" we had it all with much less labor. Not until after the "Manual of Pharmacodynamics" was published had Dr. Hughes' writings been brought to the attention of the undergraduate; the book was not written for him; it was not adapted to kindergarten instruction. Furthermore, homeopathy

was not built in that way; and to give such a book to the student switches him off the homeopathic track to the empirical road, and even perverts the teachings and frustrates the object of the book itself. When the tendencies of the man (Dr. Hughes) are taken into account, and the object and intention of the writer — to convert the old-school physicians to homeopathy — are understood, it does not seem possible that any physician could recommend the work to a student in a homeopathic college.

In conversation with Dr. Hughes at one time, I took occasion to thank him for publishing "Letters to an Enquiring Friend;" I told him it was through their influence that I had concluded to study homeopathy, and that when the "Pharmacodynamics" appeared I had read every word of it; that I had been profoundly grateful to him for what seemed to me to be a complete guide for the homeopathic treatment of diseases; but that after a year or so in practice, failing to cure where a cure seemed possible, I began to look about for help, and turning to the Organon for guidance, I was directed to a different manner of selecting the remedy — that it was the living man I was to treat and not the disease; and thereupon my success was much greater. "And now that I know you," I added, "I feel that you are a much better homeopath than could be made through the teachings of the 'Pharmacodynamics' alone."

He replied: "I am glad to hear what you say, and I hope that all who have read my work as well as you, have been led to pursue the same path. You know that those 'Letters' were written with a purpose, which they accomplished; the further fulfilment of that purpose in your case is very different from what you say, and I am pleased to know of it. That I could not, with that purpose in mind, write *all* there was to know in homeopathy is also evident, and the 'Pharmacodynamics' was really an elaboration of those 'Letters.' I hope others have not stopped in their study of homeopathy with the reading of that book, but like you have passed to a fuller and more complete study of all the truths covered by our great law."

I believe Dr. Hughes was thankful in the same spirit that the Great Physician is thankful when some poor sinner repents.

These are some of the reasons why I think the "Pharmacody-

namics " should not be given to the student as a text-book, and why, when it is given to an old-school physician, he should be told of its place and limited value, and that it should be supplemented by other reading tending to a better understanding of the law and practice of homeopathy; remembering, as Dr. Hughes once said, that we are priests in the one Catholic Church of medicine, although *some* may deny our orders and attempt to invalidate our sacraments.

A Layman's Experience with Homeopathy.

E. F. S. DARBY, WAUKOMIS, O. T.

I am not an M. D.—only a layman. However, I have studied medicine more or less ever since I was twelve years old. During the past twelve years, I have had considerable experience with homeopathy. I was brought up under the allopathic system. Homeopathy was first brought to my notice twelve years ago. I was at once favorably impressed with it, and purchased a book and medicine case. The first experience I had was in a case of croup. The Aconite symptoms were present. I confess that I was skeptical about the size of the dose prescribed by my book. I was not entirely freed from the old way under which I had been trained. I decided though to follow the directions laid down in my book. A dose of Aconite was given and repeated at the end of thirty minutes. The results were perfectly satisfactory and my confidence in homeopathy was strengthened.

I have used Aconite a great many times in croup, and always, when indicated, with good success. Of course it will not cure every case of croup; yet it is perfectly astonishing how quickly Aconite does its work and it does it so well.

A woman who had suffered for years with facial neuralgia on learning that I had the homeopathic medicines wanted to try it for her neuralgia. She had been treated with quinine by an allopathist who told her that there was nothing else for it. Her neuralgia continued. I was at that time a beginner in homeopathy. I let her have *Belladonna* and *Colocynthis*. These two remedies together seemed to cover the case pretty well. I was unable to determine which was the *similimum*. She took them alternately and in a few days her neuralgia disappeared and never returned. The woman was happy and became a strong believer in homeopathy.

I have had good success in constipation. I allude to two cases; the first, a child less than a year old, had suffered all its life from constipation. The bowels never operated without the use of cathartics. *Nux* was clearly indicated and therefore given. In less than twenty-four hours after the first dose there was a natural movement of the bowels. *Nux* did its work thoroughly.

The second case was a man seventy-five years old; no movement of the bowels without the use of cathartics; would go a week without an operation and then resort to cathartics. *Natrum muriaticum 6x* was used and the cure was effected in a few days.

The first case of fever that I had any experience with was of the intermittent type. It was in my early days as a homeopathist. I gave *Aconite* for a week with no results except the patient was growing worse. I had an idea that as *Aconite* was a fever remedy that it ought to cure every case of fever. I have since learned by experience that this is a mistake. We must treat the patient instead of the disease. After the failure of *Aconite* to do the work for me, I studied the case more carefully and found that *Gelsemium* was the indicated remedy. In less than three hours after the first dose there was a perceptible improvement. *Gelsemium* did not entirely cure the patient, but modified the fever and turned it into such a clear picture of *Natrum muriaticum* that a few doses of that remedy completed the cure.

I recall another case of fever which I tried to cure with *Aconite*. It was a case of simple fever, that had not as yet assumed any particular type. *Aconite* did no good because not indicated. I saw that *Pulsatilla* was indicated but thought it was not a fever

remedy and could therefore do no good. I tried it, however, and it required only a few doses to complete the cure.

Thus I have learned by experience that the indicated remedy does the work thoroughly and satisfactorily while a remedy that is not indicated does no good.

Homeopathy has given me excellent results in dysentery. One summer I had an attack of dysentery. I took different remedies without any benefit. There was pain in the bowels; severe straining; passing of mucus and blood. I changed the treatment to *Mercurius cor.* 3x. It required only three or four doses to effect a cure. Within four hours after the first dose the movement of the bowels was almost natural. Such a marvelous change in so short a time seems almost incredible, but it is a fact nevertheless.

Homeopathy is also a success in throat troubles. A few years ago I had a severe sore throat. It was on right side. Saturday afternoon came and thought I would be unable to occupy my pulpit the next day. Had used different remedies with but little if any benefit. I thought that I would try *Lycopodium* as it seemed to be the similitum. I took a few doses and my throat was so nearly well the next day that I had no difficulty in speaking.

Homeopathy has not failed me in urinary troubles. I wish to speak of one case, a child four years old. On going to sleep, whether day or night and whether he slept a long or short time, he would invariably wet the bed. This was the case even if he slept only a few minutes. *Ferrum phos.* 6x cured this case in about two weeks.

Allopathists may sneer at homeopathy as much as they please. I know that there is something in it. I speak from experience. I consider homeopathy a gracious boon to the human family. I would not give up its use and what little I know about it for any amount of money. More people would become homeopaths if it were only brought to their notice. To my mind, but very few people can witness its marvelous results without becoming converts.

I have received great help from the medical journals and especially from THE MEDICAL ADVANCE. I believe the editor of the ADVANCE is right in advocating the single remedy.

THE MEDICAL ADVANCE

AND

JOURNAL OF HOMEOPATHICS.

A Monthly Journal of Hahnemannian Homeopathy

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

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APRIL, 1904

Editorial.

The War on Tuberculosis.

In an able address recently delivered before the Progressive Health Club of Chicago, Dr. George W. Webster, President of the Illinois State Board of Health, presented statistical data and from them deduced hygienic and prophylactic conclusions that deserve more than a passing notice. The figures here given are doubtless correct; are the facts and deductions warranted from the experimental standpoint:

There are as many deaths from consumption in the State of Illinois every thirty days as there were in that horror, the Iroquois Theater fire, and, strange to say, these figures bring forth little comment from press or public. There are 125,000 deaths in the United States every year from this dread disease.

I have with me a set of statistical tables just completed by the state board of health, showing that the number of deaths in Illinois from con-

sumption during the year 1903 were 7,026, while pneumonia claimed nearly as many, 6,830. The greatest source of infection from consumption is through the medium of the sputum, and if the sputum of every consumptive could be destroyed the disease could be banished from the face of the earth.

Experience has shown consumption is a preventable disease, and in 70 per cent of the cases a curable one, if taken in time. What is needed in every state in the Union is a sanatorium for the treatment of consumptives. The stamping out of this dread disease is a matter of education and evolution. It depends upon right living, cleanliness, sunlight, temperance, good food and fresh air, and proper care.

Although given with the weight of official authority — and without doubt it represents the honest opinions of the author — yet is it true that this is all that is required? No one will deny that “right living, cleanliness, sunlight, temperance, good food and fresh air” are indispensable to good health for all, as well as for the tuberculous. But will “the destruction of the sputum of every consumptive banish this disease from the face of the earth”? We think this a legitimate question and every effort should be made to solve the problem, for there are many able diagnosticians and up-to-date pathologists who hold views and opinions diametrically opposite and who think they can demonstrate that the bacillus in the sputum of the consumptive is the *effect*, not the *cause*.

They have not forgotten the labors of Koch and his corps of able assistants on the banks of the Ganges, in their prolonged search for the cause, or germ, of Asiatic cholera. He found the comma bacillus and his discovery was hailed by scientific medicine as a notable triumph in therapeutics, for all that was now required was a germ destroyer and the scourge of cholera would soon be unknown. He tested it on the epidemic at Marseilles; but the germs appeared to thrive on carbolic acid and the mortality was little affected.

That tuberculosis is neither contagious nor infectious is held by many able observers of all schools of medicine, and that something deeper, more radical and constitutional than the destruction of the sputum is necessary to eradicate this source of modern civilization. Hahnemann's teachings would lead us to infer that both sporadic la grippe and pneumonia are simply acute explosions or outbursts of the latent psoric or tubercular diathesis and that

this dyscrasia must first be eradicated ere we can destroy the seeds of consumption or successfully cope with "the great white plague," We must strike at the root, not lop off the branches.

Some Experience in the Prophylaxis of Variola.

J. J. DAVIS, M. D., RACINE, WIS.

The recent epidemic of smallpox in Racine has given me opportunities to test the prophylactic power of Variolinum. In all families to which I was called because of the presence of one or more cases of variola I have given the remaining members, and others exposed, Variolinum, and in no instance was there an additional case of the disease after beginning its use. I am therefore led to believe that it is an efficient prophylactic and that it has advantages over vaccination in greater certainty and rapidity of action, as well as in not producing any illness or lesion with attendant or subsequent dangers.

There are two questions, however, which should be definitely settled and regarding which the profession should furnish data as soon as possible. The first is in regard to dosage. I used only Variolinum 30th. In the earlier cases I gave a daily dose during the period of exposure. Very soon, however, I decreased this to three successive daily, followed by semi-weekly, and in the later cases by weekly doses.

As susceptibility to smallpox and to Variolinum should be proportional, it ought to be possible to attain a definite dosage for all cases. If this could be a single dose, it would have manifest advantages.

The second point is as to the duration of the prophylaxis. In this important matter my observation has, as yet, given me no data, and I am not aware of any published observations that would assist in determining the length of time immunity produced in this way remains, although the matter is a very important one.

In regard to the effect of Variolinum upon subsequent vaccinasis I learned nothing definite, but received the impression that it has little or no effect, which I take to indicate that vaccinasis is not a class similar to variola.

COMMENTS: The experience of Dr. Davis only corroborates that of Drs. Linn, Vincent, Guernsey, Munger and many others who have put Variolinum to the test in the treatment of variola, and is an additional verification of its reliability as a homeoprophylaxis. But the old stumbling block of dose of potency appears to dis-

turb Dr. Davis. Yet this is not new. It has disturbed every allopath, eclectic and homeopath from Hahnemann's time to the present; and there is only one way to settle it — the way proposed by Hahnemann nearly a century ago — put it to the bed-side test and publish the failures. The dose of smallpox, the contagious principle which is propagated by olfaction, is dynamic in character. It has never been weighed or measured, not even detected by the microscope, and yet whether we believe it or not it is effective if the soil be suitable or the patient susceptible. Organon § 16 explains this mystery of potency, or why we potentize our remedies. Hahnemann says: "Our vital force or dynamic force cannot be affected by injurious agents that disturb the harmony of life or health except in a spirit-like or dynamic way; and in like manner diseased conditions cannot be removed by the physician in any other way than by a similar dynamic power or force of the medicinal agent."

The curative action of Variolinum in the treatment or prevention of variola is subject to natural law and a similar verification in clinical experiences, the same as Aconite in croup, Belladonna in scarlet fever or Lachesis in diphtheria. It cures or prevents by its symptoms similarity just as any other remedy in our homeopathic armamentorium. Like the crude virus, it produces a mild vaccination, the febrile reaction which occurs in the organism after vaccination — but never leaves a constitutional dyscrasia, the vaccination of Burnett, in its wake.

There is this exception, however, common to all the nosodes, that both their therapeutic and prophylactic force is vastly increased in direct proportion that the dynamic force is removed from the crude drug. Also, like all other remedies, the stronger (higher) the potency or the dynamis, the less frequently it requires repetition, and the longer its curative action continues. This is just as true of Variolinum as of all other remedies. The repetition of the dose and the prophylactic action of Variolinum are yet to be settled. And if we may judge from the practice of "the powers that be" it is on the same basis as crude vaccine virus in this respect, for is not every one required to be vaccinated anew on every new exposure? How long does vaccination protect? How often should the crude virus be repeated? Why

not, if there be no law of dose, no fixed rule for repetition of the remedy accept clinical experience, and place them both on the same plane. We do not vaccinate daily as a prophylactic measure; then why give Variolinum "daily during the period of exposure"?

For years we have used Variolinum in our practice as a prophylactic, as we formerly used the crude virus and as it is used today, — we vaccinated at every exposure — just as we use the prophylactic for scarlatina or diphtheria, and we know no better rule. In children under five years of age we give a dose of Variolinum m. or cm., (B. & T.); in older children and adults a dose of cm. or 3 cm. (Fincke) and allow it to act just as we allowed the crude vaccine virus to act. Variolinum, like the virus, enters the circulation, either through the skin or the mucous membrane and a daily repetition is no more necessary in one case than in the other, and its protective or prophylactic action is much greater and will last longer in the potentized than in the crude form.

It is as much superior to the old system of crude vaccination as law is to empiricism, as homeopathy is to all other systems of therapeutics, yet it will neither cure every case of variola, nor protect every person vaccinated, for it is not the invariable similimum.

The preparations of Variolinum are clean, safe, aseptic, uniform and reliable. The "Pure Vaccine Virus" is not uniform, is unsafe and unreliable, for no man or woman knows what it is or what he uses when he vaccinates an innocent child. Homeo-prophylaxis is as successful in scarlatina and all eruptive diseases as in variola and its scientific claims should be universally recognized.

NEW PUBLICATIONS.

INTERNATIONAL MEDICAL ANNUAL. Twenty-second year. Pages 707. New York: E. B. Treat & Company. Cloth, \$3.00.

Treat's annual volume, containing a resumé of medical literature for the past year, is becoming very popular. The record appears to be impartially given, and, in our estimation, there is no more valuable annual published than Treat's. It is well illustrated, and this year a new departure has been made by the introduction of

stereoscopic views, a method which greatly facilitates the study of structures, which otherwise would be very difficult to illustrate. It contains a series of plates illustrating the nature and distribution of the eruption in smallpox and other infectious diseases, thus enabling the practitioner to detect the disease in its earlier stages. It is a practical annual digest of medical and surgical thought and progress and, like all of Treat's publications, well printed.

A NON-SURGICAL TREATISE ON DISEASES OF THE PROSTATE GLAND AND ADNEXA. By G. W. Overall, M. D. Formerly Professor of Physiology in the Memphis Medical College. Chicago: Roe Publishing Company.

After more than twenty years of clinical experiences, this book is intended to give the non-surgical method of the treatment of these diseases. The author tells us, that after following surgical methods for many years with very unsatisfactory results, his attention has been turned to other methods, and in the line of his experience he quotes Dr. Jacobi, who says: "The relative impunity of operative interference accomplished by modern asepsis and antisepsis has developed an undue tendency to and rashness in handling the knife; the hands take, too frequently, the place of brains." Also he quotes Sir William Hingston, Montreal, in his celebrated warning, that the surgeon's knife may be used too frequently. The immunity with which formidable operations are now performed has given confidence, might I not say recklessness, practically, which renders the staying hand of the physician of priceless value. Especially is this true when it sometimes happens the inexperienced surgeon hurriedly resorts to a tentative operation to establish a diagnosis where one more experienced would see no reason for the procedure. I have more than once observed the meddlesomeness of a surgeon to be in direct ratio to the measure of his inexperience." The author continues in conclusion, 'Better bear the ills we have, than fly to those we know not of.'" This is especially true, for those organs once injured by a useless operation become irreparably damaged. This is the advice of Hahnemann a hundred years ago, and we are more than pleased to chronicle the fact that our friends of other schools are finding it to be true.

MANUAL OF CLINICAL MICROSCOPY AND CHEMISTRY, for both students and practitioners. By Dr. Hermann Lenhartz, Professor of Medicine and Director of Hospital at Hamburg, etc. Authorized translation from the fourth and last German edition, with Notes and Additions, by Henry T. Brooks, M. D., Professor of Histology and Pathology at the New York Post-Graduate Medical School and Hospital. With 148 illustrations in the text and 9 colored plates. Pp. 412; cloth, \$3.00, net. F. A. Davis Company, 1914 Cherry Street, Philadelphia.

Dr. Brooks, the translator of Lenhartz's Manual of Clinical Microscopy, has conferred a boon on the medical profession which we trust it will not be slow to recognize. That this work should have met with such favor as to call for a third edition, is the highest recommendation which can be given. The extensive experience of the author and his well-known reputation, not only in Germany but throughout Europe, as an expert with the microscope is a sufficient guarantee of the accuracy of the work, and its up-to-date character. It has been thoroughly revised to accord with the present status of microscopical science. Several of the illustrations of the previous editions have been replaced by new ones, embracing the later experience in microscopy. Four new illustrations of leukemia and malaria have been added to its previous numerous colored plates.

The particulars offered in the clinic of Wagner and Kurschman renders this book one of the most valuable on the subject ever presented to the American profession. In chemical analysis of blood, sputum and urine it is particularly rich in its practical illustrations. We heartily recommend the volume.

A SYLLABUS OF DIAGNOSIS. Being a series of questions based upon Clinical Medicine by Dr. Clarence Bartlett, and a Course of Lectures in Physical Diagnosis by Dr. E. R. Snader. Prepared by Willam F. Baker, A. M., M. D., Clinical Instructor of Medicine in the Hahnemann Medical College of Philadelphia. 107 pages; paper, 25 cents. Philadelphia. Boericke & Tafel. 1904.

This pocket Syllabus of Diagnosis is a series of questions based upon Bartlett's work on Clinical Medicine and the lectures on Physical Diagnosis of Dr. Snader. It is especially intended for

the student who frequently finds difficulty in obtaining the proper knowledge of diagnosis, often forgetting that it is almost a life study. Students very frequently complain that they scarcely know where to begin, the subject is so vast. This little hand-book will aid them very much, for it is made up almost wholly of pointed questions on the subject of diagnosis. It should be found in the breast pocket of every medical student.

HOWE'S HAND-BOOK OF PARLIAMENTARY USAGE. Hinds & Noble, 35 West Fifteenth Street, New York. Price fifty cents.

The feature of this new hand-book is an ingenious arrangement of the subject-matter of practical parliamentary law in such order that when the book is opened in the middle, the chairman, the speaker or any one else, has *before his eyes* a complete summary of *every rule* needed in the conduct of any business meeting.

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TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMOEOPATHY.

Fifty-ninth session held in Boston, June, 1903.

This volume is notable as the first in the history of homeopathy which contains the report of "The Bureau of Homeopathy," the first chairman of which was the late lamented Dr. Theodore Y. Kinne. It also contains the chairman's address and several papers on the Philosophy of Homeopathy and inaugurates what we trust will be a practical innovation in the working methods of the Institute. Although late in its appearance the volume is no less welcome.

NEWS NOTES AND ITEMS.

THE AMERICAN INSTITUTE OF HOMEOPATHY meets at Niagara Falls, June 20 to 25. We were in hopes that this meeting would furnish an opportunity for the members to attend a session for their interest in professional work and not for the social entertainments. Here is an opportunity, certainly, where the old institute ought to be able to stand on its merits and entertain itself, without imposing the burden of entertainment upon a few physicians. We think it is time that members of the Institute attend its sessions for the benefit they may confer and receive in their professional work rather than for the good time they may have in social entertainment or daily excursions for sight-seeing.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION will meet in the Chamber of Commerce Assembly Hall, Rochester, N. Y., June 27, 28 and 29, the week following the Institute meeting at Niagara Falls. Hotel accommodations may be had at the Powers, The Whitcomb House or the New Osborne. Everything promises a large and enthusiastic meeting. The papers and discussions, usually, are very instructive and few ever regret attending. It is as instructive as a post-graduate course in homeopathic therapeutics. You can't afford to miss it; for it is an inspiration for the entire year.

HERING MEDICAL COLLEGE held its commencement exercises on April 11, the anniversary of Hahnemann's birth, in Handel Hall, Chicago. There were twenty-one members in the graduating class and eight post-graduates, on whom were conferred the degree of Master of Homeopathics. A full account of the exercises will be given in the May number.

"THE MEDICAL ADVANCE for February which seems not yet to have learned that one of its editors has gone over to a rival homeopathic school."—*American Physician*.

THE MEDICAL ADVANCE is published in the interest of the homeopathic profession, and is trying, to the best of its ability, to elucidate the principles of Hahnemann, in their purity. Its

editors are not bound to teach in any special school; they are working for homeopathy.

THE POST-GRADUATE SUMMER COURSE, given at the London Homeopathic Post-graduate Hospital, during the months of May, June and July, is a step in the right direction, and certainly a very desirable innovation. It is especially intended that American tourists may attend and be benefited by the teachings, and if we may judge by the splendid corps of teachers, his expectations will be fully justified. We trust the next step will be the foundation of a graduating college, for the medical and surgical staff of the hospital here published demonstrates that they have the material. If they will only utilize it, for a magnificent faculty.

P. BLAKISTON'S SON & Co. sold, during last year, 15,487 copies of Gould's Medical Dictionaries, making the total sales to date 166,083. We doubt if this can be said of any other medical dictionary.

DO PHYSICIANS REALLY APPRECIATE THE VALUE OF SACCCHARUM LACTIS? We do not mean the potency thereof but its use as a placebo. How frequently does the average physician prescribe a remedy because he thinks that he ought to give something, rather than to let the patient wait a few hours on blank powders until he can look up *the* remedy that alone can be homeopathic to the case? Let the invalid feel that you have his interests at heart by all means and that nothing will be left undone that is for his good; take time to study the symptoms; and while doing this build him up on Perfection Liquid Food.

MR. V. E. BALDWIN, a senior student in Hering Medical College, won the second prize offered by the *Medical Century* for the best essay on "Why Students of Medicine Should Select the Homeopathic School." Such work by the student is an earnest of what the full-blown M. D. can and will do.

NOTA BENE. On the address of the wrapper will be found the date to which your subscription is paid. If in arrears remember the printer.

THE MEDICAL ADVANCE

.. AND ..

Journal of Homeopathics

VOL. XLII.

CHICAGO, MAY, 1904.

No. 5.

Important Changes in The Advance.

DEAR FRIENDS OF SAMUEL HAHNEMANN,

For a long, long time my heart has been with you in the God-given science which you are so slowly but surely perfecting. But now, at last, it is my privilege, in one sense, to be one of you; for I take pleasure in announcing that Dr. H. C. Allen has invited me to help him in the good work to which he has been so long devoted, of trying to make it a little easier for a physician to find in each case the really best remedy.

I take pleasure then in announcing, as publisher of the **ADVANCE** one or two new features which I am sure will interest many.

First, and most important of all, we hope to have frequent editorial articles and paragraphs, both long and short, by several of our foremost writers in both America and England; thus giving that department a much wider scope than it is possible for it to take when it has to rely solely on the meditations of only two busy practitioners.

Secondly, we have arranged for a so-called **THOUGHT EXCHANGE**, in which we wish to give the utmost freedom of discussion, allowing every one to advocate the views, wise or unwise, friendly or hostile, of Homeopathy in general and Hahnemannianism in particular, which seem to him the best, provided he can do it in a way that will set people to thinking earnestly along these lines and can say it briefly; for, of course, it would be folly and worse than folly to load our pages down with long essays on lines which we cannot endorse, or which our readers

have not time to read. But if you have an honest hobby, and can state briefly and pithily, and without any sneers, we shall be glad to give you a hearing and furnish you with a very select audience, of some of the best physicians in the world, and a steadily increasing audience of medical students and beginners as well.

Thirdly, we take pleasure in announcing a still further improvement along practical lines, namely this: the editorial comments on published articles, which have in the past been so characteristic a feature of the *ADVANCE*, are to be made still more prominent, with special reference to showing beginners just why the writer of the article probably chose dog-root or skunks-tail in preference to hosts of other remedies, which to a beginner seem equally well indicated. This we believe is a most important feature; for alas too often, after reading about some remarkable cure, we are left utterly in the dark as to how the writer ever happened to pounce on that particular remedy — as if it were all a matter of mere magic and pure luck. Yet close examination of the article itself, or else a lively cross questioning of the writer, in private, often shows as plainly as day why that particular medicine was chosen; thus greatly increasing the helpfulness of the narrative.

Then too, when our friends, the heretics and independent thinkers, have honored us with some of the best of their meditations, and we have politely published them, we shall, of course, claim the right to gently trip them up, *IF WE CAN*. For though we don't believe in football or prize fights or long-winded discussions, which no live man ever stops to read; we do believe in boxing matches where no one is allowed to draw blood or in any way abuse his antagonist. For even the Lord Jesus seems to have had a real fondness for debating and asking of unanswerable questions, though never sneering ones. So please be ready for a lively, friendly rap, when you run off the track; and please give us the same in return (whenever we give you a chance), for it is a poor rule that won't work both ways.

AS TO ANONYMOUS ARTICLES, we are convinced, from past experience in other lines of journalism, that many a strong man will give us some of his very best thoughts to publish

anonymously, when he does not feel like taking the time to sit down and write a polished article "worthy of his great name;" and so we announce that we shall be glad at any time to publish all or a part of your articles anonymously, or over some simple nom de plume. But, for our own use, your name must, of course, accompany the manuscript. Unless your thoughts are signed "Anonymous" or with some simple nom de plume, we shall feel justified in using your name.

AS TO FAILURES. In our anonymous corner, we wish to hear a little oftener of your failures; for when we hear only of success and triumph, we are at times sorely tempted to think that some of the writers in a magazine must need a dose of soft soap (*similia similibus curantur*) and a few of them perchance even a dose of opium, for dreaming. Then too failures are oftentimes more interesting than success, as the daily papers plainly show; and if names and gruesome details are left out, they are profitable reading. So, leaving out all unnecessary names (except your own for the publisher's private use) and all morbid details, you are invited to contribute occasionally to our **GOSSIP CORNER**, though we shall not, of course, dare to call it by that name, lest perchance we should get too many subscribers, which would indeed be a misfortune (if they came from wrong motives).

Of first-class articles on pathology, surgery, electro-therapeutics and many other such themes our magazine literature is full; but of articles written to help the reader in becoming daily more skilful in selecting *the best homeopathic remedy for a given case* (what the ancient Romans used to call the *similimum*) there is a most surprising scarcity. And yet, it is not surprising; for there has been dawning on us homeopaths a slowly deepening conviction that some of our old-fashioned ways of going to work to find the *similimum* were a little too complex and cumbersome, while others — the keynote methods — were mighty risky; so betwixt and between, we have got into the way of keeping silent a little too much in regard to some of the things that we believe most heartily. But we believe the tide is turning and the whole world is slowly finding out that homeopathy is almost right; while we insiders are learning that all honest ways of finding

the similimum have in them some important fragment of truth; — and, with the help of Mother Nature, are being slowly grafted together into something more beautiful and simple than we have ever known before. To help in finding and more clearly defining this better way, *the dear old way improved a little*, we invite your help. Not long articles (which students are too restless to read and practitioners too busy), but simply short, unfinished ones, which will set men to thinking and make them wish for more.

In behalf of a cause we love and in behalf of thousands of young men, both new school and old, who would read a magazine like this.

We remain yours truly,

THE BETTER WAY PUBLISHING CO.

W. H. WHEELER, *Manager*.

For further important details see *Publishers' Corner*.

Routine Prescribing of Variolinum.

A CRITICISM OF THE ADVANCE.

S. L. GUILD-LEGGETT, SYRACUSE, N. Y.

EDITORS OF ADVANCE:

I am somewhat amazed at a seeming discrepancy in the principles laid down in some of your recent editorials; particularly those recommending the universal use of Variolinum, as the best preventive of smallpox.

Now why pursue the old method of making people sick to get them well; "giving them fits" because one is "death on fits?" Is that a homeopathic law? Surely it would be far better to spread abroad the fact that Homeopathy can prevent smallpox, and then teach students that diseases, of whatever kind, can be prevented by placing the subject under the influence of the medicine indicated and so restoring him to perfect health; or in other words that perfect health, or progress in that direction, is the *best* protection from contagious diseases. Surely, you believe, that if a medicine such as Sulphur, Hepar, Silica, Thuja, etc., were found indicated in a given case, and subse-

quently prescribed there would be no further need of preventive medicine, except perfect sanitation which is but another name for perfect cleanliness. Then why not teach that Homeopathy can prevent smallpox and all other contagious diseases, and simply show homeopathsists how to do it?

Even the old school admits that a man cannot be attacked by infection (or as they put it, germs) except when his vital forces are low. While we know that the entire organism, or its parts, are out of harmony when we find sick symptoms; and, furthermore that, in such cases, the vital force has lost control. Why, then, not harmonize these discordant forces and restore the control of that vital dynamic; thus permitting it to exercise the best and highest form of prophylaxis.

I confess to being unable to see why this wholesale feeding of Variolinum will not, eventually, cause more sickness than it prevents. Its very potentization gives it a power unknown to the crude; and though probably avoiding the fault of cross mixtures of other poisonous substances, it is quite capable of more insidious work. *Teach, then, that Homeopathy holds the best means of preventive medicine, but do not try to fix these means.* Remember that there are "no specifics" for disease, and I much doubt whether there are for prophylaxis — except perfect health or progress toward that much desired bourne.

As to your later editorial, relating to the cure of leprosy, I believe that is all that it should be in relation to the true principle of healing all such diseases which, however much the cases may resemble one another, must be treated individually. I think you know how, when you try.

Comments: We are glad that Dr. Leggett has criticised the *ADVANCE* so frankly, for her article brings up for discussion a most important truth; one in regard to which we believe she will agree with us, in the main, in spite of the "seeming discrepancy" of some of our utterances. First of all, she objects to our recommending the "old-fashioned" way of "making people sick to get them well." In reply to this, we can only say that it is God's way, not ours. It was God who turned Adam and Eve out of Paradise into a less comfortable place, in order that

he might make them better; and though we believe that our friends, the allopaths, have misunderstood God's ways of working and make people a great deal sicker than they need to, in trying to make them well and comfortable, we still believe that there are times that the only way to help a man get well is to make him feel a little sicker for a while. Nor is this heresy for if there is one thing more notorious than any other, in regard to high-potency prescribing, it is that in dealing with chronic diseases, deep-rooted and obstinate ailments, it sometimes produces a very severe though temporary aggravation before its curative work begins. So in pleading as we have for homeopathic vaccination, we are simply suggesting that those who are exposed to smallpox, and are sickly enough to really be in danger of taking it, should for a little while be made to suffer pain to protect them against still more serious ills.

We heartily agree with Dr. Leggett when she says that "perfect health or progress in that direction is our best protection." But it seems to us that she overlooks the fact that vaccination with Variolinum would itself help in bringing about just that progress toward a more perfect health of which she speaks; for the medicine would, doubtless, take very little effect except on those patients, who were, to some extent, in need of the stirring up which homeopathic vaccination would give them. But Dr. Leggett, evidently realizing that we might dodge the accusation which she has made, has asked a further question, which is exceedingly full of interest, for she says: "Surely you believe that if a medicine like Sulphur, Hepar, Silica, Thuja, etc., were indicated in a given case, there would be no further need of preventive medicine?" Here it seems to us that she is most emphatically right, for we believe that there are many cases in which some one of our polychrests, those which have a deep constitutional power, would protect even more perfectly and for a much longer period of time than Variolinum, and we believe the time will come when our most invaluable and omniscient boards of health will give to each competent physician the power to protect his patients in such a way as seems to him most fitting. But that time has not yet come; and so we are foolish enough to believe that it is better to accept a half-loaf than none, and

internal vaccination is certainly a step in the right direction, even if it is not ideally perfect. Variolinum may not be in most cases the true similimum that is needed to protect every one but we venture to say that in many cases it is just as truly homeopathic as a large portion of our so-called good and successful prescriptions. It is not the best way, always, this we freely admit, but it is better than old-fashioned vaccination, a thousand-fold, and so is worthy of commendation, since the fact is well known that most physicians have not the patience or the skill to find a true similimum, even if the board of health would let them.

Nor is this all. There is yet another factor to be taken into consideration, which is the fact that the finding of a similimum takes time and brains and money, and most people are not willing to pay the money, nor are most doctors willing to sacrifice their time and health, gratis, simply for the sake of giving to every one an ideal vaccination, for which they are not willing to pay. And yet we do most profoundly believe that when the public finds that Variolinum does protect, and that it works by the law of similia, they will be sure to look with a more friendly eye on all forms of homeopathic treatment, and thus will be more and more likely to come to us for assistance.

We, ourselves, would rather be protected by some remedy still more homeopathic to our own individual temperament and frailty than even Variolinum, but we are trying to look upon this matter in a charitable light; and yet Dr. Leggett, having for the moment convinced herself that we have turned traitor to our Hahnemannian principles, is very earnest in pleading with us to repent, and so she gives yet another reason why we should hesitate to use Variolinum. She writes: "Its very potentization gives it a power for [mischief] unknown to the crude." Here we cannot help thinking that she is slightly mistaken; for the history of provings with high potencies seems to show that though they may for a while create a great deal of discomfort and some very obstinate aches and pains, they seldom, if ever, do real injury; and, Hahnemann says, often improve the health of the prover. So it seems to us that this objection is not well taken. But we agree with her, when she says that it is not best to try to fix, once for all, the truest and best prophylactic for smallpox or any

other disease. For all that we have tried to do is to point out the fact that there is a remedy, which (in a somewhat imperfect way) is so really prophylactic in thousands of cases, for a short time, at least, that it is worth remembering, and is likely to become an entering wedge by which state boards of health will be induced to look upon Homeopathy with even greater respect than they have regarded it hitherto.

To her closing words about leprosy, we say a most hearty "Amen;" and may God grant to us the privilege of hastening the day when hosts of busy workmen from one end of this great land to the other, shall be searching out the really best remedy for each of their patients and trying to individualize every case. But the world moves slowly, and as some one has said, "God is for some unknown reason an evolutionist in his dealings with the world," and so we cheerfully bid Godspeed to any movement which is bringing men a little nearer to the ideals which we love.

In this connection it is very pertinent to mention the fact that Hahnemann in his *Organon*, Par. 100, definitely calls attention to the fact that smallpox, measles, etc., are epidemics in which the contagious principle always remains the same, and even though some of our readers may be inclined to challenge this statement, and claim that even here the poison varies from one epidemic to another quite markedly, there is certainly a very important truth in what he says.—HAMLET.

Agaricus Muscarius.*

J. T. KENT, M. D., CHICAGO, ILL.

Many of our readers will find these elaborate symptom studies doubly interesting if read aloud rather slowly, pen in hand.—ED.

The most striking symptoms running through this medicine are twitchings and tremblings. Jerking of the muscles and trembling of the limbs; quivering and tremors; everywhere these two features are present, in all parts of the body and limbs. The twitching of the muscles becomes so extensive that it is sometimes a

*Read before the Illinois Homeopathic Medical Association, May, 1904.

well-developed case of Chorea. It has in its nature all that is found in Chorea, and has cured many cases. This is a general, belonging to all parts, to all muscles. Throughout the body there is a sensation of creeping and crawling. It is hardly confined to the skin; it is felt as if in the flesh, a sensation as if of ants. Itching of the skin all over, which changes place from scratching. No place is exempt. There are strange sensations here and there upon the skin or in the parts, cold sensations, sensations of cold needles and hot needles; stinging and burning where the circulation is feeble (about the ears, nose, back of hands and fingers and toes); red spots with itching and burning, as if frost-bitten. It is a great remedy for chilblains. The patient is extremely nervous and sensitive to cold. Itching, pricking, tingling, etc., come on from mental exertion and are relieved by physical exertion. All the symptoms of Agaricus are also aggravated after sexual intercourse, especially the symptoms of the spinal cord. It is useful for symptoms which come on after coition in young, nervous married women; hysterical fainting after coition.

The *mental* symptoms are such as you would expect. Great changeability, irritability, mental depression, and complaints which come from overexertion of the mind and prolonged study. The brain seems to be developed tardily. Children are late in learning to talk and walk; so that it combines the features of two remedies, Natrum muriaticum, which has the symptom "late in learning to talk, and Calcarea Carb., which has the symptom "late in learning to walk." It will be noticed in Calcarea that this is due to a defect or bone weakness. But in Agaricus it is a mental defect, a slowly developing mind. Children with twitching and early fainting; nervous girls, prior to puberty; who have convulsions from being scolded, from excitement and shock; late in mental development. Children who cannot remember, make mistakes and are slow in learning. Nervous patients, who on going over their manuscripts find mistakes in writing and spelling. The condition of the mind is one in which they are slow to grasp ideas; wrong words float in kaleidoscopically. When we read in the book "the whole psychological sphere is as if paralyzed," we must read between the lines. The whole mind and sensorium seem paralyzed; the patient is sluggish, stupid, at times even

seems to be delirious; there is confusion of mind, so nearly like delirium that it is not unlike intoxication, a delirium such as is produced by alcohol. He also becomes silly, says foolish, silly things; sings and whistles at inopportune times; makes verses and prophesies; or he lapses into an opposite state, and becomes indifferent to his surroundings. One who is mild and placid becomes self-willed, obstinate and conceited.

There is difficulty in co-ordinating the movements of the muscles of the body. Inco-ordination of brain and spinal cord. Clumsy motion of the fingers and hands. In handling things she drops them. Fingers fly open spasmodically while holding things. You can sometimes cure Bridget in the kitchen with Agaricus or Apis. when the trouble is that she is continually breaking the dishes by letting them fall. Yet these two remedies are opposites, Agaricus must stay near the fire, while with Apis she wants to get out of the kitchen. The awkwardness, clumsiness, etc., are both mental and bodily. Every sort of change is rung on the patient and the doctor. At times the patient is stupid, awkward clumsy; at other times quick and poetical, can run off poetry without the least effort, *especially at night*. But in the morning he is tired and sluggish, and this may last till noon. The mental symptoms are worse in the morning and are relieved toward evening. In the morning he is dumb, sluggish, stupid, tired, but when evening comes he brightens up, becomes warmed up, becomes excited, poetical and prophetic, wants to sit up late at night, is brilliant, wants to play games. All the jerkings and twitchings subside during sleep. There is vertigo when walking in the open air. He is always chilly. On undertaking to do something he does the opposite. Vertigo and confusion of mind are mixed up.

It is a common feature for the headaches of this remedy to be associated with the spinal symptoms, the quivering and jerking. Headaches in spinal patients. Pain as though sharp ice touched the head, or as if from cold needles. That is general; we find it in other parts. Pain in the head, as if from a nail. There is some bleeding in the morning; the blood is thick, black and will hardly drop. Coldness in the head. In the scalp there are all sorts or queer sensations; icy coldness after itching or

scratching. That runs all through the body. There is itching, although no eruption is visible; he can't let it alone, and after scratching there is a sensation of icy coldness in the part or as if the wind was blowing on it. The head is in constant motion, as in Choreia. Itching of the scalp, especially in the morning on rising. Here again we have the general aggravation in the morning. There are marked eruptions on the scalp. Eczema with crusts.

EYES. Twitching and jerking. You will observe this about the Agaricus eyes; as the patient looks at you there is a pendulum-like action of the eyes, they go back and forth all the time; they oscillate, though he tries his best to fix his look upon you. This stops only during sleep; *all the motions* subside during sleep. A few other medicines have cured this eye symptom, Cicuta, Arsenicum, Sulphur, Pulsatilla; but Agaricus also produces and cures it. There is every conceivable kind of deception in colors and vision. Flickering before the eyes; he reads with difficulty. Objects seem to be what they are not. Black flies are floating before the eyes; and black motes. He sees double. There is muscular weakness of the eyes. Irregularity of the motions of the eyes; pupils dilated; pupils contracted. Sensation as of a mist or cobweb before the eyes. Spasmodic twitching and jerking. The jerkings and twitchings are the most marked symptoms, as also the choreic movements about the eyes, and the deceptions in colors and figures, before the eyes.

EARS. Redness, burning and itching, as if they had been frost-bitten. The sensation as of chilblains, the same sensation as found throughout; the same itching and tingling as of the remedy in general. Dulness of hearing, deafness, or hearing too acute.

NOSE. Nosebleed of profuse, fetid discharge from nose. Agaricus will cure the most inveterate chronic catarrhs with dryness and crusts in tubercular constitutions, so deep-seated is it. It has cured many cases of incipient phthisis. It cures old coughs and catarrhs. A red nose, as if frost-bitten. It is as good as Ledum and Lachesis for the red-tipped nose in old drunkards.

FACE. From what we have already seen, we expect twitching of the muscles of the face, and itching and redness and burning as if frost-bitten, paralytic weakness, etc.: because these are

general features of Agaricus; and just as we expected we find these things in the text of the provers. Choreic spasms; an expression as of idiocy. Now notice this: Some patients when going on with their own usual vocation are pretty smart, but if you put some new idea before them, something not in the routine of their work, they are perfectly idiotic. This is especially noticeable in the morning. He can't take in anything new *in the morning*; but he is able to take in new ideas and is bright in the evening; like the effect produced by tea and coffee and alcoholic beverages. This remedy is a great antidote to alcoholic beverages. In this remedy and in Zincum the spine is affected and both of these have aggravation from stimulants.

Agaricus has cured a good many cases of epileptiform convulsions, more commonly of the hysterio-epileptic type, with frothing of the mouth, opisthotonos, and drawing of the muscles of the face. The Agaricus patient has spells in which a little muscle of the face or a few fibers of a muscle will quiver for a few minutes and then stop; and then in another part of the face the same thing begins; an eyelid will quiver, and then another set of fibers, sometimes so badly as to nearly drive him crazy. This is an Agaricus state, as well as Nux vomica.

The teeth feel too long and are sensitive to touch. The tongue quivers, twitches, jerks and causes disorderly speech; the man articulates violently. His tongue is dry and tremulous. He learns to speak with difficulty. Spasms of the tongue, inarticulate speech. A phagedenic ulcer on the frænum of the tongue eats it away. Soreness of the tongue. Mercurial aphthæ in roof of mouth. Little white blisters like nursing sore mouth. Chronic sore throat. Induration of tonsils. Burning thirst, ravenous appetite. Gnawing in stomach as if from hunger, without any desire for food.

Flatus: distressing belching; great tympanitis; rumbling, turmoil in the abdomen; offensive flatus; great gurgling; rumbling and gurgling in the belly. Everything ferments; full of colic; of rumbling and loud rolling; with pinching colic. Horribly fetid discharges. Tympanitic condition marked in typhoid: a low type of typhoid; trembling and jerking of muscles; paralytic weakness; emaciation; mental symptoms.

Morning diarrhea, a great deal of hot flatus (Aloe), with burning in the rectum; soft stool, great tenesmus; urging to stool, violent; involuntary straining before, during and after stool. Sensation as if rectum would burst, even after stool (Merc. and Sul.). Violent, sudden pains; can't wait; distressing, bursting sensation. *Before* stool, cutting and pinching in abdomen; urgent tenesmus; painful straining in rectum. *During* stool, colic and passing of flatus; burning, soreness, smarting and cutting in anus; sweat; pain in loins to legs, continuing after stool. *After* stool, headache is relieved; biting in anus; straining in rectum; cutting pains in anus; griping in hypogastrium; distension in abdomen; heaviness in abdomen and around navel; pain in chest. Emphasize the *tenesmus after stool*.

SPINAL SYMPTOMS.—Tingling up and down the back, with morning diarrhea; trembling, with weakness of the lower extremities, making it difficult to step up stairs. A paresis which will increase into a paralysis of the lower extremities. May have constipation and paralytic feelings of the rectum; stool hard; straining at stool as if life depended on it, and yet no stool. Beginning paralysis of the lower limbs, with twitching of the muscles and burning up and down the spine. In one case, after straining had been given up as unsuccessful he would pass stool involuntarily. This symptom only was known in Arg-n. (stool and urine). Desire to urinate as urgent as the desire for stool. Dribbling of urine. A peculiar feature of this remedy is that the urine feels cold on passing; while the urine dribbles, he can count the cold drops along the urethra. "Urine passes slowly in a stream or in drops, he has to press to promote the flow." "Urine watery, clear, lemon-colored, bright yellow; dark yellow and hot; red, flocculent, a powdery sediment; watery in the forenoon, in the afternoon milky, like whey, with a red or white sediment (Phosphate of magnesia); iridizing on surface." Phosphates; milky urine. Oily surface, iridescent surface, greasy-like pellicle on urine, like petroleum. Scanty urine in rheumatic, gouty, hysterical subjects. Persons, cold, feeble, pale, going into phthisis. Urine becomes scanty and a headache comes on. Goes many days and is constipated, and headache is relieved by stool. In Fluoric acid, if he does not attend to the desire to *urinate*, a headache comes on.

Transformation takes place. The milk ceases in one day; congestion of the brain or spine comes on. Metastasis, especially if milk ceases and complaints come on.

The genital organs are cold and shrunken. A comparative examination of the symptoms of the male and female organs shows that the proving has not been extensively made on the female, but in the male there are many symptoms which have an analogous condition in the female. In the male, symptoms are worse after coition, but just as markedly so in the female. Complaints after sexual excitement, debauch, etc.; in the woman, fainting; in the man, weakness. The trembling and twitching, or any of the Agaricus symptoms may be worse after coition, because the sexual functions are related to the cord. Those suffering from spinal affections have distress after this act.

In the *male*, burning in the urethra during coition comes from excoriation or a sense of hotness of the seminal fluid, while being ejected; hence it can only be a symptom of the male. There is also burning in the prostate during ejaculation. Violent sexual excitement, before and during, but at the time of ejaculation the orgasm is wanting, it is a passive and pleasureless ejaculation. This occurs in men with spinal weakness, nervous men who have tingling and crawling all over. It comes in the cure of old catarrhal discharges from the urethra, chronic gonorrhœa, gleet, after all sorts of local treatment have been used. The penis is cold and shrunken; there is an excessively painful retraction in testes. In old gleet discharge where there is a continued itching and tingling in the urethra, and the last drop will remain discharging for a long time. There are two remedies better for this than many others, Petroleum and Agaricus.

FEMALE SEXUAL ORGANS. The routine prescriber always thinks of Puls., Sep., etc., for bearing down pains: but in a woman with spinal irritation, etc., with a dragging down sensation as if the parts would drop into the world (she must wear a napkin) this medicine is the best. Slender, nervous, restless women, with tingling and creeping, must have Agaricus. During menses, there are headache, toothache, etc. All the general symptoms are worse during the menstrual period; but not to any great extent before or after. There is also aggravation of

the heart symptoms and prolapsus just at the close of the menses.

The Leucorrhœa is very profuse, dark, bloody, acrid, excoriating the parts. This remedy has been mentioned in relation to Fluoric acid. There are many points of relation. They are like each other in the Leucorrhœa especially; copious and acrid, so acrid that it keeps the parts raw and irritated around the genitals and the patient can't walk. In Fluoric acid there is, with the nervous symptoms, headache ameliorated by passing urine, or headache if urination is not immediately attended to, with copious, acrid excoriating Leucorrhœa.

Agaricus is a great medicine in *chest* troubles, though seldom thought of. It has cured what seemed to be consumption. A catarrhal condition of the chest, with night sweats and history of the nervous symptoms. Violent cough in isolated attacks ending in sneezing. Convulsive cough, with sweat toward evening, with frequent pulse, expectoration of pus-like mucus, worse in the morning and when lying on the back. Add to this the symptoms of Agaricus as described, and Agaricus will take hold of that case. Cases of incipient phthisis. It closely relates to the tubercular diathesis. I remember starting out to prove Tuberculinum on an individual I suspected would be sensitive to it from his history and symptoms. The first dose almost killed him and considering the use that that substance is put to in diagnosing the disease in cattle, it seemed to stir him up. He became emaciated and looked as if he would die. I let it alone and watched and waited patiently and the symptoms of Agaricus came up and established the relationship between these two remedies, and confirmed Hering's observation of the relationship of Agaricus to the tubercular diathesis. Later on, Agaricus cured him and fattened him up.

The remedy is full of nervous palpitation. Palpitation worse in the evening. On the outer chest there is tingling and creeping as in general.

The *back* has many peculiar and general guiding symptoms. Stiffness of the whole spine. Feeling as if it would break when he tries to bend it. Feels as if there is something so tight that it will break, when he stoops. Tightness in the muscles of the back. Tingling, deep in. Violent shooting, burning pains. Pain along

the spine, worse by stooping. Pains of all sorts in the spine. Pains go up the back and down the back. Sensitiveness of the spine to touch, especially in the back of the neck and dorsal region between the scapulæ. Sensation as if cold air were spreading along the back like an aura epileptica. Sensation of ice touching the body. Cold spots. Chilliness over the back, crawling, creeping and formication. Numbness of skin over the back. The most of the pains are in the back of the neck and the lumbo-sacral region. Pains in this region in connection with coition. Pain in the lumbar region and sacral region, especially during exertion, sitting, etc. Pain in the sacrum as if beaten, as if it would break. Pains below the waist, in women.

LIMBS. In the limbs, in general, there are twitchings; they are numb, choreic; there is burning here and there; a cold feeling in spots, paralyzed. Trembling of limbs, of hands; awkwardness in all his movements. Rheumatism and gout of the joints.

Burning itching of the hands, as if frozen. In the smaller joints, where the circulation is feeble, there are frost-bite symptoms. The toes and fingers are stiff.

Bones feel as if they would break, especially in the lower limbs. Feeling as if the tibia would break. Aching in the tibia. Growing pains in children; they must sit at the fire or the extremities will get cold. Pains in the bones. Weight in the legs.

Paralytic weakness in the lower limbs soon after becoming pregnant. This comes with every pregnancy and she must go to bed. These symptoms may lead to Agaricus. Weight in the legs. Legs feel heavy. Trembling and jerking motion, in the lower limbs.

A Word as to Repertories, Past, Present and Future.

At the close of his interesting article in the March number of the *ADVANCE*, Dr. Kober asks for responses along the same line; and, in hopes of drawing out still others, I am going to venture a word of most hearty assent, mixed with a wee bit of dissent. For it seems to me a great mistake the way we have of discussing a book more or less briefly when it first comes out and then

saying almost nothing about it till it is lucky enough to reach a second edition, when our comments are apt to be even more vague and general than before. Allow me then to tell you briefly what I think of repertories; hoping that some wiser man will arise to call me down, in case I am mistaken.

As to Knerr's "Repertory" to Hering's "Guiding Symptoms," I most emphatically agree with Dr. Kober in calling it "difficult," since I for one found it so difficult to consult that I soon stopped consulting it almost entirely; and if any man has any lazy bones in him (as I have), I most emphatically advise him not to buy Knerr till he has seen a few sample pages and has had a chance to see for himself how hard it is to consult. Yet, I am glad to see that Dr. Kober has been plucky enough to use it; for Hering's "Guiding Symptoms" of which it is the index is certainly one of our most precious storehouses of facts, in regard to *materia medica*.

Next comes Dr. T. F. Allen's "Repertory" issued in 1880 to accompany his wonderful "Cyclopedia." This is far superior to Knerr in arrangement, but not being anywhere near as full as Dr. Kent's "Repertory" issued seventeen years later, it has never found a place on my shelves. Then, too, there is in the arrangement of Allen's "Repertory" one serious defect, which seems to me most unfortunate — and that is the reckless way in which he tears the body all to pieces, for the sake of keeping a purely alphabetical arrangement; for when in a leisure moment we are studying some case in which the head or eye or mind symptoms are very prominent it is both pleasant and helpful to find the head and eye and mind symptoms all in a corner by themselves, without having to go hopping along from one end of the book to the other.

This difficulty Dr. Kent avoids; for in his repertory the mind symptoms are all by themselves, the eye symptoms by themselves, etc., making it almost like a story book, when I feel like sitting down to glance over its pages. Then, too, Dr. Kent's is the most complete repertory now in existence, which I count a most important help. But most important of all is the remarkable skill with which the matter is arranged on the page, so that even friends who have never seen the book before can often take it

up in my little inner sanctum and find symptoms for themselves, though, of course, no one can make use of all its vast store of treasure till he gets a little used to its plan in detail and has added a few hundred cross references to the thousands which Dr. Kent has given.

Often I get to dreaming over this book and wondering just how the repertories of the future will differ from this one issued in 1897. I then find a vast and interesting field opening before me in regard to which I hope to some day say a word; but perhaps the most startling fact of all, that stands out on every page, is the amazing difference in the relative value of the different symptom lists here given. For some are probably quite fairly complete, so far as our present *materia medica* goes, while others are merest fragments, precious as far as they go, and yet so evidently incomplete that they will not help you in your choice more than one time in twenty while others give you a lift almost every time you consult them; for it is very noticeable that there are some details in every proving which the average prover is much more likely to overlook than others; just as in every sick man's life there are hosts of symptoms that he never notices or is very loth to speak of, even if he happens to notice them. These, then, are naturally the lists in a repertory which are most likely to be exceedingly incomplete, and are sure to be sadly misleading, if for a single moment you forget that they are probably mere fragments. Yet in a very hard case, even these sometimes supply some sadly needed hint, while in our hurried, everyday practice we soon learn to instinctively pass them by as easily as we do the thousands of words in Webster's dictionary which we have never seen and never care to see. Yet since we are all of us sometimes misled by thinking for the moment that a given list is more complete than our more sober thought later on shows to be true, I cannot help hoping that the repertory of the future will in some way point out which of these tens of thousands of symptom lists are the safest guides in first tentatively selecting a remedy; for right here is it that the successful prescriber and the unsuccessful one oftenest part company, one to patiently follow out a false scent, the other a true one, often with equal care, but not with equal success. And yet there are tests by which the

relative guide post value of different symptom lists can be quite accurately determined in a general way (when you are not in too much of a hurry), and then even the most incomplete list in the book acquires a vastly increased value, for it has lost its power to deceive without losing its power to help. But I am dreaming now about the repertory which is not; and must quit my dreaming and turn back once more to plain history, the more homely but equally lovely sister of Dreamland.

And lo, I find before me a host of smaller repertories, of which I surely must not speak today. Yet since some one of my readers may this very moment be writing a repertory, and be fool enough to steal just a thought or two from me, I cannot resist the temptation to say just a word. The two smaller repertories that interest me most (of those that I have seen) are Lippe's and Winterburn's, of which my thought is this — to a man of large experience and courage they would be and are invaluable, when he has no more complete work at hand to consult; but to a beginner who dreads fearfully to make a prescription without a definite backing from some book, for nearly every symptom, they are painfully disappointing, for sometimes the very medicine you need for some dangerous, worry-causing symptom is left out, simply because it has not yet been clinically confirmed so far as the writer of your repertory knows. Hence it seems to me that a better way would be not to try to mention so many different symptoms in these smaller repertories, but to give a much more complete list for some of those that are reported, especially when they are extremely worry-causing symptoms or else of more than ordinary distinctive value, like a green scar on a man's face.

And now we come to the most famous repertory ever written the father and forerunner of them all, Bönninghausen's much loved repertory, and well worthy of such love: for it has been the boon companion and helpmeet of many of the most skilful homeopathic prescribers that ever lived. And yet, I hesitate not to say that I consider it one of the most unsatisfactory books ever written for the use of ordinary, average men and women (M. D.'s I mean), and I am firmly convinced that the vast and labyrinthinely vague generalizations which it has encouraged and over-emphasized are largely responsible for the way in which

thousands have deserted all hopes of ever finding a true similitum and have settled down to simpler if not more successful ways of prescribing. It is as if we should go into some very fine picture gallery in which our friends were all catalogued by the length of their fingers and the thickness of their heads; I freely admit that modern science has amply demonstrated that such a method carefully carried out would be very reliable; but oh how terribly uninteresting and soulless for a beginner or even for a veteran who had not a most lively imagination. I, for one, would far rather recognize most of my friends by the way they smile and talk and laugh and cry and the food they eat and don't eat and can't eat, and by intensely commonplace but rather rare symptoms than by the more common and grave symptoms which Bönninghausen makes so prominent. My way — H. N. Guernsey's way, only *improved by time and many loving workmen* — makes enthusiasts of even little men. His appeals only to scholars and book worms. Both are legitimate; both are needed; and in time each will find its place as a complement to the other; but this much I can say, that my early interest in Homeopathy would have soon died out, if I had not discovered after a while that there was a more tempting way than his for such as me, the men who are gifted with poor memories and a strong antipathy to too much learning in my own small head, like Beecher, who was said to have been the laziest man in his class.

And now that I have talked so long about repertories, I must cut very short what I had hoped to say about the other good books mentioned by Dr. Kober. Allen's "Encyclopedia" is indeed a gold mine, when you become interested in some one medicine and wish to get intimately acquainted with all its wonderful twists and turns; while H. C. Allen's "Keynotes" is my great standby when in busy daily life I find myself rusty in regard to some medicine and wish to get a bird's-eye view of it before plunging in at full length. Nash's "Leaders" I have not read, as yet; but if it is as clear cut as his tiny book on "Typhoid," it must be indeed a treasure. Farrington — and J. H. Clarke's Dictionary I also look on with eyes of eager longing; but being as yet only a beginner, and a very busy one, I have not had time to learn much of them as yet. As to Hughes I, too, am glad that

I did not get too much under the influence of the slight vein of skepticism and explaining away of facts which runs through his works. But I shall owe to him an everlasting debt of gratitude; for it was he who first made me an enthusiastic homeopath.

And now, last but not least, comes the most shocking part of this my long confessional; that though I consider Hahnemann one of the greatest and most God-blessed men that ever lived. I have never yet succeeded in plucking up courage to read through his *Organon*. It makes me mad, it brings out with such startling clearness the fact that he was grappling with a discovery which was too vast and startling for even his great brain; and oh how often I have wished that he had simply stated facts without any attempt to explain them. Then too his book is so sadly pugnacious. True, I also was such, once upon a time; but I did not write a book, and so I escaped. 'Tis true that many of his antagonists were fools and rascals; but oh how much better it would have been if he had not said it so often. Yet it is to him we owe this wonderful science; and God remembers longest the good things a man has done; so surely we can do the same. Now for another rejoinder from some one else; for such talks are interesting and helpful.—H. H.

Three Important Thuja Symptoms.

In the *North American Journal of Homeopathy* for April, 1904, is an article by Dr. Wallace McGeorge, of Camden, N. J., calling attention to an important Thuja symptom, viz., that the uncovered parts of the body were bathed in sweat while the covered parts were dry and warm. This symptom was pointed out by Boëninghausen in one of his books, since it once saved him from great danger. It is also given in black-faced type on page 367 of Allen's "Therapeutics of Fevers," although, doubtless through oversight, Kent's "Repertory" (page 1236) gives it only in common type. Of this symptom, Dr. McGeorge says:

"Thuja has helped me in ten or twelve cases of ileus, or obstruction (or appendicitis, as it is the proper thing to call it now)

and in nearly every case I was guided by this characteristic symptom." He then gives several illustrative cases, of which we take pleasure in quoting two:

"Case first came to me in April, 1875. The patient was suffering from colic and obstinate constipation, the latter aggravated by neighborly prescriptions of various purgatives. For days he had been in a quadrupedal position, that is, on his hands and knees in bed, and I was called an obstinate fellow, and was allowing a good man to be taken from his family, by my refusal to allow more castor oil to be given. But I felt I was right; my patient trusted me, and continued taking my medicine and following my directions. In another day he got easier, could lie down in bed, had a natural stool that same night, got well in a week, and lived twenty-five years afterward, and never had another attack. Whenever he had any of the old pain, he used to take some of the medicine which cured him first, and he never went anywhere for years without a little bottle of Thuja in his pocket. I gave him Thuja because of Boenninghausen's characteristic symptom. He sweat on his face, neck and hands, and was hot and dry on the covered parts."

The other case was one he treated in 1884:

"This time it was in consultation with a fellow homeopath who practiced in the southern part of Philadelphia. The patient had an obstinate attack of constipation, so-called, which had for seven days resisted pills, castor oil, croton oil, injections, and a rectal bougie made of wood, the biggest I ever saw. The man was frantic with pain and didn't know what was going to be done next. The pain was in the lower portion of the umbilical region, where the iliac region lapped, and was intense in all the lower parts of the abdomen. The man's face was covered with sweat, his hands were moist, but his body was dry. I advised Thuja. The doctor gave me a quizzical look, and not knowing what else to suggest, assented. I can remember even now, twenty years after, the look he gave me, when I put a few pellets out of may high potency case, on the patient's tongue and told him he would be better on the morrow.

"The man felt relieved to know that the bougie would have a rest, and lay down in bed. I went back to my office leaving doubting Thomas behind. The other doctor went home, taking the bougie with him. Next day I saw the patient again, with this doctor, and, where the day before all was confusion and despair, there was now quiet and happiness. The man felt good because his pain was gone; the wife felt happy because the medicine had 'worked' in the night; his employer, who paid the bill, was jubilant, because his skilled foreman could soon return to the factory," and so this interesting story ends, to be continued somewhere else.

[To this report we should like to add two other Thuja symptoms, which we have found so helpful ourselves that we believe others will be interested in seeing them. One is a disposition to leave sentences unfinished in conversation. It is given in Allen's "Cyclopedia" (Symptom 4) as follows: "Commences every sentence anew, without ability to finish in spite of every effort." though I have not yet seen it in any repertory. It seems to be

equally well indicated, when the person simply stops short and does not make any attempt at all to finish the sentence. The natural place to index this in the repertory would seem to be; Mind, Speech, unfinished sentences — Thuja.

A third symptom which seems to be highly characteristic of Thuja is: "spasmodic restlessness of the wings of the nose." This is purely clinical, from two very striking cases where Thuja gave marked relief, but it seems to be confirmed by the fact that Thuja has a strong affinity for the wings of the nose, as is shown by its being black-faced in the list given on page 323 of Kent's "Repertory."

There is also one other clue which will often be found helpful in recognizing a Thuja case, viz., the important fact mentioned by H. C. Allen's "Keynotes" and by Hering, that it is complementary to Silica; so that when we have a clean-cut Silica case, we should keep a sharp look-out for possible Thuja symptoms. Believing, as I do, that Thuja is a remedy that should be used a good deal oftener than it is, and yet one whose symptoms, many of them, are apparently covered by other more frequently called-for remedies, I believe these four clues are worth keeping carefully in mind and, perchance, indexing with a question mark in your repertory.

From the clinics of Hering College, we learn that stools receding after having been partially expelled, also quite often indicate Thuja. (See K. 590.) While Dr. Lamson Allen, of Worcester, Mass., reports orally a very interesting case of prolonged, bed-ridden Neurasthenia, cured by Nitric acid, in which the disposition to go on all fours was marked, thus throwing an interesting side light on Dr. McGeorge's first case. The patient had been bedridden for nearly a year. Further information in regard to somewhat rare and striking, or fairly distinctive Thuja symptoms will be welcome.— Ed.]

THE SECRETARY of the Ohio State Board of Health is a homeopath. We hope he will be just to the allopaths and so set a good example for his similars in other states who are not of the same persuasion as he.

Is Hahnemann's Theory of Chronic Diseases Tenable in the Light of Present Scientific Knowledge?

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A theory,* says the "Standard Dictionary," is a plan or scheme, subsisting in the mind, but based on principles verifiable by experiment or observation—a rational explanation that agrees with all the facts and disagrees with none.

Hahnemann's theory of chronic diseases is a rational explanation of the observed facts relating to the nature and cause of chronic diseases.

This theory was given to the medical world after twelve years of as careful study, as diligent research and as discriminating observation as is rarely given a subject in these days of fads and fancies.

Hahnemann and his co-laborers observed that many diseases after having been seemingly cured by the appropriate homeopathic remedy, would return periodically, or from some slight indiscretion on the part of the patient. Confident that homeopathy was based on an immutable law of nature, he believed that this apparent failure could be reasonably explained if he could discover the cause of the recurrence.

He says, in *Chronic Diseases*: "It was a continually repeated fact, that the non-venereal chronic diseases, after being time and again removed homeopathically by the remedies fully proved up to the present time, always returned in a more or less varied form and with new symptoms, or returned annually with an increase of complaints. This fact gave me the first clue that the homeopathic physician, with such a case, yea, all chronic diseases, has not only to combat the disease presented before his eyes, and must *not* view and treat it as if it were a well-defined disease to be

*The definition of the word "Theory" which is given above, seems to us a very faulty one, for it ignores the fact that there are such things in existence as false theories, and others which are only eighty or ninety per cent and yet exceedingly helpful, so far as they are correct. But if any of our readers are so built that they can enjoy a great truth, even if obliged to reject a part of what the writer says, they will certainly find this restatement of Hahnemann's great discovery, in regard to chronic diseases, both interesting and helpful.—Ed.

speedily and permanently destroyed, but that he has *always* to encounter some separate fragment of a more deep-seated original disease. That this original malady sought for must be also of a chronic *miasmatic* nature, clearly appeared to me from this circumstance, that after it had once advanced and developed to a certain degree, it can never be removed by the strength of any robust constitution, it can never be removed by the most wholesome diet and order of life, nor will it die out of itself, but is evermore aggravated from year to year through a transition into other and more serious symptoms."

After enumerating a great many of the symptoms as evidences of this chronic miasm, he says, "I was thus instructed by my continued observations, comparisons and experiments in the last years, that the ailments and infirmities of body and mind, which in their manifest complaints differ so radically, and which with different patients, appear so very unlike, are but partial manifestations of the ancient miasma of leprosy and itch, that is, merely descendants of the one vast and original malady, the almost innumerable symptoms of which form but one whole."

The truth of this is substantiated by the observation of over one hundred deaths following the suppression or violent removal of the itch and itching eruptions by the local use of Sulphur, Lead and Mercurial ointments, also many cases of alarming illness following such treatment, where the alarming symptoms promptly subsided upon the reappearance of the suppressed eruption. Similar observations were made by physicians unacquainted with homeopathy or with Hahnemann's theory of chronic disease.

In further corroboration of this testimony, Hahnemann says that in almost every case of non-venereal chronic disease, he was able to trace the beginning of the ailment to an itching eruption suppressed by some external means, and that in all cured cases, the suppressed eruption reappeared during the homeopathic cure.

He further says, Psora, the chronic disease which lays at the foundation of the eruption of itch, is that most ancient, most universal, most destructive and yet most misapprehended chronic miasmatic disease, which for many thousands of years has disfigured and tortured mankind and which, during the last centuries, has become the mother of all the incredibly various acute

and chronic (non-venereal) diseases, by which the whole world is more and more afflicted.

The earliest manifestation of psora, of which we have any historical account, was, as leprosy, mentioned by Moses in Leviticus, and so long as the disease was allowed to remain on the external parts, the organism was singularly free from any other disease and lepers lived many years, even to old age.

During the succeeding twenty or thirty centuries, through the persistent efforts to remove the disease from the surface of the body by means of drugs and medicaments applied locally, together with the gradual refinement in food, the changed mode of living, climatic conditions and general environment incident to progressing civilization, the external manifestations of this chronic miasm in modern times has been reduced to a simple itching eruption which is very easily suppressed; but mankind has scarcely been benefited by these changed expressions of disease, for, as Hahnemann says, "It is only during the last few centuries that so great a flood of numberless nervous troubles, insanity, painful complaints, spasms, ulcers, cancers, adventitious formations, paralysis, consumption and crippings of body and mind, has come upon us."

The mental and physical condition of civilized mankind bears melancholy and convincing evidence of the enervating and destructive results of these centuries of suppressive measures, each generation bequeathing to the succeeding generation its heritage of disease and reduced average length of life.

Whatever attitude the medical profession may have assumed toward Hahnemann's theory of chronic disease, his fundamental idea has forced a universal recognition, as evidenced by the terms diathesis, dyscrasia, cachexia, idiopathic, constitutional tendency, predisposition, etc., which express nothing more definite or tangible than the words, "Psoric miasm."

The transference of a disease manifestation from the surface of the skin to the internal vital organs, following the use of local medicines and applications for such external symptoms is well known by all men, and who of us has not seen the similar remedy cause the reappearance of a long suppressed and supposedly cured eruption, to be followed immediately by the subsidence and disappearance of the internal disturbance?

Another evidence of this underlying fundamental cause of so many acute and chronic diseases, exists in the fact, that so many different, so-called diseases may find their similar in one remedy, that is one remedy may be homeopathic to the totality of the symptoms of a dozen so-called diseases, each differing from the others in its pathology and external manifestations — for example — Bryonia may be the *similimum* for the complex of symptoms commonly called neuralgia, rheumatism, pleurisy, pneumonia, la grippe, meningitis, catarrh, diphtheria, measles, whooping cough, typhoid fever, intermittent fever, peritonitis, hemorrhoids, eczema and a score of other diseases. How can this be? What other explanation is so rational or reasonable, as, that the homeopathic remedies having been proved on organisms in which the psoric miasm was at the time quiescent, each drug, in a manner peculiar to itself, stirred into activity this latent miasm and developed a pathogenesis characteristic of itself, so that all acute or chronic disease arising from this same miasm might find a similar in any proved remedy.

The observations of Hahnemann during the twelve years of his investigations, have been corroborated since that time by all physicians who have given this most important subject the same painstaking study, and this theory of the chronic diseases has been strengthened by its practical demonstration during the past century; not only so, but in the advancement of scientific knowledge, every new fact and truth in the science of medicine, that has stood the test of experience and demonstration has added evidence as to the soundness of this once revolutionary theory.

Even the mono-mania of bacteriology has furnished a further demonstration of this great truth. Many thought, and some even hoped, that with the advent of the bacteriologist and his troop of trained and performing microbes, homeopathy with its philosophy of life, disease and cure, would be annihilated; nor is it strange that, to the superficial observer, this new theory, the bacterial origin of disease, would appeal very strongly.

Thousands upon thousands of guinea pigs and rabbits have been sacrificed, tons upon tons of good soup and broth have been utterly ruined in order to identify, classify and multiply the myriads of microbes, and to fortify humanity against their ravages.

To such an extent, have the destructive abilities of these micro-organisms been advertised, that death seems to lurk in every corner of the universe with microbes in what we eat and drink, and swarming in the air we breathe, life has become one long nightmare. Yet, for all this, there is one thing the most radical or absurd *microbist* must and does acknowledge, unless the human organism possesses the receptivity, unless it contains a soil favorable for bacterial development, these war-like microbes are as harmless as the proverbial "suckling dove."

Yea, verily! So there must be a preceding *preparing* cause before these micro-organisms can begin operations, otherwise the human family could not withstand the assaults of the bacterial hordes a fortnight.

Hahnemann says: "All chronic diseases must have for their foundation and origin some constant chronic miasm, whereby their parasitical existence in the human organism is enabled to continually rise and grow."

To our mind the most convincing demonstration of the truth of this theory of chronic diseases, is seen in the every-day practice of homeopathy — erysipelas, diphtheria, septicemia and gangrene are diseases unquestionably of bacterial origin, according to present-day science, and the malignant nature of which all recognize. Notwithstanding their malignancy, a very few doses of the highly potentized homeopathic remedy suffices, in a very few hours, to change these life-destroying conditions into an orderly and harmonious movement toward health. Upon what other theory than that of the chronic miasms, can this phenomenon be explained, and indeed, upon what other theory, can the homeopathic cure of any zymotic disease be explained?

If the time, energy and intelligence that are devoted to spurious science, fads and medical fancies were devoted to the advancement of our noble profession according to the natural laws of disease and cure, what a prestige our healing art would have and what a boon, not only to present suffering humanity but also to generations yet unborn.

IT IS ALL RIGHT to be pretty provided you don't find it out.—
George Ade.

How We Prescribe.*

R. DEL MAS, PH. D., M. D., CENTERVILLE, MINN.

We well remember the days of long ago, when in a little college town, we used to fight most sturdily over just one little stick or a stovepipe hat, which the sophomores thought we had no right to use; and now that Dr. Del Mas has given us an article full to overflowing of things about which we can "fight," we look forward with keen pleasure to seeing his article picked to pieces by some of our subscribers, both low and high potency; and even we ourselves would like to pick a few flaws in this most inspiring article some day. But we cannot allow any one reader to criticise the whole article in detail. Just pick out the two or three things which seem to you most precious or most nonsensical and tell as briefly as possible what you think of them. Friendly discussion in a cause we all love so deeply will do us good.—P. D.

Organon § 17.—In effecting a cure, the inner change of vital force, forming the basis of disease, that is the totality of disease, is always cancelled by removing the entire complex of the perceptible signs and disturbances of the disease. Hence it follows that the physician has only to remove this entire complex of symptoms, in order to cancel and obliterate simultaneously the internal change; that is, the morbidly altered vital force, the totality of the disease, in fact the disease itself. But disease obliterated is health restored, the highest and only object of the physician who is impressed with the significance of his calling—which does not consist in the use of learned phrases, but in bringing relief.

So spoke the master; and his true followers, having assimilated his thoughts, are perpetually verifying at the bedside the law of cure that he so clearly and boldly formulated after many faithful and painstaking experiments.

Our notion of disease is diametrically opposed to that which the allopathic school entertains and hence our mode of applying remedial agents must also diverge entirely from theirs.

For while we too study diagnosis, it is not as the basis of prescribing; we base our prescription upon the totality of the symptoms. Still, we must not reject morbid anatomy, for it teaches us many a good thing, when we come down to business, and have to give the diagnosis as well as the prognosis of our cases and it also warns us of the futile and treacherous attempt to cure the ultimates of disease, such as advanced tuberculosis or

*Read before the Minnesota Institute of Homeopathy, May, 1904.

cases in which some foreign body has become encysted near a vital organ.* *After we have "cured" the patient*, the knife may be called upon to remove tumors or to break down the adhesions formed about an ankyloid joint. But remember well that I said *after the patient was "cured,"* because homeopathy is able to "cure everybody," but not everything.† We always can remove susceptibility to diseases; but, as to their ultimates, we often fail. Then again, to nourish the idea that a torn perineum and a broken bone can be "fixed" with medicine is absurd *per se*. Let us then discriminate between things that are external and things that are internal, between the various causes of tissue changes. Troubles brought about by violence, by physical causes are treated by mechanical means, but dynamical agents are to be resorted to, when the innermost of man is disturbed.

This paper will only embrace the way we prescribe our dynamical remedies. It will undoubtedly give rise to severe criticism; for we do not all think along the same lines, not because we are not able to, but because our training at school was different. Still it will strictly adhere to the thoughts of Hahnemann; and, should not every homeopath bear the colors of his master? If, I then can give a little food for thought to some and excite in others the curiosity to go and put the "thing" to a test and "publish its failures," I shall be paid more than a thousandfold for my trouble.

A competent prescriber of our school may be defined as one who is competent to examine a patient; for the homeopathic remedy cannot be found, unless we obtain a perfect disease image; and the image is made up of the totality of the symptoms. Thus, we see that the remedy and the patient go hand in hand; and, he who masters his materia medica without knowing his patients "totally," will always meet with failures. Still the law itself never fails, but the man only; he did not know how to apply it.

*In this connection the footnote to Organon § 7 is of much interest.—ED.

† We like better the following statement of this thought, which we take from a recent issue of the North Pole Gazette: "Homeopathy wisely used can greatly help every one and can actually cure many diseases now considered incurable, but it cannot cure everything." For, if you cannot cure the tumor, it is hardly fair to claim that you have cured the man, though you may have lessened a thousandfold the chances of his ever having another tumor.—ED.

The homeopathic prescriber must go to a case without prejudices ; his own theories, whims and fancies must be laid aside that he may act like an impartial judge on the bench. But how can he rid himself of prejudices? Let him go to the bottom of the truth with a pure heart and humble mind. Let him try to understand the principles of Hahnemann concerning the origin of disease and the law of therapeutics. He will then be able to examine the patient successfully and prescribe for him. It is no easy task to abandon cherished ideas, to become honest in purpose and humble in mind, to acknowledge that there are others that know more than we do, and to accept in its entirety the teaching of Hahnemann ; but it is very noble.

We, as therapists, aim at the patient not at the organ ; at dynamical disturbances and not at pathological changes in the body. We raise ourselves above the level of materialism ; we feel there is something back of matter beyond and above it.

The physiology of this century teaches that life is the result of all the activities of the organic cells. This sounds very well to an allopathic ear ; for he believes that when the cells do not work harmoniously, we have a disease ; so that the disease seems to lie primarily in the cells ; and, if we can remodel, shape anew or regulate these revolutionary cells, right then and there we have health again in all its beauty ; and life is once more as it must be, that is, correct. Now, a cell is what? under the microscope and in the test tube? Nothing but organic matter. It is matter ; and, what will act upon matter? Nothing but matter ; for life is matter put into activity. There, then we have the allopathic theory of disease and its therapeutics. And to a good many men of our own ranks this is the truth, and nothing but the truth ; and they act accordingly. I do not blame them for sticking to their principles. But I do blame them for criticising Hahnemann, for getting money under false pretenses, while prescribing like allopaths under the shield of homeopathy. I blame them for accepting all the theories that come along, without being sure that they are right. Four years ago I still used to act so ; but then I was an allopath. Today, I think and act differently ; I am a homeopath.

Let us go back to the theory of life formulated above, and

see whether it is true intrinsically. If life be the result of all the activities of the organic cells, kindly tell me where lies the principle, the factor that sets those cells into activity; for there is no effect without a cause, and matter *per se* and *in se* is far from being active and intelligent. That active principle that sets the cells to work must be quite intimately united with them; the steam that propels the sucker is not very far from it. What Hahnemann calls vital force is nothing but that which sets the organic cell into activity. He was far ahead of his time; he was not a crude philosopher; he knew how to differentiate between the necessary being and the contingent being, between the principle and the incidental, between cause and effect, between the life force and the organic cell. His notion of disease was true; his therapeutic law is based on facts.

And in sickness, is it the abnormally active cells that are at fault, or rather the factor that presides over their action? Is it the organ that is sick, or the patient? Which is it? This vital force is a unit; it is harmony in itself; it is a simple substance; it is intelligent, for its actions bear the stamp of intelligence. Nothing but simple substances will disturb it or re-establish its lost equilibrium. Trauma and crude poisons, acting on the physical plane, may crush out life, so to **speak**; but they will never be able to affect the vital force in its deeper essence, and will merely stop its manifestations through the organic cell. Well said Hahnemann when he spoke of the "spirit-like force" that governs the body. And no wonder that, through potentization, he tried to raise the crude drug to the level of the force that presides over our bodily activities. Here we may say that in the "regular" school, as well as in ours, etiology and therapy go hand in hand; a material dose for a material disturbance, and a dynamical agent to remove a dynamical derangement.

In every case to be prescribed for, we must take the totality of the symptoms, in order to secure a perfect disease image; we must embrace all of the abnormal manifestations of the disturbed vital energy; we must let the patient relate his own story, for he is conscious of his symptoms; we must also question him and his friends and observe for ourselves, endeavoring to avoid a

direct "yes," or "no." Then we should confide to paper his symptoms, that we may refer to them later and see the direction of our treatment. Of all the symptoms, there will be some that will characterize the disease and will make it entitled to a prescription; for without "features" the artist cannot paint faces, and without "characters" the homeopath cannot prescribe successfully. The remedy will then be called "homeopathic to the case," when that which characterizes it is most similar to that which characterizes the disease. In only that trend of thought can we say that we have any "specific remedies." We have no remedies for names, but only for symptoms. Let us remember that in pneumonia we treat the patient and not simply his lungs; and so on with any other "disease name."

At times symptoms are confusing. We very often find patients, suffering from acute diseases, telling us of symptoms related to their chronic ailments. Then we give a remedy covering the acute symptoms; and, when these are over, we select the one that the chronic dyscrasia calls for. A patient under a "constitutional" remedy will, once in a while, have little disturbances that must be let alone; but, if the acute disease is severe, the remedy must be given in a potency suitable to the case in hand. This will lead us sometimes to change later on the remedy for the chronic ailment, because owing to the acute disease or else the acute remedy, the chronic disease has been modified.

The truly homeopathic prescriber compares, individualizes and differentiates. But he never substitutes. Two remedies may be almost identical in their particulars, but never in their generals; and it is the generals that lead us to the "homeopathic" remedy. Some give Apis, others Apocynum for dropsy; and, if they hit the nail on the head, well and good; if not, they hunt up something else for the dropsy. But in what do these men differ from their allopathic confrères? They know how to alternate and give compound tablets; but, if they are pinned down to writing out symptoms and to finding the remedy most similar to the case, they will confess that is too prosaic, and that we must be "liberal and independent," even in homeopathy. "And, who knows whether Hahnemann was right or wrong? After all," the germ never lurked before his eyes; "and had he seen it, he undoubtedly

would have come down from his ethereal abode" and yet we all know that germs have no effect upon the economy till the latter is lowered to the point where they can take effect, not as "dynamical" agents, but as mere "physical" causes instead. The germ theory well fits the brow of the allopath; but we have a more glorious nimbus encircling our heads. Let us honor our cradle, our father, our birthright; let us not tear from off our coats the motto: *Similia Similibus Curantur*.

Disease symptoms are classed under three heads: general, common and particular. A general symptom is one which is predicated of the ego or whole man; as when the patient says: "I feel so and so. . . . I'm worse after sleep and in cold damp weather," or "I must constantly move." But anything that is pathognomonic is common; it belongs to the disease everywhere. To see a rash in scarlet fever is surely quite common; but anything that is not pathognomonic is peculiar to the patient, and is not inherent or essential to the disease. It is a common thing to cough during bronchitis; but, if the coughing spells should end in sneezing, that would be peculiar (that is, characteristic). To see the *Ledum* patient keep his rheumatic limbs in ice cold water is peculiar; the dread of downward motion is peculiar in the *Borax* constitution.

But any symptom predicated only of some one organ is called particular; though certain symptoms running through the particulars of *every organ* are generals, as well as particulars, for, affecting the whole organism, they are related to the general state. Mere physical diagnosis is not reliable for the homeopath. He must listen to the deeper voices of nature.

The generals that reveal the mental state of the patient are in the very first line. His affections, aversions and desires, his fears and hopes are of the *innermost man*. They precede ultimates; they are the forerunners of pathological changes. Sleep and dreams, menstruation, cravings and aversions in regard to food, all clearly reveal this deeper general condition of the patient.

Then again, we have still other symptoms that, at first sight, would be classed under the particulars, which are nevertheless related closely to the generals. This occurs when some of the special senses come into play, like music aggravating the *Nat. m.*,

through hearing; the sight of blood making the Nux m. patient faint; while Colch. cannot smell food; and Cham. is averse to being touched. These perversions may very properly be classed under the **generals**, for they plainly reveal the deeper life of the patient. But in nasal catarrh mere perversions of smell are **particulars**; the light that aggravates a sore eye is also a particular and any symptom related to mere anatomical structures is a particular.

When we set out to prescribe for a given case, the remedy selected must cover all of the **generals**; and we very rarely have to go beyond this remedy; for the **particulars** usually fall in line with the **generals**. The remedy covering most perfectly all the **generals** is the most "homeopathic" remedy to the case; and the only one that will cure it. We never can prescribe successfully, if we leave out even one general; *but only one good general symptom may overrule all the particulars of a case.**

Who ever thought of giving Lachesis when amelioration followed sleep, or Creosote to the tearful woman having bland discharges? or Apis to the dropsical patient that was always chilly to the bones? Accurate prescribing is a matter of discrimination; and the characteristics of the case are not what some people understand by "keynotes," yet they are the "key" to the case, and the "notes" which we must strike to play the right tune; for just a few peculiar symptoms will form the characteristic features of the whole case.

But if we only had common symptoms, that is, symptoms pathognomonic of the disease, we could not make a good prescription. In phthisis we find weakness, emaciation, night sweats, anorexia, cough and expectoration. This is natural; it would be very uncommon, were it not so. But can we prescribe successfully on those symptoms alone? Indeed not. And we know that when a patient gives us such a series of symptoms his case is far advanced as to ultimates. We hardly need to make a

*This looks to us too much like a bit of unintentional exaggeration, A MERE IMAGINARY CASE, for in a vague and imperfectly understood, and so very misleading, way even particulars do often point to the deeper central man, while at other times they may point almost wholly to some incidental and secondary phases of this man's life and character, and so are sure to make us forget the main source of all our hope and danger, if we let them fill too large a place in our thought.—Ed.

physical examination to confirm our opinion and give a prognosis. Still it often happens that even a grave "pathological" case has "striking" features enough to make possible a good prescription; but if an antipsoric is the indicated similar, we give it in a very low potency, and sometimes try only to *palliate*; lest the "homeopathic" remedy give rise to such a turmoil that destruction would only be hastened. For the "homeopathic" aggravation is favorable and curative only when the patient can successfully reach under it.* Yet, even in such cases, we never find an aggravation, unless the remedy is very similar to the case, or the dose so often repeated that it gives rise to provings. It *seems* as though some of the doses or potencies of Hahnemann, — and still more so those of the very high-potency man, — contained nothing to perform a cure; and yet we have in our literature and in our own practice the most conclusive evidence that they do have power to cure and bless, when rightly used. But it is a hard question to answer — that which relates to the best potencies to use in a given case. But, if we merely bear in mind that similarity comes first and dose last; and if we then experiment with different potencies, instead of sticking blindly to some mere theory, we are sure to come slowly nearer and nearer to the right way.

Our therapeutic law is of no "material stuff;" disease in its origin is not a mere cellular trouble, except in its manifestations and ultimate results and a dynamical disorder can be corrected only through dynamical agents. Disease causes and their counter causes must work on the same plane in order to annihilate each other. Then the two forces of equal strength will destroy each other and result in a healthy inertia or nihility, whenever they are confronted and set at work on the same plane. This is the teaching of reason; and Hahnemann simply brought therapeu-

*He must cure himself; we cannot cure him. We only supply the missing link, we only tip the balance, we only complete the circuit. Yes, there are some things that even Homeopathy cannot do, and yet the picture is not as dark as it seems, for the dear old truth still remains that even death is but a new beginning with an increase of spirit power; and we also believe that for those thus gravely sick, who would like to live a little longer in this hard world so-called palliative Homeopathy is capable of triumphs of which as yet we hardly dream. Here lies a vast field for research, but let us first of all master more fully the deeper and more vital problems of curative and preventive Homeopathy.—ED.

tics down to common sense. Let us be mindful of his teachings; and, since we have enrolled under his banner, let us be true followers. Let us verify with ever-increasing skill the law of cure that works from within outward from above downward, driving before its triumphant march the symptoms of disease, *in the reverse order to that in which they appeared*. Let us live the life of men, without fear and without reproach,—men who pass by, sowing good deeds, and reap, in the fall, a harvest of virtue and truth and joy.

A Typical Carbo. Veg. Case in Real Life.

DR. R. P. VIVIAN, BARRIE, ONT.

Mrs. C., a woman about forty-seven, very thin. Looks much older than she really is. Has been bothered for last four months, during climacteric, with profuse hemorrhages (uterine) which have almost exsanguinated her. Has had treatment but been going steadily down hill.

June 2, 1902— Was lying in bed absolutely quiet. Hippocratic face, daughter fanning her constantly. Wanted more air; her breath felt cold. Pulse was small, weak and irregular. Abdomen distended and very tympanitic. Steadily passive hemorrhage from the uterus, dark in color, not much clotted. Was sure she was dying *but not alarmed*.

Carbo. veg., 1 M., in water every half hour. That evening hemorrhage almost stopped and circulation and general vitality very much better.

Carbo. veg., cm., one dose, and Sac. lac. hourly. Saw her daily for a week; steady improvement till eighth day.

Cinchona 200, four times a day, for two weeks. Patient has had no return of hemorrhages since.

The Food We Eat—Two Illustrative Cases.

W. A. MCFALL, M. D., PETERSBORO, ONT.

Daily we consume large quantities of so-called food obtained from the mineral, animal and vegetable kingdoms; yet many of these foodstuffs do not act simply upon the nutritive plane, but have an influence upon our dynamics, as well, and so it is important that while our patients are under the influence of a given remedy, we should advise them what to eat and what to avoid eating. And very important it is to the homeopathic prescriber to observe in his patients any peculiar susceptibility to certain articles of food which may exist there, since susceptibility along such lines is often a strong keynote to the patient's life, and a clear indication or confirmation for some one remedy. In the following cases the prescriptions were based in part upon a susceptibility to certain articles of food. Hence their interest.

CASE I.—Sept. 6, 1900. Mrs. A. R. T., age 39, stout, dark haired mother of ten children, five of them living. Came to be treated for rheumatism. Has had attacks of it off and on for the last year. Pain and stiffness across the back and down the left limb, relieved by motion, aggravated by rest.

Gave the following history: Five years ago, following a miscarriage, she noticed that oysters made her sick, although previous to that time she had eaten them with pleasure. Later on she tried them again, cooked in various ways, but noticed that they always had the same bad effects, only more and more severe; so that the last time she ate them *they fairly acted like poison* (Lyc., Sul, Ac. Brom., Bry.) producing the following symptoms:

Great distension of stomach and abdomen, diarrhea, nausea and vomiting, a feeling of sinking throughout the body, severe splitting headache and frequent micturition of dark-colored urine. Her nose was so stopped up that she felt that if she could not breathe through her mouth, she would smother. There was also tightness across the chest. Another remarkable symptom is that during the last five years she has given birth to four children which were either still-born or died soon after birth. (See Abortion for possible meanings.—ED.)

Lyc. 1 M. was given, a single dose.

Within twenty-four hours the rheumatism had completely disappeared; and one month later she could even eat oysters with impunity.

CASE II.—Dec. 8, 1903. Mrs. P. M., tall, dark, rather thin. Has been troubled for years with what she calls nervous dyspepsia. Pain and bloating in stomach immediately after eating, *the pain extending to her back, between the shoulders.* (K. 509.) Headaches about twice a week, beginning in occipital region and *extending up over the head*, aggravated by the least noise.

Flashes of heat; and *upon least excitement her face gets very red* and burns. Menstruation every nine days lasting about two weeks. (How can this be?—ED.)

Feet and hands were cold.

Always *after eating eggs* (Colch., Fer., Puls., Chin., Lyss., Sul.) severe pain and bloating in the stomach, followed by vomiting and prostration.

Gave Ferrum 45 M. one dose, followed by improvement in every way.

(Face getting very *red from least excitement* reminds us of two other marked Ferrum symptoms: face is very *red in least pain*; and *red face accompanied with profuse perspiration*; for we remember hearing of a famous case of Dr. A. Lippe's, where the patient had been sick for many years and was cured by Ferrum, these two symptoms being very marked. Allen's "Therapeutics of Fevers" gives this condition in black-faced type. But some of our best repertories do not even refer to it.—P. D.)

An Unfinished Repertory of Diagnosis and Diseases.

For the following "lines" the Editors of this Magazine are in no way responsible, nor is the writer sure that in every point the statements made are wholly correct; but they have been taken during the last few months from standard books and magazines and will certainly help to stir up much helpful thought and prepare the way for something better; hence he takes pleasure in publishing them. Of course, they are mere fragments, yet some of them may be worth entering on the margins of your

repertory or mind. The time is coming when our repertories under all highly distinctive symptoms will indicate the disease which it suggests, as well as the remedies, thus killing two birds with one stone.

The Editors inform me that there is in this number a short editorial on diagnosis, to which I take pleasure in referring the reader, for though diagnosis can never take the place of careful symptomatic prescribing, it may greatly help us in that study. For meaning of abbreviations see Publishers' Department. X. X.

Mind. Aimlessness, very marked.—m. p. i. incipient dementia, despair, intense congestion, mere temporary exhaustion, etc.

— Exaggeration,— s. i. hysteria.

— Hysteria, may indicate hereditary syphilis, genito-urinary disease or a host of other causes.

— Insanity, eyes:— When the pupils are unequal or exceedingly small or *above all* do not respond to light and dark the case is almost certainly one of general paralysis (cerebral).

— Mannerisms; may indicate mental standstill or even actual dementia.

— Nervous Exhaustion; very persistent may possibly indicate syphilis, hereditary or acquired.

— Noisiness; always indicates an overactive brain, although it may be a rambling, useless activity.

— Reading; impossible or difficult, from some mental cause. Sometimes indicates syphilis, hereditary or acquired.

— Screaming; when nursing — s. i. ear trouble.

— Sighing; with fever — often indicates incipient exanthemata.

— Talking; never speaking at all — m. i. dementia, deaf-mutism or aphasia, etc.

— Treacherous; Sometimes indicates epilepsy.

— Writing; upstroke is irregular like the edge of a saw — sometimes indicates general paralysis.

As I have referred several times in these little notes to syphilis, it may not be out of place to remind the reader that when syphilis markedly affects the brain, Thuja (K 156 a) seems to be the remedy oftenest indicated, though by no means the only one. X.

Three Interesting Cases of Intermittent Fever.

ROYAL E. S. HAYES, M. D., HAZARDVILLE, CONN.

CASE I.—Everett K., aet. 4; fair, plump, blonde. Had chills and fever every other day. After two weeks of cathartics and Quinine the chills had ceased, but only to return again two weeks later.*

TYPE: Tertian, ARS., PULS., chill predominates.

TIME: 2 P. M., ARS., PULS., (formerly 10 A. M., ARS., PULS.).

PRODROME: Pallor.

CHILL: Lasts one hour.

Shivering, ARS., PULS.

No thirst, *Ars.*, PULS.

Pain in stomach, *Ars.*, Sil.

Vomiting during or just before chill, *Puls.*

Head hot, hands cold.

Cross, weeping, ARS., PULS.

FEVER: Short. Thirst for cold drinks, ARS., PULS.

SWEAT: Short, copious, ceases on waking, PHOS., *Ars.*, PULS.

On upper part of body only.

APYREXIA: Pallor.

Tongue, sallow.

Smells sour. ARS., Puls.

MEDICINE: Puls. 50 M. (Skinner) one dose.

RESULTS: No chills thereafter.

CASE II.—Harold McA., aet. 10 years; black hair, gray eyes, slender, active, wiry.

Had had three paroxysms of chills and fevers, besides Quinine and cathartics, of course.

TYPE: Quotidian.

TIME: 3 P. M.

*We have added below the indications for Ars. and Puls., not because we believe that Dr. Hayes was mistaken in his choice of Puls., but because it furnishes a most interesting study for beginners, some of whom would doubtless be much perplexed over such a case, where several symptoms strongly suggest Ars. What doubtless tipped the balance absolutely and conclusively in favor of Pulsatilla was probably the plump body and absence of intensely gloomy mental symptoms, and the fact that the little boy probably felt worse when the room was too warm. These are far-reaching generals, which would tend to strongly exclude Ars. And yet it is highly probable that he has in his make-up an Arsenic vein, inherited from one or the other of his parents, which at some later point in his life will show itself.

CHILL: Absent. (Were shaking chills previously.) Instead, sudden weakness and pallor, vomiting bile.

FEVER: Hot skin, red face, dry lips, thirst for small quantities often. Moans constantly from severe frontal headache. Sleepless all previous night.

SWEAT: Profuse.

APYREXIA: Pain in abdomen > passing flatus.

Flatus very offensive.

One would hardly know there was a boy in the bed, he keeps so tightly buried in the bedclothes in all stages to escape the *chilliness which attends the least motion* (K. 1201).

Perhaps I erred in the time of giving medicine; but the headache seemed so intense when I called that I administered Nux vom. 30, one dose, during the fever.

Profuse sweat followed with prompt disappearance of pain in head. He slept all night; was nearly well next morning and has been well ever since.

[In cases where the symptoms have so little distinctive value, as most of those in this case, we may succeed in curing, but we can hardly be sure that we have found, as yet, the remedy which will most effectively and permanently *counteract the tendency* to these chills. To do this, we would have to go back farther into the past life of our patient or else wait for future developments. — Ed.]

CASE III.—Mr. Blank; aet 43; medium build, yellow hair, blue eyes, dirty, lazy, shiftless.

Had chills and fever for two months last summer, lasting until cold weather came.

Has not been able to work all this spring. Had an attack of bronchitis in the early spring which still continues.

Has become weak, pale, emaciated — has night sweats.

The fever seems to be taking away all his vitality and his neighbors say he has “consumption.”

CHILL: Absent.

FEVER: Begins every day at 10 A. M. and continues until evening.

Emptiness and gone sensation in stomach.

Strength gives out at least exertion.

Is faint and hungry, but cannot eat < at 10 A. M.

Abdomen looks hollowed out, as though the viscera had collapsed. Has attacks of faintness.

Tongue is coated, edges red.

These and many other symptoms.

Sul. 50 M. (Skinner), one dose.

He went to work in less than a week with no return of malarial symptoms to date.

A Remarkably Sudden Cure.

PHILIP RICE, M. D., SAN FRANCISCO, CAL.

Mrs. K., aged seventy-two; general health good. *For eight years past*, she has suffered a good deal with fulness, ringing and roaring in both ears. Hearing about one-fourth of normal in right ear and one-half of normal in left. Objectively the drum membranes, except for a slight thickening, were normal. Areal conduction much in excess over bone conduction.

For a number of months past has had frequent attacks of vertigo, so severe that she would fall to the floor and be utterly unable to move. *The oncome was like a flash* or shock so sudden was it. The noises in the head and ears almost maddening. NAUSEA and bilious vomiting were intense, and kept up from ten to twelve hours. And with all this, flickering before the eyes, so severe that she was unable to recognize even her nearest friends. This flickering she described as like a *bead curtain hung before her eyes*, and the beads running up and down on the strings with lightning rapidity. The last attack came on in church two weeks ago so suddenly that she fell to the floor where she was standing and had to be carried home, and not until the next morning did she recover sufficiently to even speak.

Any other symptoms I could not get, though I tried my best for over half an hour. On this I prescribed Iris 30th, giving altogether about ten disks in one week's time. On the eleventh day after her visit to my office, while doing her house work, suddenly the noises in her head ceased.

Two years have now passed and she has had no return of them nor of the attacks of vertigo. Her hearing has improved almost to normal.

[In studying this remarkable case we turned first to the rather rare symptom, sudden vertigo; and then remembering that persistent nausea is far more significant than mere vomiting, we also turned to the rubric for nausea, and compared the leading remedies for that condition with *all* the remedies for sudden vertigo. This gave us a list of only three remedies: Iris, Sepia and Sulphur. Just how Dr. Rice further narrowed the case down to a single remedy is not evident, though it is evident that he did it successfully, for the case was one of eight years' standing, and has now remained cured for two years.—Ed.]

Malandrinum in Vaccination.

[This article throws an interesting side-light on Dr. Leggett's suggestion that Variolinum is not our only prophylactic; though Variolinum and Malandrinum are quite close akin.—Ed.]

EDITOR MEDICAL ADVANCE.

In the July number, 1903, of the *ADVANCE*, I asked for information on "internal vaccination" which was fully answered in the same issue. I have been very much interested in that method and a short time ago I put it to test. In a family of eight persons none of whom had been vaccinated, the oldest boy took smallpox. One of his brothers slept with him and broke out all over; the mother expecting to be confined in a few days, we sent him away and I at once put the rest of the family on Malandrinum 200, with the result that none of them took smallpox. The boy that slept with his brother had a light fever the twelfth day, but that passed off without any further trouble. There were others in the community that contracted smallpox from the same boy but they did not have any of the remedy.

I report this to do justice to Homeopathy as it looks as if it was the Malandrinum that prevented the rest of the family from contracting the disease.

F. V. BRYANT.

Hammond, Okla.

THE MEDICAL ADVANCE

.AND

JOURNAL OF HOMEOPATHICS.

A Monthly Journal of Hahnemannian Homeopathy

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.

Subscription Price - - - Two Dollars a Year.

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 that to be a first-class homeopathic prescriber is one of the hardest things under Heaven. Yet we also believe that 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 therefore our chosen work. In this good work we ask your help.

— Further details will be found in the Publisher's Corner.

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

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MAY, 1904

Editorial.

Please read and ponder our creed, given above.

Our readers have doubtless noticed that for the present we are finding it more convenient to publish our paper the latter part of the month. Later on we shall hope to return to the old-fashioned way of publishing it earlier. But patience is a virtue, so we hope you will practice it and you shall have your reward.

The response to our recent request for articles has been a cheering one, and we have already on hand far more than we can use this month. You will hear from us later. Many, many thanks— Now help us in getting more readers, and ere long you shall have a larger paper. 'Twill help the cause we love. **P. D.** is a nerv-

ous old "Devil," such as printers often keep; and *he needs your help*, if he is to do his best. For it isn't easy work; though it is very pleasant, so please help promptly, in every way you can.

A Picture of Hahnemann.—We feel sure that doctors and medical students who read these pages will be interested in a picture of Hahnemann and his life work, which we publish in our advertising department under the title "A Word to Advertisers." It was first found in a fifty-cent copy of Jahr's Repertory, which we once found in the worthless book corner of a second-hand book-store; but has since been retouched quite a little, and is said to be quite life-like. Do not fail to see it.

The Importance of a Correct Diagnosis.—The reason why a careful diagnosis is oftentimes so important and helpful is not that it takes the place of careful symptomatic prescribing, but that it makes us realize more fully the importance of studying very closely certain groups of symptoms and parts of the body which we might otherwise be inclined to pass by as of only secondary importance. For although we all know that ideally our chosen medicine should cover the totality of symptoms, in real practice we nearly always feel justified in ignoring some symptoms which seem to us of minor importance or at least distinctive value. Here it is that a careful diagnosis comes to our rescue to make us search more closely for symptoms that will guide us to a right choice.

And yet, we wish to say most emphatically that a rambling, careless diagnosis, or even a careful one which causes us to forget that twenty different cases of typhoid fever may require twenty different remedies, is most misleading. But this is a *misuse* of diagnosis, though we are sorry to say a very common one. But in its proper place, rightly understood, diagnosis will make us stronger and wiser.

Reasons for Preferring Homeopathy.—Dr. Joseph Buchner, quoted in the March *Century*, gives some familiar, but interesting statistics, showing the hospital death rate for a period of five years under allopathic vs. homeopathic treatment. The figures are as follows and indicate the per cent:

DISEASE.	ALLOP.	HOM.
Erysipelas,	23	8
Diarrhea,	21	9
Fevers,	5	1
Typhus,	16	13
Pleurisy,	15	11
Inflammation of the bowels,	41	6
Pneumonia,	29	6
Dysentery,	26	7
Heart affections,	51	15
Apoplexy,	48	28
Consumption,	48	38

He also quotes the late Dr. Rush, of Chicago, as saying: "Instead of modern medicine limiting disease it has been instrumental in complicating and increasing it." This at first sight seems hardly credible, and yet when we remember how blindly, wildly anxious most physicians are to ignore the leadings of nature, and simply crush her and silence her, so as to give the man complete and *sudden* relief from pain, we can hardly wonder that it is so, for we believe that oftentimes pain is a messenger from heaven to accomplish some good purpose, and unless we can relieve it by working in harmony with nature it is far better that we should suffer for a while. Homeopathy skilfully used often brings sudden and wonderful relief, but it does it by *simply helping nature to do the very thing she is trying to do*, wisely but unsuccessfully; just as the skilful engineer will break the dam by opening the flood-gates so as to save it from a more serious break; just as the successful mother sends her restless child half a mile to get a spool of thread instead of simply compelling him to sit still. For the writer believes that all nature's aches and pains are at bottom legitimate ways of trying to throw off some poison, only that unaided she is sometimes too weak to carry out her plan successfully. We should not then resist her, but simply find out what she is trying to do and help her in doing it. This to my mind is Homeopathy.—H. P. C.

A Curious Medicine.—The *British Medical Journal* mentions the fact that atrophy of the retina, choroiditis and other

eye diseases can sometimes be relieved by good, big doses of Retinæ. The only trouble which the writer has observed, as yet being "the cost of the medicine," "since a person needs to take the equivalent of six to ten Retinæ a day." Evidently modern science is going to prove that our savage ancestors were not quite such absolute fools, as we sometimes think, when they in their cannibalism would eat the heart of a brave man in hopes of becoming a little more like him, for some of these strange drugs, such for example as Thyroid preparations, certainly do seem to have an occult power, which is very marked. Yet evidently their real value will never be clearly defined until they have been tested in accordance with Hahnemann's good old law of first making a proving on some well person. But we do believe that they are well worth proving; for the unmistakable power which they show to help some people and injure others, shows that there is something in them well worth exploring. Who will be the first to give us an extensive proving of Thyroid and of Retinæ with at least eight or ten provers for each drug? In proving Thyroid, the mental symptoms should be noted with the greatest possible care, for it seems to have great power in the mental sphere.

How to Use a Repertory Wisely.

We are fully aware that a repertory wrongly used may be one of the most misleading, perplexing and discouraging books ever written; but rightly used it makes it possible for us to do first-class work in many a case, which otherwise would be almost hopelessly perplexing, especially to a beginner. We take pleasure then in announcing that ere long we shall publish a series of articles on this most important subject, and already have the promise of an article from Dr. J. A. Tomhagen, Professor of Materia Medica in Hering College, and also one from Dr. J. T. Kent, who has done so much to make repertories more complete and reliable, and has successfully taught so many of us how to use a repertory, although we believe that sometimes even he does not make it quite as plain and simple as it will be made in the year 2904.

W. H. WHEELER, *Publisher of ADVANCE.*

Frequency of Dose and the Lessons It Teaches.

From one of our most careful and successful prescribers, we have received a long report of a perplexing case of incipient phthisis, in which Kali carb. helped slightly, and Lycopodium and Natrum finally brought about quite a rapid cure. The case is too long and complicated for publication, since its complexity would only puzzle beginners without really helping any large number of those who have been long in practice; for such obscure and perplexing cases even when cured, are apt to be misleading, if studied at all hastily.

But, after having gone over the entire case ourselves very fully, we should like to point out to the writer and to our readers one or two lessons which it seems to teach.

One is, that when a medicine as high as the thousandth potency has to be repeated over and over again at frequent intervals in a chronic case, the suspicion is very strong that you have not found the similitum.

We find Dr. Blank giving Kali carb., one-thousandth on the sixth of July, four doses; the twenty-seventh, one dose; the fourth of August, one dose (40 M.); then, only five days after, five doses of Lycopodium M. while on the third of September he forsook Lycopodium and gave Natrum muriaticum (50 M.), one dose, followed by a second dose of the same potency on the twelfth of October.

This certainly looks suspicious, and we believe that if our readers will closely watch their own experience in dealing with high potencies, and also reports of cases in the *ADVANCE*, they will find that when a remedy is well indicated in a given case, there is no need of such frequent repetition. This, to our mind, is one of the most helpful tests we have by which to find out whether we are working in fullest harmony with nature or not.

The old-school practitioner has to give his medicines in massive doses; the homeopath, who simply uses low potencies, has to repeat them many times a day, and the high potency man, who has not found quite the best remedy for his case, has to repeat them every four or five or ten days. But when *that very*

same man has done his very best, he generally finds that his remedies are more long acting and need not be oft repeated. It is indisputable that in this case the man was cured with the help of Kali carb.; but what helped most in curing him was probably the Natrum especially and the Lycopodium. For we are inclined to think that Lycopodium helped more than Dr. Blank realizes, since some of the symptoms which disappeared after Natrum mur. was taken, were still Lycopodium symptoms, and the improvement was more rapid after Lycopodium was taken than it had been before.

We freely admit that we may be mistaken in thinking that Dr. Blank was misled by *his excessive love for Kali carb.* But whether we are mistaken in this, or not; it is certain that frequency of dose is oftentimes an evidence of successful or unsuccessful selection of a remedy, and skilful physicians will take a long step toward protecting the public against less skilful rivals when they frankly admit that they give only one dose every two or three weeks. For when a physician can cure by such infrequent doses it is proof positive that he is not using harmful anti-pathic drugs. So that people, without knowing anything about medicine in detail, will be able to easily distinguish the man who is a full-fledged homeopath from the one who oftentimes resorts to harmful palliatives which must be repeated more often.

The writer well remembers an incident in his own life, before he began the systematic study of Homeopathy. He had called a so-called homeopath to prescribe for his only child in a dangerous sickness, and called him because he supposed he was a homeopath. But one day he got exceedingly angry, because certain suspiciously big pills were not given quite as often as he wished. I immediately suspected that they were not really homeopathic, and challenged him; whereupon he admitted that they were Opium. The physician was dismissed and one tiny dose of Nitric acid cured the *constipation accompanied with a violent cough* (Dr. Dyce Brown) which five doses of Opium had failed to cure.

Let us not use Placebo quite so often, for by doing it we only make it easier for our old-school rivals to injure themselves and others with Opium and other harmful drugs which have no real

curative power, but do seem for a while to help the patient, if repeated often enough. When your watch is hair-bound, the removal of a single hair will set it right. One little hole in a tin dipper will slowly drain the whole, and does not need a second blow until the first tiny hole gets clogged or rusty. So is it with our medicines, when rightly used;—they are only a connecting link, they simply complete the circuit and nature does the rest, until by some mishap the circuit is broken, and needs renewing. And I have found that a frank admission of this fact that many doses are not necessary, only increases the confidence of my patients in the few doses that I give; and makes them realize that Homeopathy, with its exceedingly small doses, instead of being something ridiculous is really something exquisitely beautiful and sensible.—P. D.

A NEWSBOY'S KNEE.—THE LESSONS IT TEACHES.—One of our correspondents, after telling how he himself was crippled for nine years through having fallen and injured his knee, tells of a single dose of Arnica, one thousandth, that *rapidly* cured a similar case, when a newsboy, who brought him his daily paper, was for a while laid up, "so that he could hardly walk," after a similar accident. This case is of interest, because it suggests what is probably very true and worth keeping in mind, viz., that in such cases, Arnica one thousandth, is even stronger and quicker in its curative power than Arnica thirtieth or tincture, with which we are all so familiar. He is probably right in his love for the one thousandth potency.

But he is not quite just to the allopaths, for a very close examination might show that the two cases were not really parallel; either because the newsboy was hysterical and had not really hurt his knee as much as he thought he had; or, secondly, because there was, years ago, in the doctor's own life, some constitutional weakness which made a simple concussion of the knee a much more serious accident than it would be in ordinary cases. The more careful we are to do strictest justice to our dear old-school friends, the sooner we will convert them to our ways of thinking.—P. D.

THOUGHT EXCHANGE.

Standing Requests.

We should like a few articles on the following subjects :

1. Needless and Necessary Aggravations.
2. Why I never use High Potencies.
3. Why I never use Low Potencies.
4. Do you ever use a Repertory at the bedside?
5. Do you ever use Repertories at all?
6. Does your Repertory ever fool you? If so, whose fault is it? and how do you save yourself next time?
7. Do you ever make mistakes?
8. What do you mean by inimicals, and can you illustrate?
9. How do you go to work to clear up an obscure case?

Odd Symptoms. — In a fragmentary proving of *Bellis Perennis*, given in the *Homeopathic World*, for April, 1904, we find the following symptoms ;

I felt as if impelled to run.

Later on, we read: "The state of my face is such that I have to explain to people whence the boils and blotches arise." No wonder the *Daily Graphic* speaks of physicians as "martyrs" when they fall into the hands of a drug like this, and yet even this is not the worst. — But it is in a good cause that we suffer and so we hope that those whose health will permit it will devote themselves more and more enthusiastically to the careful proving and re-proving of drugs, both old and new, wherever it seems to *them* that their help is most needed. This proving was by the late Dr. J. C. Burnett.

Buying Cheap Drugs. — A writer in one of our exchanges calls attention to a familiar fact, that even the most powerful medicines and toxic drugs may be so prepared, either in the form of tinctures or extracts, as to lose a large part of their power.— This is a fact of which young physicians sometimes lose sight in their eagerness to save a little money by buying in the cheapest market, a most unprofitable piece of econ-

omy. We well remember one successful physician, who told us that twice in his early practice he got fooled in this way. Once he bought a cheaper quality of diluting alcohol. The other time, abandoning houses of well and established reliability, he purchased quite a large stock of medicines (low potencies) of a less costly rival house; but both times, much to his surprise, he found that his death rate was increasing and that many of his patients all over town were not getting well as fast as usual. But after making a clean sweep of the medicines in which he had used these cheaper grades and beginning over again, he found that his pristine skill in prescribing was still at his command. We have no doubt that many a physician, who has slowly failed in practice and gone higher, into insurance or real estate or clerical work, was really, unbeknown to himself, driven out of Homeopathy for this very same reason, surely a most unprofitable economy.

Picric Acid. — Dr. J. T. Kent informs us that in his Picric acid case, reported in the January number of the *ADVANCE*, the symptom which first suggested Picric acid was “burning pain in the spine, < by mental exertion.” (K. 893.) He also adds that Silica has the same symptom and is often needed to complete the cure and make it permanent.

Homeopathy in England. — The *Homeopathic World* declares that Great Britain has not done anything like its proper share in advancing the cause of Therapeutic progress, but that now she is shaking off her lethargy and preparing to take her proper place in the advancing line. This little item, coming as it does from Dr. J. H. Clarke, one of the most kindly, industrious and successful of English homeopaths, is all the more interesting and amusing, for we all like to hear of what our neighbors have not done. But evidently Dr. Clarke is not a mere inveterate scold, for in the very same paragraph he goes on to make an earnest plea for the Burnett memorial, adding “I shall take it as a mark of personal confidence in myself, if my readers will respond heartily to this appeal,” reminding us that Dr. J. C. Burnett was a man who had many friends all over the world, both

east and west, north and south. Contributions may be sent to Dr. J. H. Clarke, 8 Bolton Street, Piccadilly, London, West.

It is rather odd that we should find in the very same number of the *World* another paragraph from the *British Medical Journal* handsomely abusing ALL homeopaths, both in England and elsewhere; for the writer asserts that "Homeopathy is a subject, which in England, at any rate, is so thoroughly dead that it might safely be buried without fear of rebuke." A statement which Dr. Clarke very properly resents, in spite of the fact that he himself, in a more friendly way, has been criticising his friends only a few pages back.

The Many-Sided Action of Most Drugs.—A recent number of the *Homeopathic World* calls our attention once more to the well-known fact that it is not possible to make a drug do the one little thing that you have planned for it, without its also doing a good many other things in other parts of the body, for which you have not planned, and that this is the reason why medicine given in large doses, and even in comparatively small ones, sometimes does such untold mischief.

Yet there is a bright side to this fact as well, which is, that when you are trying to cure some serious ailment in one part of the body, and are in doubt as to just what remedy will best do the work, you are sure to find some precious hint, if you will but stop a moment and study briefly some less important parts of the same body. In other words, to do your best as a specialist you must take a genuine, fairly intelligent interest in other parts of the body as well, although it is not necessary that your knowledge of these other parts should be as detailed as it is along your chosen line.

Hellebore Poisoning.—This same magazine, which seems to be full of interesting matter, mentions two cases of Hellebore poisoning, which will, we believe, interest our readers. In the first case the medicine was taken by mistake at 6:30 P. M. At 7:30 the man, having found out his mistake, was walking quietly away in search of a doctor, "acting as if nothing were the matter with him," but soon after was found helpless by the road-

side, and after a few moments of violent pain and a convulsion died at a quarter past eight, less than two hours from the time the poison was taken.

In the other case death did not occur until sixteen hours after a half dram of the drug had been taken. The symptoms were active purgation, vomiting and abdominal pain, after which he lay down for a few hours and died quietly, the impressive things in both these deaths being the strange quietness which marked both cases; in one case just before death, in the other case when the poison was first taking its deadly hold. Yet the writer states that cases of Hellebore poisoning are extremely rare, which fact gives to these cases an added interest.

One other interesting fact in regard to Hellebore, mentioned in the same article, is that it is the first recorded purgative, and that Melampus used it 1400 years B. C. to save the daughters of Prætus from madness.

Guinea-Pigs and Doctors. — A recent issue of the *London Daily Graphic* has a leading article on the subject of "provings," evidently borrowed from homeopathic sources, although the word "Homeopathy" does not occur once in the entire article. As the article is one of much interest, we take pleasure in reproducing a part of it, for which we are once more indebted to the editor of the *Homeopathic World*.

In this country, when it is desired to ascertain the effects of some untried drug, it is commonly administered to a guinea-pig or a rabbit. In the United States, according to a leading New York newspaper, the practice has become established of administering it to a group of young doctors. Individual experiments of this kind have, of course, been known in every country, but our American friends seem to have organized them on a larger scale, with characteristic thoroughness. A guinea-pig cannot communicate its sensations, or co-operate in any way, except passively, in an experiment. A dozen young physicians, trained in exact scientific methods of observation, and armed with note-books in which to enumerate their symptoms, are able to supply valuable data on which to base calculations in practice. Hence the practical American intellect prefers the physician to the guinea-pig, and establishes societies for the purpose of utilizing his self-denying and often heroic services to the best advantage. So far, it is said, the tests made have not led to a single death.

Genito-Urinary Diseases. — In the *North American Journal of Homeopathy*, Dr. E. H. Noble, of Elmira, N. Y., calls at-

tention to the fact that there is perhaps no department of medical practice in which medical men more urgently need a broader outlook and an awakened sense of duty than they do in regard to genito-urinary diseases; pointing out the fact that though syphilis has been recognized as a dangerous disease, because of its unmistakable constitutional symptoms, gonorrhœa has been oftentimes ignored and neglected, simply because its poison works more subtly, so that oftentimes the hurried physician fails utterly to recognize the real cause of the vague but crippling nervousness which it is apt to produce; a noteworthy fact in regard to gonorrhœa being that oftentimes, when its poison is still present and is working sad mischief in the man's life, and bringing lifelong invalidism and even death to the wife he loves, he and his doctor both suppose that he is wholly cured, simply because the local symptoms have subsided. He tells us that he has found that in some cases of most unmistakable gonorrhœa, the only noticeable symptoms were unaccountable nervousness, frequent urination, slight pain in urinating along with other obscure urinary symptoms and an undoubted stricture of the urethra, all of which passed unnoticed (or, at least, unexplained) until a proper local examination was made. Such diseases are, undoubtedly, disagreeable to treat, but where our patient comes to us for help, we have no right to ignore this corner of his life, especially as the life and welfare of the man's wife and children may depend on a proper understanding of the case, and we are much less likely to prescribe the best remedies if we utterly ignore their cause.

To my mind, the fact that the awful penalty of gonorrhœa falls so often on the innocent wife rather than on the guilty husband is one of the saddest features of this strange disease, and one of the facts which should make us more willing to face it bravely. We are glad to learn from Dr. Noble's article that there is a slowly increasing number of men in different parts of the country who are devoting themselves to a more careful study of this whole group of disagreeable diseases. We shall hope some day to hear how Dr. Noble himself treats such cases; since in this article he makes only incidental reference to methods of treatment.

NEW PUBLICATIONS.

PROCEEDINGS OF THE THIRTY-NINTH ANNUAL SESSION OF THE HOMEOPATHIC MEDICAL SOCIETY OF OHIO. Edited by the Secretary.

This is the record of the practical work of the Ohio State Society and contains many valuable papers fresh from the every-day experience of its working members, for it is the working member of the society which makes its transactions valuable. The drones rarely contribute; like a sponge, they apparently absorb and pass through life without observing or communicating their observations to their colleagues. Two papers, one an Abrotanum and the other on Ambrosia, are worth, to any homeopathic practitioner, ten times his membership fees of the society. This is one way to look at the value of the book.

TRANSACTIONS INTERNATIONAL HAHNEMANNIAN ASSOCIATION. Held at Boston, June, 1903. Pages, 186; published by the Association.

As usual, this volume contains many valuable clinical papers by some of our ablest authors and writers in the homeopathic school. One paper especially notable on "Drug Diseases and Compulsory Medicine," by Dr. Stewart Close, of Brooklyn, is alone worth a year's dues and the time of attendance at the annual meeting. The volume is not nearly so large as some of the previous volumes, but the material probably is quite as good.

THE BLUES, THEIR CAUSE AND CURE. By Albert Abrams. Published by E. B. Treat & Co., New York. Price \$1.50.

Like many other medical works of the present day, this book is too rambling to be worth reading through in order. But it is full of helpful suggestions, and is magnificently indexed in clear coarse type, so that if the reader will simply glance at the index and then read only the parts which especially attract him, he will

find it well worth reading, for the individual paragraphs are pithy and vital.

The special form of Blues, which the book discusses most, is what the writer calls splanchnic or abdominal neurasthenia. The remedies suggested are various forms of abdominal massage, abdominal gymnastics, respiratory exercises, electricity, etc. Purgatives the writer believes to be generally injurious, but does not seem to have heard of Homeopathy. In addition to these remedies we would suggest, in scientific phrase, bi-pedal perambulatory sociability, by which we mean, coax yourself and your friends out into the open air and do your thinking and your talking, more of it, on your legs and in the sunshine; then abdominal massage will not be necessary. We are trying this prescription ourselves and find it very satisfactory.

INTERNATIONAL HOMEOPATHIC MEDICAL DIRECTORY. This little book, issued by the Homeopathic Publishing Company, of London, once a year, is beautifully bound in red cloth, costs only fifty cents, and makes you feel every time you look at it as if you had recently taken a journey across the sea to Australia, England and China and got acquainted with some of the good folks here mentioned. We are glad to see that the publishers believe in using good, clear type that catches the eye.

Page 90 would look a little better if leaded. The more attractive such books are, the more helpful they will be.

It is rather amusing to see that there is a protective tariff against American physicians, fifty cents a head extra, if they wish their names entered, so that although Tasmania and New Zealand are fairly well represented, America, The Land of the Free, is left out in the cold, and has only twenty-seven names. There are other funny things in the book which you will have to find for your self. If you are a dreamer, the book is well worth having. Small enough to be cheap, full enough to be very suggestive, and restful.

We are surprised to find that in Japan, where we thought all homeopaths were tabooed, there are, at least, two.

The American Institute.

THE AMERICAN INSTITUTE meets at Niagara Falls, June 20 to 25. Headquarters at the International Hotel, where so many medical societies have met and have received such a royal welcome. Sectional meetings will also be held in the Cataract House, so there will be abundant room for every Bureau. Reduced rates on the certificate plan, one and one-third for the round trip, will make the expense from Chicago \$17.40. When buying your ticket, take a certificate which will be validated by the Special Agent at the Falls, and good to return until 12 P. M., June 29, thus enabling those attending the I. H. A. at Rochester, June 27, 28 and 29, to take advantage of the reduction.

Members from the West may leave Chicago on Saturday, June 18, at 3 P. M. and spend Sunday at the Falls, or the Sunday 3 P. M. train will bring them there Monday morning in time for breakfast. As Eastern travel is heavy in June, in order to secure accommodation required members should write direct to Mr. L. D. Heusner, Gen. West. Pass. Agent, 119 Adams St., Chicago, indicating the train and sleeping-car accommodation required and the reservation will be made. Any further enquiries will be cheerfully and promptly answered by Mr. Heusner or THE MEDICAL ADVANCE.

The Chairman of the Transportation Committee has selected The Niagara Falls Route of the Michigan Central, one of the best and most popular trains leaving Chicago, and members may rely on receiving every attention which courteous officials can bestow. Join the party and become acquainted before you reach the field.

THE *Critic and Guide* reminds us that it was the Druggists of America, in convention assembled, who started the present wave for restricting the sale of poisonous drugs; but it also informs us that many individual druggists bitterly oppose the restriction. Clearly then their National Society needs and deserves the hearty co-operation of the general public.



SAMUEL L. EATON M. D. NEWTON HIGHLANDS, MASS.

THE NEWTON HIGHLANDS NERVINE

This enterprise has grown out of an effort to provide a quiet Home for a few cases of Neurasthenia, where the patients can be treated under circumstances most favorable for recovery. Starting in 1885 with one house, it has been found necessary to increase the equipment by another building, which is admirably adapted to the purpose. It stands on high ground, with a southern exposure, steam heat, and modern plumbing. The number of guests is limited to seven or eight, distributed between the two houses; thus giving ample space for all, and making it possible carefully to individualize each case. No effort is spared in making the place homelike as well as health-giving. When not so ill as to be confined to their rooms, patients enter into the cheer and comfort of family life.

The location is most desirable. It is very accessible, being less than half an hour by rail from Boston, but the surroundings have the rural attractions of more remote regions. Lake and river, hills and groves, are within easy walking distance, while the roads and scenery invite to drives in all directions.

Newton Highlands is an exceptionally healthy place, with a subsoil of sand and gravel, and a noticeable absence of those diseases which are associated with defective drainage. The air is pure and invigorating, the water supply perfect. In fact, the conditions are ideal for the restoration of those suffering from nervous prostration, or of those whose health has been impaired by the exactions of modern life. Harmful measures, tending to promote a fictitious appearance of well-being, have no place in the scheme of treatment. The patient's health is built up from the foundation by a conservative medical treatment, aided by rest, nutritious food, good nursing, and wholesome surroundings.

The terms are made as moderate as is consistent with the quality of service rendered.

Newton Highlands is eight miles from Boston, on the Boston & Albany railroad. Those who prefer coming by the electric cars can have a ride through beautiful scenery by taking a Newton Boulevard car at the subway in Boston.

Address, S. L. EATON, M. D.,

Telephone Number 3, Lake Avenue, Newton Highlands, Mass.

THE MEDICAL ADVANCE

.. AND ..

Journal of Homeopathics

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CHICAGO, JUNE, 1904.

No. 6.

Improperly Treated Measles and Suppressed Eruption.

F. H. LUTZE, M. D., BROOKLYN, N. Y.

Gussie M.—Aet, two years, six months, came to me for treatment with the following history: When about six months old she had an attack of measles. An old-school doctor was called, who prescribed and after several weeks of his treatment, the child recovered, apparently —, for the eyes were still lachrymose, inflamed and agglutinated every morning. The doctor said nothing could be done for it, but she would get well in time. After several weeks an eruption appeared on the scalp, which formed thick, yellowish green, dirty-looking crusts, disfiguring the child very much, wherefore the mother called another old-school doctor who prescribed an ointment to be applied thickly all over the scalp several times daily, after a thorough washing with hot water and castile soap. Under this treatment *the eruption healed, but the eyes became worse* and for two years she could not or would not open her eyelids and spent her life in a dark room with eyes bandaged, to which a shade over the bandaged eyes had to be added, if she left the dark room for even a short time, on account of the great photophobia; and thus she came to me.

I attempted to open the eyelids forcibly, but she resisted and frustrated my attempt. I could not see the eyeball or conjunctiva of the lids, though the latter seemed to be healthy externally. I therefore advised the mother to consult an oculist but she wished me to treat the case.

On account of the history and a few symptoms present, she received Bry., Puls. and Euphr.— and finally, at the end of about three months, Sulph. cm., one powder; without any change apparently. The mother then took Gussie to a very celebrated oculist of the old school, "because he had been so very highly recommended," and there was no improvement with my treatment. But after a month's absence she returned telling me the oculist told her nothing whatever could be done for the child, and when told that a homeopath had promised a cure, he advised her to take the child back to the homeopath; and if she were cured, which, however, he knew was impossible, he would like to see the child again.

Seeing some improvement after a month's absence, the mother concluded to consult me again; for as the child had no other treatment during the interval, she concluded that this improvement must be due to mine.

Sulphur, M., one powder.

After two weeks, I was called again and found the child sick with a perfectly developed attack of measles for which she received Bryonia and later on Pulsatilla, according to the indications. She recovered fully in five days when, after several doses of Sac. lac, I gave her another dose of Sulphur M. A few weeks later she came to the office, the old eruption again appearing on the scalp; massive, yellowish-green, dirty-looking crusts, very tender to touch, and matting the hair together.

There was great photophobia, < toward evening, eyelids still tightly closed; with pain in the eyes, worse evenings.

Graphites 200, 4 powders.

Scalp much worse, but eyes are improving, less pain and photophobia. She received now an occasional dose of Graphites (200, 1 m., and finally 50 m.) and at the expiration of a month Gussie came actually to "SEE" me, her eyes wide open, clear and healthy. Shortly after her scalp was in a healthy state leaving no vestige of the former eczema.

In response to a request for further details in regard to this interesting case Dr. Lutze states that the following additional symptoms were present and helped to confirm Graphites, though he believes that the symptoms first reported were sufficient to

clearly indicate that remedy. But, realizing that some of us cannot find the simillimum quite as easily as men like Dr. Lutze do, we are very glad that he has consented to give further details.

The following symptoms led me to select Graphites:

First. The massive, dry, dirty, yellowish-green crusts, forming more especially on the vertex and behind the ears, tender to touch and matting hair together. No other remedy has such an eczema capitis.

Second. Photophobia, worse from sunlight or daylight; but toward evening the eyes opened a little, with fiery zigzags at the edge of the field of vision and greatly increased pain.

Third. Eczema following or alternating with internal affections. These symptoms are only found under Graphites.

Arsenicum has chronic eruption on scalp, pustules or vesicles filled with pus or silvery-white scales.

Calcarea has thick scales with yellow pus.

Mercurius has fetid pustules with yellow crusts.

Mezereum has head covered with thick leathery crusts, under which pus collects, and if the crusts are disturbed, the yellow pus oozes out, matting the hair.—Or; Elevated white chalk-like scales with ichorous pus beneath, breeding vermin.

Staphisagria: fetid eruption on occiput, sides of head and behind ears, itching, which changes place on scratching and increases the oozing.

Several other cases reported by Dr. Lutze we reserve for a subsequent number.

Apis Mellifica in Meningitis.

ARTHUR B. FERGUSON, M. D., SALEM, MASS.

In response to your request for short paragraphs, I submit the following, which shows under what trying conditions Homeopathy will often bring a severe illness to a satisfactory conclusion.

The patient (E. C.) aet. 4 years., developed an acute meningitis, with the following symptoms: face flushed, bright red cheeks,

throbbing carotids, dilated pupils, delirium, violent tossing about on the bed; occasional screams and sudden jumping up, then *throwing himself down on all four*, burying the face in the pillow. Under Bell. there was no improvement; and at the end of three days the symptoms changed for the worse and his life hung in the balance. The intense congestion changed to a pallor, delirium gave place to a sopor, the pupils contracted, urine was almost suppressed and a state of coma supervened, broken by an occasional start and accompanied by an *excruciating brain cry*. (Kent 84.) It seemed to me that Apis was now the only remedy that could bring about a favorable reaction and it was given in repeated doses for twenty-four hours with no apparent change for the better. But during the next twenty-four hours there was an increased flow of urine and this marked the beginning of an improvement which steadily progressed and resulted in an uninterrupted convalescence. Why Bell. did not abort the congestive stage I failed to see. The symptoms were well marked and the remedy apparently closely indicated; but it remained for Apis to clear up a still more dangerous condition and bring back to health one who was on the very brink of the grave.

If Dr. Ferguson had given Calcarea as soon as he found that Belladonna was not working, he might perhaps have avoided the use of Apis, for oftentimes Calcarea seems to act as if it were simply a deeper form of Belladonna by covering very similar conditions when their roots are very deep down. This is a fact well worth remembering. But certainly his success with Apis was one to be proud of, although we wish he would tell us a little more fully what made him think of Apis in these conditions. It will make it a little easier for some one else to make a wise selection later on. Most of the symptoms he mentions are ones which might suggest any one of three or four remedies.—ED.

SEED THOUGHTS FROM MANY SOURCES.—“If Homeopathy has anything to boast of, it is in the treatment of Intermittent Fever.” So writes an India homeopath, Dr. A. W. K. Choudbury, of Calcutta, and he ought to know, for the climate of India makes cases like these exceedingly common and hard to treat.

The Nosodes and Their Uses.

The *Critique*, for April, 1904, contains an interesting article on this subject, by Dr. Edwin Jay Clark, and though we have not room to quote the entire article, we take pleasure in giving a part of it:

“Psorinum, while an excellent antipsoric, is not always homeopathic to psora. Pyrogen is not indicated in every case of septic fever. Syphilinum is indicated in but a minority of the cases of syphilis. Diphtherinum is not to be prescribed a la ignorant anti-toxin methods for every case of diphtheria, but *only for selected cases*, and so we might go down the list. Each remedy must be given only when indicated by the complete picture of the case. The man who prescribes Hydrophobinum simply because there is an aggravation on seeing water is not necessarily making a homeopathic prescription. The man who gives Psorinum because the stools smell like rotten eggs, has forgotten that Scilla and a dozen or more other remedies cover that same condition any one of which may be more homeopathic to the case.

The fragmentary character of the proving of some of these remedies makes it exceptionally hard to use them at all homeopathically. They will, therefore, have to be kept among the reserves, *for occasional use only*, until such time as our knowledge of their action may be more fully developed.

“In studying these remedies we notice a red line running through almost all of them, marked despondency. We notice that many recommend them ‘when the indicated remedy fails.’ We have learned that often when we have a one-sided case, drawing slowly along, symptoms mixed, nothing well indicated, and when that which appears to be indicated does not produce its favorable action, that then the nosode coming the nearest to the dyscrasia of the patient will often stir up the case and bring out and develop a picture that will lead to the selection of the homeopathic remedy.

“*Ambra grisea* shows marked aggravation from the presence of strangers and others. There is also aggravation from any little thing unusual, as straining at stool or walking further than usual or business embarrassments. But *Farrington*

says 'that unless there are some nervous symptoms present in a case, you can hardly expect it to do good service.'

"Anthracinum shows a markedly septic and malignant condition. Marked prostration with subnormal temperature. Intense burning pain. It has many symptoms that might call to your mind such remedies as Arsenicum, Carbolic acid, Crotalus, Lachesis, Pyrogen or Secale. In the terrible pains of cancer, carbuncle or erysipelas it should be thought of in comparison with Arsenicum or Euphorbium.

"Diphtherinum deserves to be well proved. H. C. Allen, in his 'Keynotes,' gives a page of 'cured symptoms, verifications which the author has found guiding and reliable for twenty-five years.' 'When the patient seems doomed and the most carefully selected remedies fail to relieve or permanently improve.' There is a malignancy about its symptoms that reminds us of Lac can., Merc. cy., Bapt., Apis and others. The throat symptoms are not marked but the constitutional symptoms are decided.

"Hydrophobinum or Lyssin shows a marked aggravation at the sight or sound of running water. Bell says: 'Hydrophobinum adds an interesting and well-confirmed symptom to our repertory in the aggravation which with other symptoms makes it applicable in dysentery. Those who have scruples about using a remedy of this character are at liberty to cure cases having this distinctive condition with some other remedy, if they can.' The remedy can be compared with Bell., Canth., Hyos., Stram., etc. Its other aggravations are from the heat of the sun; from bright, dazzling light, from carriage riding.

"Medorrhinum has many symptoms that occur after the so-called cures of specific urethritis made by many who call themselves doctors. The cases were not cured; they were suppressed. The aggravations are from thinking of the condition; heat; covering; sweets, thunder storm; from daylight to sunset. Ameliorations are at the seashore; damp weather; lying on the stomach.

"Psorinum is probably our most often used nosode, and it is our best proved one. Dr. James T. Bell, in that work of his so indispensable to the true physician, gives Psorinum this well-deserved commendation: 'Whether derived from purest gold or purest filth, our gratitude for its excellent services forbids

us to inquire or care.' Psorinum has complete despair of recovery. Patient perspires profusely from the least exertion and at night. Has a dirty, unhealthy, greasy skin, with great tendency to suppuration. Offensiveness is marked—the odor of the body, eructations, flatulency, stool, discharge from the ear, expectoration, leucorrhœa, menstrual flow, etc., are all offensive. It needs to be differentiated from Sul. and in many of its conditions from Arn., Ant. t., Cham., Graph., China, Laur., Caps. and others, T. F. Allen, in his Handbook, devotes three and one-half pages to its symptoms. H. C. Allen, in speaking of its use in fevers, says: 'Psorinum will often clear up a case where there is lack of vital reaction after severe attacks when other remedies often well chosen fail to relieve or permanently improve.' In his 'Keynotes,' he truly says that, 'Psorinum should not be given for psora or the psoric diathesis, but, like every other remedy, upon a strict individualization—the totality of the symptoms. Then we realize its wonderful work.'

"Pyrogen, Kent says, 'has the anxiety of Arsenicum the restlessness of Rhus, the soreness of Arnica, the aching of Eupatorium and the rattling in the chest of Ant. tart.'

"Syphilinum, like Mercurius, shows marked aggravation at night. You will remember that this is the opposite of Medorrhinum.

"Tuberculinum or Baccilinum, while especially adapted to the class of patients in whom you would look for tubercular conditions, is never to be prescribed for that condition only. H. C. Allen says: 'Adapted to persons of light complexion, blue eyes, blonde in preference to brunette, tall, slim, flat narrow chest, active and precocious mentality, weak physically. Symptoms ever-changing. Takes cold easily without knowing how or where. Emaciation rapid and pronounced,' are some of its more marked symptoms.

"Variolinum has only a fragmentary proving, but has won laurels as a prophylactic against smallpox superior in all respects to that of vaccination."

The world never retrogrades, except in spots. The average is always slowly onward and upward.

Constant Thirst in Intermittent.

Dr. H. E. Maynard, of Winchester, Mass., reports an interesting case of intermittent fever, in which there was thirst during the prodrome, the chill, the fever and the sweat (all four), which was cured by a single dose of *Natrum muriaticum* 1 m. Some of the other symptoms were type; tertian and a chill which began at 8:40 A. M., and lasted until noon; aching all over, chill commenced in chest and shoulders, and was accompanied by dyspnoea and needle-like pains all over the body.

The patient was much emaciated, had yellow face and body, was very nervous, cried easily, wanted to be alone and felt much worse when her friends were trying to comfort her. She had had a cough for several months.

Dr. Maynard calls attention to the fact that the occurrence of thirst in all stages of an intermittent is not common. So far as he is aware there are only three remedies that have this condition: *Bry.*, *Eup.* perf., and *Nat. mur.* Can any of our readers suggest still others, illustrating by a case from their own experience?

Involuntary Barking: A Case of Chorea.

Leaves from the Records of the General Clinic College of Homeopathic Medicine and Surgery, University of Minnesota.

REPORTED BY PROF. G. E. CLARK.

CASE 19522.— Boy age 12, colored.

Diagnosis: Chorea.

Long before his number was called Johnny made known his presence by sharp and frequently repeated cries that could be heard all over the building. It was not a cry of pain, but rather a sudden contraction of the respiratory muscles, that made a short, sharp bark, like that of a diminutive cur. This was entirely involuntary. Three months ago when it began, it occurred very seldom; but now is heard every few minutes and is much louder than formerly, especially when the boy is excited. That his condition is growing much worse is shown by the production

of this noise even in his sleep, which has been the case during the last three nights. Formerly the child had a very happy disposition, but now is cross and irritable. No assignable cause can be discovered for this unusual train of symptoms. The lad has had no previous sickness and appears fairly well nourished. Like many of the poor of our large cities, however, he leads a very rough life, surrounded by very unhygienic conditions.

This affection is essentially a disease of childhood; is not common in the colored race and is found more frequently in girls than in boys. No hereditary tendencies can be elicited. The heart shows no organic lesion and besides being slightly accelerated presents no feature of interest.

The examination having established the diagnosis, there is danger of its influencing too largely the selection of the remedy. Too often the question is asked: What are the usual remedies for chorea and from this list we are apt to select the remedy most frequently used.

Many a case has failed of a cure by establishing the remedy on such a pathological basis. No doubt we shall similarly fail in this case, if we do not go deeper into the systemic disturbance.

Hahnemann has plainly indicated that the curative remedy will be discovered by a comparison of the entire symptoms of the individual sick person. Our first and most important duty then is to find all the sick symptoms presented by this boy.

First of all we learn from the mother that he was a very large and fleshy child, when a babe; that dentition was late and difficult; that his feet now sweat profusely, so that his stockings are damp at night. That the urine, is very strong smelling and occasionally passes involuntarily; also that he takes cold easily.

Calcareo was clearly the remedy demanded — *not* by the name of the affection — but by the constitutional disturbance that was back of it. It was accordingly given in the 30th potency every three hours till better.

The following week the mother stated that the boy was much improved. He seldom cries out now and not at all in his sleep, which is now quiet and restful. He is not as cross and irritable and rarely cries as he did formerly.

Having made this very favorable impression, Sac. lac. was given next.

On the following week — fourteen days from the time of first taking the remedy, the mother reports that not more than once or twice a week does the lad now cry out, that he can control himself when he tries and is otherwise quite like his former self.

No more was seen of the patient for four weeks when the mother reported that Johnny had lost a little brother to whom he was much attached and that following this bereavement there had been a slight return of his former nervous symptoms.

This incident well illustrates the important part that depressing emotions have in the production of this class of diseases and should be borne in mind in the treatment of such cases. The same remedy in a higher potency was given; with speedy removal of all nervous disturbances.

[The next case in this series will be a clinical comparison of Phosphorus and Tuberculinum. ED.]

Carbo. Veg. vs. Salt Solution.

DR. MARY A. SEYMOUR, CHICAGO, ILL.

The "irregulars" announce to the world a "Great Discovery;" that salt solution is a savior to those in a state of collapse from hemorrhage or any exhausting disease; that is to say to prevent death coming in and claiming the victim. I maintain that it cannot even be classed in the same category as a restorative with Carbo. veg. 30th. I would rather have five drops of the 30th than a pailful of salt solution.

Let me illustrate. I had a patient that had been ill for months suffering with excessive hemorrhages. When death was momentarily expected, I came in. The pulse was hardly perceptible; the limbs were cold; mind hardly conscious of environments. I gave five drops Carbo. veg. 30th. I knew this was a test for homeopathy; therefore I gave what I thought a large dose. I watched with the rest. First a little trembling of the closed eye-

lids, a little color to the lips next; soon consciousness returned, warmth followed and the sequel is, that patient is alive today.

A new lease of life of more than twenty years all owing to the application of the affiliated remedy.

Yes, Carbo. veg. is better, if you know when to give it and when to give something else. But some folks don't; though I suppose they can learn. P. D.

A Case of Abdominal Tumor.

Dr. Julia C. Loos, of Harrisburg, Pa., reports the following case: Miss R. H., aged 70, had, in August, 1902, a large cystic tumor, which filled the anterior part of the abdomen, from pubes and ilia to the diaphragm, extending from the right wall to the left. The circumference of her waist just above the unilicus was forty-two and a half inches, although she was only a little over five feet. For the first year after being put under treatment there seemed to be no improvement, and the tumor had even increased a little in size.

In July, 1903, she complained of pressure symptoms of lungs, heart and liver; also pressure of ribs into the skin and pressure on the thighs when sitting. She was failing perceptibly; was weak, nervous and indifferent though remedies had been adjusted as they seemed indicated. At this time Calcarea 13 m. was given. Soon the return of old symptoms of years before, together with general improvement, gave its testimony to a proper selection.

In December, Colocynth was called for by its characteristic abdominal pain. When this pain subsided, under the use of Colocynth a profuse, painless, watery diarrhea commenced and continued for several weeks. Thus was the tumor relieved.

In two weeks' time, the circumference measurements were reduced from thirty-two and a half to thirty-one inches (for the hypochondria) and from forty-two and a half to thirty-six inches (ilio-umbilical) and the spirits and delight of patient rose accordingly though she was very weak for a while. But gradually she gained her strength and equilibrium.

By February, 1904, the waist measure was still further reduced, though tumor could be outlined in the right iliac region extending upward to the left, just beyond the umbilical lines. In April, 1904, diarrhea again began and with other symptoms called for Sulphur. This, in potency 55 m., gave so much strength and comfort, that in one week, the patient was at work in her garden and about the house with joy and ease.

Dr. Loos also reports a case of tumor located in the upper part of the mammary gland, involving the deeper rather than the superficial tissues, and not freely movable, which was greatly lessened in size by Conium. She does not give any further details of this case.

An Enthusiast on the Rio Grande.

Dr. J. F. Edgar, of El Paso, Texas, reports three interesting cases, though we are sorry to see that he feels obliged to abuse the "irregulars" quite so often since the only way to cure a man who is badly off the track, is to hit him occasionally but be careful not to do it too often. Dr. Edgar writes:

I found a strong man, bound hand and foot in bed, he was so violent. Of water, he was so much afraid, that the very mention of it set him to barking and snapping like a dog. He would even bite his own hands, if loosened, while his eyes were wild and vicious. I gave a dose of Belladonna 200 and in a few hours that man could drink as well as others, and was no longer a source of danger to his friends.

ANOTHER BITING CASE.

Again, not long ago, I traveled several hundred miles to help one of nature's noble-women, who, in the latter months of pregnancy, suffered unduly. For she and her sisters have suffered cruelly at such times, both at the hands of nature and of skilful (?) surgeons.

I found her hands and feet badly swollen, which was soon relieved by Apis 30. Later, as the pains came on, she was by

turns unconscious, with a flushed, hot face, and then snapping like a dog at her husband, who was holding her hands. Then she would fall asleep for a while.

I watched her through several of these paroxysms, then gave her one dose of Belladonna 200, and in a short time she revived, looked up at her husband and smilingly, sweetly said: "I dreamed that I had left you, I am so glad that you are here." The baby was born soon after, and there was no further trouble. No nervousness, no fear, no need of a consultation, no chloroform or forceps or torn perineum or injured woman or large bill; and all simply because I was fortunate enough to know of a better way. Not my knowledge, but simply a pure, sweet knowledge of God. Is it any wonder that things like these make me glad?

GURGLING NOISES DURING SPASM.

Now, just one more case: A woman in the third month of pregnancy had suffered so much from three young doctors, who did not understand her, and from nausea with excessive nervousness, that at last she went into spasms, and was thought to be dying. The most characteristic symptom that I noticed was gurgling in the stomach and abdomen during the spasm, which seemed to call for Zincum. I gave it in the 200th potency, and the spasms soon ceased.

It makes me tired to hear people say that all was done that skilful physicians could do in cases like these, for it seems to me we hardly have a right to call a man skilful, who deliberately refuses even to investigate a method of treatment which produces some such wonderful results as does Homeopathy. If they would only honestly investigate, and then reject it, I might feel differently. We on our part admit that their methods do sometimes at least relieve pain; they, apparently, will admit nothing in regard to the merits of our way.

It seems to me again, that we are too prone to say in cases of failure: "The best homeopathic remedies were administered, but without relief;" for no medicine can be called the best, unless you are perfectly sure that it was just the right remedy, *suited to this particular case*, and oftentimes this is just what the un-

successful physician is not sure of at all. But, if I have selected my remedy carefully, and it does not take effect, I for one have found that the best way is simply to give a higher potency of the same remedy, which is then almost sure to do the work.

In a more recent letter Dr. Edgar gives a few more details. He points out the fact that the hydrophobia of Lyssin differs from that of Belladonna in that it has not the peculiar flushed hot face, which is so characteristic of Belladonna; while frothy, sticky saliva is much more prominent. Then going on to compare Stramonium and Belladonna, he says: "The Stramonium patient seems to be simply stirred up by hallucinations or some bright object *without*; while in Belladonna cases any one can see that the main causes are strictly from within.

In regard to his Zincum case, he tells us that the more distinctive symptoms which suggested Zincum, were the fact that the woman became blind before her spasms came on; secondly, that there was noticeable sexual irritability; and thirdly, the fact that in Hering's Guiding Symptoms, on page 507, Vol. 10, gurgling is especially mentioned in connection with menstrual spasm.

Is Surgery a Profession by Itself?

A writer in the *North Pole Gazette* has a most interesting article on this subject, from which we borrow a few thoughts. He points out the fact that, because of its rapid growth of late years, surgery has already become a specialty which no man can hope to master, so as to do his best in it, without devoting himself to it, to the exclusion of general practice; and on the other hand that there is a steadily growing number of men who, though enthusiastic general practitioners, carefully avoid all sorts of major surgery, and even minor surgery as well, except in emergency cases and such as require almost no special skill at all but only a knowledge of the A B C's of surgery. Then he turns to obstetrics and boldly asserts that many a life might be saved, which is not, if the habit of having lyin-in hospitals were more widely encouraged; for here there would not be so much time wasted in waiting for nature, and so a very small number of skilled specialists in obstetrics could be at the service of a very large number of women, the most experienced among them always ready to take the most difficult case. Incidentally the sug-

gestion is also made that such hospitals should furnish at cost a much larger number of private rooms, where all ordinary attendance and nursing may be done by the patient's own friends, thus greatly lessening the present cost and needless publicity of hospital confinements.

Then comes the strongest part of the article; for he turns and asks, Since no one man can ever really do his best in all these branches and since an ever-increasing number do not even care to try their hand at both surgery and general practice, what earthly sense is there in compelling every medical student to go through a course of lectures and examinations which are SUPPOSED to fit him for successful and intelligent practice in both; and then this writer from the land of bears and gulls is actually so stupid as to claim that this excess of undigested learning, so called, is one important reason for the world's being so full of third-rate, good-for-nothing doctors. For, says he, after a man has spent four years learning a lot of stuff for which he has no love and no use, he naturally gets lazy and dyspeptic (mentally) and then waxing hot, this writer actually says (out of school, where folks will hear him) that many a poor man dies and some rich ones as well, needlessly simply because the doctor in charge was such an everlasting sophomore, pretending all his life to know a thousand things which he does not know and even has no real desire to know; for he has found that a discouraged doctor, who has half lost his self-respect and almost thinks his calling a humbug, is of all men the laziest and least likely to ever make it anything better in his own wee corner.

We are glad to say that in spite of all this bigotry, the writer's bigotry we mean, not ours, he is actually honest enough to admit that country doctors and cranks and a few others who hope in that way to make more money, should be allowed to partially combine the two branches of surgery and general practice, though plainly told that so long as they do this, they can never hope to go to the top of the ladder; and so he coolly asserts that in every medical college there ought to be three different diplomas offered, one for surgery, both major and minor, one for minor surgery, including real and unavoidable emergency cases, plus a knowledge of the A B C's of the art of curing diseases in general;

and lastly a diploma for "specialists in the art of medicinal healing." Of course, like all humbugs, this sounds fine, but where he is going to pick up millionaires enough to properly endow his medical colleges he doesn't say. Such men never do. But even then this man of ours, this Esquimau of the long tongue, is not satisfied; but frankly says that the state board of health of Nomansland ought to be compelled by law to issue separate licenses to these three, though even he is frank enough to admit that he does not remember Latin enough to find a name for three so similar professions.

But evidently there are a few sensible people even in Nomansland; for he goes on to admit that some one has objected that for nine months before confinement your patient needs a common doctor and not a surgeon and also for nine days after; and that even at the moment of having his leg cut off a man may need medical help as well as surgical. All of which he dodges by simply admitting that there are a few things in regard to medicine which even a surgeon needs to know, and that surely this does not prove that he ought also to know the proper treatment for every other disease in heaven or earth or hell. *This is a poser*, and we don't see yet how to answer it; but if truth is on our side, it is sure to win in the end. It always does *out of court*. But even yet our critic is not satisfied; like most other homeopaths, he wants the whole pig or none; and so he has thought out a beautiful way to keep the surgeon in ignorance, as far as nature will permit, and that is that the practicing physician should care for a woman's general health all through confinement, except when his consulting partner, the surgeon, by occasional visits, discovers that his help is needed, he to be the boss in such cases. Why he didn't propose having one doctor for the first three months and another for the last, and one for a man's right leg and another for his left we can't say. But we have at least tried to be just and gentlemanly and have freely aired his wild dreams — because we thought they would at least interest our readers — and so our duty is done; but probably before we are fairly round the corner some one will turn up to say that he is right. But we don't mean to worry; for we are sure truth will win, and only one can see which side that's on.— I. G.

Gonorrhea and Its After-Effects.

Dr. H. Peterman, of Ardmore, I. T., reports the following case: "A young man recently came to me who had a very painful swelling in the right knee, being obliged to walk on crutches, his right hand also showing signs of approaching paralysis. Various remedies had been suggested; two prominent physicians advising amputation; but it seemed to me that the case was curable by internal remedies. So I simply asked the young man how long it was since he had gonorrhœa, immediately suspecting that this was the probable cause of his condition. He replied that he had had it about a year ago and had been "cured" by a reliable physician; but was now all over it. I simply told him that the gonorrhœa was the first cause of his present state, and that his good friend, the physician, who had treated the case with injections, was the second cause. Of course, he was somewhat surprised, but was willing to put himself under my care.

I gave Merc., i. r., 6, followed by Lycopodium and he is improving steadily, and in three months' time will probably be able to go back to work. I can speak with assurance, because I had a similar case fifteen years ago which was successfully cured without any relapse.

Dr. Schott, of the St. Louis Homeopathic Medical College, once said in one of his lectures, that it is an easy thing to cure a man, if we only know how. I laughed then, but I now realize that what he said is often true, and I believe that Homeopathy will live and prosper in spite of all the kicking that it gets, and all the unfortunate blunders that we make.

[Dr. Peterman then closes with some German, which, unfortunately, we are unable to read. In another part of the same letter he says: "For forty-six years I have been a homeopath, and I see to the joy of my heart that our noblest men are still pleading for Homeopathy just as it was taught nearly fifty years ago, when I was a student."]

[Yes, Dr. Peterman, only it is just a little broader and deeper and richer in some ways, though the kernel is the same; but we ought also in justice to say that some who call themselves homeopaths have sadly backslidden and are such only half and half; *yet even these believe in our ideal, and in course of time will help us in perfecting it.* P. D.]

Another interesting remark in the same letter is the following: "The true homeopath need not spend his time hunting for mi-

crobes. He cures his patient with the indicated remedy and the microbe disappears, if the case has not been too long neglected."

Evidently Dr. Peterman believes in putting on the boxing gloves occasionally.

Prescribing for an Old Indian Squaw.

DR. J. FITZ-MATHEW, WEST SOUND, WASH.

I was asked by a French half-breed to visit his wife, an old Indian woman (Kleuchman he called her), who was supposed to be dying of consumption. No one who has not seen a home like this, can imagine the utterly unsanitary conditions under which people of this class live on the Pacific coast. For years all the slops and refuse had been simply thrown out around the house, including a choice assortment of fish heads and fish tails and bones. I could not even find a clean place to sit down. Probably there were germs enough on these premises to stock all the laboratories in the country and there were also fleas *ad libitum*. The patient had a cough which was racking and painful, expectoration of pus tinged with blood; night sweats and great weakness. I found her respiration accompanied by moist rales; but the *percussion note was normal*. (Diagnosis chronic bronchitis.)

It is very difficult to get subjective symptoms from an Indian, for she can hardly speak our language and her mind is far from clear. But at last she said, placing her hands on her chest, "like ice." I gave a dose of Sulph. 200 (Dun), left two more, one to be given at bedtime and one in the morning with *Placebo ad libitum*. She improved rapidly and entirely recovered under these three doses of Sulphur, two of which might have been left out, had I been able to note the re-action which followed the first dose. You may find all the general symptoms of phthisis in chronic (plastic) bronchitis; but the percussion note is normal and there is no profuse hemoptysis.

A Fragmentary Proving of Variolinum.

DR. PAUL B. WALLACE, GREELEY, COLO.

I have been using Variolinum c. m., instead of vaccination and out of seven cases, five have had pronounced symptoms.

Pimples beginning with red spots on forehead, having a shotty feeling; some of them dry up, others have a little pus from about the third to the fifth day.

Symptoms appear from the tenth to the fifteenth day after taking a single powder. There is a feeling of utter collapse < 11 A. M.

Empty feeling in hands and fingers, as though blood had been drawn off.

Weakness through abdomen and back.

Headache, continuous, for three days, of a dull character day and night < on top and in frontal region.

My First Case of Winter Asthma.

MR. D. C. PIERCE, ST. LOUIS, MO.

Having read many very interesting cases in THE MEDICAL ADVANCE, cured by the single remedy, I send the details of a case that seems to me interesting; but as I am only a senior student perhaps you may not care to publish it.

On Jan. 24, 1903, was called to see a young man, Mr. C. K., aged 16. Family history: grandfather on mother's side died of tuberculosis; mother has had enlarged tonsils all her life, also one sister age six years has enlarged tonsils for which I gave at one time Baccillinum 1 M. with marked improvement.

On reaching there I found that he had a severe cough, worse on lying down, but could not elicit any other symptoms, so I gave Drosera 200, and went home, telling them to call me again if necessary. About 9 P. M., they reported no improvement; so I called a second time. This time I found the patient sitting by

the table and asked him to lie down. On doing so he was seized with a severe attack of asthma, and on further questioning him I found that these attacks of asthma had followed him since having the whooping-cough as a child. The mother informed me that these attacks came on every winter, as soon as it commenced to get cold and left off as soon as it got warm again in the spring. This reminded me of Allen's "Keynotes," under "Carbo. veg." "Persons who have never fully recovered from the exhausting effects of some previous illness; asthma, dating from measles or pertussis in childhood."

I then gave Carbo. veg., 200 with more hope of success and secured relief inside of a few minutes. He slept fairly well the rest of the night and in three or four days the attacks of asthma had wholly ceased.

[Your only mistake was in giving Drosera at all, for if on your first visit you had stopped to ask in regard to the boy's past life, you would have found out very easily that Carbo. veg. was the medicine; for whenever in a seemingly acute disease you find a great scarcity of symptoms, you may be perfectly sure that it is really only the breaking out of a deeper chronic ailment which your patient has had for years. But I am heartily glad that you knew what to give, when you got a glimpse of that past life. We shall hope to hear from you again.—ED.]

A Curious Case.

ABOUT WHICH INFORMATION IS WANTED.

Dr. Bray, of Dubuque, Ia., reports the following, which he cured by Phos. ac., Ign., Bella. and Gels. Can any one suggest some one remedy which might have covered the entire case? The symptoms were as follows:

B. C., a boy of thirteen, blonde, hopeful, cheerful, mischievous and quite fleshy, had been failing for six weeks. Trouble first brought on through *excessive grief* over the loss of a pet horse. Seemed to be totally oblivious to everything and everybody. Had lost interest in everything. Was worse mornings. When partly dressed he *would undress and begin over again*. He paid no attention to advice or reproof. At times when walking he would *stop and go backward*, until reminded what he was doing, when he would go on again. When standing still he was

nervous, *snapping his fingers and working his knees*. Later on, after partial treatment, a disposition to escape and hide developed themselves.

Kent's "Repertory" under "Gestures, Plays with Fingers," gives Bell., Calc., Hyos.

Restless knees, gives Alumn., Anac., Asar., Lach., Lyc., Spig., Rhus., Staph.

Grief, bad effects of, seems to confirm Anac., LACH., Lyc. or else STAPH. Some other symptoms seem to likewise confirm Bell. or LACH; but we should be glad to have more definite information in regard to some of these odd symptoms, your own clinical experience and also references to books.

A Fat Face but an Emaciated Body.

DR. A. A. POMPE, VANCOUVER, WASH.

A mother brought her little girl, Dorothy, who had been suffering for two years with a greenish, offensive, excoriating leucorrhœa, < when walking. She has a fat face but was emaciated in arms, body and legs; looked rosy and of light complexion.

Looking in Kent's "Repertory," I found under Leucorrhœa in children, Cal., Can. s., Caul., Mer., Puls., Sen., Sep. But the child had the marasmus symptoms of Natrum m., as well as the Leucorrhœa symptoms of a Natrum m woman. I decided to give the Natrum 200, one dose. The mother reported a week later that the entire trouble had ceased.

The only criticism P. D. can find to make of this cure is that evidently Natrum covered the entire case beautifully, for we have gone over it all in detail, and Dr. Pompe's rapid cure of so chronic a trouble is certainly evidence in his favor. And yet it is barely possible that Sepia would have worked just as well, for if he had looked a little further in Dr. Kent's "Repertory," under "greenish," "offensive," "acid" and "walking," he would have found that Sepia is black-faced in all but one of them. But we cannot find "fat or normal face with emaciated body, legs, and arms anywhere." So we hope Dr. Pompe will tell us sometime where it is, for he is probably right. Please give page and author. These complex symptoms are easy to overlook and hard to find,—also N. B., Nat. m. and Sep. are complementary and later on you may need

Sepia as well. Sometimes these complementary medicines seem to work equally well in either order AB or BA. Dr. Pompe's cases are of special interest because he tries to explain why he chose the medicine. This gives P. D. a chance to scold, but it also makes them far more helpful to our readers. We shall hope to hear from him often. [For fuller details see Thought Exchange.]

CHRONIC PNEUMONIA.

Dr. Pompe also reports the following:

A brother of the above, nine years old, had pneumonia *five years ago* and ever since has not been well.

Looks thin, coughs and his nose is always stopped up at night (K 340) so he cannot breathe through it, which makes him restless and *very mad*. He had no more trouble after one dose of Lycopodium 200, and slept all night without waking.

This was the family's first experience with Homeopathy and I do not think they will ever go back to the old way.

[A long time ago Dr. Meyhoffer, in his work on lung diseases, pointed out the fact that Lycopodium is very often indicated in chronic pneumonia, although this fact does not seem to have been reported by recent writers. This case is an interesting confirmation of it. The first case that P. D. ever treated homeopathically was also a case of chronic pneumonia cured by Lycopodium, but it took me two weeks of hard work, six or eight hours a day, to find my remedy. Hurrah for patience! But one of the doctors who lent me his books, but could not cure my girlie, swore at me a little though I think he admired my courage.]

Healthy Lungs.

A recent editorial in the *Hahnemannian Monthly* gives some interesting advice to those who are anxious to have healthy lungs for the old folks, the young folks, and themselves. We give a few of the points, with additions of our own, for the article was one to set us to thinking.

1. See that the winter's snow does not lie melting in your streets too long, where walls and fences and frequent tramping prevent it from melting as fast as it does out in Mother Nature's pasture lots.

2. Don't have any needless puddles of standing water in your streets or near your house.

3. Breathe as little impure air as possible in your town, your church, your theaters, your parlor and your bedroom and also in the street cars; for each whiff of impure air lessens a little the vitality of the lungs you are hoping to protect and thus makes it easier for disease to obtain a foothold. Or as the writer sums it up, "Do not work or sleep or play in hot or poorly ventilated rooms."

4. Avoid, as far as possible, going too suddenly from a hot room into the cold air. First see to it that the room does not get too hot; and, second, wait a few minutes in the hall or corridor before going out still farther on a cold winter's day.

5. Be very careful not to get chilled in any way when overtired, a suggestion which old people and their friends should very specially remember. For then it is that we catch some of our worst colds that lead on to pneumonia and death.

6. Wear light, warm undergarments and wraps; but don't wrap up too warm, it only cripples your lungs and entire body.

7. Keep your feet warm and dry.

8. Learn to think and dream and talk on your feet OUT IN THE OPEN AIR; that lungs and brain may grow strong together, instead of growing weaker because you are so busy.

9. Be careful what you eat, for the lungs have to help get rid of all that you eat to excess, and so are weakened by it.

And lastly go to sleep, when nature asks you to; so lungs and heart and brain may not give out too soon.

OUR QUESTION DRAWER.

CASE I. (Virginia.)

MY DEAR DOCTOR: The case on which you ask an opinion is an interesting one, and probably points to Silica, Sulphur or Thuja, for these are our three most often needed remedies for the bad effects of vaccination (K. 1337), and several other symptoms in your case point strongly in the same direction. I notice

you finished off with Silica. It is quite probable your results would have been even more satisfactory, if you had begun with it or with Sulphur. Of the symptoms which you report, aggravation by vaccination, ulcers at the root of finger nails and toe nails and inflammation of the toes, are the most distinctive (see reperi-tory), but to be at all sure of your case, you should study a little more closely the past life of your little patient; for a lot of skin symptoms (taken alone) are very apt to be puzzling and misleading; then supplement by a look at other parts of the body both past and present, and at the way in which life in general invigorates or annoys your patient, now and always has (off and on) ever since he was born, for these are the roots that run deepest (what the books call Generals, though the word is an unfortunate one). For in one sense backache is general, and yet it is of far less distinctive value than aggravation in a warm room, or after sleep or at 11 A. M., for it is far less universal. *It does not reveal the whole man* as strongly as fear, hurry and aversion to bathing do; so that it seems to me that we might call these last symptoms universals; for in one sense every man is a sort of universe in himself, so many sided, so different from other men and yet so surely a united whole. I think you will find that the more carefully you hunt for the rather rare symptoms in each case (Organon 153) *plus these vague and omni-present universals* of your patient's life and character (see "Materia Medica Pura"), the more intensely interesting and satisfying your daily work will become. Yours very truly. H. P. C.

CASE II. *A Tearful Woman.* Dear Doctor: The case, in regard to which you asked my opinion, is, as you frankly admit, not described fully enough to make it wholly certain what is the very best remedy for your Boston patient, for whom you are pre-scribing by mail. Yet the two symptoms, "Burst into tears when telling of her symptoms, and when spoken to kindly" are highly characteristic of Puls., Nat. m., Sep. and Sil. (K. 97 a) while the other symptoms of the case tend quite strongly to indicate that Puls. and Sil. are the remedies, with the possible addition of Sul-phur. This much is almost certain, that Pulsatilla 200 would help her and make life much easier. You could then slowly go

higher, or change the remedy, if the symptoms require it. But you ought to teach your correspondent to report a little more in detail. I enclose a tiny little blank, which you can send her, which will help her in doing this.

As Pulsatilla women (and men) are often highly hysterical, it would hardly be wise for you to go higher than the two hundredth in the first dose. The curative aggravation might be so severe as to frighten her.

A Few Questions for Beginners.

Write your answers on a slip of paper, then look in Editorial Corner for replies.

1. When a cough is relieved almost like magic by lying down, what medicines does it suggest most especially?
2. Are these the only medicines suggested by that symptom?
3. What other medicines might it suggest?
4. What other symptoms are there that would strongly confirm *Manganum*?
5. Do you know any remedy for miserliness or for people who are a little too economical?
6. Is laziness a disease? and is it curable by medicine? Where would you look in your repertory for the indicated remedies?
7. Can bad spelling be partially cured by medicine? If so, where shall I look for the remedies?
8. Do different forms of suicidal tendency, shooting, drowning, cutting, etc., point to the same remedies?
9. What would you give to a man who talks too fast?
10. How about the man who talks too much and never knows when to stop?
11. Will an exceptionally small nose help in the selection of remedies for chronic diseases? If so, what does it suggest?

12. What is the remedy which seems to be oftenest indicated for exceptionally big noses (chronic)? I do not mean a swollen nose.

13. Can you mention two medicines that have a very marked affinity for the wings of the nose?

14. When, in a case of post-nasal catarrh, the mucus hangs in strings, where can I find the most likely remedies?

15. How are Arsenic and Pulsatilla affected by a warm room?

16. What is the quickest way to help a beginner in understanding Silica?

17. And how can we best explain to him the action of Alumina?

We believe in asking hard questions; trying to answer them is often helpful and makes us more quick witted *But they are not a true test of scholarship*, for the man with the best memory is not necessarily the best prescriber.— P. D.

THE EARLY RECOGNITION OF MEASLES. The *Medical Press* for Jan. 20, 1904, calls the attention once more to the importance of Köplik's spots as a help in the early recognition of measles. These spots are described by different observers as white, bluish-white and bright red. The truth seems to be that they are all three colors at different stages. As to their site, there is no dispute. Most commonly they are found in the buccal mucous membrane, opposite the molar teeth, but they may also occur on the inside of the lips and on the palate. The area covered varies from a mere pin point to the size of a silver penny. Their importance clinically is due to the fact that these spots are seen, as a rule, inside of twenty-four hours after the first catarrhal symptoms show themselves, and clearly demonstrate a case of measles two or three days before the appearance of the rash; for most writers concur in saying that there is no other disease in which they are found, and they can be easily differentiated from thrush stomatitis and adherent milk-curd. They are found in about nine cases out of ten.

THOUGHT EXCHANGE.

Homeopathy in Nebraska.—Dr. Martha E. Clark informs us that at the recent Nebraska State Homeopathic Medical Society Meeting the papers read before the Bureau of Materia Medica were most delightfully practical and homeopathic.

Hahnemann's Birthday.— On the tenth of April, 1904, a goodly number of the friends of Hahnemann, in far-away India, met at the home of Dr. P. C. Majumdar to celebrate our leader's birthday. The gathering was so pleasant that arrangements have been made for a similar one next year at the home of Dr. Ray.

Homeopathy in Japan.— Notwithstanding the known fact that the Japanese turned down all homeopaths in their empire, we still find our sympathies on their side of the fence in their present scrimmage with Russia.— *Exchange.*

A Great Increase in Typhoid.— Ten years ago most of us saw cases of typhoid fever very seldom; today it is as common as whooping cough or measles. But in that older time we treated *many* cases of bilious fever, malarial fever, continued fevers, intermittent fever, lung fever and various other sorts of fevers, which, strange to say, have utterly disappeared since. Another curious fact is that typhoid fever nowadays is not as fatal as it used to be, and is often cured inside of a week. This is certainly encouraging.— *Selected.*

“ Fat Face with Emaciated Body, Legs and Arms.”— This symptom is not found under any remedy, expressed in this language by any prover, but it has been often verified in clinical work. The emaciation of Natrum begins in the neck and gradually extends over the body, while the face alone would not show it.

In this particular it differs from Abrotanum, in which, generally speaking, the emaciation begins in the extremities and extends upward.

Again the emaciation of Iodin, Tuberculinum and some other remedies, is general, including all organs and tissues. Many remedies, as Stannum, Tabacum, Causticum and Baryta have emaciation of affected parts, single parts of the body, and these various phases of constitutional action of different remedies must be studied carefully, and often the prescriber will be compelled to "read between the lines" in order to find the true action of the remedy.

Is Bathing a Good Thing?—Dr. J. D. Robertson, of Chicago, has come out in the daily papers with a series of articles, declaring very emphatically that for some people, and apparently he thinks a good many people, bathing, instead of being a source of strength, is only a source of weakness. There doubtless are some cases where the skin can really be kept more healthy without use of so much water, *provided the clothes are changed frequently*, and the skin occasionally stimulated with brisk rubbing. Just how often such cases occur, we shall have to leave Dr. Robertson and our readers to decide for themselves, and the chances are they will not quite agree.

But it is rather curious to see the name and address given of a Boston physician who says over his own signature: "I have not been in a bathtub for a dozen years; and though we have a family of five of the healthiest children you ever saw, *none of them is ever tubbed.*" We have heard of anti-vaccination, in fact, we believe in it; up to a certain point, for compulsory old-school vaccination certainly does sometimes do needless harm, which homeopathic prophylaxis would avoid, but we never yet heard of anti-bathing as a hobby among people who made a boast of being clean. But even here there is doubtless food for helpful thought, though it is a great pity that men who have a new idea generally run it into the ground.

Dr. Robertson's address is County Hospital, Chicago, so we refer our readers to him for further details. One thing is dead certain, God has not made all men alike. Many a thing that is most helpful and invigorating to one person may be utterly exhausting and harmful to another. This much is worth remembering.

Rhus Tox for Heart Strain.—It is interesting to hear of a railroad conductor who was caught in a wreck, and brought on heart trouble by almost superhuman efforts to release himself; but was afterward helped markedly by Rhus tox., showing that it is good for a strained heart, just as it is good for strains elsewhere. The man finally died five years later of heart failure, following pneumonia. But he had not received Rhus any higher than the sixth decimal potency.—We cannot help wondering if a higher potency would not have prevented this failure.—*Case reported by Dr. G. Royal, in the N. A. J. H.*

Water in the Sick Room.—The good effects of bathing in many cases of grave sickness are well known, but Dr. E. C. White, in the *Homeopathic World*, calls attention to the fact that there are some cases where it simply makes a patient worse, and that we should not disregard a patient's involuntary protest in mere blind obedience to a theory. He says that by excluding air and sponging he has saved many cases. While, on the other hand, an even slightly injudicious use of these ordinarily helpful adjuvants has helped on toward a fatal termination, or else has sadly complicated and prolonged the case. We should not forget that truths generally go in couplets. They are not born singly but as twins, and for nearly every merely didactic rule there is some corresponding rule to qualify and *seemingly* contradict it, though the contradiction is only due to our having slightly misrepresented one side of the truth or the other.

A Wise Old Soldier.—We met not long ago a veteran of the war of 1861, who had carried his high potency ideas to such glorious heights that he did not even use the cm. potency, but got along without any medicine at all. And, as we heard him tell how he used to fool the doctors in war times, and slyly give a dose of medicine each hour to the spittoon, instead of giving it to himself, while he ate apples on the sly, we could not help thinking that the apples had wrought a most wonderful cure, and deprived him of a good fat pension; for he is still hard at work, poor fellow, in spite of his sixty odd years and an ex-soldier at that.

But how about his philosophy? Is it really true that no medicine at all is better than the *cm.* potency? No, it is not. We cannot explain the action of these higher potencies. Neither can any one explain the action of radium or electricity. And although we believe that there are times when God heals the sick in answer to prayer, it is a grave mistake to assume, once for all, that He has no other ways of doing it. We know that He has sometimes fed vast multitudes with only a few small fishes; but we also know that even Christ very seldom used these extreme methods. God is not a hobbyist; He has many ways of blessing us; He has many ways of working; and any man who will patiently watch a large number of his Faith-Cure and Divine-Healing friends, will find that a good many of them are slowly going downhill, and getting sicker and sicker, in spite of their so-called cures. For there are certain slowly-advancing diseases common to many of us, which even Homeopathy cannot wholly eradicate. But it is an indisputable fact that these good people, who make a hobby of Divine Healing, go downhill a good deal faster than those of us who are willing to occasionally use a little medicine. And out of our genuine respect for our friend, the soldier, we would remind him that the night sweats and slight fever, of which he complained next day, were not due to the hot car, but to some weakness in his own life which is progressing a little faster than it need to, because of his assumption that God is a hobbyist and cures men always in the same way.

The Mental Symptoms of Aurum.—Dr. H. R. Arndt. states that the Aurum patient, even in his gloomiest and most suicidal moods, is characterized by a deep sense of humility and self-depreciation which is markedly different from the reckless, heartless selfishness which sometimes goes with a suicidal tendency.

Mental Symptoms of Chamomilla.—The same writer, after referring to the notorious irritability of Chamomilla, gives it as his opinion that extreme *intolerance of pain* is even more characteristic of the remedy than is a vicious temperament. He then mentions a Chamomilla case, which, at first sight, would

not have been thought of as such, although he admits that the man was one of the most *inveterate faultfinders* he has ever seen. The symptom which suggested Chamomilla in this case was the man's assurance that unless something was done to relieve his pain, he would do something rash, "and he acted as though he really meant it." Says Dr. Arndt, "I gave Chamomilla purely on the strength of these mental symptoms and had surprisingly prompt relief."

A Case of Phosphorus Poisoning, Simulating Diphtheria of the Hard Palate.—The following case of poisoning is quoted by one of our exchanges from the *Laryngoscope*, for March, 1903: "A girl three or four years old was sent to the hospital. The house doctor was puzzled with regard to the case, and asked Dr. Chapin to see her. The child was weak, pale and in a low condition, with a very bad breath. Upon examining the throat and mouth a large *pseudo-membrane* was observed upon the hard palate and extending to the base of the uvula. It did not involve the pillars of the fauces or the tonsils. The picture presented was one of a bad septic case of diphtheria. He told the house doctor that he had never seen a case of diphtheria with the membrane situated exclusively in such a place, but refused to admit the child and sent her home. On the following day, a doctor was sent to investigate and take a culture, which proved negative; he then learned that the child was suffering from phosphorus poisoning, contracted by sucking matches. The child recovered.

Using High Potencies.—Our friend, W. G., is much disgusted at the frequency with which the *ADVANCE* makes mention of the single remedy and high potencies; it actually makes him mad, and he asks us: "Why, in the name of all that is lovely and sensible, don't you let alone the potency question?"

To which we simply must reply: "Because we believe that it makes a great difference, *oftentimes*, though not always, which potency you use; and our readers would be sadly *mised* and disappointed if they imagined that with a single dose of the 3x potency of Graphites, or some other medicine, they could accom-

plish as much as can be accomplished with Graphites m. or cm. We freely admit that low potencies often cure, but any one can easily prove for himself that they cannot cure with one, two or three doses, at long intervals, as high potencies often do. Why this is so we need not say, in fact, we do not know. It is simply a scientific fact that should not be overlooked, if we wish to do our best in medicine.

Running It Up for Forty Years.—“Forty years ago I got this bottle of ‘B’ from my preceptor and have been running it up ever since. It is probably now, at least, as high as the thirtieth potency, and is still doing business at the old stand, going higher and higher.”

No wonder the druggists do not take much stock in Homeopathy, if this is the way our doctors are doing. And yet we venture to suggest, that if Dr. G., instead of starting with the third potency and running it up to the thirtieth, had started with the two-hundredth and slowly run it up to the three-hundredth, he would have obtained *still better results*. We should also like to remind him of the curious fact that some medicines when they get to about the thirtieth potency, seem to reach a turning point where they neither have the curative power of the two-hundredth, nor the stimulating power of the third; and so he had better keep a sharp lookout on that bottle of medicine, for it may get him into trouble.

Making Too Many Visits.—One of our correspondents, Dr. Gwynn of Auburn N. Y., reports the following interesting picture:

“I was called out into the country some miles not long ago, to see a sick child. It did not take long to find out that it was a clean-cut Calcarea case, though, for appearances’ sake, I had to avoid seeming to decide too soon. But when I came to leave, the question was asked, “Doctor, when are you coming again?” To which I replied: “I am not coming again; he has all the medicine he needs, but if anything unexpected *should* happen, you can let me know.” A month later the grandfather called and told me that much to his surprise the boy was better than he had been for years.

Later on, in the same letter, Dr. Gwynn tells us of a beautiful child of only six years who had fallen into the hands of physicians who were giving her elaborate, costly local treatment for vaginitis, and making it so costly, and accomplishing so little, that the family, in despair, appealed to him. Here again, with a single visit, he was able to understand his case so well that he cured the child with a single dose, followed as usual with sugar powders, thus saving the poor working man a cruelly unjust and unnecessary doctor's bill and the dear child much unnecessary lowering of her vital powers.

How sad it is that those who fall into the hands of the least competent physician, and once in a while into the hands of the least honorable, are always the ones who have to pay the biggest bills, in spite of the fact that they get the least good from their treatment.

In one way this physician, by his frankness, lessened his financial income, but I am sure there must be in his heart-life a compensation that is worth it all, and I do not believe that in the long run even his money income will be any the less for it. Yet what we most need is a self-respecting heart and not money, and money won by even the least loss of self-respect grows more and more bitter as it increases.

The Benefits of Physiological Prescribing.—The reason why a vast majority of homeopathic physicians today prefer, in many cases, low potencies homeopathically used, and still lower potencies physiologically used, is undoubtedly, that it is much easier to give *temporary* relief in this way, *without any very close study of your case*. But if we wish to do our tip-top best for our patients, we ought always to take time enough to study the case in detail, except when hopelessly caught in some emergency case, though even here a little delay will often save your patient when a hasty prescription would only make trouble — and cure impossible. So give your Placebo *first*; and then sit down to quietly watch your patient and some very sweet discoveries will generally reward your search. Then after such a study we are sure to get better, quicker and more lasting results with the two-hundredth potency than with the third. The thir-

tieth, strange to say, is sometimes Nil; though in very high-strung patients it is safer to use it before you try the two-hundredth.

Re-reading Old Magazines.—"I have been re-reading some of my old magazine articles, and find them even more interesting than those published recently. Can you tell me why it is?" So writes a correspondent from New York state. Can any one answer this question for us? Is it true? and if so, why? (There is truth on both sides of this question, both yes and no; we should like to hear it discussed.)

First Prescriptions.—Your whole success in a case largely depends on your first prescription. If that is carelessly made, you will find it very, very difficult to get back onto the right track again and do yourself and your profession justice.—B. F.

Misusing a Repertory.—If you make haste to prescribe the very first medicine that a repertory *seems to suggest*, you will find it a most useless book. The only way to use it properly is to let each important symptom suggest its own, independent possibilities, as if there were no other symptoms in the case at all. Then see which way these convergent lines seem to point; for after a while they are sure to converge in most cases, if you have studied carefully enough the deeper, broader symptoms of your case, and the rare, odd ones which are often so characteristic of some one temperament.

Has Lost Faith in Lachesis.—A correspondent, whose letter was full of interesting seed thoughts, declares that he has lost faith in Lachesis, and does not know of any really good Lachesis cures, except some which he read in the magazine many years ago. We are mightily afraid that our good friend is prejudiced against Lachesis, and so has carefully avoided reading every case in which it was used, for certainly many wonderful Lachesis cases have been reported. As to his own failures in using it, we would suggest that he quietly keep an eye on it and yet let it alone for a while, until he comes to some cases

where he feels fairly compelled to use it, then will he find out that, like many another medicine, it is full of power in its true place.

It is also quite possible that in some cases, where it was really helping the patient, he may have lost faith in it simply because he misunderstood its initial curative aggravation, which is often quite severe. For in some chronic cases you can never get a curative reaction of the best sort, without first seeming, for a little while, to make your patient worse, though close watching always shows, even then, that the improvement has already commenced.

Carduus Marianus for Varicose Veins.—Dr. Windelband, of Berlin, narrates a case of enlarged and inflamed liver in which he gave *Carduus marianus* in decoction. The remedy cured the case completely in a few weeks, and in addition entirely cured some varicose veins with which the patient had been afflicted for some five or six years. He afterward tried the remedy in cases of varicose veins, uncomplicated with liver and spleen diseases, and seldom failed to cure. He states that he has records of one hundred and ninety-six cases of varicose veins treated with this remedy, of which one hundred and forty-five were bona fide cures. The large majority of the cases were of many months', and most of them of many years', standing, in women over thirty years of age. He afterwards discontinued the decoction and gave the remedy in the 1x or tincture, five drops three times a day.—*Washington Epps, in American Physician.*

Mental Diseases.—It is a great mistake for any homeopath to think for a single moment that he can become a first-class prescriber, if he does not carefully notice and compare the mental symptoms of his patients. Of course mental disease, in its deeper and more perplexing forms, must often be left to the specialist or the man who has a life-long enthusiasm for mental science and pathology. But modern civilized life is so pervaded from first to last, from top to bottom, with diseases (nervous, dyspeptic and others), which are due in large part to nervous overwork and an exhausted brain, or worse still, a diseased brain,

that we must make ourselves very familiar with this part of our materia medica, and with this part of our patient's life, *if we wish to do our best.*

We do not claim that you can prescribe simply on mental symptoms. Those who attempt to do it are *sure to go astray.* But taking symptoms as they come, there are few that will help us toward a successful prescription oftener than a minute study of mental oddities. Simple kindness, calmness, temper, anxiety, laziness are not enough; we must study more in detail. The man who thinks that all Chinamen look alike would not make a good Chinese doctor. And the man who simply prescribes for temper or calmness, without realizing that there are a dozen different kinds of temper and a dozen different kinds of calm, is sure to be a second-rate practitioner.

Extremists. — A writer in one of our exchanges, after saying that there are fewer extremists in the world now than there were formerly, goes on to add, that every doctor should be willing to try all the various remedies and methods of cure that have been most widely recommended; as if this were the inevitable result of not being an extremist. We are glad to say that it is true that there are not so many extremists today as formerly. Men are more tolerant, more charitable, more willing to admit that all men are slowly coming a little nearer to the truth; but that is no reason why a man should try them all. This is an age of specialists and if we are to do our best, we must select our line of work, the method of cure which seems to us the best and stick to it very persistently, simply passing on to some one higher the cases we cannot touch. Otherwise while trying to ride two horses, we are sure not to ride either one successfully.

Zizia Aurea in Chorea. — Dr. U. A. Shautts in *Progress*, February, 1904, tells of a sixteen-year-old girl who had been benefited by Weir Mitchell. But Arsenic was continued until poisoning symptoms developed. After six weeks of rest cure had also proved unavailing, Dr. Shautts was asked to take charge of the case, and called on New Year's day. "I found her to be a tall, thin, pale, anemic, poorly nourished girl with choreic move-

ments of the arms and at times of the legs, also drawing and twitching of the muscles of the face. The latter movements sometimes played about the eyes and forehead, at other times about the cheeks or mouth. These spasmodic movements gave the face a strained appearance bordering somewhat on the sardonic occasionally. She was quite sensitive about these symptoms, therefore rather shy and retiring in manner.

“ Careful inquiry brought out the fact that these movements continued in some measure during sleep.

“ In the provings of *Zizia aurea*, as recorded in ‘ Allen’s Hand-Book ’ and other works on homeopathic materia medica, are to be found symptoms like the following: Chorea, especially during sleep, fidgety legs, twitching of muscles of face and upper limbs, etc. I therefore prescribed *Zizia*.

“ Within forty-eight hours the patient showed signs of improvement and went rapidly on to complete recovery, and that in a very few weeks.

“ The following summer the young lady was sent to Germany to school and was absent two years.

“ Some time during the second year there was a slight return of the facial symptoms. On being again appealed to I sent her a prescription for the remedy. The apothecaries whom she consulted knew nothing of such a drug so she sent to London for it, and received a dark liquid which no way resembled that which I had given her. She took it but obtained no benefit.

“ Upon her return home, I gave her a supply of the genuine remedy and she was promptly cured. Shortly after this she married and now has two children and is perfectly well.

“ It is perhaps needless to add that the family continued to use homeopathic medicine thereafter.”— *N. A. J. H., April, 1904.*

An Ovarian Cyst Cured by Lachesis.—Dr. Kuznik, of Chicago, reports the following: Mrs. M. S., aged 47, dark complexion, vital temperament and *extremely slow* (Phos., Puls., Lach., ? ?), she came to me complaining of flashes of heat, menorrhagia, dysmenorrhœa and other marked Lachesis symptoms, of which the most important was a left ovarian cyst of the

size of a cocoon, generally ameliorated by coffee. I gave her Lach. c.c. In two months her symptoms had all disappeared; and fourteen days later the cyst itself ruptured into the vagina. Since then she has been perfectly well.

[This case reminds us of an ovarian tumor which was cured some ten or fifteen years ago by Dr. Allen, of Worcester, with the use of Acetic acid. In that case also the cure was completed by a rupture of the cyst and a discharge of three or four quarts of liquid, followed by good health later on. Unfortunately, he has wholly forgotten what the detailed symptoms were which suggested Acetic acid. We hope our readers will report cases like this, for it seems probable that cystic tumors might be cured by a proper use of medicines far oftener than they are.

Another odd fact about Lachesis, well worth keeping in mind, is the fact that it seems to be at times equally well indicated for some of the quickest people living and some of the very slowest, although the two states do not seem to ordinarily alternate in the same person.—Ed.]

Borax and Baldness.—A writer in the *British Medical Journal*, for Oct. 5, 1895, states that under the persistent use of Borax the hair often becomes dry and may even fall out, causing complete baldness. But the most dangerous results from the use of Borax are said to be its power of producing kidney diseases, or of converting a slight disorder of the kidneys into a fatal malady.

Obstetrical Uses of Gelsemium.—The *Medical Visitor* quoted by the *American Physician* gives the following facts in regard to Gelsemium in obstetrical cases: "To say that Gelsemium is only a fever remedy is a slander." The jasmine is one of the best helpers that the obstetrician possesses. It is a cross between Belladonna and Cimicifuga, just as Ferrum phosphoricum is a cross between Aconite and Gelsemium in fevers. Its sphere is both relaxation and dilatation. It relaxes the cervix and dilates the os as no other drug I have used, except in cases in which the indications for some other remedy are of the most positive kind. If I had but one lying-in-helper, it would not be Belladonna, nor Pulsatilla, nor Cimicifuga, nor Chamomilla, but

Gelsemium. It is as much the pronounced absence of a type that calls for it as anything else. The back aches, the patient squeezes the obstetrician's hand in the vise of a Methodist, and she writhes and twists on the bed in a fashion suggesting bodily effort at induction of the rotation of the fetal head. In delayed advance, with the characteristic movement which has been described as the corkscrew motion of the head in its effort to engage, the attempts of the womb in this direction amounting to almost a uterine intelligence, Gelsemium has no equal. Look out for it and be ready to help. For more than once has its effect been so prompt in my practice that I have almost been caught off my guard. I have given it both high and low, and with apparently equally good results. By preference, I use the 30th now, but cannot condemn the second and third, both of which have served me well.

C. E. FISHER.

A Case of Exophthalmic Goiter.—Dr. Martha Kuznik, of Chicago, reports the following case: Miss P. G., of medium height, dark hair and eyes, had ringworm in 1897, which was cured (?) by mercurial ointment, but later on she developed a typical case of exophthalmic goiter. When she came to me in July, 1900, she weighed forty pounds, pulse 180, vomited from fifteen to twenty times a day,— could not eat anything without vomiting,— had *constant nausea*; wanted to be *fanned constantly* (K. 741) and had spasms all over her body.

I gave Ipecac and after eight days the vomiting had wholly ceased.

In August, her symptoms seemed to call for Nitric acid which was accordingly given. She began to improve rapidly in every way. Later on she received two more doses of Nitric acid at intervals of four months.

In April, 1902, the goiter had disappeared; but she now complained of profuse sweating about her head and lower extremities, had from one to four "falling fits" a day and was very absent-minded.

After this, her symptoms gradually subsided and finally disappeared. At present she seems perfectly well and weighs 138 pounds.

[We should like to ask Dr. Kuznik why she preferred Ipecac to Carbo. veg. in her first prescription, since the symptoms would seem to point to Carbo. even more strongly than to Ipecac?— Ed.]

A Good Use for Twelve Cents.— Just take ten postal cards, then pick out ten of your best friends and tell them that you wish they would take a peek at THE ADVANCE. Then send us their names along with five or ten other wide-awake physicians to whom you do not quite dare to write, and we should be much obliged. There are no lists obtainable of homeopathic physicians in most parts of the country, and if there were, we would not know who were the wide-awake ones that are really worth writing to, so you see your help would be doubly precious in the good cause for which we are pleading. We need your help and we don't ask much. Only a word of friendly introduction.

W. H. WHEELER.

Eupatorium Perfoliatum.— Dr. A. A. Pompe, of Vancouver, Wash., reports a case of persistent fever and cough cured by Eup. perf. 200. The more important symptoms were:

Puts hands on chest when coughing (K 769).

Is worse from cold.

Wants ice-cold water and cold milk.

Is hungry after the fever.

Sinapis Nigra.— Dr. Pompe also reports a case of nasal catarrh cured by Sinapis. The symptoms were:

Left side of nose stopped up.

Lachrymation of left eye, and a sudden warmth in the eye with stitching pain.

The first two symptoms given above are found in Kent, and seem to have suggested Sinapis, a remedy which he says he had never used before, and could not even get in Portland. The third symptom he found word for word in Hering's "Guiding Symptoms," under Sinapis.

Probably our readers will remember another Sinapis case reported in THE ADVANCE where breath smelling like onions was the keynote which led on to a cure. Keynotes are dangerous and

should not be used recklessly; but they certainly are helpful when you have no other sufficient clues and cannot get them even after careful inquiry into the patient's life both past and present.

Patent Medicines. — Edward Bok, in the *Ladies' Home Journal* for May, has a very earnest, impressive article on this subject, in which he states that he believes the "Patent-Medicine" habit to be one of the greatest curses of our country, undermining as it does the life and health of millions of people from infancy down to old age. He gives in plain English a list of some thirty well-known patent medicines, pointing out in part the harm that they are capable of doing. Also calls attention to the fact that slowly but surely the best magazines of the country are falling in line in their refusal to accept patent-medicine advertisements of any kind; even insurance companies are beginning to reject all people who are known to have the "patent-medicine" habit.

In just one point we disagree with him. We freely admit that it would be very unwise for most physicians to start in on a wholesale attack on patent medicines, for their motives would certainly be misunderstood. But we do believe that among his more trusted and intelligent patients a physician can do a great deal by pointing out the dangers of the "patent-medicine" habit, for in such cases there is no danger of his motives being seriously misunderstood; so that there is no need of your waiting until your patient definitely asks your opinion. Nor should we forget that every time that we use medicine too freely, or even give a needlessly large dose of Placebo, we encourage just a little the popular superstition that the more medicine you take the better it is. Why not frankly tell our more intelligent patients that the medicine simply supplies a missing link and that nature does all the rest; so a large dose is not needed. That's the way to kill out quacks.

Killing Skunks. — Dr. Charles W. Becker, of La Grange, Ill., writes: "I am willing to acknowledge that in some cases antitoxin does lessen the immediate danger from diphtheria, but what about its effects on the system *after it has been used?*" These, he suggests, are often so serious that it is a great pity

that homeopaths should ever resort to antitoxin, when by a more patient and skilful study of their own materia medica they could meet these same dangers just as effectively without these sad sequellæ. The antitoxin cure is, he says, a little too much like the man who found a very effective way of killing skunks, but, nevertheless, after a while abandoned it.

Expectoration, Salt Tasting and Greenish. — Both these conditions are quite common, each having been reported, of at least fifty medicines. But Dr. Becker states that when the two conditions are combined they strongly suggest Natrum carb. He mentions a case of long standing goiter, which was greatly reduced by this remedy, the symptoms being a saltish, greenish expectoration, and a dry cough, which was worse on entering a warm room.

Natrum Carb. and Sepia. — In the functional disorders of women, it is often hard to differentiate these two remedies by their local symptoms. But if we make a study of other parts of the body, especially the mental symptoms, the differentiation becomes more easy. *Suggested by Dr. Chas. W. Becker.*

[Since Natrum and Sepia are often complementary, we may often find that both medicines are needed, but the test given above would even then show which should be given first, and there doubtless are many cases where both are not needed. Ed.]

Dear Mr. Editor Down East: A recent writer in your magazine seems to think that the MEDICAL ADVANCE, in publishing "selected" cases, as it does, is trying to demonstrate that high potencies are the best. Will you kindly tell him that this is not true. We do not expect to *demonstrate* anything. It would take more time and money and patience than we can spare, to do that, and it would not be quite as easy as the writer thinks, nor would it be quite fair to the sick people in the hospitals who were made the subjects of our experiments. And, furthermore, we remember the words of Holy Writ, where Christ implied that when people are very much prejudiced against a thought, they will not be convinced even if some one should rise from the dead and tell them so. We are not then trying to *demonstrate*, but simply to *illustrate and explain*, and we are sure that some of our readers

will be glad to go and find out for themselves. It does not need a long argument to convince any man that high potencies have power, if he will only try them a few times *in cases where he has selected his remedy with utmost care*, just as he tried his low potencies. Although the curative aggravation, which sometimes results for a little while, may cause him to abandon them and think, at first, that they have only done harm. This does not prove that we are right, but it does point out the way in which hundreds, yes, thousands, are being slowly converted to a belief in high potencies.

The Misfortunes of a Good Prescriber.—A correspondent points out the curious fact that if you cure a patient too suddenly, he will sometimes give the credit to himself, and not to you, by supposing that he was not as sick as he thought he was. This is rather disheartening; but I am sure that if that same person gets sick again, he will come to you a second time, no matter how sure he is that it was not your medicine that cured him. But where our medicines produce a temporary curative aggravation, we are in real danger of losing our patient, if we have not told him beforehand just why such an aggravation is a cause for rejoicing and not for surprise or regret.

Swelling in the Region of the Appendix.—Dr. A. W. Vincent, of Union, Ore., reports a case of the “most pronounced enlargement in the region of the appendix that he has ever seen,” accompanied with high fever, 103° or 104° but not preceded by any marked chill or other indications of suppuration. Cathartics had been used in vain. Surgical operation was suggested and various other means. Meanwhile, Bryonia was given, which relieved the pains but did not lessen the fever, which went on for three or four days; when a chance remark made by the woman herself revealed the fact that she was a Sulphur patient. “I asked a few more questions, and gave Sulphur, one dose 8r m. and in twelve hours the enlargement was all gone, and her temperature had fallen below 100° , soon becoming normal, a few rather large stools occurring at this time.”

This case is interesting as suggesting one possible cause in

some cases for swelling of these parts; and still more so as emphasizing the importance of looking more carefully into the past life of our patients, when we are at all perplexed in regard to a condition which we suppose to be wholly acute. Such examination would doubtless prevent many mistakes.

Reproving Our Materia Medica.— In a recent editorial article on this subject, Dr. W. A. Dewey, of Ann Arbor, Mich., expresses his hearty approval of a reproving of our materia medica with the help of all discoverable, modern methods of precise and close observation of the symptoms produced. But incidentally he points out that such reproving will never make it possible for a specialist to do good work by simply studying his one little corner of the body, and ignoring all others, and says that the tendency to do this “is the great reason why so many of our specialists fail in their application of the homeopathic remedy and resort to makeshifts” which are not half as effective as careful homeopathic prescribing.

Dr. Dewey then expresses the curious opinion that unless we do thus reprove our materia medica, first thing we know we shall find our friends, the enemy, undertaking the work for us, and claiming results as their own. Well, Dr. Dewey, in case the enemy are plucky enough to do this, we shall be heartily glad, and shall feel sure that they have taken a long step toward Homeopathy, and shall, moreover, be glad to steal their provings, provided we are satisfied that they were carefully made. But we are not quite as hopeful at this point as Dr. Dewey seems to be; and although we consider a more skilful and careful use of our present materia medica far more important than a lot of reproving, we feel sure that much good will come from reproving.

H. P. C.

Diabetes.— Dr. C. Mitchell calls attention to the fact that you cannot hope to do your best in diabetes, if you fail to carefully inspect and regulate your patient's diet, but says that it is not always necessary to exclude all carbohydrates from the diet in mild cases, the more important point in such cases being to find out by inquiry just what articles of diet cause an increase of

sugar in a given case and exclude only these. For it sometimes happens that food that will injure one person will not injure another.

We are always pleased to see any statement coming from one of large experience which emphasizes this fundamental fact that men differ widely, even when they have the same disease; and must be studied one by one, if we are to do our best. And probably there are no four parts of the body that reveal the man and his individual character more quickly and clearly than mind, stomach, menstruation and skin. Other parts are not to be neglected, but these four will be found helpful in a much larger number of cases.

Dr. Mitchell, of course, speaks wisely when he emphasizes the importance of keeping up the general health of the patient by pleasant outdoor exercise, but when he strongly recommends mineral waters, it rather seems to us as though he were running into physiological treatment, which may, at times, prevent homeopathic remedies from doing their best and deepest work.

Cottage Cheese is a highly nitrogenous food, and has the advantage over meat of not adding to our uric acid burdens. It is readily made from the sour milk which accumulates in every household in warm weather. The milk should be heated a little short of the boiling point and then strained. If allowed to boil it becomes tough and tasteless. It is a very useful article of diet for diabetics and does much toward relieving their monotonous diet; for exhausted people who need strength; for convalescent people reduced by wasting disease.

Flavored with caraway seed, it makes a delicious sandwich with rye bread. It also serves as a nitrogenous balance, to figs, oranges, dates, rice and white bread.

A FRIEND.

Best Books of Reference. For descriptions of some of these and some other fresh items see page sixteen of our advertising department. And don't forget we need some good readers to take place of patent medicine ads we exclude.

ARRESTS FOR CRIMINAL NEGLIGENCE frequently bring into conflict medical principles and transcendental faith. While a new Elijah is in full career, a Court of Appeals decides that a father by adoption must go to jail or pay a fine because a child died of pneumonia without medical attendance. The Courts have an easy time of it, since they merely interpret the intention of the Legislatures and the meaning of the Constitution. Freedom of belief does not imply freedom in act. The Courts hold that, although any may think polygamy right, none may practice it, if the laws forbid. Any may hold medicine evil, but all must be vaccinated, and even regularly treated by licensed doctors, if the State so orders. The situation in which this leaves fervent disciples of Christian Science, Mental Science, Dowieism, faith cure, and all the allied branches of spiritual as opposed to physiological healing, is a trying one. As their belief has its meaning primarily in practice, where we tell them to believe but not to act upon their faith, we essentially deprive them of their freedom. No scientific observer today denies altogether the power of mind states to influence the body. If hypnotism can tell a patient about a scar and thus make that scar appear, skepticism about mental healing as a conceivable principle would be absurd, whether in practice it be successful often or only sporadically. The practical difficulty is that such curing methods seldom limit themselves to cooperation with medicine, but put themselves into opposition with it. This forces the Legislatures either to impede the faith of some or endanger the safety of all.—*Exchange*.

TUMORS OF THE BREAST.—The *American Recorder*, Aug. 15, 1903, quoted by the *Hahnemannian Monthly*, states that of ninety-seven cases of Breast Tumor, forty-one were found to be cases of mere mammary cyst. Cysts may be localized in any part of the gland. But scirrhus tumors are almost exclusively located between the nipple and the axilla. A tumor in the lower half of the gland is probably a cyst. A cyst, furthermore, is usually deeply placed and never dimples the skin or draws the nipple. These facts, indexed in your card catalogue, may sometime save you from a false diagnosis, and save yourself and your patient much needless worry.

THE MEDICAL ADVANCE

AND

JOURNAL OF HOMEOPATHICS.

A Monthly Journal of Hahnemannian Homeopathy

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 that to be a first-class homeopathic prescriber is one of the hardest things under Heaven. Yet we also believe that 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 therefore our chosen work. In this good work we ask your help.

Further details will be found in the Publisher's Corner.

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JUNE, 1904

Editorial.

Kent

Please read and ponder our creed, given above.

Danger Ahead.

ONE REASON WHY WE HAVE SO MANY POOR DOCTORS.—No one doubts that it was a good thing when the Medical Colleges of the country, with the help and under the compulsion of State Boards of Health, began to lengthen their medical courses and advance their standards for admission. But we cannot help feeling that the time has come when there is grave danger of this "improvement" going too far and proving a curse to the profession. It is certainly desirable that physicians should be men of well-trained minds, and mental training cannot be acquired in a hurry; nor can the kind of training which is required in the medical profession be acquired by simply working faithfully

on a farm or in a machine shop, even though these latter require just as much ability as do any of the professions; and so we heartily approve of this move for a higher, broader, longer medical education.

But there is such a thing as crippling a man with too much learning. There is such a thing as killing enthusiasm and getting a man into the habit of simply cramming himself for examinations, year in, year out, in a way that makes true scholarship impossible for the average man, and more difficult for the born enthusiast.

All through our schools of learning, especially after we reach the high school, it is an admitted fact that there is danger of simply cultivating slavish memory, to the disregard of enthusiastic manhood. For though a man's mind seems to be almost infinitely receptive of things it loves, the things which appeal to its higher manhood, he soon becomes an automaton, a coward, a careless workman, when he is obliged to learn in detail too many things for which he has no natural fondness. This difficulty is, of course, greatly lessened when an intelligent elective system is introduced into any school, allowing each man, under the guidance of loving teachers, to slowly plan out his own future for himself, and to study the things for which his soul is hungry. But, unfortunately, in medical schools this elective element seems to be almost totally ignored. It is assumed that when we come to medicine every man needs to know the same things. Twenty specialists after years of specializing, compel the poor student to make a foolhardy attempt to pass a good examination, in regard to each man's specialty. Of course he fails; of course the teacher has to be satisfied with third-rate examination papers from the majority of his pupils. But, meanwhile, the man's manhood has been lowered. We wish, then, to enter a most earnest plea for the introduction of the elective element into medical schools.

But there is yet one more point in which medical schools differ very radically from high schools and colleges, which is this, the absolute requirement that practically everything that the student has learned for the last four years should be fresh in mind when he graduates, in order that he may successfully pass

a State Board examination in his own or some rival state. This makes the bad effects of an artificial, uncongenial course of study tenfold more disastrous. For in college it is a well-known fact that many a man by the time he reaches his senior year has almost forgotten a great deal of the trash which he learned in freshman year. I call it trash, advisedly not because it is intrinsically worthless, but because it is something for which Tom Jones has no earthly use. To me it is gold, to him it is poison. Why then should he be compelled to study it? And why, for pity's sake, should the poor man be obliged four years after to remember it all and pass a second examination?

There was a time when the seeing of so many third-rate doctors roused in me the utmost scorn; today, it simply fills my heart with pity for the man whose manhood is being choked out by the stupidity of law, and for the public who are obliged to pay the penalty. For such men never can be experts or enthusiasts, unless they have more than ordinary ability and elasticity, in order to save themselves from the dwarfing effects of such examinations.

I well remember the story of a good old washer-woman, who had heard her minister preach a learned and doubtless helpful sermon, which, nevertheless, probably was not just exactly what the dear old lady needed; and yet, having found in that sermon some things that were really helpful, some things that had set her to thinking and loving more deeply, she thanked the minister one day for having preached it. Whereupon he turned and asked her: "Well, let me see, can you tell me what my text was? Can you tell me what I said first and last?" And the good woman rebuked him justly by simply pointing to the clean white clothes upon the clothes line, and said: "Those clothes are clean, the water did it, and yet the water is all gone. The fact that I cannot repeat your sermon, or any part of it, is no proof that it has not helped me." Here lies a moral for you and me. Let us ponder it and use our utmost influence, we and our old-school friends, hand in hand, to compel State Boards of Health to deal with this matter more wisely. We should be glad to hear the opinions on this subject of our exchanges and our readers; for it is a most vital one.

A Word as to Insanity.

A prominent Chicago specialist has recently asserted in court that Dr. Dowie and Mary Baker Eddy are both paranoiacs. We are not an admirer of either of these noted personages, and yet, in the interests of simple justice, and with a view to helping to define a little more clearly our ideas of insanity, we should like to challenge what the good doctor has said, for it seems to us that the two cases are not at all parallel. That Dr. Dowie is insane seems highly probable. I freely admit that the fact that they, both of them, have displayed a good deal of business ability does not, in any way disprove his statements, but their ability has been displayed along utterly different channels. Dr. Dowie has succeeded in getting a remarkably large following; but it is made up almost wholly of cranks and of some of the most unbalanced, unintelligent people in the community; nor can we find that there is any really helpful truth back of all his wild, fierce utterances.

Mary Baker Eddy, on the other hand, has obtained her notoriety by pleading very earnestly for one of the greatest truths of all modern thought, viz., the power of mind over matter. True, in addition to this, she has allowed herself to run into some strange vagaries; but they are not as utterly strange as they seem, for many of the world's most famous philosophers have been idealists who believed that matter was an illusion, simply a misrepresentation of something deeper and more spiritual, and if Mary Baker Eddy has been wise enough, *or foolish enough*, to borrow their thoughts and give them a few additional twists, this certainly is not evidence of insanity. For the delusions of an insane man are generally marked by a certain amount of disorderly originality; they are delusions which he has worked out *for himself*. They are not borrowed from a book; in other words, credulity and insanity, although often related, are not the same.

We do not deny that Mary Baker Eddy is frightfully conceited; but must we call every conceited man in America insane? We do not deny that she is more or less unbalanced, but so is every man, woman and child living, only some are more so than

others, and it is hardly fair to call any one insane until their misconceptions become so numerous, or so extreme, that they have lost their power to be safe and helpful members of society.

We believe that Mary Baker Eddy has sadly misrepresented some parts of the truth. We believe that Christian Science, though helpful to a good many simply hysterical people, is a curse to thousands of others; for like opium and whisky it simply covers up their aches and pains for a while, and *gives disease a chance to work on, unnoticed*, with its fatal power,—so that, later on, it only breaks out again with redoubled force.

We do not believe in suppressive medicines, whether that suppression be drugs, such as the old-school physician uses, or a mere misuse of mind power, such as Mrs. Eddy recommends. We believe in fighting error by denial, but we do not believe in trying to convince men by mere denial *unaccompanied* by proof. We do not wish for a moment to endorse Mrs. Eddy, and yet we do wish to protest against the injustice of calling her insane.

As a still further evidence of this injustice, allow us to point to her following. Surely a woman who was insane could not have drawn into her ranks thousands of the most intelligent and thoughtful and well-informed people in America. True they are generally somewhat narrow, sadly lacking, oftentimes, in the scientific instinct, the power to weigh evidence, altogether too much given to dogmatism and mere assertion, but, nevertheless, many of them are true, strong, helpful members of society. Surely the leader of such a host, even though sadly mistaken, cannot be a mere paranoiac. She may, perchance, end her life in the insane asylum, through excess of strain or overwork, but to claim that from the first she is, and was, and has been insane, seems to us a grave injustice.

Scissors, Paste and Greatness.

One of the strongest magazines published in this country, the *Review of Reviews*, edited by Dr. Albert Shaw, makes its boast that it brings to its readers in brief the best thought of all our current literature; and since its summaries plainly show that

this is not done simply with a pair of scissors and a little paste. but that they really have sifted and selected with utmost care, they have reason to be proud of this department of their paper. And now that the MEDICAL ADVANCE has a larger corps of workers than it has had for a long time past, to help in this good work, we take pleasure in announcing that we hope to make a carefully condensed presentation of the cream of our current literature in Homeopathy, a leading feature of the magazine. We hope, like the editor of the *Review of Reviews*, to be able to convince you that it is not a dodge for laziness, but that much hard work has been put into these summaries. And if any time in your readings you come across anything exceptionally helpful to a homeopath, which we have overlooked, we should be much pleased if you would remind us of the fact. For homeopathic literature is getting to be so extensive that it is no easy task to go through it carefully, month by month.

It is a curious fact that in writing for print we are all inclined to spin things out, and use a good many more words than is necessary; so that we believe that oftentimes our condensed statement of some strong man's best thought will be just as helpful to our readers as the original article would have been,—at least, this is our ideal.

Saving Defective Children.

The value of Homeopathy in defective development is known to many of our physicians, yet the extent of its usefulness can hardly be believed by the majority. The prevention of crime is a study for many public-spirited men and women but Homeopathy applied in infancy and youth has not been mentioned. Homeopathy will, when properly applied greatly help in developing the defective side of the brain or a defective limb, or in removing congenital astigmatism. It will plump up belated mammary glands, hasten tardy puberty, diminish amazingly the degrees of idiocy. It will often change the defective mind and body, establishing order.

The milder forms of idiocy are amenable to treatment and the child rounds out and is saved from the dependency of inheritance,

the almshouse or the penitentiary. Fanaticism would seldom come to the human mind if the youth could be watchfully guarded by faithful homeopathic physicians.

Divorce has often come from physical defects in the woman that should have been diverted at puberty. I recall such a case: A beautiful nineteen-year-old girl-wife was found to be defective physically and was abandoned by her husband. She consulted me with what seemed to be her very innocent mother. The young woman was fair and good to look upon, but child-like in manners and speech. She had no mammary development; scarcely any hair upon the genitals. Her vagina admitted only a small probe about two inches. She had never menstruated, she was anæmic and her skin and lips were pale, but she had a flushed face that her mother said was marked during any excitement.

She took Ferrum in high potencies at long intervals for three years and seemed to be in excellent health but no menstruation occurred; yet hair had grown upon the genitals and the mammæ had developed. It was now thought she would never menstruate and treatment was abandoned. But two years later, five years from the beginning of treatment, her mother wrote me that the daughter was a fully-developed woman, menstruating regularly though she had not taken any treatment since my last powders.

This case should have been treated in infancy or at puberty and a divorce would have been unnecessary. If such a woman can be developed by a homeopathic remedy so late in life, who can say what overt conduct might be prevented by constitutional treatment?

It is well known that we can greatly help children who are *late in learning to talk* and *late in learning to walk*.

I once cured a dog of a similar belated intelligence. A high-bred beautiful setter lacked intelligence. He could not be house-broken, he dropped his feces and urine on the carpet instead of whining at the door as a house-broken dog will soon learn to do. When strangers came in, he would crawl under the furniture and come out after they had gone, just as some children are known to do. But after Baryta carbonica he soon became intelligent and house-broke himself, I was told.

When children cannot be cured of lying, stealing or destructive-

ness, and fail to imitate well-disposed adults, it is because they are belated or distorted in development. While a whipping is worth much for some of these boys and girls, parents should also be taught the value and need of Homeopathy if the child is to be really cured; and our physicians should know what power we can have for the good of mankind. We are far too much inclined to wait until the child grows up instead of studying it from infancy when a much more perfect cure is possible.

It should be clearly understood that the miasms are fixed upon the human race and that they are the fundamental cause of the physical defects, therefore it is every physician's duty to search for these signs and symptoms in every infant, child and youth, in order to discover a remedy, to the end that all may grow up better, wiser and stronger.—KENT.

The Absurdity of High Potency Prescribing.

AN OPEN LETTER TO DR. CONRAD WESSELHOEFT.

MY DEAR DOCTOR WESSELHOEFT:

Some years ago, at the suggestion of a friend, I entered your office in hopes of getting a little help in my studies of Homeopathy. You were very kind to me, AS KIND AS KIND COULD BE, and yet through the things you spoke there ran such a vein of perplexing and discouraging skepticism that I postponed for a long time the dreams with which I entered your office.

For if it really is true that a very large part of the best work that has been done in the name of Homeopathy is a humbug, a blunder, a delusion, then I for one, at least, have not the courage or the physical strength to try to set things right, or even to help in doing it.

I am well aware that all through our books on materia medica, the larger ones, I mean, like Allen's Cyclopedia, there are, and inevitably must be, a great many false symptoms. Symptoms that were never produced by the medicine given, but are due either to some doctor's blunder, or some printer's blunder, or some prover's blunder. And in using books like these, the man who allows himself to prescribe on a single symptom or

on two symptoms, or three symptoms, runs an enormous risk of going astray.

But truth is convergent, while error, except when it is cold-blooded and deliberate, is always more or less scattering and divergent, and so in spite of the fact that some of these symptoms which we so cherish are trash, it is possible for a careful workman to keep from being badly misled by them.

It makes me sad that one who has done so much good work with high potencies as you have done should in his old age abandon and ridicule them. And, if I mistake not, it is not a sign that you are in all things growing wiser, but that age and sickness are making you a little less clear-sighted in some things than you were years ago.

For if you must condemn high potencies because you cannot find them under the microscope and in the chemical laboratory, would it not be just as sensible to doubt the deeper workings of radium and electricity and the beautiful flowers that God has made from homely, worthless seeds? All these are absurd when we try to explain them theoretically. Why should a magnet and a little steam make electricity? How happens it that radium has such startling mystic power? How happens it that modern science is demonstrating beyond the possibility of intelligent denial the fact that there is such a thing as mind-reading? **THESE THINGS ARE FACTS.** The proof that they are true rests not on the fact that we can explain them, but on the fact that we **CAN PROVE THEM BY EXPERIMENT.**

Hahnemann's greatness is not due chiefly to the fact that he was a speculative philosopher, but to the fact that he was a scientist in an age when science was hardly known. The world has never seen a greater scientist than Hahnemann, nor has it ever seen a more successful physician; but when it comes to his philosophy, I mean the more intricate parts of his philosophy, even his own followers, many of them, reject it.

And if Homeopathy is to triumph, as it doubtless will, it will not be because we have succeeded in explaining it theoretically. but because we have succeeded in proving it scientifically by thousands upon thousands of marvelous cures. When you are rich enough to experiment wholesale in some hospital, I certainly hope you will do it, with only one qualifica-

tion, that each patient shall be allowed to choose for himself which treatment he shall take. But whether you do that or not Homeopathy will triumph, for, little by little the world is finding out that ordinarily we are more successful in curing diseases than our old-school brethren.

We are not infallible; we are sometimes sadly mistaken; we are sometimes careless and sometimes hasty; but in spite of all these things, clinical experience is slowly proving that Homeopathy is better, and in course of time it will also prove that high potencies have more curative power than low potencies.

The ADVANCE is willing to wait for time to prove these things. We do not ask you or any one to take it simply on our assertion, nor do we expect to convince the world in a hurry; for we fully realize that high potencies cannot do their best work until the physician is willing and able to select them with a fair amount of patient skill; and even then they have such an odd way of sometimes making trouble FOR A LITTLE WHILE, that their triumph is sure to be rather slow.

Low potency prescribers are, oftentimes, just as faithful and skilful as we are. We do not claim for a single moment that they are our inferiors in ability; but, unfortunately they have poorer tools to work with, and so it is IMPOSSIBLE for them to accomplish as much, in spite of their care.

Yours truly, in behalf of a cause which we both love,

W. H. WHEELER.

Replies to Questions for Beginners.

1. Manganum and Euphrasia.
2. No.
3. Sul., Bry., Thuja, Lyc. and others. (See K 773 and 1298.)
4. Anemia accompanied with marked fear and anxiety; a passion for lying down; *crazy to stay in bed*; ALWAYS feels better when lying down. This medicine is often helpful in chronic diseases.
5. Ars., Lyc. and Puls. are the leaders, but about ten others have been reported thus far. (See K 18 b.) But don't forget

that the Puls. man often needs Sil.; and the Ars. man often needs Phos. (Allen's Keynotes.)

6. Laziness is certainly a symptom of disease, and is often curable, in part at least, by medicine. Look in your Repertory under the titles "Indolence" and "Weariness;" for a man who is always tired can hardly help being lazy and shiftless, unless he is born of the very finest working stock. For in that case he will work in spite of his tiredness and simply break down.

7. For remedies for bad spelling of various sorts, see "Mind, Mistakes—Writing." I have often seen this symptom verified and partially cured.

8. An inclination to drown one's self or shoot one's self or cut one's throat is apt to point to quite different remedies. For details see K. 88 though, of course, the lists there given are not as yet complete.

9. If one of my friends, who was a very fast talker should get sick, slowly and deeply, I should certainly think of Sul., Lach., Mer., Hyos., or Hepar. (K. 85 and 59.) Sul. seems to have been the remedy which might have prolonged the life of the late Philips Brooks, who was such a notoriously fast talker.

10. For the friend who talks too much, Sul. or Lach are probably oftenest needed; but there are many other remedies as well.

11. An exceptionally small nose often suggests that your friend had snuffles in infancy, and had it very badly. It sometimes indicates Aur., Hep., Sil. (See K. 351.)

12. People who have very large noses oftentimes need Calcareæ. We should be glad to have our readers suggest other remedies as well.

13. So far as I know the medicines which have the strongest affinity for the wings of the nose are Thuja, Tub., Aut. t. and Lyc. (See K. 323 and G. S.)

14. Look under "Throat, Mucus Hanging Down."

15. A hot room makes Puls. very uncomfortable, but Ars. likes to be in a hot place.

16. If you wish to give a beginner the keynote of Silica, tell him that it is oftentimes but a still deeper form of Puls. (See Allen's Keynotes.)

17. If you wish to explain Alumina, tell your friend that it is the chronic of Bryonia. (See Allen's Keynotes.)

You are sure to forget many of these things after reading them; but you are sure to remember some. They are all worth noting in the margin of your repertory, provided they are not already there. We should be glad to hear reports of odd symptoms or extremely marked ones which you have found helpful in suggesting tentatively the right remedy. Yours truly. P. D.

THE *Medical Century* for April, in a very interesting article by Dr. John E. White, of Colorado Springs, Colo., calls attention to the fact that if a change of climate is to accomplish much in arresting tuberculosis, it must not be too long delayed, otherwise climate can accomplish but very little. The article is well worth reading, and we should like very much to see in print a little booklet by Dr. White, for circulation among the laity. He is a most hearty advocate of open-air treatment. He does not tell us just how far he has been successful in using internal remedies in curing and relieving his cases.

IT IS A CURIOUS FACT that while there are about 15,000 homeopathic physicians in the United States, Germany, the land of its birth, has, as yet, only about 400, while we are told that in France and Italy it actually seems to be losing ground. We should be glad to know if these statements are correct, and if so, why? We should have added, that in addition to the 400 professed homeopaths in Germany there are an equal number who practice it quietly without venturing to say so in public. This is one of the most interesting phases of modern medicine, for we know that there are thousands in this land who are doing the same. It is better that Nicodemus should come to Christ after dark than that he should not come at all. Cowardice is a weakness, but it is not a crime.

NEW PUBLICATIONS.

A TEXT-BOOK OF PHYSIOLOGY. By Isaac Ott, A. M., M. D., Professor of Physiology in the Medico-Chirurgical College of Philadelphia. With 137 illustrations, 563 pages. Cloth, \$3.00. F. A. Davis Co., Publishers, 1914 Cherry St., Philadelphia.

This volume is just from the press. The work is an elementary treatise on the subject. The aim of the author is to furnish to the student a complete manual, so as to lay the basis for the study and practice of medicine. Much of the detail and complication of the larger works has been omitted. It is conveniently divided into chapters. It is up-to-date in the latest facts in the science, devoting special attention to mechanical, anatomical and histological foundation of functionings.

The author begins with a discussion of the elementary and fundamental phenomena of the cell as the unit of structure and also of function. The vital theory of the cell life and its origin is set forth, while the chemical and physical sides of life phenomena are not overlooked. "No cell exists but that had its origin in some pre-existing cell." The author brings out clearly the chemical side as well as the mechanical side of the life processes.

For example, in digestion, the living characteristic of the glands' cells in the intestinal walls, etc., underlies all functioning in this important field. He does not overlook, however, the fact that physics cannot of itself account for these. Absorption, for example, implies "that the living epithelial cells of the living mucous membrane of the small intestine possess in themselves, as living beings, the power to exert a selective action during absorption. The physical circulation of the blood is modified and governed by the *living tubes*, these living tubes and the heart being kept in a very delicate balance by the vasomotor mechanism."

The work as a whole deserves commendation for the compactness of the material, condensation in expression and clearness of presentation. As a class-room manual it possesses special value because it is not overburdened with details, leav-

ing the student to fill in the minute details from the larger reference works on Physiology.

J. MARTIN LITTLEJOHN, M. D.

THE AMERICAN HOMEOPATHIC PHARMACOPŒIA. Seventh edition. Enlarged by the addition of a supplement containing the more important remedies added to the materia medica since the third revised edition. Philadelphia and Chicago: Boericke & Tafel. 538 pages. Cloth, \$2.50; postage 25 cents. 1904.

This standard work has been revised and brought up to date by the addition of remedies which have been proved since the third edition went to press. This addition comprises 32 remedies with index, and is printed as an appendix.

The work follows the description of the various remedies given by the original provers, and the rules laid down by Hahnemann in the *Materia Medica Pura* and *Chronic Diseases* for the preparation of drugs. These rules harmonize with those now used by the leading German homeopathic pharmacists from which necessarily come many of the tinctures of such polychrests as Aconite, Belladonna, Bryonia, Chamomilla, etc. It is also very essential that our remedial agents should be prepared as they were by those who made the original provings, irrespective of the modern view of uniformity in the preparation of drugs. *Calcarea ostrearum*, *Causticum*, *Hepar*, *Sulphur* and *Mercurius solubis* stand as examples of Hahnemann's unrivaled knowledge of chemistry and his preparation of many plant tinctures also bear witness to his analytical wisdom. Taken all in all this *Pharmacopœia* is by far the best which has yet been produced in the homeopathic school.

HERE IS A CHILD that invites your pity: She is scrawny, pot-bellied, has a sunken face, peaked nose and deep-set eyes surrounded by many styes and a dark blue ring. Such a child is almost sure to need *Staphisagria*.—*Medical Forum*.

BETTER NO FILTERS AT ALL than unclean, neglected ones.

HE WHO CANNOT keep silence has no right to speak.—*Exchange*.

ONE OF THE BESETTING SINS of the homeopath, which we need to guard against most carefully, is the habit of excessive isolation.

IF YOU CAN GET your Pulsatilla patient out of doors for a walk, which is sometimes hard to do, her ailments will often vanish like the wind.—*Exchange*.

MISS BELL'S pains are all made worse by stooping, but her sister, Miss Hyos, will often stoop to ease the pain in her head. This is an interesting difference.—*Medical Forum*.

OUR EARLY ANCESTORS had greatest need of distant vision, but for us near vision is more important, though we have not yet successfully adapted ourselves to our changed surroundings.—*Selected*.

MISS JOSIE A. WANOUS is the sole owner and manager of one of the most prosperous Pharmacies in Minneapolis. She is assisted by three women pharmacists, and handles neither cigars nor patent medicines. Such a woman deserves praise. May her followers increase in number.

IT IS INTERESTING TO KNOW that there are at present in the United States about seventy-six homeopathic hospitals and 250 private hospitals and sanitariums devoted to treatment of patients by the homeopathic method, more than twice as many as there were twenty years ago. Facts like this are encouraging, the only danger being that as our school becomes more popular we will be in danger for a while of not doing as good work as we have done in the past. Yet, even such backsliding is sure to be only temporary, for we believe that in the long run the truest Homeopathy will live and prosper and slowly triumph.

DEAR DOCTOR: We should like to see one or two of your best thoughts in print or else two or three of your most boast-worthy cases, provided you can tell them to us briefly enough, and give some good reason for using the remedy you did. But if you have not time to write a short article, just write a long one, and our tailor (P. D.) can easily cut it down, for he has a long tongue and very sharp shears and really likes the work of cutting things to pieces, when there is something worth cutting.

DR. H. W. CHAMPLIN, OF BLOOMSBURG, PA., reports in the *Medical Century* an interesting case of rheumatic backache *so severe at night that the man could not sleep* which was cured by *Rhus tox.* in high potency, followed by *Sac. lac.* This backache was always more severe just before the outbreak of malaria. He states that it is now more than two years since the case was treated, and yet no malaria or rheumatism has since returned. Other details are not given.

A CASE OF ACETIC ACID POISONING.—The *North American Journal of Homeopathy*, for April, mentions a case of Acetic acid poisoning, the acid having been taken with suicidal intent. There was a frequent and feeble pulse and a slightly elevated temperature, a persistent and violent cough, with very abundant purulent expectoration,—a veritable bronchorrhea,—and occasional efforts at vomiting which were not successful. The urine was black and smoky, like that of Carbolic acid poisoning, and contained one per cent of albumin.

A VERY LEARNED CAT.—A few days ago Dr. C. E. Fisher of Chicago, Dr. Lewis Sherman and myself were sitting in the pharmacy, when we observed a cat coming leisurely, yet eagerly, from the back office, some forty feet away. She quietly passed by us, jumped upon the window sill, from there to the show cases, and then over to a shelf that contained about three hundred bottles of different tinctures. She passed to one of them

and began to lick the stopper. The bottle contained the tincture of *Nepeta Cataria*, or Catnip. The contents of the bottle were carefully sealed, and we could detect no odor therefrom. At the suggestion of Dr. Fisher, the cat was given a small dose in water, which she eagerly devoured. Why did the cat go to that bottle, and pick it out, among three hundred others?—*Dr. J. W. Dryer, in The Medical Monthly.*

SAYS ONE OF OUR EXCHANGES, "The deduction follows, as the day the night, that no drug will make a sick man well that will not make a well man sick." This is undoubtedly true, and yet it seems to us misleading, since it does not call attention to the fact that the dose which will make a well man sick may have to be thousands of times as strong as the one that makes him well. For we remember that so great a man even as T. F. Allen, when disease had dimmed his powerful brain actually lost faith to some extent in high potencies because ordinarily he could not make people sick with them. To which another veteran justly replied that this world would indeed be a most awful place to live in if the poison that swarms around us could make us sick as easily as the same poison rightly used can make us well; for no one then would live to tell the tale.

HOW TO GET LIVE ARTICLES.—A writer in the *Medical Forum* suggests that if you wish to get live articles for your Medical Societies you must be careful to select as chairmen for the different Bureaus, men who are enthusiastically interested in such bureaus; and that the writers of the articles must also be enthusiasts; and if you will inquire carefully enough, you will find that every man who is worth hearing from is enthusiastic over something, although it may be rather hard to get him started. The *Forum* also points out the fact that rotation in office, simply for the sake of giving every one a chance, is stupidity: for successful colleges and mercantile houses select men for their special fitness, and do not rotate so as to give everybody a chance.

He next points out the fact that men who make a perfect fail-

ure at the head of one bureau are often markedly successful at the head of another. His fourth suggestion is that if you try to exhaust your subject, you will be sure to end off by simply exhausting your audience; and don't even try to say all you know about a subject. Keep something for next time.

These suggestions are both interesting and practical; and we hope that every one of our readers will consider himself appointed chairman of some committee, and forthwith set to work to give us results.

DR. ORVILLE B. BLACKMAN, Dixon, Ill., sends the following as a dressing for burns. It is from Ludlam's "Diseases of Women," 1872, page 334:

Ether Sulph.....	400	grams.
Alcohol	100	"
Gun Cotton.....	35	"
Ol. Ricini.....	35	"

Mix the first three ingredients thoroughly, and when dissolved, add the castor oil. Apply with camel's-hair brush.

Have used this for twenty-five years with perfect reliance in burns of all degrees. It is the ideal dressing in burns of the third degree. When suppuration supervenes, with scissors snip out a small piece of the artificial skin, cleanse the pocket with any aseptic solution you may prefer and when dried, repaint and you seal up the wound in a few moments as well as it was in the beginning. When applied, it stops the pain so far as anything will in a severe burn and your artificial skin can be made as thick or thin as you desire, according to number of times you paint the surface. It excludes the air, immediately, keeps out all danger of future infection from external sources and permits the outward application of anything you may desire to facilitate the comfort of your patient.

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A New Beginning.

An address delivered before the Graduating Class of Hering College. May, 1904, by E. A. Munger, Esq., Chicago, Ill.

The significance of this day is one that must last throughout all the rest of your career. It is upon this day that you mark the attainment of your professional majority. In a very real sense today marks your graduation from the study of abstract things to the infinite study of man. The life history of the professional man holds no day of such vast import and consciousness of responsibility as that upon which he turns from his books and his professors. From a study of theories and the acquirement of book knowledge, and, setting himself in the stream of events, offers for sale in the great merciless market of the world the skill and knowledge, the attainment of which has been marked by days and nights of labor, and not infrequently by years of self-denying sacrifice. The efforts and trials of these years are happily never anticipated and yet more happily swiftly disappear in the mists of time which mercifully dim the recollection of the struggle and the trial and retain for our view the softened outlines of pleasant associations and the memories of friendships to last so long as life itself.

The first plunge into an unadvised and unhelped application of professional knowledge is accomplished with a shock and mental effort which all the care of your teachers and all your years of preparation cannot lessen. It is when the pupil finds himself for the first time in the position of the master, that the weight of responsibility falls heaviest. Especially is this true when upon the issue of an untried skill depends not only your

own professional standing and material welfare, but the relief of human suffering and the possible continuance of human life. I would not have you think that life in itself is of such infinite value as will outweigh all other considerations; nor that other things and other interests may not be of greater value to the possessors. It is, however, your duty to recognize in it the most important thing which you have to deal with; the one jewel entrusted to your keeping, and your every act will be as though this were your only aim.

In dealing with the delicate mechanism of the human body, mistakes are irretrievable; and while the gratification of success is great, there is always in mind the fact that the error of a single moment may become the torturing memory of years. There is no other such mechanism as that of the human body in which we live. It is incomparably the most wondrous machine within the knowledge of man; and it is your province, your duty and your responsibility to deal with this delicate mechanism. You must grope in the half light of past experience for the causes of its derangement and for the remedy which will continue its operation, for after all, the science which has been learned from books and the experience of others, even in these opening days of the twentieth century, is but the faint glimmering of early dawn giving but a hint of the brilliant sun of complete knowledge which only later ages may fully reveal.

Yours it is to thus discover and as best you may to remove with all the skill you possess the impediments to life and to health.

The machinist with the most carefully adjusted of man-made machinery seeing that something is amiss may watch, stop, separate the parts, reassemble and start again and again his metals and his chemicals and may turn off and on at will the electric current which gives vitality to the machine under his charge. This mechanism, given in your charge, may be stopped but once. Once interrupted, the vitalizing current of life itself may never again be set in motion. Your repairs must be made, your adjustments rearranged with the machinery in full operation. The simile has been often used and is perhaps the best that we can make, though confessedly poor and incomplete as

must any simile be wherein are contrasted even the supremest effort of man and the mighty working out of the designs of Divine Providence. There are sciences known as exact sciences, and the men who study these have knowledge, but you homeopaths must go farther than this, you have not only a science, but a faith. Knowledge you must have, but with your knowledge you also have understanding, which passes the realm of exact scientific proof and deals with the unclassified, uncatalogued and unmeasurable world of mental and spiritual phenomena.

For century upon century those moved by human compassion or by interest in science or both, devoting themselves to the cure of physical ills, followed the mechanical analogy closely. They saw that the human machine did not work perfectly at all times, and knowing that it was constructed of many ingredients sought to find a reason for its disturbance in a supposed mal-adjustment of these ingredients. If the blood lacked salt, they tried to inject the salt. If it lacked iron, they tried to inject the iron; if it lacked acid, they sought to add the acid, and at times they even sought by altering the quantity of the blood to effectuate a change in its quality. It was for the homeopath to discover that these things were effects and not causes; that they were guide posts and not obstructions in the highway; that they were symptoms not diseases, and that mechanical drugs could hide for a time, but could not dispossess the mysterious malefic influence which was the cause. The true principle of healing and the true spirit of Homeopathy lies in the thought expressed by the poet of the past century, who builded better than he knew and adopted by the great Dr. John Garth Wilkinson as a title to one of his volumes: "The Soul Is Form and Doth the Body Make."

In his search for the causes of things, it was the homeopathist who first learned the great truth that the cause of disease is to be found in the finer essences of matter in the ultra-physical or spiritual part of man. This is not an unreal or impersonal part of the man, but is the real vital essence of all his being,—unseen, unidentified, but giving life and vitality to all that is seen and known. As the ultra-violet rays of light are known only by their

action, so these ultra-physical attributes of man are known only by their manifestations. Homeopathy then marks a great and distinct advance because it goes nearer to the source in its search for causes, and in its efforts for relief.

In the more ancient days, relief was sought through prayers and priestly offices alone, the ill being assumed to be infilled with demons or possessed of devils; then the field was transferred to the most external form, leeches, cupping, the most drastic medicines, reaching only the external matter on the natural plane and affecting not at all that finer essence, the derangement of which was the cause of trouble. The more nearly any remedy approximates the restoration of perfect physical conditions, the more chance there is for the orderly inflow of that life-giving current which carries the seeds of healing and is the very essence of order in itself. The bony skeleton in the human form, the muscular and the nervous system neither able to operate alone but set in motion and acting in unison through the great life current give play to all the activities of man and produce the phenomena of life. The great claim to your interest and the love of your profession is that your field lies in that ultra-physical, which, while more complex, more delicate, more easily deranged by spiritual conditions, yet more corresponds to the human ideal and more quickly responds to the physician's adjustments.

The old practitioner could see that something was wrong and he tried to correct it by administering the palpably opposite; the homeopath *knows* that the initial derangement is not of the coarse machinery but of the finer essence which forms the point of contact through which the life current flows in. Or, to return to our mechanical simile, the machine is not at fault in the first instance, but the transmission of the electric current is interfered with. And the homeopath also knows that it is part of the plan by which this delicate instrument is made that it will re-adjust itself and correct its own evils if only the current can flow unimpeded and uninterrupted, carrying its vitalizing essence into every part of the organism.

To teach Homeopathy should be a delight, for it deals with all that is deepest, most intricate and most elevating in man.

But to argue Homeopathy is a bane. It is as useless as it is to urge the existence of the Creator on the man who prefers to be in ignorance of Him. The quiet application of principles in daily life is more convincing than the most ingenious argument ever devised.

Volumes have been written, and uncounted volumes have yet to be written upon the duty of the physician, the sacredness of his charge and the high place which the true physician holds in the esteem of a people. Yet with each new opportunity and each new class of graduates, it is not vain repetition to direct attention once more to the character of the calling and the responsibility of the work to which you have dedicated your lives. Remember then at all times that although this body is a human body, it is the great culminating natural work of a Divine Creator, in whose likeness and image it has been made.

Men be of many faiths and worship in many forms a common Deity. They rear monuments, temples and cathedrals, mosques and minarets wherein they pay their homage to the Most High, but to all men everywhere in any state the true living temple of the Lord is the human body, and the physician is its ministrant and priest of the temple.

To you belong its cleansing, its purification and the keeping of it in serviceable order for the high uses of humanity and this involves a spiritual duty no less exacting than the natural one, for which you receive your pay. The physician has then a duty and an opportunity than which the world holds no greater. And this duty and this opportunity pursued with the thoughtful unselfishness of motive which actuates the true physician cannot fail to bring its due result in elevated thought and purpose and an enlarged mental and spiritual vision to those who follow it.

The ideal is not new to you, but the thought should be deeply impressed now, that in the hurry of active professional life, this ideal may never wholly disappear but may remain in ever-present subconscious motive in all your professional labors. Your battles are many and the reward is not as it is to the hero of an outward strife. Yours is no eager plunge into the turmoil of conflict with a stimulating sense of numbers and the sound of fife and drum to guide your steps and stir the blood until

the moment of danger is forgotten in the contemplation of the moment of opportunity. Yours is not to the encouragement that comes from the lurid flow of the hot contagion of excitement. In the play of the red lightning of human passion, the spirit of man is carried with a rush through trial and temptation through dangers upon which he has no time to think into the self-forgetting deeds of glory and renown.

This life is not the physician's life. No such advantitious aids to the accomplishment of great things are his. His life is strenuous, but his brain must be cool. With the sound of battle raging round about him, without the encouragement of arms or the share in possible success, he must maintain his self-possession and his poise. He hears the call of danger, but he must answer not with passion, not with excitement, but coolly, deliberately, unflinchingly and with all his faculties in perfect control, with no thought of himself and no possibility of retreat.

When you go forth, then, go with courage, with faith, with self-confidence and with hope, and with a real humility, keeping ever in mind that while opportunity misused turns its blessing into a curse and its reward into lasting condemnation, opportunity improved brings with it mastery of fate and of fortune.

So conduct yourselves in the years before you that your college and your professors, your classmates and your friends may always say with pride, "He is one of us." That when for the last time upon earth you have responded to the call of your suffering fellowman, the struggle is ended and life's history rolled together as a scroll, you may stand with a clean conscience in the presence of the Great Physician to say, "Master, it is done, and it was my best."

A DR. DONOVAN, of Illinois, has seven sons. Four of these are already practicing physicians and five are at present in college preparing to follow in the footsteps of their father. This interesting clipping is going the rounds. Just where the mistake in addition started we do not know. Perhaps it is a fish story.

The Vital Force Theory of Hahnemann.

W. A. DEWEY, M. D., ANN ARBOR, MICH.

[If those of our readers who do not believe in Hahnemann's theory will read this article of Dr. Dewey's, trying to see how much there is in it that they can agree with, instead of dwelling on the parts that they CANNOT accept, we believe that they will find it both interesting and helpful. For we ALL believe that in some way or other back of every cure there is something larger and more mysterious than the mere action of a few drugs: and Hahnemann's theory, whether wholly right or not, was certainly a vigorous and stimulating attempt to call attention to this deeper fact.]

Of the numerous theories promulgated by Hahnemann, none, it would seem, is less understood or has had more ridicule heaped upon it than what is commonly known as his vital force theory.

This theory first appears in the fourth edition of his *Organon* which was published in 1829 and may be substantially stated as follows:

The vital force is a power which, in health, maintains harmony in all parts of the body. Without vital force the organism is dead.

In disease, this vital force is deranged by agencies which impede or destroy life—in other words disease is a dynamic disturbance of this vital force and cure consists in restoring the vital force to the normal. And lastly that homeopathic remedies act dynamically in restoring the vital force.*

This, then, is all there is to the vital force theory of Hahnemann stated in practically his own words. He believed that disease and its cure by homeopathic remedies could only be explained by the acceptance of a vital principle animating the body and a similar vital principle or force embodied in every medicinal substance.

This conception was a protest against materialism, against chemico-physiological ideas, against pathological, bacterial, anti-toxic theories and discoveries and facts AS A BASIS FOR THERAPEUTICS. For he regarded that such insecure foundations could not support a true science of therapeutics; and the history of medicine justifies his position.

*Some of our readers will understand the above statement a little better if they simply leave out the word "dynamic," which is used twice. In fact, P. D. believes that all such discussions would arouse less prejudice if that great big Latin word were always left out. We believe in *VIS MEDICATRIX NATURÆ*, the power of nature to cure herself, if we but help her, just a little; but we don't like Latin, in spite of the fact that we studied it for so many years. Perhaps we got an overdose and have never quite got over it.

Hahnemann's choice of terms was perhaps unfortunate, he speaks of a "spirit-like dynamis." It is this fact that has led many to regard vital force as a sort of theological conception, some ghost, something akin to spiritualism, or Swedenborgianism or to some other phase of religion, something to do with the theological "soul."

His conception of vital force, however, did not look to this interpretation but is to be explained rather in the light of the *vis medicatrix naturae* of Paracelsus. He did not consider it theologically any more than did Newton, when he spoke of the spirit of attraction.

If we can divest ourselves of this interpretation of vital force and look at it as a real thing, we will find that it is in harmony with the latest conceptions of disease, and that Hahnemann was as far ahead of his time in his ideas as to the nature of disease as he was in his therapeutic methods.

The term dynamic, a new one in the dominant school, is being used not infrequently. Sir Andrew Clark, before the Clinical Society of London, said: "Disease in its primary condition and intimate nature is in strict language dynamic, it precedes, underlies, evolves, transcends and rules the anatomical state." Dr. Baradat before the British Tuberculosis Congress in 1901 speaks of natural serum being "both dynamic and bactericidal."

The dynamic conception of disease and its cure by dynamic measures is nothing but a reversion to the vital force theory of Hahnemann.

In the light of the modern trend of medical thought what is meant by vital force? How are we to explain its existence? It seems to be a restatement or rather a pre-statement of what we now term the natural resistance of the body. It is that something which *pervades the organism*, not only one part of it but *the entire organism*. It is that principle which preserves health. It distinguishes the living from the dead. In the dead not an atom is gone but the force that holds them together is extinguished.

The vital force is capable [up to a certain point] of being shocked, depressed and disturbed, and yet no disease result; for it possesses the property of always returning to its original state. It is in these depressed and disturbed conditions of the vital force

that a soil is prepared for germ invasion, for it is a well-established fact that there must always be a soil for the nourishment of the germ else it is harmless. This will explain why two or five people in a family of ten will be overpowered by the tubercular germs when exposed thereto and the rest escape. The bars are down in those who take the infection, the vital force is weakened it may be by unnatural stimulation. It will explain such manifestations as otorrhœa following scarlet fever in one person while another escapes, though in both instances the vital force has been disturbed to admit the germ infection, yet on the one hand it is some simple depression at the time of infection which allowed it, and on the other hand a more profound disturbance from which it more difficulty recovers and we term this a latent or psoric diathesis.

Note the fact that the vital force pervades the whole organism, and so disorders of it must pervade the whole organism as well. Disease starts primarily in the dynamic disturbance of this force and efforts to cure the same must be directed to this force and since it pervades the entire body it becomes necessary to treat the entire body, to treat the patient instead of the disease. Restore the vital force to the normal and we will cause a disappearance of the symptoms which are but the efforts of Nature to restore the vital force. Let us aid nature. It seems from this that it would be folly to suppress symptoms since they are nature's efforts to restore this vital force. It does not seem scientific and it certainly therefore is not homeopathic.

Hahnemann's pathology, physiology and philosophy of healing was built on this doctrine and it is being accepted by many thinkers in the field of medicine today. Drugs make men sick; vital force tends always toward health, to aid the vital force in this, its work, our medicines must be used not as drugs (in doses to suppress symptoms and therefore the vital energy as well) but dynamically so as to aid in restoring this force to normal. As to the modus operandi of this vital force even Hahnemann cautioned us about speculations thereto.

In conclusion, it seems to us therefore, if we regard the vital force not as the soul or mind, but as the natural bodily resistance against the invasion of disease, a dynamic disturbance of which

lets down the bars to all sorts of germ infections, we will not only be in harmony with the trend of modern thought but have a practical working hypothesis for the betterment of our homeopathic prescribing. We will prescribe more for the *whole patient* and less for the disease; thus becoming more truly homeopathic in both thought and application.

COMMENTS ON DR. DEWEY'S ARTICLE.

We wish to heartily thank Dr. Dewey for this article, so full of truth and food for thought, and yet, in Hahnemann's fundamental theory as we understand it, there are two elements: one an assertion of the fact that there is a vital principle animating the body, and secondly that there is a similar vital principle animating each and every medicinal substance. Now, Dr. Dewey has shown most helpfully the great importance of believing in the first of these two assertions; namely, that there is in every man a living force which cures or kills, that he is not cured by drugs, but must cure himself, if he hopes to be cured at all. This we believe to be fundamental to all the more successful forms of medical practice, and to all true cures.

But, in regard to Hahnemann's second theory, that in every medicinal substance there is a similar vital principle, it seems to us that Dr. Dewey has been somewhat silent, perhaps he believes that if we accept the existence of the vital force in man as the ruling factor, we must inevitably presuppose the same in every homeopathic medicine; and, as a matter of fact, the writer is inclined to believe that there is in every medicine some spirit force, which is but an expression of the love and truth and kindness that pervades the universe; but we are not willing to admit that this thought is a necessary, or, at least, a very clear corollary from the other great thought.

For surely when the electrician tells us that the touching of a single button was enough to cause an explosion in Hell Gate, and shake the city of New York from end to end, we are not obliged to assume that there was in that electric current any sort of spirit force. There may have been, but the mere fact of its

tremendous potency does not prove it, at least to ordinary mortals. And so, though we agree with Hahnemann in believing that in each drug there is a spirit force, we are perfectly willing that most of our readers should reject this thought as purest nonsense, provided they will be wise enough to welcome and to use the deeper, larger thought that every life is one great whole and that every man must cure himself,—the doctor and the druggist and the homeopathic pill simply coming in to tip the balance, and complete the circuit. We cannot all agree in theory, but let us try to agree in practice, and in those parts of our theory which are most inspiring and most closely connected with practical success in daily life. Then if we disagree in things abstruse, no harm will come of it to us or others.

Did My Medicines Do Any Good? And If So, Why Didn't They Do More Good?

In response to our request for difficult and perplexing cases, which might be helpful to our readers, we have received the following, which is certainly full of interest. We hope our readers will read it through carefully, and then see whether they agree with us in the comments which we have made at the close.

J. L.—a well-built, muscular boy of 14, who had “never been sick a day in his life,” was attacked in February, 1903 with a most violent inflammatory rheumatism. Stiffness and pain in the right shoulder and knee were relieved by Rhus m., but the following week I was called to the house again, as he was suffering very much in the *left* shoulder and knee and down the tibia. The leg was swollen and hot to the touch; the boy was chilly and sitting close to the fire, although his temperature was 101.3°. He was thirsty, but water made him cold.

I again gave him Rhus, expecting it to act as well as before, but the next day he was worse in every way; he had a terrible night, could not lie still a minute, although motion aggravated the pains, which had by this time extended once more to the joints of the right side and to the abdomen. His temperature was 103.4°. Aconite 200 gave him a little sleep. But Bryonia and Sulphur failed utterly, and the boy suffered intensely, particularly at night, when he would moan for hours. He was now unable

to even move himself although extremely restless. During the day there were a few short periods of quiet, but generally he begged to be turned every few minutes. There was considerable perspiration, chiefly at night and the delirium was also more marked at that time.

Fearing involvement of the heart and noticing the moving of pain from joint to joint, I gave *Kalmia m.* Improvement was satisfactory for three days, the fever lessened, the tongue cleared, his appetite returned, and the pains and stiffness diminished so that he could move himself in bed. He received in all six doses of *Kalmia*; then it ceased to act, and upon studying the case again it seemed that *Phytolacca* ought to help; I suspected a specific hereditary taint; since he was so restless, yet motion did not relieve the pain; and the aggravation was always at night; it was also noticeable that the pains shifted about and the periosteum was affected, particularly in the left tibia, where the suffering was most intense. Emaciation and prostration were also marked.

For four days *Phytolacca 500* was of benefit and we rejoiced; but it failed and another selection became necessary. *Mercurius 10 m* gave one good night of sleep, but the sweating continued at intervals, also the aching and soreness in one shoulder or the other, also in the right knee or foot but always worse in the left knee and leg.

A diarrhea started at this time, which was watery and brownish, with pain and sudden urging; the boy was hungry, he "felt so empty," was always begging for cakes and pie or fish and salty things. The temperature rose again to 102.2° ; and the fact that each remedy helped for a little while and then ceased helping made me uneasy as to the outcome; yet as a last resort I hoped that a nosode might reach the bottom of the trouble; therefore, *Syphilinum* was given, and again there was temporary improvement; better sleep, bowels better, joints all more easy, fever only 99.2° .

But the condition of the left leg was growing steadily worse and worse, the whole trouble having centered there. It was swollen to double the size of the right leg, ankle and foot also, and the knee was stiff and held flexed, the tendons underneath seeming to

be shortened so that extension was impossible. On passing the finger over the tibia lumps and ridges could be felt, and at one spot softening as of a pointing abscess. The heat, redness and sensitiveness of this part of the leg were extreme; there was an intense itching, also a sudden pricking as of needles, either sensation causing the patient to cry out suddenly.

This seemed a fairly good picture of Mezereum, which I gave in the 10 m potency on March 13.

At that time I concluded that if something did not happen inside of twenty-four hours a knife would have to be used to relieve the tension and pain. But the knife was not necessary. Sixteen hours after Mezereum was given the boy's small brother was sent to my office to announce, breathlessly, "J's leg has busted!"

It was astonishing what a quantity of pus poured from the two little openings over the tibia for the next two days. The whole leg seemed to be one bag of pus. Passing the hand from the ankle upward caused it to gush out in streams, and it felt as if the skin covered no muscles at all but only a bone surrounded by a bag of pus. Soon the swelling of the foot, the stiffness of the knee and the contraction of the flexors disappeared. The tibia continued sensitive to pressure for several days but the bone was intact; the openings were healthy and soon began to heal. The leg looked as if it might be useless for months, and yet in ten days from the breaking of the abscess he was walking up and down stairs.

His left shoulder was not well yet; some soreness continuing for several weeks. The bowels soon became normal, but a sort of diarrhea returned later on, while a loose cough hung on for a while and the boy seemed dull and listless. But Psorinum cm started him on the right track and he was soon gaining flesh and able to work and enjoy life once more.

This was in April—just two months from the first attack. In May, 1903 (a year ago) he reported some aching and soreness here and there, moving from side to side, also diarrhea once more and received Lac caninum cm. Since then I have seen him but once (for a cold); but his mother reports that he is all right, works and seems as well as ever, and I rejoice to say that his heart is as sound as it was before his long illness.

EDITORIAL COMMENTS :

In reply to the question, whether Dr. Blank's medicines did any good in the case, we wish to say most emphatically that we believe they did do good by relieving from time to time the pain, and quite likely by also preventing the final abscess from being more serious in its consequences than it was. But, on the other hand, we cannot help thinking that the good doctor did not succeed in finding the *best* remedies, and that in case he had done this, the case might, in all probability, have been prevented from going as far as it did.

Our reasons for so thinking are based on a simple examination of the testimony which he himself gives. For though he doubtless saw in the case many symptoms which are not reported on paper, it is fair to assume that those which are not reported did not seem to him especially important, whereas we are inclined to think that some exceedingly vital matters were overlooked in making some of the earlier prescriptions, for, when he found that Rhus which seemed indicated, was not taking effect, he should at once have instituted a most searching and detailed study of the child's past life and family history.

We are well aware that the friends claimed that this boy had never been sick a day in his life, but we have found that in all such cases where a seemingly perfectly healthy life is followed by a severe sickness a detailed cross-questioning (taking the body all to pieces — eye, ear, nose, mouth, etc., from one end of the *materia medica* to the other), is sure to reveal a great many ins and outs which show that the child instead of never being sick, has really *never been well*, although utterly oblivious to the fact that these simple, petty ups and downs had any pathological significance.

And so we believe that if Dr. Blank had made such a careful cross-examination in detail of every part of that boy's body and past life, he would have found many hints which would have enabled him to select some deep-acting constitutional remedy which was clearly fitted to the case, and would have given marked relief. For these people who have never been really well, and yet do not know it, are generally highly amenable to treatment, when their real needs are clearly understood and a highly appropriate constitutional remedy administered.

In fact, we think that even in the symptoms here reported there is enough to indicate what that constitutional remedy probably was, and yet we do not feel at all sure of this point; since symptoms which have not been reported on paper may have so completely changed the picture as to point elsewhere. But this much is certain, that as reported on paper, this case in its earlier stages had a most surprisingly large number of leading, black-faced Arsenic symptoms.

First of all we notice the tendency to sit closely hugging the fire (K 1340).

Next, the fact that drinking water made the patient feel cold.

Third, the curious fact that the patient was very restless and wanted to be frequently moved, and yet was made worse by being moved, strongly suggests Arsenic (see K 1301 "after moving"), for the Arsenic patient often feels better *for a very little while* if moved, although unable to move himself.

Delirium at night (K 26) is also another very marked Arsenic symptom. While on page 1004 of Dr. Kent's Repertory, we are told that pains in many different parts of the extremities are strongly confirmatory of Arsenic.

And yet right here we wish to state that pain symptoms, except when they are very clearly defined and somewhat rare in type, are very misleading in most cases, since there are so many medicines that have similar pains. But though they are, ordinarily, of no use as guiding symptoms, they are highly important pathologically, and often help in confirming a medicine which has been first selected tentatively by a comparison of symptoms which *seem* much less important; for our readers will notice that the symptoms which we first quoted as suggesting Arsenic are nearly all, *apparently*, trifling ones.

Of the more general symptoms, the fact that this attack of rheumatism came on in winter time, when it was cold weather, strongly confirms Arsenic. Wandering pains, which were so marked a feature in this case are also found under Arsenic, although they do not seem to occur often enough to have attracted special attention.

Naturally, as the case went on, other rotten veins in the same life would come to the front, so that the fact that the disease

finally settled in the lower left leg may, perhaps, be an indication that there was, back of the Arsenic vein in this boy's life, a Sulphur vein as well. In fact, the pains starting as they did first of all in the right side, then going to the left, is highly confirmatory of this suspicion. But we cannot help thinking that the leading remedy in this case may have been Arsenic; but whether it was or not, it certainly was a pity that Dr. Blank did not stop to make a searching study of the PAST LIFE, when he found his medicines were not taking effect.

We thank him most heartily for reporting this case. If physicians would put their pride in their pocket and report their failures a little oftener, *and a little more in detail*, we believe that the medical profession at large, especially the skeptical wing, would have more respect for our medical magazines, and for the clinical cases which we publish, for when a magazine even seems to imply that its contributors are infallible and always hit the nail on the head, always curing with the first dose, it gives the impression that their reports are colored with an undertone of brag, and, possibly, even falsified, though this last charge seems to us, in most cases, utterly unjust and uncalled for. But that failures, carefully studied, are oftentimes even more instructive clinically and in the class-room than successes we most heartily admit.

A Clinical Comparison of Phosphorus and Tuberculinum.

Leaves from the records of the General Clinic of the College of Homeopathic Medicine and Surgery of the University of Minnesota.

REPORTED BY PROF. GEORGE E. CLARK.

CASE 19353.—Mr. B., age 64, Swede. Appearance, tall and slim; light complexion, blue eyes, poorly nourished.

By occupation a preacher, but now retired. For several years he complained of a dry tickling cough worse in the morning and from any undue exertion or cold.

Two years ago had an attack of la grippe, since which time

he has been much worse. The sputa is mainly light colored; at times yellow and very sticky and difficult to expectorate.

Is much annoyed by his efforts to raise this sputa in the morning.

The throat is rough and sore and quite hoarse at times.

The cough does not trouble him much at night, but is markedly worse in the morning, as soon as he is awake.

He is very nervous and tires easily.

Takes cold frequently at which times the cough is much aggravated.

Passes urine often and rises at night several times for this purpose. Some smarting micturition.

The family history is bad. The mother and a brother died of consumption and a sister of pneumonia. Twenty years ago the patient had night sweats freely and coughed severely for a whole year.

Inspection shows the chest walls to be narrow and deeply depressed in the clavicular region while the respiratory motions are feeble and imperfect.

Percussion shows an area of dulness at the apex of both lungs, worse on the left side.

Auscultation reveals coarse rales in the lower portion of the lungs and imperfect expansion in the upper third. There is no pain, nor has there been. There is a very slight elevation of temperature.

Phosphorus was given.

The following week he reported no improvement yet it seemed best to continue the remedy every three hours.

The following week he reported some improvement, did not cough as often or as severely but before his next visit he took an additional cold and was much worse.

Feeling that there was a strong tubercular tendency which was the real factor in the case, Tuberculinum in the cm potency was given, one powder dry on the tongue.

The improvement from this time on was slow but pronounced and continuous. At the end of a month the cough had nearly ceased and the catarrhal secretion was slight and easily raised. Two months later, examination showed the lungs in a much bet-

ter condition and the dulness very largely cleared up and the patient is in better health than for years.

That one dose of the Tuberculinum brought about such a happy change that the suggestion is pertinent of the propriety of having given this remedy in the first instance, although the Phosphorus seemed to be the indicated remedy.

The action of Tuberculinum in this case suggests an analogy to Sulphur in its power to arouse the vital energies and throw off an imposed miasm.

[The fact mentioned by Professor Clark, that in this case there was marked absence of pain in the chest, which, ordinarily, is looked upon as strong confirmation for Phosphorus, may, possibly, prove equally strong confirmation for Tuberculinum, in cases where Phosphorus alone seems insufficient; but this would not of itself, even if verified, exclude Tuberculinum from cases where there was pain.—P. D.]

A Study of Some of Our Cold Remedies.

J. C. FAHNESTOCK, M. D., PIQUA, OHIO.

From a long and interesting article in the *Medical and Surgical Reporter*, we take pleasure in quoting the following extracts:

(1) A VERATRUM PICTURE.—*Cold sweat on the forehead*, is one of the conditions that runs all through a Veratrum case. *This is one of the cold remedies*. The skin is cold, but wrinkled and remains in folds when pinched with cold sweat on the forehead. *All complaints* in Veratrum are attended more or less with this cold sweat on the forehead.

The mental symptoms are also marked. Twenty-three years ago I had a patient in charge who had mental alienation, due to religious excitement. She *was very violent for two years*, during which time she was in an institution in Indiana. At the end of that time the superintendent pronounced her incurable. Her relatives then had her transferred to an institution in this state, and at the expiration of one year there was no change for the better. In fact, she was worse; as she had become very pale, weak and melancholy, *sitting and looking at the floor* the entire day without saying scarcely a word, unless spoken to,

when she would say that she was forever lost, as she had committed the unpardonable sin. Her bowels were badly constipated, only moving when given a cathartic or an enema. But her symptoms pointed to *Veratrum*, and by giving a few doses *at long intervals*, she was entirely cured, in the short space of six months. She is now living in Georgia. I heard from her a short time ago and she was perfectly well.

(2) A COMPARISON OF VERATRUM. CAMPHOR AND CUPRUM.

— The Camphor patient has comparatively little sweat accompanying his coldness, and the discharges from the stomach and bowels are not at all profuse, but when discharges from the bowels become more copious, and the sweating and vomiting more marked, especially the cold sweat on the forehead, *Veratrum* comes to the front.

While in the case of *Cuprum*, it is the convulsive symptoms which attract attention, and suggest the remedy: great nervous excitability, convulsive cramps all over the body. Whenever I think of *Cuprum*, these horrible cramps, twitching, jerking and trembling present themselves to my mind, for all the actions of *Cuprum* are convulsive and spasmodic.

In regard to Camphor, he also points out the fact that the Camphor patient wants to be covered during the heat and pains, but that when he gets cold he seems to find relief in being uncovered and wants to be still more cold.

ARSENICUM is another cold remedy, of which six words tell us a great deal: anxiety, restlessness, burning, cadaverous odors, prostration and coldness. The skin, at first, may be hot and dry, but later on it is icy cold, covered with clammy sweat; and yet the patient complains of intense, burning heat within.

(3) *CARBO VEG.*, THE SLUGGARD.— In many ways we might call this remedy the sluggard; sluggishness is the state we find running through all its symptomatology. Here is another remedy, some features of which resemble Arsenic. A burning runs through this remedy; burning in the veins, burning in the capillaries, burning in the head, burning of the skin, burning in every inflamed part. An internal burning and an external coldness is

also noted. The feet and knees are cold as ice; the face is cold, the nose is cold, the ears are cold, the tongue is cold, the breath is cold; coldness with fainting spells, covered all over with a cold sweat in collapse, but in spite of all the coldness he wants to be constantly fanned.

Pneumonia, Its Cause and Treatment.

In an article by Dr. W. J. Hawkes, of Los Angeles, Cal., we find many little seed thoughts, some of which we should like to quote for our readers, mostly in Dr. Hawkes' own words, although sometimes paraphrasing what he says for the sake of condensation. Any one who wishes to see the entire article can doubtless do so by sending to Dr. Hawkes himself; as it was originally published in the *Pacific Coast Journal of Homeopathy*. We quote:

"The largest mortality from pneumonia is always among those who are weaklings, either because of infancy or old age. It is also markedly fatal among hard drinkers.

"The most potent factor of all in the causation of pneumonia is hereditary predisposition, a cause for which the individual is not responsible, but one which he can partially control and minimize — by correcting, as far as possible — these hereditary morbid conditions and tendencies.

"When treating *the child*, you will usually find symptoms in the mother which will help in making your prescription."

He then speaks of a child, who was *born sickly, of sickly parents*, who, improved wonderfully under treatment. The most remarkable and significant fact in the case being that the child who does not seem to have had any eruptive disease since birth, was not cured until *Lycopodium* had brought out the worst-looking crop of eczema that Dr. Hawkes has ever seen in his long and varied experience; for the child was literally covered from the crown of its head to the soles of its feet with an eruption which lasted for months, but, under homeopathic treatment all through resulted finally in greatly improved health.

Of cold water, Dr. Hawkes says :

“ Be sure and let your pneumonia patient drink all the pure cold water he desires. I, for one, am well satisfied if he takes nothing but cold water during the first four or five days, especially if the fever is high and the thirst great.”

Here we most heartily agree with the doctor, for it seems to us a sad mistake, this notion that sick people must always be fed. But Dr. Hawkes can plead his own case, and we simply wish to say, Amen.

He goes on to say: My rule is to give no food, whatever, while the fever is high, the tongue coated, and there is an absence of appetite; for there is always more to be feared from the patient eating too much than too little; and it is a sadly mistaken notion, both among physicians and the laity, that abstinence from food, under such circumstances, is a cause of weakness. They seem to labor under the erroneous impression that if food is only gotten into the stomach, an increase of strength will necessarily result. But on the other hand, food in the stomach, when it cannot digest it, is only a source of weakness, not of strength, and a patient, who has great difficulty in properly digesting his food, gains more strength from too little food than too much—to all of which P. D. most emphatically says, Hurrah! Bears sometimes live all winter without eating; and I believe that babies can sometimes do the same, for a few days at least.

Next we are reminded that heart failure is our greatest source of danger in pneumonia, and that this is why stimulants should very, very seldom be given, since the reaction which follows the first stimulation may prove fatal.

Speaking of individualizing our cases, and remembering that two persons sick with the same disease may need very different medicines, he (Dr. H.) says: “ I am convinced with a firm and increasing conviction of the truth and importance of this proposition.”

Of *Arsenicum*, he reminds us that it is characterized by a most extreme weakness, accompanied at the very same time by a most distressing and extraordinary restlessness.

Of *Lycopodium*, he says: This remedy is very reliable when

indicated and is too often overlooked in pneumonia, as well as in other ailments, but adds that he has never been successful with it when used below the thirtieth, which reminds us of a statement we once saw, to the effect that when you find any physician enthusiastic over Lycopodium, you will nearly always find that he is one who uses it in the higher potencies.

He also reminds us that Sulphur and Sepia are often indicated in this and other diseases, when even the most careful inquiry seems to furnish no clear indications for any one remedy, or when the apparently indicated remedy does not help the patient.

N. B.—He does not say simply Sulphur but Sulphur and Sepia, one or the other. Of Sepia he further mentions the fact that it sometimes has a pinkish sediment in the urine.

We shall hope to hear again from Dr. Hawkes, and hope he will not forget that the ADVANCE is hungry for clinical cases, which will *illustrate in detail his way of using remedies*.

To long discussions on pathology, prognosis, etc., we must not give room; but for clinical cases which will encourage veterans or help beginners in finding the best remedy, we are always grateful.

[We should also like to add that one of the most helpful and frequently indicated remedies, yet often overlooked or forgotten, is Iodine. It is called for in the stage of hepatization when Bryonia is so often hastily or carelessly given and the physician wonders why he obtains no results. Look up the symptoms now while you think of it, and keep it in mind next time the season for pneumonia comes around.—ED.]

Good and Bad Effects of Colorado Climate on Consumption and Heart Diseases.

(In a paper read before the local society, and published in the February number of the *Denver Critique*, Dr. Ralph D. P. Brown, of Denver, discusses the above question very ably. We are well aware that the article has been widely quoted and that some critics have severely blamed Dr. Brown for saying the things he has, accusing him of disloyalty to his own state, as if loyalty were more precious than truth. But we are satisfied that Dr. Brown cannot be wholly mistaken, and is amply able to defend himself. And if you will subscribe for the wide-awake

magazine for which he writes and then pester him with hard questions, we feel sure that ere long you will find out for yourself whether he is right or wrong, provided you or any of your near friends are troubled with consumption, and so are personally interested in this subject. We take especial pleasure in giving these selections; for a man who can see *both sides of the truth* is always a man worth watching and trusting, though there is no need of trusting any man blindly, not even a good homeopath. P. D.)

The careful observer will have noticed, however, that a majority of tubercular patients not only do not recover in Colorado, but are hurried toward the grave much more rapidly than would have been the case had they remained at home, or had they sought some section less near the Heavens, with a climate more warm even if more damp, and less subject to the rapid and extreme changes in temperature so constantly experienced within the limits of this state; while at the same time, in spite of the altitude, or because of it, the majority of heart affections, excepting only dilatation, and such as are brought on or aggravated by the use of quinine, are greatly benefited by a residence among us.

If, however, they are capable of overcoming this first depression, they may recover, but the recovery is much more slow than it would be in a warm, damp climate, and at the best is extremely doubtful.

Directly opposed to this class are the Calcareo patients, who revel in all the characteristics for which this state is famous, and who are so braced from the start that under proper conditions of living they generally recover.

The majority of tubercular patients require Kali and it therefore follows that a majority are not benefited by the Colorado climate, which deduction is supported by facts.

We have a different story to tell of heart affections, for in spite of the popular belief to the contrary, it is clearly noticeable that with the exceptions heretofore mentioned, heart troubles are greatly relieved in a comparatively short time, provided the patients are not sent directly from sea-level to so high an altitude.

When there is a marked heart weakness, the approach should be gradual, covering, say, five weeks, making one week for each one thousand feet.

We are not prepared at this time to discuss causes, but we feel safe in stating as a fact beyond dispute that the quinine patient has no place in Colorado. It is a perfect location for those afflicted with malarial conditions provided they have not been treated by appreciable doses of quinine. If they have been so treated, they should never be advised to locate here until the quinine has been surely eliminated from the system, for observation teaches that not only are such patients very liable to a long and severe illness of the malarial type, but that they are quite likely to sink into a tubercular state.

We would warn physicians then:

FIRST.—Never to send a Kali patient to Colorado except in the very early stages, before ulceration has become marked, and not then if there is sufficient weakness present to prevent activity.

Send them to the Sunny South even though it be damp.

SECOND.—Always send a Calcareo patient to Colorado, whatever stage

of the disease may be present. Never send them where dampness prevails.

THIRD.—Never send a quinine patient to Colorado until the drug has been eliminated by proper homeopathic treatment.

FOURTH.—Send all heart cases to Colorado, excepting those which show a tendency to dilatation, those suffering from quinine poisoning, and those where the heart affection is associated with a tubercular condition, the symptomatology of which is shown in a picture of the potash remedies.

A Problem in Therapeutics.

One day, when P. D. was out in the woods, he discovered in one of our exchanges, the *North American Journal of Homeopathy*, an article by one of the editors of the *ADVANCE*, in which he tells us how a certain consumptive was greatly helped by only four doses of a certain homeopathic remedy.

Incidentally, the writer, Dr. Harvey Farrington, remarks, that any tyro would have known what medicine to give, and that the case is of interest *simply* because of the wonderful light it throws on the power of homeopathic treatment. But we are very strongly inclined to think that many tyros would find it quite difficult to know what remedy was indicated by the group of symptoms here reported, and so we venture to publish all the earlier symptoms of the case, *with the medicine left out*, so that our younger readers may have a chance to guess for themselves what medicine would cure the case. Then, by turning to our *Thought Exchange* (first page), they will find just what medicine was actually used in curing the case.

The symptoms reported are as follows:

Aleck M. McIntyre, aet. 38, had for a year and a half complained of cough, night sweats, and the usual symptoms of pulmonary tuberculosis, diagnosed as such, first by Drs. Gustin and Lawrence, of St. Thomas, his native town in Ontario, Canada, and later by Dr. Harvey, of Harvey, Illinois, who had treated the patient for about a year, the sputum was examined for bacteria, once every week, and these were invariably found. The patient was steadily failing, he was ordered South as his only chance to live.

He went to New Mexico, leaving his family behind. In four

or five months, he seemed better. The cough was lighter, the night sweats had ceased, and he had gained slightly in strength and weight. But his money gave out, and he was obliged to return to Chicago and resume his duties as engineer on the Illinois Central Railroad.

He had not made many trips before the old symptoms began to come back. The climax being reached about June first, when he was seized with a violent chill while riding on his engine.

June 13, he had headache, right side of head and behind eye-balls. Cough, hard and racking, worse in the morning after waking. Expectoration thick, yellowish and heavy, "seems to come from the stomach." Soreness and aching in muscles and joints since chill, two weeks previous. Had malaria for about five years, suppressed two years ago with quinine.

Until thus suppressed, the chills returned every spring, were quotidian in type, appeared at 4 P. M., and were accompanied with dull, frontal headache and thirst. He could recall no further particulars, except that all the sufferings were relieved by the sweat.

Weak, all-gone sensation in the stomach, in the morning on waking at 10 A. M., and at 4 P. M. Poor appetite; thirst for cold water. Desire for salt; is very fond of it. Pain in the right chest. Physical examination reveals an area of consolidation about as large as the palm of the hand, on the outer side of the nipple, surrounded by mucous rales, and some suspicious areas near the right apex. Extreme nervousness; is easily startled; trembles. Suffers from a good deal of palpitation. Is melancholy; irritable; when once aroused, his temper becomes uncontrollable. Weighs only 119 pounds, and has been rapidly losing since his return from New Mexico.—*See Thought Exchange.*

PROBABLY there is no more effective way of lessening pauperism, insanity and crime than is found in the rational kindly care of mentally deficient children, until such time as they are able to care for themselves, and find a helpful, pleasant niche in life.—*Suggested by the Medical Critic.*

Some Lycopodium Cases.

W. H. FREEMAN, M. D., BROOKLYN, N. Y.

CASE I. Boy aged 6, blonde, blue eyes. Had been ailing for six months; for the last two weeks had been growing rapidly worse.

Two other children in the same family had died of a similar disease, the cause of death having been given as tubercular meningitis. A third child died of marasmus when six months old.

The mother is of a tubercular diathesis; she has had seven children in nine years and is an invalid.

The father has had atrophic rhinitis four years; had gonorrhoea twice before marriage; and is a reformed drunkard who admits having had delirium tremens twice.

During the first week of treatment Ars. 200, Bry. 200 and Bell. 200, each gave temporary relief, but the patient has continued to grow worse.

The temperature now reached 106° F. in spite of sponging which had no appreciable effect.

He was either in a stupor with eyes and *mouth half open* (K. 362) or he was screaming with all his might.*

The pupils were dilated and there was great photophobia. General hyperesthesia was marked and the least noise or touch or jarring of the floor was almost unendurable.

There is marked rigidity of the muscles of the neck and retraction of the head.

Frequent propulsive vomiting.

Intense thirst for cold drinks, would swallow a glassful in two or three gulps and screech for more.

Spasmodic action of alae nasi which probably first suggested Lyc. to be *confirmed* later by a study of the other symptoms.

Lyc. 200, four doses, one every hour, gave considerable relief and he passed a comparatively easy night.

The next forenoon there being a return of violent symptoms with flushed face and warm sweat, three doses of Opium 200

* Dr. Kent's Repertory gives this in common type only (K-83), but he informs us that it ought to be black-faced. P. D.

were given at hourly intervals with benefit. That evening Lycopodium was repeated and thereafter a few doses in the m potency every afternoon for about a week. He made a good recovery and has continued well up to date (eighteen months).

[If Lyc. 1,000 had been tried *before* Opium (homeopathic, was resorted to, the clinical value of this case would rank much higher. But even now it is one of exceptional interest and will well repay study.]

CASE II. A baby brother of the preceding, aged one year, developed bronchopneumonia while teething. The symptoms were those common to the disease plus the following:

Stupor — *mouth and eyes half open* — eyes turned upward; or *shrill crying* with jerking of head about and boring same into pillow.

Pronounced fan-like motion of alae nasi.

Aggravation 4 to 8 P. M.

Belching and *flatus*.

Great photophobia; and < from light or noise.

Voracious thirst for cold drinks; grabs glass and drains same in a few gulps and begs for more.

℞ Lyc. 200, every two hours until relieved and thereafter a dose whenever necessary. After every dose there quickly followed profuse sweat with a dropping of temperature and decided relief of suffering. Recovery was perfect.

The mother was afraid of the medicine; it made the baby close his eyes and sleep so quietly. "She was sure it must be morphine."

The peculiar thirst noted in these two cases was quickly relieved by Lycopodium, although I could not find it in the pathogenesis of the drug.

CASE III. Girl aged three, well formed, rosy cheeked, blue eyed, blonde.

Loud bubbling rales over entire chest with marked dulness and tubular breathing over most of the right side. Examination was very difficult owing to screaming, kicking, etc., but case was diagnosed as bronchopneumonia with lobar consolida-

tion on right side. Condition began several days before with a bad cough.

Though gasping for breath she screams and strikes at every one near her; wants to get out of crib and go down stairs. Bryonia failed to relieve; and on calling again in the evening found her much worse. T. 106 2-5, P. 180+, R. 92.

Icy coldness of ears, chin and extremities.

Stupor: lies on back with mouth and eyes partly open, but is still *ugly if disturbed*.

Shallow breathing and rattling in throat.

Gave Lyc. 200, four doses with hourly intervals. This was followed by a marked change for the better.

During the four or five days which followed, tepid spongings were given by a trained nurse with practically no effect on the afternoon temperature. But a dose of Lycopodium would at once check the rise in temperature and its repetition hourly for a few times would bring same down and keep it in the neighborhood of 103°.

Recovery was perfect and uneventful.

CASE IV. Woman aged 28, slender, sallow, blonde. Had been ill for six days. T. 99 3-5, P. 120 to 128 and very irregular; R. 28 and entirely costal.

The surgeon whom I at once called in diagnosed it as suppurative appendicitis; but advised against operation as useless, owing to the poor condition of the patient.

He said I might try medication, if I wished, and he would operate later if the patient improved.

She was at once sent to the hospital and as she presented typical Lycopodium symptoms the drug was given every two hours in the 200th potency, though with but slight hope of benefit.

The improvement, however, was quick and pronounced, and continued for several days, when her condition became stationary. There was now a well-marked and increasing area of dulness in the right hypogastrium and further delay was deemed inadvisable.

The abdomen was opened, disclosing a large mass of gangrenous omentum and bowel, matted together and surrounding

cavities from which pus and feces were evacuated. The appendix and a part of the caput coli had sloughed away.

The gangrenous tissues were removed and the operation completed in good surgical style, but the surgeon still gave a bad prognosis, saying, "You know these cases usually die."

The patient was certainly in a very bad condition right after and for several days following the operation; but with the best of nursing and more Lycopodium 200, she made a perfect recovery.

Now it might be said in criticism that recovery in these few cases does not prove that the remedy and potency had anything to do with it—they might have recovered without, etc., etc.

Admitting the wonderful curative powers of nature, is it not a fact that cases of this character reach such a state only through an overwhelming of the vital forces; and that recovery is *rare*, even with the best of nursing and with or without the best of the so-called scientific treatment of the day?—But I believe it is not exaggerating to say, that a very large percentage of such cases *do* recover when nature is aided by careful homeopathic prescribing. The superabundance of similar testimony from the life-long experience of hundreds of conscientious and well-informed homeopaths cannot fail to convince any unprejudiced truth seeker.

Seems to me the testimony of those who succeed in a difficult undertaking should be of greater value than the mere opinions and theories of those who fail or never try.

[We cannot help thinking that in all these cases, except the one of appendicitis, Dr. Freeman's most encouraging cures would have been still more rapid if he had gone just one step higher and used the 1000th potency, as the 200th seems to have been a little too short-lived in its grip.

In regard to the proper explanation of such cures, we should like to add just a word: The man who sneeringly calls it Christian Science is doubtless mistaken in his explanation and to be pitied for the spirit of littleness, which makes him sneer; and yet he is not so utterly off (as we are at times inclined to think); for Christian Science is but mental science MISUSED, while Homeopathy is but mental science used rightly. I do not remember to have often seen this remark, but what else can be the true meaning of Hahnemann's teaching when he speaks of a "spirit-like force" that cures the sick? Is it not the man's own spirit, which, by the help of

our little pills, is brought in touch with the body which needs its help? It certainly is not our medicine that cures, but the *vis medicatrix naturæ*, which is but another name for the *vis medicatrix* of the spirit.

But let not any one claim that we have put Christian Science and Homeopathy in the same box; for Christian Science is the allopathic, antipathic SOUL-REPRESSING use of mental science, while Homeopathy simply gives the soul within a better chance to show its power.]

Memories of Long Ago.

S. J. QUINBY, M. D., OMAHA, NEB.

Away back in the fifties, I was a boy at school in the little town of North Scituate, nine miles west of Providence, R. I., where my father was conducting what is now known as the Lapham Institute.

Our family physician was a bright, ambitious young man of the dominant school. My general health was being seriously undermined by frequent and copious loss of blood from hemorrhoids and though the doctor devoted his best energies to the case and I was an equally loyal patient, he told me at the end of a year's effort that he could not help me and advised to place myself under the care of Dr. Parsons, of Providence, R. I., who was then the leading old-school physician of the state. I called on the doctor, described my condition, and related what had been done for me.

He ordered cold water injections, > large-sized rectal bougies and so on. But after three or four days of this treatment the pain became so great and parts so tender I was obliged to desist.

About this time I happened to mention my condition to the pastor of our church who was an ardent disciple of Homeopathy. What interested me especially was the fact that he claimed to have been permanently cured of a condition similar to mine in a very short time by the use of homeopathic remedies. I, therefore, reasoned that even if these remedies acted entirely through faith and still effected a cure of piles, it was far better than what I was doing and decidedly more comfortable and I would look

into the matter. So learning that Dr. Barrows and Dr. Okey were then doing valiant service for the cause of Homeopathy in Providence and vicinity, I called on Dr. Barrows, stated my condition and after close questioning he made some notations in his case book and handed me two small phials, one containing a clear liquid and the other pellets about the size of a pin's head. The directions were to take four pellets every morning and two drops of the liquid in a teaspoonful of water every night at bedtime. Without any hesitation, he assured me of a complete cure. I returned home, took the medicine and in three months was a well boy and no return of hemorrhoids to date nearly fifty years. The remedies used were Sulphur third and Hamamelis third.

I then began to think of becoming a homeopathic physician myself, but my friends advised me to first acquire a thorough medical education, in an old-school college, which I finally did graduating from the University Medical College of New York in 1860.

The stormy times of 1862 found me an army surgeon. I well remember how on one of those bright days I was unwittingly the cause of an involuntary proving of Ipecac upon the respiratory apparatus of one of our surgeons. I spilled a small quantity of the powder in his haversack; next day he had occasion to use it and seeing on the inside what he supposed to be dust, turned the haversack over and shook it. He instantly began to gasp with one of the severest attacks of asthma I had ever seen and one I shall not soon forget.

When the war was over, I settled in Memphis, Tenn., and here in 1870, ten years after my graduation, I began to carry out my original intention of practicing Homeopathy by the purchase of homeopathic books and a study of the Organon. In two years I had acquired sufficient confidence in my ability to handle the remedies to announce myself a homeopathic physician.

Late one night I was called on to help a woman whom I found sitting by the side of her bed with both hands tightly grasping the rail and rocking her body backward and forward, exclaiming, "Oh Lord, Oh Lord!" with every gasp of breath. Her face was livid and it seemed as though she would momentarily expire from suffocation. But it was such a vivid reminder

of my army experience that I felt sure Ipecac must be the remedy, if there was any truth in the homeopathic theory; so I took a clean flask, filled it nearly full of water, put in two grains of powdered Ipecac and then thoroughly shook it.

I gave her two teaspoonfuls of this mixture and in fifteen minutes repeated the dose. I then ordered her placed in bed and given the same dose every half hour until she felt easy. But before it was time for the next dose she went to sleep and did not awake again till morning. Medicine was continued next day, but no further remedies were needed. This was experiment No. one.

I was naturally somewhat elated at such prompt results and when the next asthma case came in all confidence I gave Ipecac again; but this time I failed. And so I discovered that I must begin to differentiate more closely.

Dr. Quinby also mentions the fact that he was on duty for ninety-three days fighting yellow fever during the epidemic of 1879, he being the only homeopathic physician in Memphis, who was asked to serve in this capacity by the Howard Association. He tells us that he treated five hundred twenty-five cases, most of them complicated by malarial poison, thus making them more complex. His losses were thirty-two per cent among the white, and twelve per cent among his colored cases; while the average losses reported by the eleven regular physicians on the commission were forty-three per cent among the whites, and fifteen per cent among the colored.

Homeopathy in Diseases of the Lower Animals.

ALEXANDER C. HERMANCE, M. D., ROCHESTER, N. Y.

I wish to add my experience with pure Homeopathy in the lower animals by citing several cases which I think fully demonstrate the fact that we can cure sick animals as well as sick people quicker and better with Hahnemannian methods than by any other.

CASE I.—Being an admirer of thoroughbred dogs, the Scotch collie in particular, I have been the owner of several fine specimens of this breed. About two years ago my dog "Don," a male pup one year old, had a severe attack of distemper and

presented the following symptoms: loss of appetite, chills and fever, running at the nose, cough, gagging, vomiting and chorea.

A veterinary whom I called said he was very sick and would probably die. He ordered one ounce of castor oil every twenty-four hours and Quinine every three hours. After several days of this treatment with no improvement I concluded to try a little Homeopathy on him. I had noticed that the saliva and the discharges from the nose were *stringy*, the saliva hanging in long tenacious strings to the ground. [See K. Saliva — viscid.] I put a powder of Kali bich. 200 dry on his tongue and repeated it in three hours. The result was that in twenty-four hours the discharge had almost ceased, the vomiting was relieved, the cough better and appetite returned with rapid recovery.

CASE II.—A Scotch collie pup nine months old was taken with convulsions, the beginning of distemper. He rushed wildly through the house, running against objects as though partially blind, yelping as if in much pain. After he had quieted a little, he seemed to want to lap water, but could not swallow it. Pupils greatly dilated, conjunctiva congested, nervous trembling. I put one powder of Belladonna cm dry on his tongue. In an hour he was quiet, without return of pain and able to drink, made a good recovery and did not have distemper.

CASE III.—This spring one of my horses took cold and developed a severe attack of influenza; would not eat; had fluent discharge from the nose and eyes; loose, rattling cough and was very weak and thin.

Under the care of the veterinary and stable man he got “no better very fast,” especially his cough, which was very loose and rattling and sounded like soapsuds.

From my pocket case I prepared twelve powders of Antimonium carb. 200 to be given three times daily in hot bran mash. The horse improved rapidly and I was able to drive him in three days.

The proprietor of the stables wanted to know what on earth was in those “little powders.” They must have been “very powerful.” And I said yes they were.

Let us have more Hahnemannian veterinarians.

Hemorrhage During Labor.

From an article in the *Medical Visitor*, by Dr. C. E. Fisher, we clip the following helpful suggestions:

Ergot [used physiologically] is the standby of many an obstetrician, to his patient's detriment and his own discomfiture. Given in appreciable doses it contracts the womb, it is true; but it contracts the sinuses upon many a clot, these afterward to be carried into the circulation,—phlebitis, thrombi and abscesses resulting. It, likewise, induces hour-glass contraction and retains within the upper segment clots and débris to induce infection and dismay. But Sabina will do all that Ergot does, and do it safely.

In Sabina, the blood pours away in a torrent, hot, bright red, arterial, by *spurts*. Its field is not limited to abortion, as too many assume, but covers the entire obstetric domain.

Of *Ipecac*, Dr. Fisher says that when there is sighing, qualms and great faintness, a picture of utter relaxation, then *Ipecac* will beat both Ergot and Sabina, the *Ipecac* hemorrhage being one in which the blood pours forth without effort and without spurting, a veritable pool of blood, which seems to come away by mere gravitation.

Nitric acid and Phosphorus.—He also mentions as two of the best remedies in our materia medica for hemorrhage, yet medicines rarely thought of in obstetrics. The type of the subject is the key to the prescription. We all know the lean, lank, lethargic, sallow stoop-shouldered, sandy-haired and freckled Phosphorus; but we often forget the fiery, florid, fervent and furious Nitric acid.

The Nitric acid hemorrhagic has been irritable all through labor, her tissue did not relax readily, her face is almost as red as that of the Belladonna woman. Now she bleeds hot, crimson blood in spurts, will not do as bid, and chafes under efforts for her relief.

REGULARITY in nursing is not only better for the child, but is also more likely to result in a sufficient supply of milk.

Weaning the Baby Too Soon.

In the *Medical and Surgical Reporter*, for January, Dr. Z. W. Shepherd, of Toledo, Ohio, states that in his experience the proportion of deaths among artificially fed children, as distinguished from those who are fed at the breast, is more than six to one against the artificially fed. If physicians will only keep in mind more constantly sad facts like these, and gently, but plainly, would speak of them, as they go from house to house, telling the mothers that the chance of losing their children are six times as great, if that child is brought up on the bottle, we believe that many a mother would reluctantly, and yet gladly, take up the burden of feeding her child, and that under careful medical treatment the mother who had made this self-denial would find herself happier and stronger than the one, who thinking herself too weak had yielded to what seemed the inevitable and weaned her child too soon.

In this same article, Dr. Shepherd speaks of the fact that some physicians claim that the child will be in danger of nursing disease from the mother, but points out the fact that unless the mother is gravely diseased, the chances of that child being killed through inability to digest artificial foods is far greater than the danger of its being injured greatly by its mother's milk; for even when the mother's milk is not quite as good as it should be, it is oftentimes better for her own child than the best of artificial foods; for mother nature ordinarily knows better than we do what kind of food our children need, and she prepared the breast, and not the bottle.

Dr. Nash's Summer School at Cortland, N. Y.

We are sorry that our attention was not called to Dr. Nash's Summer School of Homeopathy in season to refer to it in our June number. We are heartily glad of every move that makes it any easier for practitioners to come nearer to the ideal which we all love, but sometimes find so hard to practice, and we are

glad to see that little by little more emphasis is being laid on the necessity of studying more closely the more characteristic parts of our materia medica, and pointing out more clearly ways in which different medicines DIFFER FROM EACH OTHER; since there is so much that is true, which, nevertheless no ordinary man can ever expect to remember; while the more strikingly distinctive peculiarities of any medicine are, oftentimes, easy to remember, when they have been once definitely pointed out and emphasized.

As we look over that blessed book, Hering's so-called, "Condensed" Materia Medica, we cannot help smiling at the frightful difficulty of making a good prescription, with only that book to guide one, since symptoms which are common to scores of different medicines, are mingled so inextricably with others that are of the highest distinctive value.

For it seems to us that a book on elementary materia medica should never try to fully describe any medicine, or even its leading uses (except in finer type) or to indicate its full range of power, except in merest outline, but rather should confine itself to seemingly trifling, but highly distinctive peculiarities, which will help the learner in recognizing the medicine almost at first sight, when he meets it in real life. Then will be the time for him to refer to some more extended work for confirmation of his tentative choice or else to the finer printed details referred to above.

The Indicated Remedy.

A REMARKABLE CURE.

In May, '89, a lady called at my office with a huge ulcer on the dorsum of her nose, which had resisted treatment for over two years. After examining her carefully, I failed to see just what the indicated remedy was, and so simply gave her a fair allowance of sugar and sent her away, telling her to call again next week. Then I buckled down for hard, careful study of her case. But the indicated remedy was not found; and so a

second time, *after still further inquiry*, I sent her away with nothing but Placebo, though very carefully charging her both times not to use any of the medicines which she had been using so faithfully. After a while she came a third time, and To My SURPRISE and gratification I found that the ulcer was actually getting better, and so did not give anything but Placebo this time either. At the end of six weeks that ulcer had healed with nothing but Placebo to heal it. Will you please tell me what lesson this case teaches?

[Our friend is evidently a little bit disgusted at his success in curing that ulcer, in spite of the fact that in six weeks he cured a two years' ulcer, which was certainly doing pretty well. The lesson he drew from the case later on in the same conversation was that the reporting of cases in our journals is all a humbug, for, says he: "If I had prescribed Aconite or Zizia, everybody would have said: 'Now, wasn't that a triumph for Zizia!' whereas really all the woman needed was to give nature a fair chance to cure herself."

Now, my dear Doctor, you were very wise in giving nature a chance to do her work, and in not prescribing hastily, but, since you have the reputation of being one of the best prescribers in North Town College, I for one am satisfied that there were not any urgent indications in the case for any remedy. But *if there had been indications* that clearly pointed to Zizzia or Aconite or Jewsharp, your Sac Lac would never have cured her.

I fully admit that cases reported in the journals may easily mislead, and I believe it is an editor's duty to reject or challenge a great many of the reported cases, provided he detects in them any reason for suspecting that the cure was really due to some other cause, or that it was not as complete as the writer believes. But if we take these clinical cases *not as proof*, but simply as tentative HINTS, as a means of getting our eyes opened, I feel sure we shall often find them helpful.

And if any one should ask whether you earned your fee, I should say most emphatically yes, for you saved the woman from the dangerous salve which she was using so plentifully, and like a good policeman, stood ready and able to give further help, if needed. I therefore congratulate you most heartily. Your friend. P. D.]

Rhus Tox. and Bryonia in Low Fèvres.

R. P. VIVIAN, M. D., BARRIE, ONT.

A boy of sixteen was ill with "something of a typhoid nature," so his doctor thought for some two weeks. Was taking Gelsemium, Baptisia, Antimonium tart, Sweet spirits of niter, Turpentine, Morphine, Strychnine, Epsom salts. Had been sinking steadily for the past seventy-two hours. I was called in at 3 A. M., November, 3.

Present condition: Lies now on one side and then on the other; low muttering delirium; wants to be moved from his bed into the next room and then back again; cries if left alone during any of his conscious moments; mouth dry; tongue coated yellowish-brown, is soft and flabby, with *the end clean and dry and*

red; stools very frequent, involuntary, is unconscious of their passage, horribly offensive, pasty, yellowish-brown, with some blood; abdomen tympanitic; is thirsty; pulse is weak and soft. *Low fever with great debility*; a little sleep relieves.

Rhus tox. 200 in water, every half hour till morning.

November 3, 8 A. M.—Patient improved in every way, more quiet, sleeps more and better. Stools less offensive and no longer involuntary.

Kept patient on Rhus for five days with steady improvement, when as the result of carelessness he caught cold while having his clothes changed. This resulted in compelling him to lie flat on his back; intense pain in both iliac regions < *on the slightest movement*. (K. 549.) On palpation and percussion lower portion of abdomen and contents seemed soggy.

Bryonia 200, hourly, straightened this out, and gave absolute relief from pain in about three hours.

Patient progressed steadily from then on. Cinchona and later Sulphur cm. finished the case.

North American Clinical Notes.

DIPHThERIA AND TONSILITIS.—Apply a small rubber bag filled with finely crushed ice to the throat and keep it there until the patient feels the discomfort of the cold, which will not be as long as any inflammation exists. We have never seen the membrane advance in any case after the ice bag has been applied.

TUBERCULOSIS.—One of the most important symptoms of tuberculosis is a rapid low tension pulse (80 to 100), especially with a small heart and in people from twenty to forty years old. A daily rise of temperature above 99 is confirmatory.

DIABETES.—Total exclusion of carbohydrates from a diabetic's diet is dangerous as well as unnecessary. If suddenly withdrawn, diabetic coma may ensue.

THE MEDICAL ADVANCE AND JOURNAL OF HOMEOPATHICS.

A Monthly Journal of Hahnemannian Homeopathy

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 that to be a first-class homeopathic prescriber is one of the hardest things under Heaven. Yet we also believe that 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 therefore our chosen work. In this good work we ask your help.

Further details will be found in the Publisher's Corner.

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JULY, 1904

Editorial.

Please read and ponder our creed, given above.

Beautiful Children But Not Really Healthy.

Quite often children are brought to us who seem perfectly well, and *even the physician* will say to the mother, "You have a remarkably healthy child." But it seems to me, in cases like these, we are sometimes badly deceived. For the fair, beautiful, somewhat excessive plumpness and quietness of that child, may both of them indicate a torpid, unnatural condition of the system, due to slight, but unmistakable scrofula, which later on in life may seriously lessen that child's usefulness and happiness and may even develop into serious sickness.

If then we were to say, in cases like this, you have a beautiful child, instead of saying you have a healthy one, our words would

be much nearer the truth, and we would not lose our power to help in lessening, ere it is too late, the undertone of scrofula in that child's life, which is likely to seriously impair its usefulness later on. For, though many of the most beautiful and intelligent men and women living are markedly tainted with scrofula (since it seems to be almost inseparable from genius), it none the less is true that these very same people would be happier and more successful than they are, if this scrofulous undertone were brought under better control, so as to become a source of strength without being a source of such frequent weakness and over-sensitiveness to disease and pain.

Consulting a Repertory at the Bedside.

In response to a number of questions published in our May number, we are glad to learn that there are some physicians who are wise enough and brave enough to consult a repertory at the bedside, in cases that are at all puzzling or out of the ordinary. We are well aware that the common objection to so doing is that people will assume that you are an ignoramus; and not as well informed as other doctors, who make their boast of never needing any such helps.

But, as a matter of fact, you will really gain by so doing, if you will face the issue and tell your patients plainly why it is that the other man never needs a repertory; simply because he selects his remedies more carelessly, and they fit like ready-made clothes and ready-made ladies' dresses, which so often adorn the fronts of third-rate stores. Do this and they will quickly see the point.

And secondly, be sure to remind them that the physician who always knows at once just what to give, and seems to have such a wonderful memory, is very apt to be a man who in a serious case falls back on Opium and other sedatives, cathartics and suppressants. Do this, and, meanwhile, be true to your own ideal, prescribe with care, and your little pocket repertory, instead of being a thing at which your patients will take offense, will

be with them but an evidence that you are a long way ahead of most of your rivals.

Of course, if unluckily, you are yourself a lazy or third-rate doctor, and your rival is industrious and an able man, using a repertory will not save you. But if you are doing your best and qualified for the work you have chosen, the repertory will only add to your laurels and help in winning others to your side. Such is the testimony of some of our correspondents, and we believe that the number of such witnesses is bound to steadily increase, as the American people understand more fully the fundamental difference between prescribing by very close similars and simply prescribing stimulants and opiates and superficial remedies.

The Dangers and Benefits of Specializing.

“Shut your eyes and open your mouth and ask no questions, then swallow my medicine like a nest of young crows, and the more you swallow the better.” Such is one of the opening thoughts of an article by Dr. A. B. Grant in the *Medical Century*, in which he refers incidentally to the fact that we are prone to go it blind in medicine, and assume that Osteopathy or Nerve Therapeutics or Electricity or Hydropathy or Mental Science or Orificial Surgery or Patent Medicines are going to lessen all our ills at one grand jump.

Dr. Grant is a most hearty believer in many of these methods of cure, and especially in orificial surgery, which he has tested “with the most satisfactory results” for the past fifteen years. But he believes that it is a great mistake to tie ourselves down to some one hobby, and try to explain everything by that alone. In which opinion we heartily concur, since the strong man is he who has his hobbies, his specialty, about which he writes and talks oftenest, but one who in his daily routine practice makes careful use of many different methods, *so long as they are consistent with one another*. He is not an omnibus; he is not a hash-bag; he is not a jack at all trades, but he is careful to use a goodly variety of tools in dealing with a difficult case,

and is also careful to choose the best tools for an easy case and the ones best fitted to that particular condition.

One other thought along these lines is also worth quoting: "This time will come, is already coming, when our best physicians, instead of trying to dabble in many different ways of cure, will simply be careful to clearly locate each case, and find out what sort of treatment it requires, and then pass on to some competent specialist the cases which are not properly within the worker's own sphere." This tendency will, doubtless, go too far for a while, for even now we are apt to be a little hasty in sending people to eye and ear specialists, when what they really most need is just the constitutional treatment which we might give them. But, nevertheless, it is true that there are cases which the eye and ear specialist can treat vastly better than we can, and we only save our self-respect, and the respect of our patients, if we are careful to pass along such cases as these before they become chronic and incurable, for then even the specialist cannot cure them. So we have injured our own reputation and the reputation of the specialist as well.

It certainly reveals a most deplorable ignorance, or else a most short-sighted conceit among general practitioners when specialists tell us, as they sometimes do, that most of the cases which come to them are incurable from the very start.

Let us not have a blind respect for specialists. They are human like the rest of us, and through excessive specializing and neglecting of the body at large, make some sad mistakes. And, as a class, they are *more in danger than the rest of us, of using mere palliative treatment*. But, nevertheless, there are some things which a really careful, clear-headed specialist knows vastly better than we do and the sooner we recognize this fact, and co-operate with him, by promptly committing to his care cases which puzzle us, the better it will be for our own reputation and for the welfare of our patients. But, if you are unfortunate enough to know of no competent really homeopathic specialist within gunshot of your town, you should certainly devote a little extra time to the study of each hard case, so as to do the best you can. For a second-rate specialist, who deals persistently in mere palliatives, and neglects true Homeopathy, can

never do as good work as a general practitioner who is true to his colors and is not afraid to burn midnight oil, when face to face with some hard case.

*editors that
allen
wheeler
Farrington*

Using Physiological Remedies.

The question has been asked whether a homeopathic journal can consistently advertise proprietary medicines? To which we reply, that if the editor believes in using them or in tacitly recommending them, he can, of course, consistently advertise them in his journal. So that the whole question turns upon the deeper problem as to whether it is wise for a homeopath to try to combine both methods of treatment, the old school and the new. For the sake of argument we will frankly admit that there may be times when having given up all hope of really curing a case, a homeopathic physician might be justified in using antipathic remedies, provided he was not sufficiently acquainted with his own materia medica to find homeopathic remedies which would just as truly relieve the pain by simple homeopathic palliation. But the question still remains. Do such cases occur often enough to justify our trying to master both methods of treatment?

We reply most emphatically, No. For if a physician allows his brain and memory to be loaded down with old-school prescriptions, the temptation will be very strong to use these prescriptions ten, yes a hundred times oftener than there is any just excuse for using them; and thus, though he will succeed in soothing one case in a hundred more perfectly, because of his knowledge of allopathic drugs, he will be sure to treat ninety-nine other cases much less successfully than he would have done, if he had known nothing of these dangerous drugs, and their so-called medicinal uses. For we are all human, and it is a great deal easier to prescribe in old-school ways than it is to prescribe homeopathically. Let us not then put ourselves in temptation by learning both methods of treatment.

"Lead us not into temptation" was the prayer Christ taught his followers, and we cannot help thinking that it is a good reason for letting alone old-school therapeutics; since we and our pa-

tients are sure to lose far more than we gain by meddling with them.

Is the General Practitioner a Thing of the Past?

This question has been often asked, and often answered in the affirmative. But we are satisfied that such an answer is a mistake. We are often told that this is an age of specialists. *Profoundly true*; but back of the specializing of the nineteenth century, and of the twentieth, there looms one other feature, *the general manager of vast interests*, the single man whose many-sided brain controls the hands and fingers, and to some extent the life and destiny of the hundreds and thousands of specialists who work under his lead. Surely he is not a specialist in any correct use of that word; he is a general practitioner, a Jack at all trades, but a *successful Jack*. Sometimes, we freely admit, he is not successful; sometimes the power that is put into his hands drives him to gambling and speculation, and the vast interests which he controls suffer sadly; yet if there is one thing absolutely sure to be present in the life of the future it is the *successful Jack at all trades*. The man who as an editor, as a manager, as a doctor, as a lawyer or as the head of some great trust advises and commands his fellow men in matters which do not pertain to any one specialty, but require an intelligent, accurate though not a finished knowledge of the fundamental workings of a great many different specialties.

And so we are more and more convinced that the general practitioner, though, just at present, looked upon as a back number, is destined to really have more influence in the near future than the average specialist. To be successful he will have to be a man of larger ability than most of his colleagues; for his work will require much greater versatility, and much greater ability to easily remember and forget; to select and reject; and to know how to get the cream of a subject without too much of its detail. Of course, the successful specialist, the first-class specialist, will always need just as much real ability as the successful general practitioner. But he never can take his place. The world needs both.

THOUGHT EXCHANGE.

A Problem in Therapeutics Continued from Page 384.—
The remedy which Dr. Farrington used in helping this case was Natrum muriaticum, three doses of the m. potency followed by one dose of the cm. potency. But so long as he relied simply on the m. potency, the case would keep improving and then backsliding again. But after cm. was given, he tells us that "this last dose picked him right up." Inside of three months he was feeling as well as ever he did. There was still some pain in the right mammary region, but no dulness on percussion. The rales had also disappeared. His weight had gone up from 119 to 150 pounds. The bacilli had also entirely disappeared.

So far as the statement here given is concerned, we cannot agree with Dr. Farrington when he speaks of the man as being "entirely restored to health and vigor;" but it was, none the less, a most unmistakable triumph for Homeopathy, and for high potency as well. "One swallow doesn't make a summer," but one swallow may set doctors thinking.

An interesting feature of the case was, that while curing the lung trouble an ear discharge of long ago had to be awakened again, and at the time of writing had not yet been cured, yet its very reappearance gives hope of still further improvement in the man's health later on.

Let us turn for a moment to Kent's Repertory, which, as usual, we consult, in such cases, because it is the latest, fullest and simplest, and see just how the perplexed beginner might go to work to simplify this complex case: the *four safest symptoms* to take in selecting a tentative remedy seemed to be the following, for each of which we will copy simply the leading black-faced remedies given by Dr. Kent:

Perspiration gave relief: Gels., Cham., Nat. m., Rhus.

A craving for salt: Arg. n., Carbo veg., Nat. m., Phos. and Verat.

Craving for cold water: Acon., Ars., Bry., Cham., Chin., Cina., Eup. per., Nat. s., Phos., Verat.

Thirst during chill: Apis, Caps., Cina, Eup. per., Ign., Nat. m., Nux v., Sep., Sil., Verat.

Evidently these four symptoms give the key to the case, and further study would easily make a final choice possible, even for a very inexperienced workman; but P. D. still feels that the case is not quite as simple as Dr. Farrington seems to think, and it would not be at all strange if many of us, in our first guess at a remedy have guessed wrong. For where there are so many symptoms it is very easy to get off onto a false scent and very hard to get back.

The Long Lasting Effects of Radium.— Both physicians and laymen (but especially the former) are often skeptical when told that a single dose of medicine can keep on working in the system for several weeks or months. To such we would recommend a careful study of the following statement, quoted from the *Pall Mall Gazette*, by our enterprising contemporary, the *Medical Gazette*. It is taken from an interview with Monsieur Pierre Curie. Monsieur Curie had been asked what he thought of the probable value of radium; he replied:

“The doctors think that they can cure lupus and polypus — perhaps cancer — with it; but I know nothing about that — it is their business, not mine. But it will burn, I can testify to that. I put a tiny bit of salt of radium in an india-rubber capsule, fastened it on my arm, and left it there ten hours. When I took it off, the skin was red, and the place soon turned into a wound, which took four months to heal.” He pulled up his sleeve and showed a white cicatrix the size of a shilling, with the skin round it puckered and discolored. “Another time I tried it for half an hour only. A wound appeared *at the end of a fortnight*, and took another fortnight to heal. On a third occasion I tried it for eight minutes only. *Two months later* the skin became red and a bit sore, but it soon passed off.

The Pulse.— Intermittence and irregularity often exist in the same patient. Irregularity is for the most part graver as a sign of disease than intermittence. It is often found in valvular disease, in chorea, in cerebral diseases and in some other grave conditions. Yet there are cases of habitual irregularity in which no other fault can be discovered.

But intermittence is alarming in suspected *cerebral disease*, and is serious in *any acute disease* and especially so in pulmonary affections in elderly people. In cardiac disease it is a less grave indication than irregularity. It is common especially in smokers, in dyspepsia and in gout, but is also found in persons who are otherwise in excellent health.

Perhaps no one gets through life without an occasional sense of intermission. This sense of intermission is sometimes described as a sudden feeling of goneness and sometimes as a jar or a bump of the heart. It is said that an intermission that does not reach the consciousness of the patient is of graver significance.—*F. C. Walters, M. D., in the Hospital Bulletin.*

Heart Disease and Insanity.—The *Caledonian Medical Journal*, quoted by the *New England Medical Gazette*, states that heart disease occurs more frequently among the insane than the sane, often developing after the patient has been admitted to the asylum. Hypertrophy occurs oftener in mania than other forms of insanity. Those found with lesions of the right side of the heart suffer from restlessness and excitement, while those with the left side affected have suspiciousness followed by depression and dementia.

Early Recognition of Pulmonary Tuberculosis.—Dr. J. C. Johnston, quoted in the *North American*, for May, gives the following symptoms, which may be considered highly suspicious. They are given in the order of their probable importance:

(1) A slight hacking, persistent cough, which is evidently not referable to the larynx or upper trachea, and is worse at night or on lying down, with very little or no expectoration. [The laryngeal cough of consumption comes *after* the lungs are affected.]

(2) A failing appetite, with marked repugnance for fatty food.

(3) The patient is losing weight.

(4) After lying down, by day or night, the patient awakens with neck and upper chest bathed in sweat.

(5) Accelerated pulse of from 90° to 100°, quick, irritable and ill-sustained.

(6) Elevation of temperature, an unobtrusive symptom, but one of the highest importance. A temperature elevation of one degree is a symptom that must be accounted for unmistakably by some other condition, or tuberculosis suspected.

(7) Fistula in ano also very strongly suggests either tuberculosis or syphilis. [And if relieved by surgical methods is quite apt to be followed by some still more serious pulmonary affection.] These things are well worth remembering.

Uterine Polypus and Blindness.—In the *Medical Brief* for April, 1904, page 321, Dr. Esleban Hammond, of La Noria Sinaloa, Mexico, reports a case of blindness where the eyes were *perfectly bright and clear*, which was cured inside of twenty-four hours by the removal of a small uterine polypus, much to the doctor's surprise. The woman had also been very deaf previous to the removal of the polypus; the deafness disappeared as suddenly as did the blindness. The case is described quite fully and is a very interesting one; for though my good friend, D. D., sneeringly remarks that it was nothing but hysteria, it seems to me that he has forgotten that even hysteria doesn't break out without some cause somewhere, and that when we try to cure it with simply a bucket of cold water, we do not cure it at all, we simply suppress it; and in some more subtle and more fatal way that very same hysteria will break out again some day and will darken your patient's life, in spite of the fact that you think you have cured it. Hysteria is just as surely a disease as diphtheria. It is not ordinarily what it *seems to be*; the real trouble is *not* where the woman *thinks it is*, but *there is real trouble somewhere*; trouble which a kindly, skilful hand can greatly lessen, and it seems to me a cruel wrong to try to control it by the cold-water method.—I. G.

Psycho-Therapeutics.—Somewhere upon British soil there is a young doctor who has within the last few days learned a lesson which should be invaluable to him in his future practice.

Having accompanied his betrothed to a theater, while the

house was in semi-darkness she suddenly complained of feeling faint. The doctor took something out of his pocket and whispered to her to keep the "tabloid" in her mouth, but not to swallow it.

She did as she was told and soon felt all right again. The tablet, however, showed no signs of dissolving, and in the end, being curious to discover what the tasteless, indissoluble substance that had proved so efficacious could be, she slipped the undiminished substance into her glove for future inspection.

When she got home, she took it out of her glove again and examined it. It was a bone glove-button. Quoted from *The London Leader* by the *New England Medical Gazette*.

A Case of Antipyrin Poisoning.—K. reports two cases. The first patient had been accustomed to the use of antipyrin, which he took in large doses, frequently, for headache. But this time he took two grams (one-half dram) at one dose. An hour later a violent burning and itching of the skin was noticed. In the course of the next day he suffered with free perspiration, nausea, vomiting, jaundice, palpitation and sensation as of impending death, swelling of the lips and visible mucous membrane. Almost the entire body was covered with a reddish maculo-papular eruption, which later became a dirty blue and finally yielded to a brownish pigmentation. The heart was distinctly enlarged and two murmurs were audible. The urine showed the antipyrin reaction. The eruption became vesicular and then dried up in crusts. *The patient was two weeks in recovering.* The second patient took one gram (fifteen grains) of the drug; the entire body was covered with a measly rash, showing here and there large erythematous patches and over lips, buccal mucous membrane, and penis some vesicles. This patient recovered within eighteen hours.—*Therapeutic Review*, May, 1904.

Arnica After Delivery.—Arnica is a wonderful remedy, *symptoms agreeing*, in obstetrical cases. The parts are more or less bruised, often lacerated, and the patient complains of great soreness, and with it she may have severe after-pains

always complaining of the soreness. Arnica is then her friend, coming to her rescue and clearing up the entire trouble.—*Cleveland Reporter.*

Lillium Tigrinum in Ovarian Diseases.—Lillium is one of our most important and often indicated remedies for the treatment of left-sided ovarian diseases. The pains are sharp, cutting, and extend *straight across the abdomen and down the left thigh.* Should the flowing continue while the patient is lying down, it will contraindicate Lillium. Its leucorrhœa is brownish, excoriating and often very fetid.—*Pacific Coast Journal of Homeopathy.*

Melilotus in Neuralgic Complaints.—The remarkable effects of melilotus, or sweet clover, in neuralgic complaints prompted me to order some for a case which had bothered me not a little for several years. The gentleman had been subject to attacks of neuralgia for fifteen or twenty years, affecting the right side of head, and which had been the cause of the almost complete destruction of sight in that eye. The attacks were caused by fatigue, cold, or derangement of the stomach. The pain centered about the eye, and extended over the right side of head and neck, and left the scalp sore and tender to the touch. The pain during some of the attacks was agonizing in the extreme, and the patient would become wild and furious with its severity. I had used all the usual remedies, including morphine, at different times, but Aconite and Belladonna had generally rendered the best service. I first used the Melilotus last fall, with the effect to completely control the attack, and since that time, when taken soon enough, it has always checked or controlled it.—*American Physician.*

The Spelling School.—The ancient Greeks, when abusing Homeopathy, used to pronounce it homoi-opathy. We have kept the name, or rather stolen it, though using it very differently, and we have also changed the pronunciation, so that it seems to me it would be more sensible, instead of the word homœ-opathy, to print it more nearly as we pronounce it, Homeopathy. I can-

not see that we gain anything by holding on to an utterly antique, meaningless spelling, which only tends to make people think of Homeopathy as something that is behind the times, a relic of days gone by, when men did not know how to spell. Is it not sufficiently well known to become anglicized?

Rest Treatment in Chorea.—*The Therapeutic Gazette* points out that in cases of chorea perfect rest is exceedingly important. We are well aware that rest, in such cases, cannot be really curative, but, on the other hand, the best of treatment is sure to be less effective, if the patient is not taught to live more quietly. Total abstinence from stimulants of all kinds will also give the nervous system a rest most desirable and often curative.

Jumping at Conclusions.—It is a curious fact that sometimes physicians, after having studied their case most elaborately, make the final prescription very hastily. They have, as it were, used up all their time and energy in the preliminary examination, and all their patience as well. This is unfortunate, and the mere pointing out of the danger will oftentimes help us to guard against it, as there is such a thing as examining into a case more minutely than is necessary. But probably the real remedy is, that after taking our case down in writing, we ought to glance it over and *study first the most distinctive symptoms*, not the most worryful ones, for worryful symptoms only puzzle us but keynotes rightly used are like a little key that opens a great door and are apt to soon suggest some forgotten remedy so delightfully and evidently appropriate, that there is no further need of our consulting books any longer, since memory once started on the right track, gives us the picture of our drug so vividly as to make further inquiry unnecessary.

Syphilis of the Fingers.—*The Medical Era*, quoted by the *Medical Gazette*, states that primarily, syphilis of the fingers and hands occurs more frequently among physicians than any other class of people, surely a reason for being exceedingly careful to thoroughly disinfect our hands, whenever we have been examining cases that are at all suspicious.

A Physician Who Never Used Lycopodium.—The *Pacific Coast Journal of Homeopathy* mentions a homeopathic physician, who actually did not have Lycopodium among his medicines. Just how any man, who pretends to study homeopathic materia medica can get along without *occasionally* using Lycopodium, we cannot see. We are well aware that those who use it in potencies below the thirtieth very often fail to get as good results from this medicine as those who use it in the thirtieth or two-hundredth or higher; but the idea of any homeopathic physician getting along wholly without it is certainly odd and not very complimentary.

A Bold Prophecy.—Dr. W. J. Hawkes in a recent article prophesies that many men now living will see the day when educated physicians the world over, will admit, at least in part, the homeopathic law, *and practice* [openly] *in accordance with* it. We are not quite as hopeful as Dr. Hawkes; in fact, we feel that such a sudden popularity would be almost a misfortune; but that some day, sooner or later, our law will be acknowledged and honored by physicians of every school, is certainly true.

How to Convince the Jury.—Honorable Moorfield Story, in the *Medical Gazette*, for January, reminds us that when we are talking to a Frenchman, we generally talk French, provided we can, and that if we really wish to convince a jury, we should have sense enough to talk to them in plain untechnical English, which they can understand. You are not testifying to a lot of doctors, but to a lot of plain men who are not interested in your technicalities; and if you wish them to respect you, and understand you, and believe what you say, the more you stick to plain every-day English in explaining your case, the more successful you will be.

We have not quoted Mr. Story's exact words, but the thought is his.

The True Specialist.—The true specialist is one who keeps an eye on every corner of the body, and on every form

of knowledge which can, in any way, help him in better understanding his case, but devotes himself to some one branch *more fully* than to any other. He is not then a narrow man or a blind man, but simply one who recognizes the fact that there are some things which he can do better than others; and some things which others can do better than he can; and yet is well enough informed in regard to medicine at large, and especially in regard to diagnosis and Homeopathy to be able to know just when a case should be passed over to brother B., and when it should not. How few specialists there are today who are as broad and deep as this; and yet the number of such specialists is steadily increasing.

Pleurisy. — (A Few Familiar Hints) *Bryonia*: has stitching pain, aggravated by the least motion, or even by breathing (everybody knows that, and yet sometimes it is forgotten) also > by lying on the painful side.

In Kali carb. the shooting pains are especially in the right side, and are likely to be worse at 3 A. M. and patient cannot lie on painful side.

In Arnica the pains are worse on the left side, but the characteristic symptom is a persistent bruised feeling and the complaint that *the bed is so hard*.

While in Mercury persistent sweating, which brings no relief, is highly suggestive, together with the fact that all symptoms are worse at night.

For Phosphorus two striking hints are difficult breathing and a sense of tightness across the chest.—*F. E. Stoaks, in Medical Century*.

Very Severe Chorea.—The *North American*, page 170, tells us that *Cimicifuga* is often indicated in chorea when it is so violent that the patient cannot walk without falling down.

Treatment of Detached Retina.—*The Medical Gazette*, for January (page 34), speaks of the fact that a German physician has succeeded in curing thirty-eight cases of detached retina by injecting into the vitreous chamber the vitreous humor of a

dog. The total number of cases on which this operation was tried was one hundred and sixty-two, thus giving a successful cure in twenty-four per cent of the cases.

In one case, which was operated on in 1892, the patient was absolutely blind, but for the past eight years has been able to go on with his usual occupation as an officer of a vessel without any disturbance of vision. This is certainly very interesting, and we are much obliged to the *Gazette* for having reported the case.

Ignoramuses and Rascals.—One of our exchanges tells of a surgeon who had nineteen deaths in nineteen operations. But this does not prove that surgery is a humbug, but simply that some men need watching, and that there ought to be some way of forcing an incompetent man out of practice, even after he has received his license. Nor are malpractice suits the best way to do it; it should be done by the State Board of Health, after proper examination of the man's clinical record, not of his knowledge of the names and shapes of bones and muscles and microbes. *We owe it to ourselves to defend ourselves* as a prevention against so-called physicians and surgeons who are evidently and unmistakably incompetent or unprincipled. Rivalry is contemptible; self-protection is manly.

Our Clinical Department.—Dr. N. Bray, Dubuque, Ia., writes that he considers our Clinical Department one of the most profitable chapters of the MEDICAL ADVANCE; for, says he, this sort of teaching enables us to use our knowledge more effectively, since I have found that a person may have more knowledge than he can use, and success comes only from knowing how to use the things we have learned. Hence the necessity for clinical training schools like yours.

Alternating Remedies.—The trouble with alternating remedies is that it makes it altogether too easy for a physician to lop off single symptoms and *seem to cure a case* when, in reality, he has not touched the root of the matter at all. A single remedy which covers the whole case is sure to cover it

deeply, but two remedies, each of which covers only half the case, are almost equally sure not to cover it deeply at all; so that in opposing the alternation of remedies, we are not pleading for a mere hobby, but for a most important truth.

The Calcutta School of Homeopathy reopened their new year on the first of June. May the Lord bless them in the good work they are doing. God's ways are strangely slow; but his sweetest and *most satisfying blessings* are all reserved for good men and true, and not for lucky rascals.

Cholera in India.—A writer in the *Indian Homeopathic Review* states that there have been several marked changes in the type of cholera during the last one hundred years. He states that even within the lifetime of a single physician some epidemics have been extremely malignant, others very light. Oddly enough the physician being far more successful when he *first* faced cholera than he was in later epidemics. He also states that, once in a while, you come across cases of real cholera, where Psorinum or Sulphur are the indicated remedies that will save the patient; but, of course, this is the exception, not the rule.

Spigelia Heart Pains.—A writer in the *London Homeopathic Review* calls attention to the fact that the neuralgic heart pains of Spigelia are highly characteristic, but not very severe, and that it is markedly the remedy for weak, poorly nourished hearts, and is oftenest indicated in women.

Giving Nature Time to Do Her Work Properly.—Another writer in the same magazine calls attention to the fact that oftentimes, though the actual cure of the disease is much more rapid and perfect under homeopathic treatment than under allopathic, the duration of some of the acute symptoms is longer under our treatment than under allopathic. This certainly seems to be true in some cases; since *they* simply silence nature, whereas we try to help her in successfully working out the problem with which she is wrestling, and so cannot always get mere relief

from pain quite as soon. Opium and whisky are both good for covering up pain and disease; one in the doctor's hands, the other in a saloon keeper's; but nine hundred and ninety-nine times out of a thousand Homeopathy is better with its angelic higher potencies! [Some one please criticise.]

Skilful in Diagnosis.—The reason why they are so skilful in Vienna in diagnosis, is that they always make a point of confirming their diagnosis by a post-mortem examination.—*London Punch*, quoted in *New England Medical Gazette*.

Hypertrophy.—Hypertrophy of the prostate gland in men past fifty is the rule rather than the exception.—*A. B. Grant, Albion, Mich.*

Sex of Children.—A writer in the *Wisconsin Medical Recorder* for December, 1903, asserts that oftentimes the sex of children is that of the weaker parent, and that the same is true of animals. But that where parents are almost equally mated the sex naturally varies, now one way, now the other. Is this true?

The Climacteric in Men and Women.—A writer in the *London Lancet* calls attention to the fact that kleptomania, a passion for stealing, quite often develops at the climacteric period. An inclination to drown one's self may also appear; while in still other cases lust and passion blaze out furiously at the very time when the reproductive functions are dying. Masturbation is also common. The same writer reminds us that men, as well as women, suffer a climacteric change, which should be kept in mind, since it may materially affect a person's health.

A Physician's Personal Influence.—Speaking of the influence which a physician can have in shaping men's opinion on matters of great public importance, both political and social, one of our exchanges, *The Medical Critic*, says, that we are not orators, most of us. The gift of oratory is rare. Nor can we

hope to change men's opinion much by argument or debate. But the quiet utterance of an honest, well-grounded opinion among those who look up to us as their wisest and most trusted helpers, will, oftentimes, carry great weight and do great good.

With this suggestion we agree most heartily; for we believe that there are few men in the community whose opinion carries more weight than that of an honored, skilful physician; and we are even inclined to think that, in course of time, many of the duties now committed to the clergy will, little by little, fall into the hands of truly Christian and trustworthy physicians, who can at the same time advise for both mind and body, since the two are so exceedingly close akin.

Nosebleed and Emaciation. — Harry K., aged 26, tall, dark hair, dark eyes, smooth skin, pale yellowish complexion came in and wanted something for nosebleed. Said he had nosebled four or five times a week, probably *two ounces* each time, *thin*, pale blood, not an active flow and not bright red in color. Also had a hard dry cough, and was *losing flesh* so that his friends told him he was going into consumption. I gave him Carbo veg. 200, twice a day for two days, then Placebo.

There was no more nosebleed after the first dose; the cough stopped and *he gained twenty pounds in weight in two months.* (Worth noting in margin of K. 1287 with question mark.) F. A. BENHAM, *Ligonier, Indiana.*

A Syphilitic Sore Throat. — J. C., aged 32, wanted something for sore throat, which he had had for three months. Had taken medicine from four or five doctors without relief. Could not *swallow water* without great pain. Is always *worse at night.* Pain seemed to be on both sides and everywhere in the throat. Throat simply looked red and inflamed. After two days' use of other medicines without benefit patient mentioned a history of syphilitic infection twelve years previous. I then prescribed Nitric acid 200 with relief after the very first dose and no return of the pain for a year. DR. F. A. BENHAM.

[But he gives no hint as to just why he gave Nitric acid the preference over other anti-syphilitic remedies. We hope he will

do this later on, for our different anti-syphilitics are not always easy to distinguish at first glance, except for veterans and sophomores.— ED.]

Deaths from Tuberculosis. — The *North American Journal of Homeopathy* informs us that the Department of Health in New York City has during the last twelve years reduced the mortality of consumption forty per cent, which we are heartily glad to hear. If this can be done in New York, why not in every other city in the Union?

Danger of Neglecting Ear Symptoms. — A writer, in the *Medical Review of Reviews*, reminds us of the oft-forgotten fact that the ear is one of the most sensitive and delicate parts of the human body, and yet that oftentimes the most serious diseases may develop there, without any symptoms which seem to the patient or the physician at all worthy of special notice, and that this disease may go on to the point where the ear is hopelessly crippled, before either patient or doctor realizes that anything particular is the matter. We ought certainly to keep these facts in mind, and speak of them oftener in the homes we visit, and however slight the ear symptoms in a given case may be either make haste to effectually remove them, ourselves by careful treatment or else advise our patient to go at once to some one who can. For it is a disgrace to the medical profession that specialists should be so often compelled to say that many of those who come to them for treatment are incurable before they even see the case.

Afraid of Draughts.—People who are very much afraid of draughts, and easily catch cold in them, are oftentimes the very ones who need a great deal more exercise in the open air, to help in curing them of this abnormal sensitiveness, for a draught simply reveals how abnormally sensitive they have become by sitting indoors too much. But even with the most vigorous outdoor exercise the constitutional symptoms of these sensitive persons always call for Psorinum, Calcarea, Tuberculinum, Kali carb., Hepar. Sulphur or some other deep-acting remedy

and will rarely be cured without it. Neither diet nor exercise alone can ever effectually control the psoric or tubercular miasm upon which this sensitiveness depends.

How to Get the Best Results from Your Medicines. — The best results are often denied us because we give our medicines in too low a potency. Not only that, but I feel sure that most of us are apt to repeat the doses too frequently and continue medication too long. Normal reaction on the part of the organism is interfered with, and the even development of the curative action foiled and delayed. No general rule is truer for the homeopathist than to stop medication when improvement shows itself. Hahnemann's rule of the single dose and allowing it to act has much logic on its side, and whether carried out literally or not, every successful prescriber must guard against too frequent repetition of dose after improvement has shown itself.—*Prof. Wm. Boericke, in Medical Century.*

How to Teach Common Sense in Matters of Diet. — It is fortunate that in every group of earnest workers there are a few cynics who see the ridiculous side of everything and the inconsistencies of their neighbors. One of these suggests that when you find that a man is eating the wrong kind of food and ruining his digestion, his kidneys, his lungs, his heart, his ears and his brains in consequence, the proper thing to do is not to *swear* at him, or preach at him, or give him good advice, but simply select with great care some remedy of which the leading symptom is a morbid craving for that particular article of diet, and you will cure the man of his morbid appetite without advice, or rather with but very little of it, whereas good advice alone would never cure him.

A Long Drawn-Out Cure. — Every physician soon finds out about how long his medicines work in a given class of cases; how long the thirtieth ordinarily works; how long the one-thousandth; how long the ten-thousandth; and when we find that in a given case our medicines seem to lose their power much sooner than usual, careful study will generally show that the

reason is that we were not as successful as usual in selecting our remedy; for even a poorly chosen remedy may give relief for a few hours or days. But such short-lived relief is not a cure; nor is it even the first step toward a cure; for the real root cause of all the trouble remains untouched.

- **Calcareo Phosphorica for Broken Bones.** — Another condition where Calcareo phos. is useful is in traumatism, where fractured bones are slow in uniting; the temperature is slightly elevated; the patient complains of a dull pain, the fracture seems weak and not firmly united, or if it has been a flesh wound, and the wound has healed, but continues tender and sensitive then Calcareo phos. will do good service.— *D. Clapper, in N. A. J. H.*

Tea Drinking Among the Children of the Poor. — Dr. Matthias Nicoll, Jr., of the Children's Out Hospital (Bellevue), New York, states that the habit of tea drinking among the children of the poor is sadly prevalent and most disastrous in its consequences; many children less than two years old being given it as a substitute for milk. He gives it as his opinion, that one of the foremost duties of any physician, who is working among the poor, should be to make careful inquiry as to the dietary of the children who are brought to him for treatment, instead of simply prescribing a bottle of medicine; and tells us that he has found that most mothers are very grateful for suggestions along this line, when the suggestions are kindly given. May God bless those who do a work like this, for they are sure to bring blessings to many lives.

Dr. Nicoll is not a homeopath, but we wish him Godspeed, and cannot help hoping that if he ever looks into Homeopathy as carefully as he seems to look into other things he will some day feel justified in using some of our remedies, in cases where diet alone is insufficient. His address is 124 East 60th Street, New York City.

The Doctor's Visits. — It is not only for the sick man, but for the sick man's friends that the doctor comes. His presence is as good for them as for the patient and they long for him

even more eagerly. How we have all sometimes watched for him. What a thrill the sound of his carriage wheels has sent through us. How eagerly we have watched his face and hung upon his words; and oh how glad we have been when he could vouchsafe us a smile of hope, and assurance that all was well. For the doctor who never smiles, who seems not to care a cent for us or for the sick one, may be a dread necessity but he is not our welcome friend or confidant or helper. Suggested by an article of Dr. Ruddock's in the *American Observer*, for February, 1874.

A Dentist's Sorrows.—Recent investigations show that four dentists out of five have more or less weakness of the right eye, generally consisting of divergence, diminished sensibility of the retina to light, a scarcely detectable intraocular tension and less ened sharpness of vision. The cause assigned for the right eye being most affected is that it has to battle with that serious obstacle, the nose, in doing its daily work. It is hoped that some enterprising surgeon will discover a remedy ere long; but in case no remedy is found, we hope some one of our readers will find out what diseases are most common among homeopathic physicians, so that the medical students of the future may know how to choose more wisely between the two professions. It is also barely possible that the practice of doing a part of their work from the patient's left side; would remedy this one-sided blindness and make both eyes equally blind and would also result in a more symmetrical development of the muscles of the arms. The matter is evidently a serious one; for we are told that in some cases, where a dentist has been in service for ten years or more there develops a downright "squint," evidently a reason why dentists should marry young, if they ever hope to marry at all, which some of them seem to have forgotten.

An Unjust Judge.—Dr. Hannah T. Wilcox tells us that Homeopathy is taking on new life in Missouri, which we are heartily glad to hear. In the same letter she speaks of a man who tried to dodge his doctor's bill, because those little sugar pills were not worth paying for, bringing in a learned old-school

doctor to prove the point. But, unfortunately, the judge was a homeopath, and so "he got left."

A Word as to Isopathy. — Dr. E. M. Harrison, of Perry, Okla., asks if vaccination with Variolinum is not isopathy rather than Homeopathy. In reply we would say that Hahnemann (Chronic Diseases, Vol I, last page) teaches that when any drug or poison has been properly potentized the very act of potentizing, in some unknown way, changes it so that it is no longer isopathic. If we vaccinated with crude vaccine virus, it would be isopathy; but when the virus has been properly potentized, it becomes a source of blessing instead of danger and injury. It is a well-known fact that Rhus tox. poisoning has been antidoted by high potency of Rhus, which illustrates this same point.

He also asks if the fact that Malandrinum is similar to Variola does not exclude Variolinum. No, it does not; because Variola is probably not always the same; and secondly, two different medicines may, from slightly different points of view, be equally similar to a given condition. Hence it is that different physicians with quite different remedies can often cure the same disease, so far as we can see, equally well. This is not an excuse for careless prescribing, but simply a frank acknowledgment that nature is not quite as narrow as we are sometimes inclined to think.

The Curability of Tuberculosis. — It is pleasant to see how many writers agree now days in declaring that tuberculosis of the lungs is a curable disease. But we should remember that it is only when it is discovered soon enough that there is much hope and the longer it goes the less the hope.

A Serious Drawback. — We do not deny that high potencies have tended very strongly to make some men skeptical in regard to Homeopathy. But, so long as their magic power is a fact, and so long as without them it is *impossible* for us to do our very best, we certainly should not abandon them. For it is better to make progress slowly toward a very high ideal than to lower our ideal, in hopes of finding success more quickly. "Woe

unto you when all men speak well of you." Such were the words of Christ, yet even he told us not to argue too much and not to argue bitterly.

A Crafty Physician. — If you wish a patient to believe what you say, do not tell him that he will kill himself by overwork; but that he will make himself a lifelong invalid. He will then be ten times as likely to get scared and behave properly.

The Importance of Enthusiasm. — When you teach any young man or woman a trade or a profession which does not waken in them some sort of genuine enthusiasm, you are only lessening their chances of success in life as compared with what they might have been had you switched them on to a different track.

Sterility.— *The Pacific Journal of Homeopathy* (February) states that out of forty cases of matrimonial sterility fourteen were found to be due to the man, not the woman, he often having a prostatic discharge supposedly normal, but no spermatozoa. this absence of spermatozoa being oftenest due to an obliteration of the spermatic duct by gonorrhoea.

Tuberculosis Germs. — Osler, in the *Medical News*, says that few people reach maturity, and none reach old age, without having had a focus of tuberculosis somewhere. The germ is ubiquitous and none escape; but the resisting power of the average human being is very great, hence it is that most are not vanquished.

Dropsy.— The initial dropsy of Bright's diseases is usually in the eyelids, and worse in the morning. In heart disease and in disease of the lungs and blood it makes its appearance about the ankles, and gets worse and worse as the day goes on.

Selected Cases. — We freely admit that selected cases prove nothing; but, "A word to the wise is sufficient," and if the selected case is really true to nature, kindred spirits are sure to

find in it many a valued hint which they can use for themselves. For in things in which we are ourselves well informed, we do not ask for proof, but only for a helpful pointer. We can easily verify it for ourselves by a careful study of similar cases in our own experience.

Appendicitis.— Many surgeons emphasize the fact that there is a marked difference between catarrhal and suppurative appendicitis; a distinction which is often overlooked by those of us who wish to operate every time, and also those who say, never operate.

Buttermilk is said to be especially good for old folks, one writer even claiming that it will postpone senile decay ten or twenty years, if taken freely enough. This looks a little like exaggeration, but *for people who crave something sour*, buttermilk or ordinary artificially soured milk, of which we spoke in a recent number, doubtless is a most helpful article of diet.

The Secret of Success.— The secret of success is to know the best that is in you, and then express that best with all your might and main. It may not bring you wealth, but it will bring you a sense of satisfied self-respect and happiness which is more precious than wealth.

Some of us are economic misfits; we cannot make money; we may have valuable talents, but they go for a song, simply because we do not know how to make people pay for our services.

I hope you will never be able to retire from business; but that the end of life will find you then, as now, in the harness, cheerily, uncomplainingly devoting your time to making life brighter for yourself and for others. Always thinking first of the other man, and yet not neglecting self. Such is a brief summary of the central thought of an exceedingly interesting article in the *Pacific Coast Journal of Homeopathy*. "A Survey of Some Professional Problems," by Brooks Palmer, LL. B., San Francisco.

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.. AND ..

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Onosmodium Virginianum.

H. C. ALLEN, M. D., CHICAGO.

For the introduction and proving of this valuable remedy the profession is indebted to a homeopathic surgeon, Dr. W. E. Green, of Little Rock, for which he will be remembered when his surgical work is forgotten.

In response to a number of enquiries as to what it is and where its symptomatology can be found, we publish its pathogenesis from Clarke's "Materia Medica." It is a member of the Boraginaceæ family, Boraginaceæ; common name, False Cromwell, and it deserves and will repay not only a careful study but a reproving.

An esteemed correspondent writes:

I have a case of pregnancy advanced six months, whom I have zigzagged thus far and who is well enough except some persistent symptoms that I cannot >, or have not relieved. These are:

Nausea when turning upon the left side; can only lie there a few moments.

Leucorrhœa; itching, profuse, running down the legs, when first standing on feet in morning.

Has craved salty and sour food.

Dark circles under eyes.

Is a primipara, about twenty-two, married into a homeopathic family. Has been subject to headaches all her life for which she has taken some of the coal-tar preparations with usual results. This much to learn if Onosmodium is the remedy.

Alumina, Syphilinum and Onosmodium have profuse leucorrhœa running down to the heels. Alumina is *acid* < in the daytime and > by cold bathing. Syphilinum, profuse, soaking napkin through and running down to the heels but neither acid nor itching. While Onosmodium has acid, offensive, itching and profuse running down the legs. But the totality of symptoms.

as here given, especially the < of the nausea from lying on the left side, is covered by Pulsatilla.

SYMPTOMS.

MIND.—Talkative, but in a disconnected way.—Irritable.—Irresolute.—Minutes seem like hours.—Feeling as if something terrible was going to happen and that she was powerless to help it.—Fear: To look down lest she might fall downstairs; that she might fall into a fire when walking by it, and in spite of all her will-power she did stagger into the fire.—Wants to think and not move, and thinks until she forgets everything and where she is.—Writes very fast, but cannot keep pace with thoughts, omits words and letters, cannot concentrate her thoughts on the subject.—Listless and pathetic. Forgetful that she is reading, and she drops the book in vague and listless thought.

[The most peculiar and characteristic feature of the mental symptoms is want of comprehension, of power to concentrate the mind; defective mental co-ordination; forgetful. This condition crops out in other rubrics; writes fast, but cannot keep pace with the thoughts; unable to concentrate thought, to focus vision, to co-ordinate muscles; to determine height or distance in walking in which it may be compared with Gelsemium or Curare. The entire train of mental symptoms while not very numerous are often met in our daily practice.]

HEAD.—Fulness; > by eating and sleep.—Heaviness.—Lightness.—Frontal pain: over eyes; < over left eye; over bridge of nose; in left eminence; in right eminence, changing to left, where it remained; running back into neck; heavy, and the same pain in temples and mastoid region.—Pain in left temple; sharp, darting in left temple; darting, throbbing in left temple.—Dull headache over left eye and in left temple; at times so sharp as to be unendurable, < in dark and on lying down.—Pain in mastoid. Dull, heavy pains in left side and over left eye, extending around to back of head and neck, < movement and jar, forcing her to go to bed, when they were > by sleep, but returned soon after waking. Occipito-frontal pain in morning on waking. Dull, heavy pain pressing upward in occiput, with dizziness.

[Like Gelsemium these parietic symptoms are noted in sensations

of numbness and general muscular prostration with pronounced vertigo. The neuralgic pains apparently follow as a sequence, beginning in the base of the brain and extending to the sacrum, especially affecting the cervical and pelvic nerves, and the left side of the body.]

EYES.—Pain in and over left eye.—Feeling in eyes as if she had lost much sleep.—Feeling of tension, as when straining eyes to read small print.—Desire to keep eyes wide open.—Feeling as if eyes were very wide open, and feels as if he wanted to look at objects far away; distant objects look large; it is disagreeable to look at near objects, tense, drawing and tired feeling in ocular muscles.—Optic disc hyperemic.—Retinal vessels engorged, < in left.—Aching in upper part of balls.—Dull, heavy pains in balls, with soreness.—Lids heavy.—Pain in upper part of left orbit, with feeling of expansion.—Vision impaired;—blurred.—(Amblyopia of alcoholism, or from overdosing with Bromide of Potassium; hallucinations: sees beautifully dressed people in the streets and in a room.—Color-blindness for red and green.)

[Since it was proved in 1885 it has probably cured more cases of headache due to eye strain than any other remedy in the materia medica, in fact its parietic effect on the muscles of accommodation is a characteristic of its action.

“Sensation of tension in the eyes, as from straining them to read small print.”

“Desire to have things far off to look at them: marked inability to focus.”

For the hallucinations of vision in alcoholism and abuse of Bromide of Potash, and for color-blindness for red and green it has proved effective in many cases in our practice. It vies with Conium in defective vision from use of artificial light, student's eye troubles; but it is farsighted, while Conium is nearsighted.

Compare Lil. in (astigmatism); Nat. s. and Pic. ac. in (myopia): Nat., Lil., Ruta and Gels. (eye strain).]

EARS.—Fulness in ears.—Hearing impaired.—Singing as from *Quinine*. Roaring, hissing in the ears with dull pain in the occiput, and constant vertigo, attending neurasthenic headache. Its clinical results may suggest it as a remedy that may be of service in some cases of Meniere's disease.

NOSE.—Dryness of nose; with feeling as from taking cold.—Pain in nasal bones.—Sneezing much in morning; and left side of nose and left eye seems affected; on first getting up.

FACE.—Face flushed: < least motion or excitement; with > of headache with full feeling.—Pain in right malar bone, with numbness.

MOUTH.—Dryness of mouth and of lips, without thirst; > cold water, with scanty saliva.—Clammy, sticky feeling in mouth.—Bitter, clammy taste.

THROAT.—Whitish, sticky discharges from posterior nares, causing constant hawking.—Raw scraping in throat.—Soreness: lasting longer on left side: it hurts to swallow or speak; momentarily > drinking, with scraping.—Constriction of pharynx when swallowing.—Stuffed feeling in posterior nares.—*Dryness: in pharynx and posterior nares; in pharynx, with soreness.*—*Throat perfectly dry and stiff.*—All symptoms > by cold drinks and eating.

APPETITE.—Appetite increased.—Hunger after siesta; nervous, all day.—Appetite and thirst diminished.—Thirst for cold drinks, often.—Distaste for water.

STOMACH.—Eructations: after eating: nauseous.—Nausea: with bitter, clammy taste; in mornings, as in pregnancy.

ABDOMEN.—Distended feeling; > removing clothing; with griping and grumbling.—Colic: > bending backward; below navel; in lower part, > undressing or lying on back; in lower part, as from ice-water. Uneasy in hypogastrium as if diarrhea would come on.—Soreness in hypogastrium.

STOOL.—Stool: shining, bloody and stringy, with tenesmus: yellow, mushy; hurrying him out of bed in the morning.

URINARY ORGANS.—Burning in male urethra, with itching.—Pain in prostatic urethra before and after micturition.—Seldom any desire to urinate.—Micturition frequent, scanty.—Urine: scanty, high-colored, very acid, sp. gr. high, also of balsamic odor and heavily loaded with urea.

[Tormenting tenesmus in women, with soreness in ovaries and uterus was promptly > in one case. In another urine was frequent, irritating, profuse, watery, sp. gr. 1.010, with marked muscular prostration. Such cases frequently occur at the climacteric

or in neurasthenic conditions when Lachesis, Lilium or Sepia seemed called for but fail.]

MALE SEXUAL ORGANS.—Cold feeling in glans.—Desire diminished or entirely lost. Complete loss of sexual desire.

[This has been repeatedly verified where sexual desire has been lost from masturbation or sexual excesses, or where it results from organic lesions of the cord. Here it may be compared with Picric acid and Phosphorus and Staphysagrin with which it is very similar.]

FEMALE SEXUAL ORGANS.—*Desire destroyed*.—Itching of vulva, < scratching and contact of leucorrhœa.—Constant feeling as if menses would appear.—Pain in ovaries; < pressure; cutting and throbbing.—Heavy aching, and slowly pulsating pains beginning in one ovary and passing over to the other, leaving a soreness that lasts until the pains return.—Uterine and ovarian pains that had not been felt for years were re-excited.—Uterine cramps as from taking cold during menstruation.—Uterine pains, > undressing and lying on back; bearing down.—Soreness in uterine region, < clothing and pressure.—Leucorrhœa: light-yellowish, offensive, excoriating and profuse, running down the legs.—Menstruation too early and too prolonged, the two next periods anticipating and profuse. Breasts painful and sore before menses.

[Complete loss of sexual desire is very marked and with it the bearing down which denotes a relaxation of the pelvic organs, like Sepia. Murex has bearing down like Onosmodium and Sepia, but with violent sexual desire, which is differentiating. Origanum, Raphanus and Zinc have violent sexual desire with or without the bearing down.]

RESPIRATORY ORGANS.—Voice husky.—Hacking cough, with tough, sticky, white expectoration.—Laryngeal cough, > drinking cold water, with expectoration of whitish, sticky, gluey sputa.

CHEST.—Soreness of chest.—Aching in breasts, < left: from left nipple through breast; sharp, under left breast.—Bruised feeling in left breast, with pain on pressure.—Breasts feel swollen and engorged: feel swollen and sore, with itching about nipples.

HEART AND PULSE.—Pain: in heart, causing apprehension of death: in region of apex.—Oppression of heart.—Depressed feel-

ing in heart as if it would stop beating.—Heart action rapid. pulse full and strong.

Pulse: rapid, irregular and weak; and slow.—With every third or fourth beat the diastole is prolonged almost to intermittence.

NECK AND BACK.—Pain: in neck; in a (linear) spot in left scapular region; in lumbar region; over crest of left ilium; in lumbar region in morning on waking, > about noon; low down when walking; across lumbar region, with stiffness; bearing down in lumbar region.—Sore, lame feeling in lumbar region.—Tired feeling in lower part of back.

[The profound effect of Onosmodium on the brain and cerebro-spinal nervous system which appears in the inability to concentrate thought, to co-ordinate muscles and focus the eyes, followed by parietic numbness and muscular prostration has been frequently verified in our practice in obstinate cases of spinal irritation in both sexes resulting from sexual excesses and aggravated or maintained by the use of coffee, tobacco, quinine and drugging. It may be compared with Gelsemium, Phosphorus, Picric acid and Silica. I have used it only in the cm potency.]

UPPER LIMBS.—Trembling of arms and hands.—Aching in biceps, elbows and wrists.—Numbness of left forearm.—She cannot write nor use the hands well in eating, because she cannot properly co-ordinate the movements.—Shooting in joints of left fingers.—Pains in joints of fingers.

LOWER LIMBS.—Staggering.—Disturbance of gait, with sensation of insecurity in the step.—The sidewalk seems too high, which causes him to step very high, this jars him and < headache.—Numbness mostly below knees.

Pain: in left hip; in knees; in knees and tendons about them.—Weariness and numb feeling in knees and legs; in popliteal spaces, < left.—Tremulousness of legs.—Tingling in calves and feet, > left.—Weariness of legs; in evening when walking, with unsteadiness.—Edematous swelling of ankles.—Heavy pain in left instep.—Numb tingling pain in outer side of both little toes.

LIMBS IN GENERAL.—Weariness; of legs, knees and hands, with numbness of arms and hands. Soreness and stiffness of the calves and tendo Achilles.

GENERALITIES.—Tremulousness from least exertion.—Nerv-

ous, trembling feeling, as from hunger.—Nervous and shaky feeling that physically and mentally unfits her for any duty.—Muscles feel unsteady and treacherous.—Inability to lie on left side.—General distress and full feeling.—Light feeling, somewhat like that caused by chloroform.—Weakness: in morning, with stiffness; with aching, stretching, gaping and disagreeable feeling.

SKIN.—Formication in calves.

SLEEP.—Sleeplessness.—Sleep; uneasy and interrupted; restless and waking early.—Dreams many, varied.

FEVER.—Every day about twelve or one o'clock feeling as if I would have a chill.—Flushed feeling over whole body.—No perspiration in very warm weather.

AGGRAVATION.—Headache in left temple and over left eye, < in the dark and on lying down; but not < by noise, light or using eyes; < from tight clothing and jar; < clothing and pressure.

AMELIORATION.—From cold drinks and from eating. The uterine pains > from undressing and lying on the back (except the headache); from sleep (temporarily); colic > by bending backward (like *Dioscorea*).

Variolinum, a Prophylaxis Against Smallpox.

A. M. LINN, M. D., DES MOINES, IOWA.

We are told to prove all things and hold fast that which is good. This admonition is manifestly as useful in medicine as in morals. Daily evidence appears convincing us that medicine is not yet an exact science, nor its application an exact art. The theory of treatment changes with advancing knowledge; surgical methods keep pace with the varying seasons; and the accepted remedy of yesterday is discarded for the new one of today.

But in all this inconstancy and change it is gratifying to note that the polychrests of the Master are today as stable as any fact crystalized in history. They are parts of unchanging truth.

The doctrine of prophylaxis is a new one. It has had a gen-

erous place in the hearts of the profession for centuries past. In our own day it is receiving more considerate attention than ever before. It is distinctly inculcated in the teachings of medicine, and if the present trend of study is an earnest of what is yet to come, preventive medicine will indeed accomplish much in future years; all readily concede that it is nobler to prevent disease than to cure it. It argues well for the human race when the chief duty of the physician shall be to *prevent rather than cure* life's ills.

It may justly be asserted that the use of Variolinum is vaccination in a new and harmless form. By its use the bad results of vaccination by scarification are avoided. It offers no occasion for the ugly infected wound so often resulting from vaccination. It carries with it no liability to infect the human system with either a local or a constitutional disease worse than smallpox itself. These objections to vaccination are not relieved altogether by the use of animal virus. Every community has again and again witnessed the ugly ulcerations of the vaccinal wound due to impure vaccine. The bacteriological laboratory confirms the clinical evidence that virus sold as pure is often not only unfit for use but is absolutely dangerous to human life. Besides this, auto-infection of the vaccinal wound by soiled clothing, by thoughtlessly chafing the wound or scratching it during sleep is a frequent occurrence. These objections are of serious moment in the minds of parents and should weigh heavily against the use of vaccination by scarification; so that wherever vaccination is compulsory, there are intelligent people in every community who submit only under protest. Not infrequently the courts are invoked to prevent the enforcement of compulsory vaccination by zealous and well-meaning health boards.

Now the writer grants, without argument, that it is better to vaccinate with pure virus, under aseptic precautions, than not to be protected at all. If, however, as is stoutly maintained, the same end can be accomplished by the use of Variolinum, then it is immensely better to use Variolinum than to vaccinate. Vaccination protects against smallpox, but so long as such loud and vigorous protests arise against its use there is urgent need for something better. It is evidently not the *ne plus ultra* for which the world is hungering.

Variolinum is a product of the smallpox infection. Its source is the same practically as the virus for vaccination. The serum is taken for vaccination from the abraded surface of the infected animal. Variolinum is the clear serum of the smallpox vesicle, or, as preferred by some, the contents of the ripened pustule potentized. The period of incubation is the same — from three to eight days — whether introduced as vaccine by scarification or by the mouth as Variolinum. The symptoms provoked by the two methods are identical aside from the local inflammation at the point of scarification. The initial chill is followed by aching, fever, nausea, thirst, loss of appetite, diarrhea and marked prostration. These are constant symptoms. They follow vaccination and variolinum alike and in similar order. The results also are the same whether given in the form of Variolinum or vaccination, namely: immunity against smallpox. Vaccination repeated until it no longer “takes” is a prophylaxis against smallpox. When you reflect that Variolinum is from the same source, and after a like period of incubation awakens a like series of symptoms in a similar order, you are prepared to accept upon proper proof the logical conclusion that it also must immunize against smallpox. Nor is the proof wanting; indeed it is rather abundant. The testimony is from a variety of sources and from a multitude of witnesses, yet the skepticism which makes us conservative has prevented many of our physicians from accepting, for the benefit of their patients, the advantages offered by Variolinum.

The proof of the value of Variolinum is of a dual character.

First,— The effect it awakens when administered to the unvaccinated person.

Second,— The protection it has actually afforded against smallpox.

The first proposition is easily and readily demonstrated. Any one can determine for himself the effects of Variolinum upon the unvaccinated; for this remedy, given in any potency from the third to the thirtieth, repeated at intervals of from two to four hours and continued for a week, will awaken the characteristic symptoms spoken of above. Perhaps not every symptom will be developed, but the majority of them will be sure to appear.

When vaccinated by scarification some patients evince marked

systemic disturbance; others show comparatively little. The same is true when immunized by Variolinum. The severity of the systemic storm depends upon the degree of susceptibility of the patient. You have all noticed that a second vaccination, if it "takes" at all, does so in a very mild form; the susceptibility is less than at first.

One advantage in the use of Variolinum is its continuous exhibition through the period of systemic disturbance; for there is a constant addition of fuel to the flames, and the systemic storm is kept at its height by this added fuel. The element of susceptibility is thus completely consumed, the factor of contagion is burned out, and when the combustion is complete the symptoms subside and the patient is immune.

The two following records duly subscribed to by the parents are taken from a large number on file in my office:

"I hereby certify that George Folsom took the remedy provided as stated above according to directions and the symptoms produced are as follows: Chilly, pale, sick at stomach, refused to eat, vomited, face swollen, had considerable fever, restless at night, irrational, irritable, pain in stomach, diarrhea—out of school one day."

Signed, H. R. FOLSOM,

On 8th day of September, 1904.

1220 Mulberry St.

"I hereby certify that Elizabeth Chambers took the remedy provided as stated above according to directions and the symptoms produced are as follows: Headache, petulant, restless, aching all over body, high fever, flushed face, eyes dull, nausea, marked prostration, diarrhea, restless sleep, very thirsty—ill four days.

Signed, WM. CHAMBERS,

On 7th day of June, 1904.

559½ 15th St.

But control experiments with Variolinum should be made in institutions where patients can be kept under observation. Isolated individuals are somewhat difficult to keep under surveillance, and the results are always more open to question.

It would be difficult to cite cases where vaccination was more effective in immunizing against smallpox than the following, in which the only protection was afforded by Variolinum:

"To Whom It May Concern:

"This is to certify that my son, Mr. Harry Willis, was taken sick with smallpox June 2, 1901, and died on June 18, 1901, from complications. About June 5, 1901, my husband, Mr. John Willis, my sons Clyde and Clifford and I myself all took Variolinum, furnished, through our own physician, by Dr. Linn. All of us were in the house all the time my son Harry was sick, but none of us contracted the smallpox as a result of

dred smallpox cases, *in a single day*, some of them fatal ones. But others I have known to be infected within a single year after a successful vaccination.

As to Variolinum, it has been observed that vaccination will not affect persons immunized by Variolinum, and conversely that Variolinum provokes no symptoms in persons recently vaccinated; and since vaccine virus and Variolinum are derived from like sources, are followed after introduction into the system for an equal period, by similar symptoms, in the same order, with a like prophylactic effect, it is a fair assumption that the immunity conferred is of equal duration. The following statement, duly attested, tends to confirm this conclusion:

"This is to certify that my four children, ranging from ten to three years of age, were given a remedy (vaccination pills) in March, 1902, to prevent them from having the smallpox. My husband and I did not take the remedy. About April 20, 1904, my husband contracted smallpox and on May 1 I developed the disease, and in a day or two my baby less than two years of age. But the four children who had used the vaccination pills did not have the disease, although they were quarantined with us all the time and slept in the same room. None of the children have ever been vaccinated by scarification, nor taken any medicine to immunize them save that taken in March, 1902."

Signed, MRS. SUE YANSER.

"The foregoing statement is true in all respects." JAS. YANSER.
317 E. 15th St.

Subscribed and sworn to by Sue Yanser and Jas. Yanser before me
this 9th day of June, 1904. H. B. NOLAND, Notary Public,
Polk Co., Iowa.

Little additional evidence is at hand to aid in determining the duration of immunity afforded by variolinum. However, as the remedy is readily obtainable, the inconvenience resulting is of no moment, and as no evils are entailed upon the system by its use, one can well afford to be immunized at frequent intervals.

Indeed the important fact that no evil consequences follow its use makes it vastly to be preferred to vaccination.

Added study of this drug is needed to define more accurately its sphere of usefulness. While additional testimony is also needed to make conclusive to skeptical minds its value as a prophylaxis in smallpox; and when once its sphere of usefulness is accurately defined, it will doubtless be very highly esteemed an indispensable remedy in our precious armamentarium.

A Brief Study of Common Things.

ARANEA TELA — ONLY A SPIDER'S WEB.

W. A. YINGLING, M. D., EMPORIA, KANS.

When a man says that he does not believe a thing, it is oftentimes not his great wisdom that makes him say so, but his ignorance and blindness. The people of Galileo's time were sure that the world did not move. The people of our day are sometimes equally sure that other things cannot be true, simply because they are unwilling to try them, and unwilling to be convinced by evidence, even when it is furnished them.

Agassiz could not believe that a certain congressional fisherman had caught a trout weighing nine pounds because he had never seen one, and the books made no mention of such large trout. When the fisherman sent him a trout weighing *ten pounds*, he gracefully accepted the fact and said that actual observation and experience were better than scientific speculation (even his own) or the assertion of books. But the opponents of pure Homeopathy are not quite so honest and reasonable. They will not believe even their own eyes and refuse to credit even their own observation. What fools we mortals are!

Can there be any medicinal virtue in a spider's web? It is surely a very common thing, seen upon every hand and apparently entirely inert. Clearly there can be no medicinal properties! Yet *Silica* is a common thing and even more inert to all appearances than a spider's web. But we have tried it and it is today one of our polychrests, a jewel without price to the entire homeopathic profession. Evidently appearances do not count in such matters; *experience is everything*, and experience is on the side of *Silica*. And so it is with *Tela Aranea*, the common spider's web. All spider poisons powerfully affect the human nervous system, so also does the web.

It has cured the most obstinate intermittents; it has wonderful results in some febrile paroxysms, relieving them abruptly, with their concomitants of tremors, starting, spasms and deliriums and

producing a calm and most refreshing sleep. "In spasmodic affections of various kinds, periodic headaches, restlessness, muscular irritability, its good effects are often signal." "The cobweb gives sleep, but not by narcotic power;—tranquillity and sleep here appear to be the simple consequences of release from pain and irritation." "Spasmodic affections, dry, irritating coughs, nervous coughs, the advanced stages of consumption, troublesome hiccough, sleeplessness from nervous agitation and excitement, also asthma, and other diseases have all been relieved by this wonderful *Tela Aranea*, the common cobweb. A lady wrote me some time ago from Colorado that her physicians thought her doomed by that dread disease, tubercular consumption; she was in extreme of nervous agitation; she could not sleep or rest, and was weary and all tired out; she had severe cough; was hysterical and at night had great nervous jerkings or agitation. I sent her *Tela Aranea* 2 m (Y). In two weeks she replied: "I am ever so much better. I feel more like my old self than for eighteen months. I sleep nicely and though not as well as of old; I am improving right along and am *so hopeful*."

In other cases where uterine trouble caused the same nervous sleeplessness the potentized *Tela* had the same beneficent results. A short résumé of the remedy can be found in "New, Old and Forgotten Remedies," by our genial friend, Aushutz, of the *Homeopathic Recorder*.

(TO BE CONTINUED.)

Homeopathy in Veterinary Practice.

Judging by an article written by Dr. C. E. Sayre, to which our attention was recently called, it would look as though Homeopathy in veterinary practice reduced mortality even more markedly than it does among men; probably because in the treatment of animals, physicians have been in the habit of using powerful drugs, even more recklessly than they do among men. So far as his reported cases go, covering thirteen years and about 1,500 horses, the mortality under homeopathic treatment was less than

a third what it was under old-school treatment. We take pleasure in reporting two interesting cases in detail:

The first is that of a dog which for five months had been suffering from sciatic rheumatism of the right leg, accompanied with great atrophy of the entire limb. Not noticing any distinctive symptoms at all at first, Dr. Sayre simply gave placebo, and went home to carefully study up everything he could find in regard to sciatica, which resulted in his prescribing *Dioscorea* on the following indications: "Pain in the right leg from point of exit of sciatic nerve, felt only on moving." Under this treatment the dog improved rapidly, and was soon perfectly well. Even the atrophied muscles once more regained their natural size.

Another interesting case was that of a dog that always vomited after drinking water: Arsenic was given, as apparently the indicated remedy, but took no effect. But a more careful inquiry showed that the vomiting always came about fifteen minutes after the water was taken, and remembering the *Phosphorus* symptom, "he vomits water as soon as it gets warm in the stomach," the prescription was changed to *Phosphorus*, and the cure accomplished.

For a colicky horse Dr. Sayre informs us that *Colocynthis* will relieve nine cases out of ten very, very quickly.

For flatulence of the stomach, with persistent retching and eructations, we are not surprised to hear that *Carbo veg.* is often effective.

One very interesting suggestion is the remark that it will be well worth while to prove some of our more important remedies on "all the different animals." We do not know whether he means to include lions and tigers or not, since he believes that such provings would develop a few valuable symptoms which are not found when the medicines are proved on man, or, at least, have not been reported as definitely as they should be. When *Belladonna* is proved, we should rather like to be present to see some of the odd symptoms, for they certainly would be interesting.

N. B.—If the date on the address to which your subscription is paid is not correct, let us know. It should be Jan. 1905.

A Boy Who Could Not Run and Had Forgotten How to Smile.

Leaves from the record of the General Clinic of the College of Homeopathic Medicine and Surgery of the University of Minnesota.

REPORTED BY PROFESSOR GEORGE E. CLARK, M. D.

CASE 19463.—Boy, aged 9, Swede, pale, sickly looking and very light weight: Complains of pain in stomach and chest, worse after eating and at night. He is accompanied only by a little girl who can give but little accurate information in regard to the case. He says that he has had a pain, more or less, for the last two or three months; not always in the same place nor constant in character. Generally a dull ache or hurt, but very sharp at times, so that he cries out in distress. He says no relief has come from the various things done and that he is steadily growing worse.

This case illustrates the uselessness of hasty prescribing and the fallacy of selecting a remedy on one or two symptoms, that happen to be prominent or are more loudly complained of by the patient. For the boy had applied for relief before the regular clinic day.

The interne taking it to be a case of indigestion, had prescribed Nux. Yet three days later the suffering was still present and in no way relieved.

But a more careful examination revealed the real trouble as well as the similar remedy.

The heart was found to be slightly hypertrophied and showed a louder and strongly accentuated second sound, heard at the pulmonary cartilage on the left of the sternum.

The boy states that he cannot run and play as he used to do because *he tires so easily*. He also perspires freely during pain and on any exertion.

From the attendant we learned that he had been a very sickly child. Two years ago was very ill with diphtheria; last summer punctured his foot and was many weeks in the hospital from septic infection. But we cannot learn of the family history; the girl at least knows of no heart trouble.

However, sufficient had been gleaned to make it highly probable that mitral trouble was the exciting cause. Directions were accordingly given as to rest, fresh air and a nutritious diet. But though the diagnosis had been settled the greater task of selecting the curative remedy remained.

Accordingly we made further inquiries and elicited the fact that as a babe he was very large and fleshy; the girl had also heard the mother say that he had trouble in getting his teeth. While the lad himself stated that his stockings are damp with perspiration when he removes them at night. These symptoms completed the drug picture and made Calcareo a certainty.

One dose of the cm. potency was given at the time and Sac. lac. regularly thereafter.

The relief of the pain was very prompt, for it appeared but seldom after that and was not as severe as before.

On his second visit to the Clinic the heart sounds were much improved so that those of the class who had not examined the patient on the former visit scarcely discovered any abnormal features at all. But better still was the smile on the boy's face as he replied, Yes doctor I am lots better.

Notes from Rochester.

REPORTED BY DR. JULIA C. LOOS.

If we do not heal the sick better than or as well as Hahnemann and his early followers did, it is because we do not know how to use our tools, thereby we lose our enthusiasm and fall into a rut.

Students in the colleges are asking for bread and we are giving them stones.

Get a complete record of facts in the language of the patient to be practical.

Enlarged prostate in old men is a result of sexual perversion in young and middle-aged men.

It is a strange thing that old-school physicians see no connection in effects of suppressing eruptions of different kinds. They persistently refuse to note any analogy between symptoms of suppressed eruptions in acute disease and suppression of eruption in chronic disease.

Any force which disturbs the vital force leads an eruption to go from without inward. So long as it is first in order of appearance an eruption does no harm.

The old school is coming now to a recognition of the fact that symptoms of sickness precede objective changes.

Lycopus in Exophthalmic Goiter.

Dr. A. C. Cowperthwaite, in the *College Bulletin*, tells of six cases of exophthalmic goiter, which he has treated within thirty-five years. The first three, in his early practice, proved fatal. The last three have resulted in recovery, complete or partial. In two of the three successful cases, Lycopus was the only remedy, or the one that did the most good.

The first case was treated in 1897. The patient, a lady fifty years of age. The protrusion of both eyes was extreme; the cardiac impulse violent; the goiter very prominent; muscular tremors and symptoms of neurasthenia were also present. Lycopus tincture in water was given and was continued off and on for a year or more. Has had no other medicine since, yet considers herself cured. There is still some bulging of the eyes, and a slight enlargement of the glands, but the heart's action is in every way normal, and the patient seems to be enjoying perfect health, after an interval of seven years.

The second case has been under treatment about six months. and though improving steadily, is, of course, less interesting.

In the third case, the fact that other remedies were also used, makes it less significant.

We congratulate Dr. Cowperthwaite on his success, and on his frankness in admitting that he did not cure every case which

was to be expected, for neither *Lycopus* nor any other remedy will cure this *disease*, if not the *similimum* for the patient.

Tobacco and Alcoholic Amblyopia.

JOHN STORER, M. D., CHICAGO, ILL.

A number of cases of amblyopia from tobacco and alcohol, where the cause was not suspected by the patient, has led me to present briefly the above subject. The person too often neglects the gradual failing of vision, and many times from one cause or another, months elapse without an accurate diagnosis, being made. In such cases there must be excluded, the amblyopia of hysteria, epilepsy, ptomaine poisoning, malaria, whooping cough, pregnancy, traumatism, drug poisoning (as by quinine, lead, arsenic, mercury, etc.), uremia, diabetes, brain diseases and congenitalism. Frequently a little questioning in conjunction with the ophthalmoscope will enable us to arrive at the cause. In other cases, it may be most obscure.

Fortunately absolute blindness from alcohol or tobacco alone, is rare and it may be many months before any abnormal conditions and atrophy can be noticed at the disc. A careful examination with a knowledge of all bad habits, and a complete history, is imperative, before one is able to decide upon the cause, and advise intelligently. Where alcohol or tobacco is to blame, and too often they go together, the vision fails slowly and as a rule unaccompanied by other eye symptoms. Of the two causes, in some countries, tobacco is more often the one, in others, alcohol.

After years of indulgence, a slight neuritis may develop; after which some atrophy. A helpful diagnostic point is the blindness, especially for red and green. Usually both eyes are affected and if the patient can be made to discontinue permanently the use of the tobacco or alcohol, a slow but gratifying improvement of vision may be hoped for. But I have never been able to hold the patient long enough to obtain anywhere near normal vision. As a rule, the patient promises to abstain; but as his vision gradually improves under the abstinence and with the assistance of

the indicated homeopathic remedies, a decided craving, to resume his old habits, shows itself, and for a time at least, no lessening of vision seems to follow; but before many weeks have passed, we may expect a rapid change for the worse in vision. It is then more difficult and takes much longer to bring about improvement a second time. It has been almost impossible in my experience, to keep patients under control. Of course, our diagnosis must often be made largely by exclusion, the presence of color blindness, and every other cause eliminated, besides the history of tobacco or alcohol, even without noticeable ophthalmoscopic lesions. Refractive errors and muscular trouble, of necessity, should be corrected.

A brief history of a single typical case may be of interest. R. L., a saloon keeper, age thirty-five, consulted me nearly a year ago, because of rapidly failing vision, especially of late, both for distance and near. There was flickering before the eyes, which were prominent and bleary. Appetite poor, history of excessive use of tobacco and alcohol for years. The ophthalmoscope showed a slight anemic condition of the disc, but otherwise, normal. Color blindness for green and red were present. Test showed no refractive or muscular errors. Vision not improved by any lenses. Right eye, vision, one half of normal. Left eye, vision one tenth. Here was a case where no other cause but tobacco and alcohol could be found, and they in themselves, were sufficient. A plain talk with the man, after the dangers were pointed out, finally led him to sorrowfully promise to abstain from each. He called again May 27, the eyes were looking better. Vision each eye, but slightly improved, appetite better. Had taken no alcohol, and but little tobacco. June 1st, vision slightly better. June 4th, vision right eye two-thirds; left eye, one-fourth of normal. There was a constant slight gain at each call thereafter. June 29th, vision better than June 4th. Physically, in much better health. Vision thus far, R. E. improved from one-half to two-thirds plus, and vision L. E. from one-tenth to one-fourth plus, a most excellent gain in five weeks.

July 6th, vision less in each eye. He then acknowledged he had never given up tobacco entirely; and of late, because of feeling so well and the vision constantly improving, he had slowly

taken up alcohol and been smoking oftener. And this last call, July 6th, plainly showed the bad effects.

It is unnecessary to say that rather forcible arguments were produced against his backsliding and the inevitable results pointed out should it continue. The gentleman left my office much depressed and I have never seen or heard of him since.

It is to be hoped that he came to his senses before it was too late; and today is enjoying vision which is at least as good as when I last saw him. But I am afraid he is not.

Chronic Dislocation of the Hip Cured by a Dose of Silica 3d.

In the *American Physician*, for February, 1904, we find the following interesting case. We are sorry to say the physician's name is not given:

Last summer I was called to see an Irish woman suffering from dysentery, and after giving the necessary medicine, a little boy about five years old came on crutches into the room. He attracted my attention, having a very interesting face and lively appearance. I asked the mother what was the matter with the child, and was informed that the boy was lame for three years, suffering sometimes great pain. Examining the child and asking if they had ever done anything for him, they informed me that several physicians had tried their skill, but none succeeded and declared the case incurable. On examination I found it was a case of coxarthrace of a very aggravated kind, the head of right femur gushing out of its socket behind, while the spinal column had a corresponding side curvature. It struck my mind to try the single dose cure, so I gave the boy right at the time one grain of Silica 3d and told the mother to wait patiently for two months, and if no improvement set in, to come and get another dose.

It was altogether a charity case and I never heard anything more till today, when two ladies came to my office with a lame girl three years old, with exactly the same complexion as the boy. The mother, a young woman of twenty-three or four, a resident of Petersburg, where I practiced many years. The other woman was the mother of the boy who got the single dose of Silica eight or nine months ago; and it was she who brought the other mother to me. I was rather agreeably surprised to hear that the boy was entirely well, straight as a candle and not a trace of his former ailment remaining. This speaks volumes for Homeopathy, and is certainly worth publishing, as it confirms the long acting properties of even a single dose. I now have two more cases on hand, this girl and a little boy about four years old, which will be treated alike, and I hope with equal success.

But he may fail in these cases, for the doctor evidently has not yet learned to adapt his potencies to the vitality of his patient. Besides Silica is not always the remedy for chronic hip joint disease. It is the patient not the disease that determines both remedy and potency. It may be Calcarea, Kali carb. or Sulphur and not Silica that the symptoms call for, but the single dose often cures even chronic diseases.

There is something intensely interesting in the fact that a cure like this should have been accomplished by a single dose of a low potency. But let us not hastily assume that, therefore, the third is just as good in such cases as a much higher potency would be; such, for example, as the 200 or 1,000, for a careful study of hundreds of reported cases, and cases in private practice, seems to indicate very clearly that, ORDINARILY, the chances of recovery are much better with a higher potency, though certainly a case like this does prove conclusively that under favorable conditions even the lower potencies can work wonders.

A Few Snapshots: The Beauty of Truth.

BY DR. F. M. EVANS, BELLAIRE, OHIO.

A young man entered my office; his face flushed a deep crimson; his eyes brilliant, his pupils dilated widely and the arteries of his neck and temples throbbing violently while he was almost insane from the pain in his head. I simply took one small vial from my desk and dropped a few sugar pellets on his tongue, and in five minutes the patient left my office in almost a normal condition. Yet I had not given him Opium or Caffeine or any other poisonous drug, nor had I treated him by mere Christian Science; but by that curious half-way house between mind and matter a few pills of homeopathic Belladonna.

Next came a young lady;—the anguish expressed on her face was intense; her stomach burned as from a coal of fire; she feared she was going to die; a few pellets from another vial (Arsenic) and in a few minutes her expression changed from one of agony to quiet ease and she too smilingly departed.

Next came a hurried call to number 40 West Street, announced by the office boy. "Come along," said the doctor to the reporter standing by his side, who, by the by, was a medical student, and so we went. On our arrival we found the patient, a woman of middle age, rapidly sinking with a hemorrhage from the uterus. There was a profuse flow of bright red blood, with rapid breathing and constant nausea, most distressing to the patient, but one dose from another magic vial called "Ipecac" and the hemorrhage had ceased, the nausea was gone and that suffering woman soon fell into a restful sleep.

"Such are some of the workings of the 100,000th potency." So said the man of medicine, smiling brightly, as we drove home together. Acute diseases rapidly terminated without dangerous complications and sequelæ; large tumors often literally melting away; the terrible sufferings of cancer and tuberculosis greatly relieved. These and many others.

[Dr. Evans' pictures are so beautiful in their simplicity and truth that we could not resist the temptation to make just one editorial comment. Then too, when Dr. Evans remembers that even great men like Kipling sometimes let others write a story on shares with them, we feel sure he will not resent the help of even a Printer's Devil, and shall hope to hear from him again soon.]

What is the Difference Between the Third and the Thirtieth or Two Hundredth ?

Occasionally we hear of grave acute conditions, such as persistent post-typhoidal exipistaxis, where the thirtieth fails utterly, but the third or the two-hundredth will *either of them* give prompt relief. What is the significance of this seeming contradiction? A brief examination of the facts will explain.

It is quite generally admitted, even by those who ordinarily use the lower potencies, that when you get hold of an obstinate case where tinctures and thirds and sixths will not give relief, the best way is to go higher and try the thirtieth; in other words, that in an unmistakably chronic and deep-rooted disorder the

higher potencies, "within reasonable limits," are better and more likely to cure. Those who have ever used the thirtieth with any care at all also generally admit that you do not need to repeat your dose as often as you do when using mother tinctures and the lower dilutions; and it is a notorious, though as yet *inexplicable* fact that many of our finest prescribers, men whose cures are almost magical, do often cure with one, two or three doses of some high potency (200th, 1,000th, 10,000th or 100,000th cm) when the rest of us have to give ten, twenty or a hundred doses before we can cure our case. This certainly looks like an argument in favor of the higher potencies; and it probably is.

But how happens it then that the vast majority of our profession prefer low potencies and mother tinctures, and sometimes, alas too often, even abandon Homeopathy utterly, and give allopathic drugs, with all their health-destroying power? Of course, the off-hand answer, which has been often given, too often it seems to me, is that most men are fools and simply looking out for the almighty dollar, which can be earned more easily by a very free use of Opium and Alcohol and other less harmful stimulants and palliatives.

But this reply does not suit me; so let us try for a moment to find some other. Is it then that the lower potencies are generally or even often better, at least in acute diseases, than the higher? Yes, says Dr. Richard Hughes, that grand good man who has so long been one of the foremost leaders of the low-potency branch of our school; and yes say thousands of other strong men, men who have added not a little to the success and growing popularity of our school. And yet I believe they are mistaken; and without calling them fools, or even thinking them such, I will try to prove my point.

I will begin my argument by simply telling you what first convinced me. I found that Dr. Hughes himself, though frankly saying that he never felt inclined to go above the thirtieth, and was heartily sorry that we had to use even those mysterious potencies, added that, nevertheless, his dear and wonderfully successful friend, Dr. Carroll Dunham, never used anything lower than the 200th and that somehow or other these high-potency men did seem to have more confidence in their medicines. Who

Carroll Dunham was I knew not then, though since I have learned to love him so dearly. But when Dr. Hughes whom I did know spoke of him so highly I felt sure there must be a great truth back of Dunham's higher potencies, though I knew not what and preferred, like Dr. Hughes, to stick to thirds and thirtieths till I could find out from somewhere a little more about Dunham and his methods.

Well, I did find out; for I soon discovered that even among the admirers of Dunham and his school the impression was very strong that no one but a very smart man, with a wonderful memory, could ever make much of a success in prescribing high potencies, and being myself a mere beginner, with a very poor memory for endless details, I gave up for the time being all hope of ever prescribing high potencies at all freely, as Dunham had done. But as time passed on, my courage slowly waxed greater and I actually ventured to prescribe high potencies in a few cases and began to grow glad. But then it was that I got my knock-down blow. For in two important cases I got that mysterious thing, "the high potency aggravation." I had heard of it vaguely; but I knew not how to explain it clearly to my patients. I knew not how to avoid it, in its graver forms or how to minimize it in all its more helpful and hope-giving forms. And so for two more long and weary years I let high potencies alone. Weary, I say; for I had heard of a way of securing more perfect, MORE LASTING cures, but knew not how to successfully use it myself.

And right here I take it is the reason why most of our physicians seldom think of using anything higher than the thirtieth, and oftentimes do not even dare to go as high as that; for even the thirtieth quite often makes your patient feel worse (in some ways) before he feels better, and will not take hold at all strongly or satisfactorily, unless you have struck somewhere within six inches of the bull's eye, which is a very hard thing to do with the needlessly complex and man-puzzling tools which we have to use now days.

Some day our tools will be simplified, along truly homeopathic lines, so that we can find a seventy or eighty per cent simillimum without being as smart as Cæsar or as patient as Job, and

then the number of highly, deeply, broadly, grandly homeopathic physicians will slowly increase. But having only two remedies for dysmenorrhœa and three for constipation and five for vertigo will never do it. We must learn to prescribe mostly by symptoms which are more distinctive and rare than these are, making our first tentative CHOICE GROUP by rarer symptoms and only our final choice by a study of the common ones. But this is no easy thing to do as yet, for keynotes so-called, are a snare and a delusion when used carelessly or hastily; and so I do not think that the millennium is coming quite yet, but I am sure it is coming sometime and the beginnings of it are already upon us.

But this was not my subject, for I set out to explain why it was that the third and two hundredth will sometimes cure where the thirtieth fails. The reason why the two hundredth often succeeds where the thirtieth fails has already been made evident by what I have said. It is because the two hundredth is a deeper acting medicine than the thirtieth in cases where it is really well indicated; and clinical experience also shows that it is not only deeper and gifted with higher curative power, but that it also acts more quickly,—a very curious and inexplicable fact, and yet a fact none the less, as clinical experience has abundantly shown.

So I should like to say incidentally if in any acute disease which you have studied carefully enough to be sure that your chosen medicine is really a many-sided similis to the case in hand, you find that low potencies are not working satisfactorily and wish to try something higher, I should advise you to try the two hundredth rather than the thirtieth; for it will be far more likely to save your patient. But if you have simply guessed at your remedy by studying a few very common symptoms which might point to any one of a hundred medicines or one or two keynotes which might point to any one of five or ten medicines, then I advise you to let alone high potencies and stick to the low potencies which you understand fairly well. But if you wish to experiment in chronic diseases, you had better start in with the thirtieth (the thirtieth in chronic, the two hundredth in acute), for it is in the chronic cases and not in the acute that you are

most likely to get a temporary curative aggravation, which will frighten you and your patient. But the aggravation of the thirtieth will generally be much milder than that of the two hundredth which can be given after the thirtieth has done all the good that it can and will not then kick up such a row as it would if it had been given earlier. But in the chronic case your single dose of the thirtieth should be allowed to run a week or two, two weeks seeming to be the average time, while in the acute case you should not repeat the dose till you are perfectly sure that the first dose has entirely lost its hold and done all it can.

I believe then that I have explained satisfactorily why it is that the two hundredth is oftentimes better in a dangerous acute disease than the thirtieth, although you will notice that I have explained it *scientifically*, by an appeal to well-established clinical experience, and have *not* attempted to explain it philosophically, since I frankly admit that the whole matter is to me as yet utterly inexplicable.

But how, pray, happens it that jumping down to the third potency seems to have exactly the same effect as jumping up to the two hundredth? This certainly seems ridiculous; but this also will become clear if we study carefully the real difference between low potencies and high.

The difference may, in general, be stated thus: Mother tinctures and low potencies are ordinarily stimulant in their action, even in cases where we think and speak of them as depressant; for the depressing influence comes either as a reaction after a previous state of evident stimulation or as the result of some part of the body being stimulated so suddenly and so powerfully as to cripple us instantly without the overstimulation showing itself in any other way. This explains why it is that a careless prescriber can get results from the third potency, the sixth and tenth, when he cannot get any results at all from the thirtieth and two hundredth: *for stimulants always take hold more easily than do medicines which are really and deeply curative*, and a curative medicine must be a much more perfect similimum, if it is to give relief.

And now one of our riddles is explained. The thirtieth is a

sort of half-way house between the third and two hundredth; it has lost the unmistakable stimulating power of the third but it has not gained the wonderful curative power of the 200th, and so in the case of nose bleed of which we have spoken, where quick relief of some sort is indispensable, the poor thirtieth fails utterly and *both* its rivals come out ahead.

The riddle is explained, but let us not hastily jump at conclusions and assume that a case like this proves that the third and the two hundredth are equally praiseworthy medicines; for this is not true. Both will save your patient's life many and many a time, but in the days and weeks to come the patient who has been cured with the 200th will be a healthier, stronger man than the one who has been cured with the third, and will be less likely to get sick again next time some gigantic microbe goes jumping down his throat.

But, as I have said, if you cannot spare time to study up your patients carefully, don't expect to get satisfactory results from the 200th, 1,000th, or 50m potency; for you are sure to be often disappointed. But when you are sure of your remedy, the 200th and 200,000th will do vastly deeper, better work than the third. God only knows why. I am simply stating facts.—*Hamlet*.

[With due deference to Hamlet's enthusiasm we must remind him that assertion alone is not proof, for in our humble opinion he has neither proved nor explained why the third or thirtieth is better than the two hundredth or vice versa. Hahnemann's test for Homeopathy, the court of last resort, is the bedside test of clinical experience. So here the dynamic plane of both patient and remedy, not physics, must be the guide. Try them and publish the failures. ED.]

Milk Poisoning.

DR. A. J. WHITMAN, BEAUFORT, S. C.

Dr. Whitman tells us that his hobby is Hygiene and Diet, and that he is satisfied that in a great many cases milk is not a healthy food in its natural state, producing as it does the condition which the laity call biliousness; but he adds, that the same milk if taken after it has become clabbered may often be indulged in freely without any physical disturbance. He then

gives a case in his own practice illustrating the bad effects of a milk diet in some cases :

“An acquaintance of mine told me not long ago that he was living on milk and drank three quarts a day. I told him I doubted whether he could digest it. And sure enough a few weeks later he sent for me, telling me that he was all used/ up with what he called la grippe. I gave him some relief, but he was not satisfied, thinking he ought to have a dose of calomel to cure his biliousness.

It then occurred to me what was the real trouble, and I told him it was milk poisoning, and that I wished him to leave off all forms of milk diet for one week, and wait and see what the results would be without taking any more medicine. At the end of the week he informed me that he was well.

It seems to me that whenever a patient complains of being bilious, it is well to stop and ask of what his diet consists, as this may be the one main cause of the trouble.

In fever cases I believe more patients die from a milk diet and unnecessary food than from the simple disease itself.

Ask a physician whether he would be willing to let his patients eat cheese. How quickly he will say, No. Yet what is the difference between giving milk and cheese, so long as the milk is going to be made into cheese in the stomach. It is certainly cheese just the same. But give your fever patients nothing but water and see how quickly they will commence to improve. “A word to the wise is sufficient.”

USES OF SOURED MILK.

[This reminds us of an interesting case where a lady, who was almost at death's door, craved sour milk, but her physician did not dare to give it. But the craving being a very strong but quiet one, the lady ventured to take matters into her own hands, and told her little girl to go down stairs and get the milk. Next day she was wonderfully better, and told the doctor that it seemed as though the soured milk was like a soothing ointment to her suffering stomach. From that day on her cure progressed rapidly. We fully realize that simple restless stomach cravings, or tongue cravings, or brain cravings for food are not reliable, but sadly misleading; but when a patient craves some article of food in a quiet, sober, persistent way, may it not be that it is a real craving of nature, and that the food craved is just what they need ?

In one part of the above article, Dr. Whitman has referred to clabbered milk. We should like to mention the fact, that oftentimes clabbered

milk will be more palatable if warmed slightly and then soured artificially by dropping in some simple acid. Then wrap up in a towel and lay away. The first one or two times the taste may be a little peculiar, but by souring it later on with the soured milk itself, you will get, after a while, a most delightfully palatable dish for those who crave something sour. All through the Orient this simple "soured milk" under many different names is a favorite article of diet, both for the sick and for the well. It is well worth trying in all cases, where there is a strong craving for something sour. ED.]

Broncho-Pneumonia with Escape of Fetid Air from the Bronchi.

F. H. LUTZE, M. D., BROOKLYN, N. Y.

Mrs. G. aet. 48 years, has high fever 104° ; broncho-pneumonia, with every symptom calling for Ars., except that she had an involuntary discharge of a loose fecal stool, and urine with each cough. Arsenicum cured her in one week, but the cough with the involuntary stool and urine still continued, with the following additional symptom:

Before and with the cough (and at no other time) a volume of pungent fetid air rises from the bronchiæ and escapes from the mouth and nose, tasting very offensive to the patient; she actually dreads the cough on this account. *Capsicum* cured all!

The symptom: Involuntary, loose fecal stool with cough. I am unable to find in any materia medica; it therefore needs verification.

The symptom: Involuntary urine with cough is found in Lee and Clark's "Repertory of Cough and Expectoration" and in Hering's "Guiding Symptoms."

The symptom: Escape of a fetid, pungent air with the cough is contained in Allen's "Encyclopedia" and also Hering's "Guiding Symptoms," but I was unable to find it in Lee and Clark's "Cough Repertory." As it has been found in the proving of *Capsicum*, it needs no further verification so those who have a Repertory may safely write it in. [Chest — Eructations fetid, etc.— ED.]

LYCOPODIUM SWALLOWING.— In tonsillitis or diphtheria, Lyc. has aggravation from swallowing cold drinks, cold milk, etc., but

also at times *aggravation from swallowing saliva or empty swallowing*. I have verified this symptom frequently.

STOOLS GREEN.—Belladonna has frequently cured in cases of dysmenorrhea or during the later stage of pneumonia or bronchitis all the remaining symptoms, when the stool was normal in every respect, except that the stool was of a decidedly green color *through and through*.

STOOLS RED.—Mercurius vivus has a stool of a brick-red color throughout, the red color *not* being due to the presence of blood.

UMBILICAL FULNESS.—A stuffed or distended feeling or a sensation of fulness, or deadness and inactivity in the small intestines, felt in the umbilical region, is most often promptly relieved and cured by Bryonia or Tabacum, in a potency from the 200th upward.

A Beautiful Cure.

A. F. SWAN, M. D., BRIGHTON, COLO.

M. W., primipara, aet. 25; began to have rise in temperature on second day after confinement; not over 100° at any time until the fifth day, when it rose steadily and gradually from ninety-nine degrees at 8 A. M., to 102 3-5 at 1 P. M., with these symptoms:

Dull pain in temples; drowsy, but unable to sleep; face flushed, and hot to touch; very sensitive to jar of bed, even from walking across room.

Abdomen sensitive to a sudden or light touch, but hard pressure caused no pain; lochia almost entirely ceased.

Apparently a case for surgical interference and curettement. However, having some small faith in homeopathic remedies, Belladonna 45 m. (F.) was given, one dose.

In an hour the temperature was reduced one degree; a sweat started, and at 9 P. M., the temperature was ninety-nine degrees, the lochia was restored and the patient was comfortable. In her own words, "It is wonderful how so little can do so much."

Was not that better, surer and easier than curetting? A true similimum, a single remedy, a minimum dose. But the greatest of these is similia.—*Denver Critique.*

[Yes! It is better, BUT NOT EASIER; for many physicians would have failed to see that it was a Belladonna case, and those who did see would most of them have given 3x, WHICH WOULD NEVER HAVE SAVED THE WOMAN. But as soon as we learn to select the best remedy, and are brave enough to give it in high potency in times of grave danger, where very prompt action is needed, the homeopathic way is certainly best. P. D.]

Some Clinical Cases.

R. DEL MAS, PH.. D., M. D., CENTERVILLE, MINN.

July 27, 1903.—T. T., aet. 48, has, for the last eighteen years, been suffering from periodic *attacks of diarrhea*. Today reports: Diarrhea for a week; stool watery, splashing, foul. *Urgent stool on or before getting up.*

Sulph. 1 m, four powders.

Diarrhea stopped at once and has not returned since. Of the four powders given him to use, if needed, he took but one.

Dec. 28, 1903.—Mrs. J. P., aet. 31; married, sterile. Has been off and on, for the last five or six years, troubled with aching pain in small of back; < standing, walking, turning in bed; > lying on back.

Lancinating pains in both ovaries, < walking, standing; jarring; lying on side; > rest on back.

Pain in left ovary <.

Pain in ovaries wakes her up nights.

Constipation; stool hard; ineffectual urging to stool; two or three days before menses goes to stool two or three times daily.

General < after sleep.

Cannot wear anything tight about neck or body.

Lach. 50 m, one powder.

Patient reported on January 23, that she was well.

N. B.—If the date on the address to which your subscription is paid is not up-to-date, please correct it. It should be Jan. 1905.

THE MEDICAL ADVANCE AND JOURNAL OF HOMEOPATHICS.

A Monthly Journal of Hahnemannian Homeopathy

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.

Subscription Price - - - Two Dollars a Year.

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 we also believe that 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 therefore our chosen work. In this good work we ask your help.

Further details will be found in the Publisher's Corner.

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AUGUST, 1904

Editorial.

Please read and ponder our creed, given above.

The Medical Laws of Minnesota.

A MOST IMPORTANT DECISION.—In a letter recently published, Dean E. L. Mann, of the Homeopathic Department of Minnesota University, mentions the curious fact that when the regents of that university discovered that by a sudden raising of the standard for admission to the medical department of the university, they had lessened the number of students in the Homeopathic Department, they immediately reversed their decision and allowed the standard for admission to the Homeopathic College to remain the same as it had been (for a while, at least) thus making the

standard for admission to the Old School College higher than the standard for admission to the Homeopathic College.

This is a most curious and interesting state of affairs. For it is an acknowledgment of a great and fundamental truth; namely, that, though we are all called doctors, and are all trying to relieve pain and suffering, we are doing it in such different ways, that, *regulations which would help one school would only injure the other.*

Evidently the regents of the university of Minnesota are, as a body, exceptionally large-hearted and clear-headed men or they never would have made such a ruling.

Doubtless some, both in the old school and the new, will sneer, and say that this is an admission that Homeopathy is willing to take a lower place than Allopathy, and is willing to accept and recommend second-rate men. We do not care to argue with such critics as these; for so long as there are thousands of communities in which there is not even a third-class homeopathic doctor, it is certainly better that we should give them a fairly good one, instead of none at all — provided he loves his work and has had a four-years' medical training, and a high school course, even if he has not had quite as much book learning as his allopathic rivals. Half a loaf is better than none, provided it is a half loaf of true bread.

We do not wonder that our old-school brethren feel that the time has come when the number of physicians of their school should be limited. We do not say this as a sneer, we say it in genuine respect for a method of treatment which we consider sadly faulty, and in the hands of a dishonest practitioner often fatal, and yet one which we believe to be a blessing to the world, though not as great a blessing as Homeopathy.

But we agree with our brethren in feeling that they have made it a little too easy for men to enter the profession and play with human life. The handling of powerful drugs, such as second-rate physicians always have a passionate fondness for, is altogether too easy; and so we heartily approve of the attempt to shut out second-rate men.

Of course, some first-class men will also be shut out, but this is inevitable in all reforms, and will not be permanent; because.

after a while, our best physicians will learn to keep a sharp lookout for poor men who are worthy of special encouragement, and out of their own pockets, and out of the scholarship pockets of rich men, will find help for men like these.

But, as we have stated above, we believe that the time has not yet come when the number of homeopathic physicians turned out year by year needs to be checked in any such way. Doubtless it will come in time. Restrictive legislation, though subject to grave abuses, is by no means inherently bad. *It is dangerous*: it may easily be carried too far; *but it is helpful*. We believe that in some parts of the country it has been carried too far already. We believe that in some places it has been used simply as a dodge to try to handicap some rival school; but these are abuses, and not necessary results of such restriction.

We shall watch the further progress of the University of Minnesota with deep interest, wishing them Godspeed in all they do, both in the homeopathic and the so-called regular departments.

Importance of Clinical Experience.

We are glad to see that the medical colleges of the country are laying more and more stress on the student coming in personal contact with the sick during the last two years of his course. The only criticism we would make is that instead of saying the last two years, it should be the last four years; in other words, *through the entire course*, for we believe it is a sad mistake to waste so much of our time in studying the endless minutiae of dead bodies, and not begin the study of live ones until the last year or two of the course, and even then do it mostly at long range, or, perchance, simply sit still and listen while the professor does it for us.

It is very well to assume that in watching the professor examine a case we will instinctively learn how to do it ourselves, but as a matter of fact it is not true. No man can become skilful in any line of work by simply watching another workman.

Instead of allowing students to sit passive, or largely passive,

in the class-room or clinic, while the professor or some student makes an examination, with only occasional interruption from others, let the classes be divided into groups of three or four, as now done in some colleges, each group to contain one freshman, one sophomore and one upper classman, and that nearly every case that is brought into our clinics be first of all examined with utmost care in private by one of these groups, they being required to make a written statement of the symptoms they have found, and of the prescription they would suggest. Then the professor in open class criticizes their report and, if necessary, makes a second examination and reverses their verdict.

The baby does not learn to walk simply by seeing others walk. He learns to walk by tumbling down himself. And until our medical students are given more chances to make slow, careful, blundering prescriptions on paper, without in any way injuring the sick one, we do not believe that the average medical student will ever become as enthusiastic and skilful in taking a case as he might.

We have heard a great deal about the importance of giving the indicated remedy, but as a matter of fact a large majority of the cases which are reported in our journals have been examined in such a faulty way that *no remedy is indicated*. The symptoms reported might point to any one of ten or fifteen remedies, which is another way of saying that they do not point to anything, because the more distinctive features of the case are left out or were not taken in the anamnesis.

We are well aware that students are often asked to make examinations in a class-room, and that they are often asked to suggest a prescription, but, unfortunately, it is impossible for a learner to do his best in such a public hurried gathering. You must allow him to work more slowly, by himself, if you wish him to learn to do his best.

For surgeons, the study of the dead body, in its endless minutiae, is a matter of fundamental importance, but we believe that the medical colleges of the near future will, ere long, awaken to the fact that for most of us daily practice for four long years in studying the living man is vastly more important than so much study of dead men and of books.

We are well aware, that in spite of their defects, our medical colleges turn out hundreds of useful men, but we are also well aware that the percentage of truly successful genuinely homeopathic physicians, which might be turned out is vastly greater than that which we now have. Hence the importance of friendly criticism.

Needed, a Journal of Homeopathic Surgery.

Our readers are doubtless aware that the *ADVANCE* makes no pretense of publishing surgical articles. And yet we believe that there are times when the help of a successful surgeon is greatly needed, and so it has seemed to us that it would be a most opportune step in the right direction if some enterprising publisher or college could start a *Journal of Homeopathic Surgery*. We already have an enterprising *Journal of Obstetrics*, but a journal of surgery, in its wider aspects, seems as yet to be a desideratum. All through our magazine literature of both schools, we find hosts of articles on surgical subjects, but they are sadly scattered. No one man in busy practice could find time to look through so many magazines, and even if he did, he would soon discover that the surgical writers of today have a most marked tendency to write articles that are *too long for practical, every-day helpfulness*. They seem to forget that a magazine article should not be a learned treatise, but simply a wide-awake reminder of those parts of surgical lore which the busy practitioner needs oftenest, or is most in danger of forgetting.

And if some one, with a little leisure at command, were to devote himself to a surgical magazine which avoided publication of very long or learned articles, and give in pithy, condensed form *the most vital parts of all articles that are published from month to month*, together with original contributions almost equally condensed, we believe that it would receive a hearty and wide-spread welcome.

It is no secret that the *ADVANCE* believes that we are today in danger of resorting to surgery altogether too often, and that many a surgical operation might have been prevented by a skil-

ful use of our deeper remedies ; and furthermore we believe that even after an operation the liability to a reappearance of similar surgical symptoms can be greatly lessened by the intelligent use of the deeper Homeopathy. But in spite of all these things we believe in surgery and we believe it has a most important place to fill, even though we cannot concede to it quite as much as some of its followers and hence we muchly hope that some one will be found enterprising enough, and skilful enough, to start such a magazine as we have suggested, one devoted to the best of surgery along with the best of Homeopathy since in all such cases internal treatment is also needed.

Comparing Notes with Our Neighbors.

The central law of Homeopathy is exceedingly simple, and the general outlines of our materia medica are quite familiar to most of us, and yet, when it comes to applying the law in detail in real life, it is far from simple. Hence the importance of, oftentimes, comparing notes with others, that we may see ourselves as others see us, and that by the successes and failures of ourselves and others we may learn wisdom. This we believe to be one of the main advantages of the clinical department of the ADVANCE. It is not full of startling cures, or marvelous new discoveries in either therapeutics or materia medica, but it is full of food for thought of real live cases on which to test our skill, and criticize the skill of others.

And even when the writer of an article shows plainly that he is not as well informed as you are, and cannot prescribe as successfully, a comparison of notes will, nevertheless, be helpful. For the very attempt to find out just where and why a given prescription is faulty, will, of itself, broaden our own knowledge of the art of prescribing and also show us better how to explain our own best thoughts to others, for some men who can prescribe very successfully themselves, are exceedingly lame when it comes to explaining their methods. While, on the other hand,

some who seem to have a fine theoretical knowledge, are really poor prescribers, when it comes down to actual practice.

Of course, consultations in real life are, at times, exceedingly helpful, because of the interchange of experience which they make possible. But nevertheless such consultations are too costly, and, oftentimes, too hurried to be of much practical value from an educational point of view. They satisfy the patient's friends, they greatly lessen the likelihood of malpractice suits, and they sometimes throw new light on the proper treatment of a case. But they are very seldom elaborate and slow and deep enough to teach either one of the consultants very much that is new. But a consultation on paper, with the help of a wide-awake magazine as a go-between, can, oftentimes, escape all of these disadvantages, and become a source of daily inspiration and strength.

Two Restless Boys.

There were two restless boys, who lived on the street where I was born. They were not brothers, but both were restless, and had very different mothers, and so it came to pass that when one of them was restless, his mother simply told him to keep still or he would get a whipping, and finding that he really did get the whipping, if he did not keep still, the poor boy was really quite saintly to outward appearances *and yet the restlessness within was never cured*, and slowly increased till at last it became a source of life-long injury to my dear friend.

As I have told you, the other boy was also restless. I was the one, but, luckily for me, my mother had a different way of curing restless boys. She always gave me some pleasant work to do, some pleasant childish work. She would set me to picking up threads on the floor; she would set me to sorting buttons; she would set me to stringing beans; she would send me a running a half-mile to do some little errand, and strange to say the restlessness disappeared by the wayside, and I came back content and happy.

Now this mother of mine had never heard of Homeopathy.

and yet, unwittingly, she taught her boy to love it, for she practiced it over and over again, and cured, or at least half cured my restless, nervousness, by the patient persistency with which she helped me to let off steam in a healthy, harmless way.

Such is the difference between old-school and new-school methods, and though I have read many a good book, and found in them many helpful things, I do not remember to have ever seen anything which illustrated better than this little story the fundamental difference between allopathic suppression of nature's moods and homeopathic obedience to her restless but healthy cravings. For *even nature's seeming blunders are a step in the right direction*, a crude, unfinished hint of what we ought to do to get relief and cure. SHE SELDOM FINISHES THE CURE, for if she did it would make us lazy and more reckless in wrong-doing. But she can show us how to cure ourselves when we are willing to listen and obey.—*Hamlet*.

Saying Thank You.

From far and near we have been gathering the choicest bits that we could find in homeopathic periodical literature to help you in using your homeopathic remedies more successfully, more enthusiastically and more easily. If you believe that we have succeeded fairly well, and if you find our pages helpful and inspiring, please remember that it takes hard work and a great deal of it to edit and publish a magazine like this, and help us if you can. We would suggest four ways in which you can do it. Please choose the one which seems to you the most appropriate, the true *similimum* for your own case:

(1) You can help us by sending in a report of some perplexing or inspiring case.

(2) You can help us by sending in a few little seed thoughts for our *Thought Exchange*. A friendly hit at some neighbor of yours, *or at yourself*, but never an unfriendly one.

(3) You can help us by sending in a little money, in case your subscription is not paid up. Most medical journals live

quite largely by advertising proprietary medicines, the use of which slowly lowers the vitality of those to whom we recommend them. The *ADVANCE* cannot do this. We would rather die in the poor-farm than attempt it.

And last, but not least, you can help us by sending in the names of two or three of the most wide-awake physicians in your state, to whom you would like to have us send sample copies.

We, too, are human; without help we are in danger of getting discouraged and *can never do our best*; and so we hope that in *some way* you will say thank you quite often, just as you say good morning to your best friends and make them glad so easily.

Forgetting the Polychrests.

There is a marked tendency in homeopathic books and articles to assume that everybody knows about polychrests and when they are indicated, and that all we need to do is to stop and explain the less common remedies. This, we believe, is a serious mistake, for though some physicians are doubtless well acquainted with the polychrests and know just when to use them, and others, are too well acquainted with them in a blundering way, and use them too often, we believe that, oftentimes, a polychrest is indicated in a given case, where the average physician fails utterly to recognize the fact, and gives some medicine which is far less potent and in consequence, fails to reach the deeper roots of the difficulty in hand.

And yet there is one caution well worth observing: when giving the indications for a polychrest we should try to be more concise than when talking of less familiar medicines; in other words, do not try to describe your case in all its many-sided totality, but simply give the most distinctive symptoms, which in that particular case strongly suggest this one particular polychrest in preference to all others; for, one of the most unfortunate diseases of doctors and books is the temptation to ramble and describe the entire case, so that the reader is left in perfect chaos through not knowing which of the reported symptoms are

fairly distinctive, and which are simply confirmatory. Of course, the indicated remedy should cover the totality of symptoms. But there is no need of noting all of them in a well-written article or prescription. The chances are your reader knows these common symptoms by heart, whereas the rarer ones he may never have noticed.

Unpublished Articles.

Except in the case of very short paragraphs, we try, as far as possible, to publish articles in the order in which we receive them, never departing from this plan, except when it is necessary for the sake of getting greater variety, or of publishing promptly an article which refers to some event of special passing interest. Hence we hope our readers will keep on sending in reports, even if they do not hear from them right away, for a good, fat pigeon-hole, full of interesting articles always makes it easier for an editor to do his best and keep up courage.

Preventive Treatment.

The best treatment for the diseases of childhood is preventive, and the best time to begin applying the prevention is long before the child is born. We should like very much to hear of some doctor who is paid a regular monthly salary for keeping people from being sick; for toning up the health when they do not call themselves sick, and yet are not as well as they might be. This cannot be done by tonics like iron and phosphites, which are *sure to be followed by a reaction*, but it can be done by patient, enthusiastic, homeopathic practice and we hope that some of our readers will make it a point to get a few families under such preventive treatment, agreeing (unless the people are rich enough) not to make any charge for visits at your office, *except when you find that medicine is needed*. In this way you

will get them positively enthusiastic in helping you to do your best, without frightening them away by making their visits too costly; and you yourself will be richly paid for the time it takes in the deeper, broader, more beautiful insight into life, health and disease, that you will get by this kind of practice.

IT LOOKS as though rapid transportation, which is becoming cheaper and cheaper every year, was going to help very largely in simplifying, though not in solving, the problem of an overcrowded population in our larger cities. For the time is coming when for a penny or two any one can leave the heart of the city and ride far out to the suburbs and find the ride a really restful one; and although those who have to work nine and ten hours a day will hardly care to go so far, the going away of others will make room for those who are left behind.—*Suggested.*

NURSING MOTHERS.—The best nursing mothers are those who eat good, substantial food, have abundant sleep, love to work, and are frequently out in the open air, and above all love their children more than they do society and excitement; for children are but God's way of training us for happy, contented useful living.—*Selected.*

AMENORRHEA OF FIFTEEN YEARS' STANDING.—In a woman of forty-two, following suppression of the menses fifteen years previously after a severe drenching in a rainstorm. Had tried many remedies without avail. A characteristic symptom, nearly always present, was fear of death with great anxiety. Aconite was prescribed and she was soon cured.—*N. A. J. H.*

CATCHING COLD.—Many houses are kept at summer temperature in winter, yet we wear winter clothing in those houses; no wonder colds are prevalent. Many houses are dangerous because of the great disparity between temperature of the halls and the rooms.—*North American.*

THOUGHT EXCHANGE.

Ficus Religiosa.—*A New Remedy for Bloodiness.*—The *Homeopathic Recorder* for April has a long and interesting article in regard to the use of this new remedy. There are also several provings made by Dr. Serat Chandra Ghose, of Calcutta, India: one on himself, one on his poor wife and one on a favorite dog.

It is a curious fact that in two of these provings minute doses of the very same remedy effectually antidoted the symptoms when they went too far.

But Dr. Ghose has for some time been using this medicine: he was the original prover and he gives a long list of its leading uses:

There is blood in the urine.

There is bloody dysentery;

Vomiting of blood;

Spitting of blood;

Vaginal hemorrhage;

Bleeding piles;

Nosebleed; and profuse bleeding from even the slightest wound.

Apparently these varied hemorrhages are nearly always accompanied with a sad and melancholy mood. The face is apt to be yellow, the sight dim, the breathing difficult and the hemorrhage itself bright red.

In one of the provings there was dysentery accompanied with menorrhagia; while in one of the clinical cases given there was nosebleed, preceded by nausea, a curious combination. The cure was a marked and rapid one.

The Cynic Once More.—The cynic is loose in the land, and this time his great fear is that, ere long, the germ craze and the craze for all sorts of vaccination and antitoxins will go so far that we will have to vaccinate regularly once a month; one month for smallpox, the next for scarlet fever, the next for consumption, the next for pneumonia, the next for diphtheria; then a month later for typhoid, and still later for measles, and so on down through an ever-growing list of "preventable diseases."

Well, brother, it is rather alarming, but there is a bright side

even to the germ craze, and to modern methods of vaccination and antitoxin, for in a *very crude, dangerous way*, they are all simply expressions of the deep truth for which Homeopathy is pleading, and you may rest assured, that when the doctors fully find this out, as they are sure to do ere long, they will either drop them all like hot cakes, or else, they will have a larger faith in Homeopathy, and will rise to less crude and harmful ways of applying its fundamental law.

I once had some apples so green that even the pigs would not eat them, but I simply put them back on the tree again and, after a while, they turned to beautiful baldwins and pippins. The same will be true, *in time*, of the germ craze and all its cousins.

Cream as an Article of Diet. — “The very cream” of anything is an expression signifying the very best of it; yet few seem to appreciate the value of cream as an article of diet, most people preferring to use “milk-fat” in the form of butter. Good and properly made butter may fairly be conceded to be the best and most wholesome *solid* fat in use, but it is quite inferior to cream in respect to both economy and wealth.

People who cannot take cod-liver oil can take good fresh cream, enjoy it, and thrive on it. In many run-down and weak constitutions where there is emaciation, cream is often very beneficial.

One reason why cream is not an article of universal use at almost every meal, like butter, is because it is difficult to keep in good condition, to transport. For, in many households, the morning's cream is a bit off flavor before night, in hot weather. Fortunate are those who can secure fresh cream and plenty of it.
— *Iowa Bulletin S. B. of H.*

Medical Library of the County of Kings. — The *Brooklyn Medical Journal* tells us that the medical library of the County of Kings (N. Y.) has been largely founded, and the necessary building furnished through the liberality of a comparatively small number of persons, and that arrangements are now being made to abundantly supply it with the best books and magazines, through the help of a comparatively small number of physicians who have been long enough in practice to easily spare the

necessary \$10 a year, thus making it possible for younger practitioners to have easy access to a first-class library, without being burdened with its support. The editor also expresses the belief that there are many busy experienced practitioners (too busy to care to use such a library themselves) who would be glad to help in endowing it for the use of younger men, whose libraries are smaller, and whose leisure hours are more abundant.

This thought of fellowship in starting medical libraries, not simply for our own use, but for the use of our younger fellows, seems to us an exquisite and beautiful one, which is sure to be copied some day by libraries in many parts of the world.

Inexperienced Surgeons. — An inexperienced surgeon shows his inexperience by working too slow at the beginning of an operation, when rapid work would do no harm, and then working too rapidly later on, when rapid work is likely to do serious harm. It is true that a surgical operation should never be made any longer than is absolutely necessary, but the time to hurry, or rather to work rapidly, is in the first part, when rapid work is not likely to do harm. Long rapid strokes at first, shorter and slower ones later on.—*Suggested by the New England Gazette.*

Too Much Electricity. — Elsewhere we have spoken of the limitations of electrical treatment (since it is a mere stimulant). But since many of our readers are using electricity quite freely, we should like to quote the following sentence from a recent article by an enthusiastic believer in electricity. He says:

It is a great mistake to give your patient all the electricity he can stand, for by so doing you will often do irreparable harm. It is much better to begin with a light current and increase GRADUALLY to the point where you get your desired effect, and even then do not try to get an effect too soon, since the safer treatment may require months of slow work, instead of six weeks of rapid work.

We like these words of caution, only we feel sure that oftentimes even when the treatment is slow and cautious, harm is done, though it is done so slowly that it is not recognized. But, as a last resort, in incurable cases, it may be beneficial. But for successful, enthusiastic, clear-headed homeopaths, who are not afraid to use strong potencies, and yet use them cautiously, not

giving the cm. potency where 50 m. would do the work more gently. We still believe that Homeopathy is better.

Memories of Long Ago.— There was a time, in my memory, when there was only one surgeon in northern Ohio; then, afterward, there were just two in the city of Cleveland.—*Dr. Biggar, in Medical Reporter.*

Helping on the Truth.— If chemists and allopaths go on piling up facts, as they have been doing of late, in their chase after bacteria and serums, they will wake up some day to find much to their own surprise that they have proved the truth of Homeopathy, and will doubtless be wise and true enough to frankly admit it after a few angry words.—*Selected.*

Periodic Convulsions.— The *Medical and Surgical Reporter*, for January, reports an interesting case of periodic convulsions, beginning every Sunday, and lasting off and on until Wednesday, when they would disappear and return again the next Sabbath. This continued for several weeks, until the child became idiotic. Later on Quinine (given apparently in allopathic doses) stopped the convulsions, but did not save the child's mind. This curious symptom, periodic convulsion, is found under Agar., Chin. s., Nat. m. and Sulph, but, probably, other medicines which have the two symptoms periodicity and convulsions might also be indicated in some cases.

His First Prescription.— *Progress*, for April, 1904, contains a beautiful picture of a little boy and girl sitting on the fence stile while the boy is finding out what is the matter with the little girl's eye. The look of triumphant pleasure on the boy's face together with the trustfulness of the little girl, along with other details, making it a truly beautiful and artistic work, which will be sure to remind the reader of many of his own first prescriptions.

The True Conception of Narrowness.— The man who devotes himself exclusively to surgery, obstetrics, Homeopathy, electricity, otology or some other one line of work, is not narrow,

unless his devotion to a specialty makes him *despise all other specialties*. But it is not necessary that he should try occasionally the methods which they all recommend, though he may at times willingly pass over a case to some so-called rival.

Let us not be dabblers in too many forms of learning in our attempts to be broad. He who tries to ride two fine horses at once is worse off than he who rides one poor one. Better do one thing well. The world's great men have always been men who were *just a little narrow* rather than just a little too broad. But in their seeming narrowness, there has always been an endless broadness and largeness of heart and willingness to learn which compensated, a thousandfold, for what some of their critics called littleness.

Eucalyptus in Nasal Catarrh. — The following indications for Eucalyptus are taken from the *Pacific Coast Journal of Homeopathy*: In the treatment of subacute and chronic catarrhs, Eucalyptus is one of our greatest remedies. With increased mucous secretion, excessive secretion of saliva, throat relaxed, constant sensation of phlegm, posterior nares inflamed and smarting, purulent and fetid discharge, and a cough accompanying this catarrh, it is a remedy that will speedily give relief. It has cured cases where there was continual profuse mucopurulent discharge from both anterior and posterior nares with consequent mouth breathing. It acts best in cases where the catarrhal state is worse in damp weather and in winter, and better in hot weather and in dry cold weather.

The use of Eucalyptus for catarrh is also recommended highly by Dr. Wm. Boericke. The potencies used (from the tincture to the 6x) clearly show that its action is homeopathic and not antipathic.

Homeopathic Department, U. of M. — We are glad to see that Ann Arbor University is instituting the practice of occasionally inviting physicians from other homeopathic colleges to come and lecture to its students. We believe that such interchanges of inspiration and experience only tend to make a college broader and more helpful.

Apis and Urtica Urens. — The fact that both of these remedies belong to the Formic acid group is of interest. Hence it is that they both cause stinging, burning, nettle rash. Such coupling of remedies is always a little risky, and yet, when not assumed to mean too much, it is always inspiring and helpful, making it easier to remember the endless complexities of our *materia medica*.

Six Grand Keynotes of Apis. — Stinging pains; absence of thirst, even when fever is highest; intolerance of heat, which even aggravates the chill; right-sided affections, or else such as move from right to left; rosy redness and edema, including dropsy; and lastly, very sudden onset in acute diseases.—*Dr. C. M. Boger, in Homeopathic Recorder.*

Free Treatment for the Poor. — One of our exchanges declares that there is no class of people who are more willing to freely help the deserving poor than are physicians as a class. This we frankly admit; and yet we are inclined to think that sometimes physicians impose a very heavy and unjust burden on these very same poor people by their thoughtlessness; for instead of inquiring quietly to find out who is poor and who is not and then making a large discount unasked, or, perchance, entirely canceling the bill, they oftentimes make no discounts unless definitely asked to do so in some way, directly or indirectly, and the result is that some poor people who are too proud to admit their poverty will spend their very last cent of long-earned savings to pay the doctor, who, in his thoughtlessness, has rendered a bill that never should have been presented. We have known of such cases, where within a very few weeks of paying a heavy doctor's bill to a kind-hearted doctor, sickly men and women have been forced into receiving open charity from the church and town, when a little more thoughtfulness on the doctor's part might have at least postponed the evil day.

Let us deal more roughly than we do with the selfish poor, who never care to pay; who never try to pay. But let us be more hasty to make an unasked discount to those whom we know to be self-respecting, but not financially able; for if we frankly ask them, and are really anxious to know, we can generally find

out how they stand, and they will not resent our inquiries, though they may try at first to dodge them.

Too Much Excitement.—I do not advocate the strenuous life for my girl patients, as a class, but instead am continually preaching the law of laziness, for the young women of today do not need to be lashed into a frenzy of excitement, but rather to be urged to lead more quiet lives and take more healthy exercise in the open air. So writes Dr. E. A. Sears, of Waltham, Mass., in the *New England Medical Gazette*, and we think he is right, for too much excitement and too little quiet is ruining thousands of lives in our great land today. Dr. Sears also adds that when there is less needless expenditure of nerve force in the daily life of most women there will be less dysmenorrhea.

Seventy-three Cases of Diphtheria.—Dr. A. P. Hanchett, of Council Bluffs, Iowa, states that within the last five weeks he has treated seventy-three cases of diphtheria, many of them very malignant, with only two deaths. These were from paralysis of the heart after recovery seemed almost complete. Four of his patients, for whom he could not find the simillimum received antitoxin, but sixty-nine received only the single similar remedy in the minimum dose. There was no local treatment, whatever, in any of the cases. It is interesting to see that Dr. Hanchett, though wise enough to use antitoxin, when he knew not what else to use, was nevertheless skilful enough to find a better, safer remedy in nearly all his cases. This is a better record than has ever been made with antitoxin and we congratulate him on his success made on objective symptoms solely as the patients were deaf mutes.

Tabacum.—Dr. J. C. Fahnestock, in a recent article, reminds us that the Tabacum patient has dreadful nausea and vomiting, caused by the slightest motion, and yet seems to positively enjoy the nausea; that he also likes to lie on his back with abdomen uncovered, breathing cold air, apparently the abdomen being the only part of the body which he is anxious to have uncovered.

[Child wants abdomen uncovered; relieves nausea and vomiting. See the modalities of *Tabacum*.]

Magazines vs. Books.— It is a curious fact that in a magazine we will often read with interest the very things that have lain on our shelves unread for years. We are inclined to think that some editors forget this fact, and assume that their pages should contain only things which are not given in our standard books. But of our books, with their endless fulness, we often weary, and if some editor or fellow doctor can give us the same truth in a briefer, more fragmentary form, he often does us a real kindness, and make us turn once more to our forgotten books with added interest to see whether he is right or not.

Eyelashes All Gone.— (A New Use for *Natrum muriaticum*.) The *American Homeopathist*, for March, 1883, reports the case of a tall, curly-haired young man, who for six long years had been almost totally devoid of eyelashes, due to a chronic inflammation of the eyelids, without much swelling or thickening. In response to *Natrum muriaticum* the right eye improved rapidly, and in three weeks a good straight row of strong healthy eyelashes had grown all along the upper lid, the first of the kind that he had had for six years. All previous growths during this period, having been stunted and sickly. The left eye was also improving, although slowly, but the patient was satisfied and was never seen again.

A True Homeopath.— The true homeopath is born not made, for it takes a good memory, a fine sense of discrimination, delicacy of perception, and above all things a conscience that shrinks with unutterable dread from simply giving drugs that will relieve a little pain today, at the cost of still greater pain in years to come. This constitutes the ideal of a true homeopathic physician, and every man cannot attain it, hence the number of those who deal in physiological medicine is sure to always outnumber the true homeopaths. And yet we believe that slowly and surely the truest Homeopathy is going to triumph, in spite of all its blunders and the contentions of its leaders, which are,

at times, so disheartening. Such is the central thought of a letter just received from Dr. V. V. Hunt, of Cordell, Okla. And although we do not agree with him in his belief that the physiological school will always outnumber the true homeopathic school, we do believe that it will take a great deal of patient, careful work ere we can hope to so master and simplify our wonderful art as to bring it within the reach of the great majority. But we believe it will be done in time.

Using Sulphur Wisely and Unwisely. — The question has been asked whether using Sulphur to “clear up” an obscure case is not simply empiricism. We are sorry to say it oftentimes is, and in such cases often does very little good, and may even do real harm. But the proper time to use Sulphur for clearing up an obscure case is when the person’s present ailment is obscure, but a study of his past life or family history reveals a Sulphur undertone, i. e., a train of Sulphur symptoms. No homeopath should make an empirical prescription for such a purpose; for a more careful study generally reveals the fact that such a case calls for some other remedy, not Sulphur.

Homeopathy in Germany. — A recent correspondent of the *North American* states that the reason why Homeopathy is so backward in Germany is that it has been so persistently persecuted by the laws which have prohibited physicians from dispensing their own remedies or from designating any one pharmacist to whom their prescriptions shall be taken, thus leaving them helpless in the hands of a host of hostile druggists. But the writer states that a vigorous movement is on foot toward overcoming these difficulties, though he does not clearly indicate just how much has been accomplished thus far. This “druggist law” was the bane of Hahnemann’s life and its enforcement was intended to strangle Homeopathy in its infancy.

Making Written Reports. — When you have a patient who is inclined to worry too much about his symptoms, and wishes to take up too much of your time be sure and make him present a daily report in writing, though allowing him to hand in his

reports less often, *if he chooses to*. It is delightful to see how such written reports check the historical tendency and do really enable your talkative repetitious sick one to tell you facts that are well worth knowing, and to tell them with very little expenditure of your own time. Of course you must impress upon him the necessity of reporting in his written statement even the most trifling symptoms, otherwise there will be no point to them.

But perhaps some one will object, that such a plan as this simply encourages his hypochondriac mood. As a matter of fact this is not true. The man requires a safety valve. Writing it down gives him one, and makes it much easier for him to forget the symptoms and stop worrying. We have often admired the wisdom of the Quaker, for when he heard a man swearing, said: "If thee has all that bad stuff in thee, thee better spit it out, only do not do it on the public street." And experience shows that many a foolish thought can be rendered harmless by honestly writing it down on paper and then tearing it up.

Training Schools for Nurses. — To any of our readers, who are interested in this subject, and, perchance, are not regular readers of the *North American Journal of Homeopathy*, we wish to say that the January number of the magazine contains one of the finest articles on the proper conception of such schools that we have ever seen. The article is by Dr. Frank W. Patch, of Framingham, Mass., and emphasizes strongly the fact that nurses should not be mere half-grown doctors, but need a distinct training of their own, much of which should come, not from physicians, but from experienced nurses, who know so much more of the real details of nursing than even the most painstaking doctor. And they should be taught to *think* and *observe* homeopathically to be of greatest help to both patient and physician.

Pulsatilla and Silica. — It is well known that the presence in a person's life of marked Pulsatilla symptoms confirms the likelihood of his needing Silica, either now or later, and that vice versa the occurrence of marked Silica symptoms suggests the possibility of his needing Pulsatilla, at some time. And yet when it comes to deciding which of these shall be given first,

which is really needed now, we should remember that there are many points in which they differ strikingly; as, for example, the Silica patient is thirsty; the Pulsatilla patient is not. The Silica patient prefers warm food; the Pulsatilla patient is quite apt to prefer cold food. Pulsatilla feels very uncomfortable with too many wraps: the more you wrap up the Silica patient the happier he is, and so on. And this is always true whenever speaking of complementaries. Each suggests the other and confirms it. But, in a final decision, as to *which to give first*, we should search for points wherein they differ. But the present symptoms of the patient always call for the remedy; Pulsatilla the acute, Silica the chronic.

Smokeless Powder.—A writer that in the *Clinique* points out that one drawback in smokeless powder is that when the wind brings the gases back upon the gunners, they sometimes have convulsions, labored respiration, small, irregular pulse, feeble and tremulous heart, headache, loss of sensation, etc.; these effects being attributable largely to the nitric and nitrous products created by the combustion. Hence ventilation becomes an important part of the problem of modern warfare. And they may find that when the wind is in the wrong direction they will have to quit using smokeless powder.

The Wholesale Dispensing of Poisons.—We are glad to see that physicians and the public at large, are waking up to the necessity of compelling drug stores to be decent and abstain from the sale of unmistakably harmful preparations. Doubtless such laws will be, to a certain extent, abused, as a means of enriching unprincipled doctors; but in the end we feel sure that good will come of them.

Painless and Odorless Uterine Cancer.—Dr. E. A. Sears, of Waltham, Mass., reports in the *Medical Gazette* for February, three cases of climacteric or post-climacteric *clear*, watery and *odorless* discharge from the vagina, all of which proved later on to be cancerous, showing that we should not be too sure that such discharges are nonmalignant simply because of their

being odorless. He also mentions the fact that an *odorless* and *painless* though slightly bloody post-climacteric discharge from the vagina may be cancerous in spite of the absence of both pain and odor. We should then in all such cases be ready for the worst so as to not delay proper treatment through hastily assuming that nothing is the matter.

Inimicals (Information Wanted). — A subscriber wishes to know whether in order to steer clear of inimicals we are obliged to disregard the law of similars or is the confusion which they create simply due to the fact that they are never well indicated in the given order? This is a tough question; to which we should like to receive several answers, both confidentially and for print. Please tell us all you know about it, provided you know anything at all; for inimicals are certainly one of the bug-bears of young practitioners, who are anxious to do their best, and we should be glad to lessen their worries and increase their safety.

Belladonna and Veratrum in Puerperal Insanity.— Belladonna grows violently red in the face; fights, bites and scratches.

Veratrum sings, scolds, laughs and is furious. But the Veratrum maniac is cold, blue, depressed and collapsed.— *C. E. Fisher, in Medical Visitor.*

Cicuta in Puerperal Convulsions.— The violent jactitations of Cicuta, its clenched teeth, clenched thumbs, contorted limbs and distorted eyes need to be seen but once ever to be remembered.— *C. E. Fisher, in Medical Visitor.*

Puerperal Sepsis.— We find in one of our exchanges the statement, that since puerperal sepsis is due to the presence in the uterus of extraneous poisonous substances it can only be treated locally by surgical and antiseptic methods. We admit that the argument is plausible and are not at all surprised that many physicians have been convinced by it. We also freely admit that the careless homeopath is often powerless at such times and that

low potencies often fail, but experience seems to show, with overwhelming clearness, that if the true simillimum is found in such cases, and given in the higher potencies, nature herself is often strong enough to throw off the poison without surgical interference or local antiseptics in its more dangerous and common forms. It is not easy always to find the leadings of nature, but when we do succeed in finding them, and in working in harmony with her—clinical experience certainly seems to show that she is capable of doing many things for herself far better than we can do them for her.

Four Kinds of Medicine.— There are four kinds of medicine: mere stimulants, mere suppressants, which drive the trouble from the external parts where we can feel it to the internal parts where it can do more mischief, but lies for a while unnoticed; thirdly, mere harmless homeopathic palliatives, which really relieve pain, without doing any harm, that is to say, without suppressing anything and yet do very little lasting good; and fourthly, really curative medicines or rather we should say curative treatment, for oftentimes the medicine used in all four methods of treatment is the same, in name at least.

We frankly admit that even the wisest homeopathic treatment is ordinarily, not absolutely curative. The weakened lung, the weakened blood-vessels and weakened brain do still remain a little weaker than they should have been, but the improvement is so great and lasting that we are certainly justified in applying to such treatment the word curative, far more than to any other form of treatment. It should be stated in this connection that a proper regard for health is also really curative, in this sense, *in all cases where the disease has not advanced too far*; for hygiene and Homeopathy have one thing in common: they both rest for their results on the *vis medicatrix naturae*, and not at all on the power of drugs to silence nature.

The Prevalence of Gonorrhoea.— According to Professor Neisser, gonorrhoea is, next to measles, the most wide-spread of all diseases. How sad it is that this should be true, and how plainly it shows that the physician of the future should be not

simply a doctor but an educator and a savior of men, and especially young men.

The Plague in India. — The English government is said to have at last abandoned its attempts to prevent the plague in India by compulsory use of serum injections. The opposition among the people was so violent that the enforcement of the law has always been extremely difficult, and it has also been feared that it would only weaken the hold of the government on the people, thus ultimately doing more harm than good.

Is Malaria of Psoric Origin? — A writer in the *Indian Homeopathic Review* states that he has long believed that malaria is a latent outburst of psora, and gives a curious confirmation of his belief, for he tells us that in an Indian village, where malaria has always abounded, this year there has been a curious change, for the town is markedly free from malaria, but almost every one has been attacked with the itch, the suffering in some cases being very great. This certainly looks like a genuine confirmation of his theory.

Restless Babies. — A writer in the *Medical Talk* reminds us that we should be very careful not to fondle babies too much, otherwise in relieving our own nervousness, we simply make them more nervous and deprive them of their power to entertain themselves. A healthy baby, who has not been meddled with too much by thoughtless mothers, cousins, aunts and sisters, will lie for hours entertaining itself. But if it once gets into the habit of always expecting some one to play with it, the habit will be hard to cure. Perhaps the writer has slightly exaggerated this danger, but nevertheless we believe it is a real one, and worth keeping in mind.

Argentum Nitricum in Polyuria. — Dr. K. W. Higgins, in the *Critique*, reports an interesting case: A girl, seven years old, dark, thin and irritable, had to pass urine four or five times every night in large quantities, and could not attend school because she had to urinate so often during the daytime. Has always been

troubled this way; and her mother, before the child was born, was not even expected to live, because of kidney trouble. The child had a strong craving for salt and sweets. She was cured by five doses of *Argentum nitricum* 30, taken successive nights. Her health has markedly improved, and she is now able to go to school.

Sterilized Milk.—When some five or ten years ago the germ theory came in like a flood upon us, it was decided that all milk to be fed to infants must be either pasteurized or sterilized. Pediatricists are now receding from this position, there being a wide and increasing impression, based upon observation, that a diet of milk that has been subjected to heat in this manner is liable to produce rickets, pot-belly, sweating, flabby muscles, craniotabes and restlessness at night. Fresh, pure, raw cow's milk is once more in the ascendant as the best substitute for mother's milk.—*North American Journal of Homeopathy.*

Harmless Bacteria.—While many thousands of bacilli and bacteria of various kinds have been recognized, less than thirty of them are disease producing, and most of the others are either directly harmful to the growth of the disease-producing bacilli, or are actually helpful to man in other ways by important fermentations which they set up.—*Quoted by Medical Gazette.*

The Lion and the Lamb.—If, as some seem inclined to believe, there is to be an ultimate amalgamation of the old and the new schools of medical practice—if the lion and the lamb are to lie down together—let us take every precaution, gentlemen, to make sure that the right one lies inside.—*E. H. Walcott, M. D., of Rochester N. Y., in Hahnemannian Monthly.*

A Comparison of Ether and Chloroform.—We take the following suggestions from an article in the *Hahnemann Peri-scope*, by Dr. Alice M. Gross: Ether is by far the safer of these two anesthetics, especially in inexperienced hands, and should be used in the majority of cases, but in high temperatures and diseases of the upper ear passages, lungs, pleura and nervous system.

Chloroform is better, at least to begin with. As a rule, children, old people and alcoholics should also take Chloroform; but in heart diseases and in anemic people with an extremely slow pulse Chloroform is very dangerous and Ether should always be used instead.

Speaking of Chloroform, she says:

When the eyeballs become stationary, and complete narcosis is nearing, I remove the cone from the face for a moment, *because the residue of Chloroform remaining in the lungs will cause the anesthesia to deepen still more*, and that is the time dangerous symptoms from Chloroform are liable to occur.

The rolling eyeball shows too little anesthetic, while the non-reacting pupil indicates too much.

I think a patient with relaxed and flabby eyelids need special watching, as such are apt to develop grave symptoms suddenly, and *react from the anesthetic slowly*.

A Defense of Lachesis. — In response to a recent item in which one of our best helpers confesses that he had a blind spot for Lachesis: Dr. J. C. Holloway reports briefly a Lachesis case, where a man who had had rheumatism for three years, so badly that he had to be turned on a sheet, was cured by Lachesis. For the sake of those of our readers who take offense at high potencies, we are sorry to say that the cure was apparently brought about by only two doses of a high potency. Of course, you are free to say that it was a mere coincidence, and that the man would have got well about that time without Lachesis; or that it was a case of Christian Science cure (for we care not how you explain it) only you will find that the man who has studied his materia medica most carefully, is strange to say, the one who has the largest number of such wonderful coincidences.

Oxide of Zinc. — *The Hahnemannian Monthly* for April states that Oxide of Zinc in homeopathic doses has been found helpful in cases of diarrhea, *complicating whooping-cough*. Although we know very little of this oxide, this certainly seems to give a helpful keynote for its use in some perplexing cases. For further confirmation, we should expect to find in the same patient

other Zincum symptoms, since the Oxide of Zinc and Zincum itself are sure to have many symptoms in common.

And while we are speaking of whooping-cough, it may not be amiss to mention the fact that where constipation occurs markedly in connection with whooping-cough, or any other highly spasmodic cough, Nitric acid is oftentimes wonderfully effective. We have this on the authority of Dr. Dyce Brown, but for ourselves have had a chance to verify it only once, when we used the ix potency, having at that time never heard of higher potencies enough to believe in them. It worked beautifully.

Malpractice Suits.— It has been suggested that when a surgeon is kind enough to undertake a case, in which the chances of perfect recovery are rather small, he should always, in self-defense, associate some other consulting surgeon with him, since we hear, occasionally, of some very unfair malpractice suits in cases like these; as, for example, where there has been a fracture very close to a joint.

Tuberculosis in Illinois.— We have just received from the State Board of Health a circular on this subject, which states, "As a result of careful investigation it has been found that in this state consumption was responsible for more deaths than typhoid fever, scarlet fever, diphtheria, all forms of bronchitis, influenza, whooping-cough, measles and smallpox combined. It was also found that those dying from consumption were usually in the prime of life and of ages at which men are most valuable to themselves, their families and the state."

The same report also states that it has been demonstrated in their estimation that the disease can be cured right here in Illinois, and that a special climate is not essential to its cure. This we believe to be true in many cases, though we cannot help believing that some cases will be found in which a change of climate would greatly increase the hopes of final recovery, provided you do not send people to Colorado who ought to go South, and vice versa. And provided they are not so poor as to starve when they reach the new climate, since work is often hard to find for an unwelcome stranger who comes with nothing but weak lungs

to recommend him to the community who wish that he had not come at all.

When Doctors Disagree.— When doctors disagree in regard to the true sphere of some medicine, or the true diagnosis of a case, the temptation is strong to take sides one way or another, and assume that the other side is necessarily wrong. But as a matter of fact in such cases, it seems quite generally to be true, that both sides are substantially right in what they assume, and simply partially wrong in what they deny. The person has more or less of both diseases, and the medicine which they are discussing has a wider range than *either one of them has yet fully recognized*. Of course, one may be a little nearer right than the other, but nearly always both will be found to have really grasped some part of the truth which the other side has overlooked.

BOOK REVIEWS.

THE CHRONIC DISEASES. Their Peculiar Nature and Their Homeopathic Cure. (Theoretical part only.) By Dr. Samuel Hahnemann. Translated from the second enlarged German edition of 1835, by Prof. Louis H. Tafel. 269 pages. Cloth, \$1.25. Postage, 10 cents. Philadelphia and Chicago. Boericke & Tafel. 1904.

The publishers' preface assures us that this part of the "Chronic Diseases" has been brought out "at the urgent request of several professors in homeopathic colleges who wish to use it as a college text-book." In this they have initiated, let us hope, an advance in the therapeutics of our school which, we trust, is the beginning of better and brighter days for our beloved science. "The Chronic Diseases" is a companion volume of the Organon and should be studied, not merely read, by every homeopath ere he can hope to do his best work for the sick whose welfare is entrusted to his care. The profession has been calling for light, and no doubt it is in response to this call that the

“urgent request” of several professors in homeopathic colleges has been made.

In the preface, Hahnemann explains a previous explanation of the *modus operandi* of a homeopathic cure given in the *Organon*, as follows :

It is, therefore, quite natural that in presenting the Homeopathic Therapeutics I did not venture to explain how the cure of disease is affected by operating on the patient with substances possessing the power to excite very similar morbid symptoms in healthy persons. I furnished indeed a conjecture about it, but I did not desire to call it an explanation, i. e., a definite explanation of the *modus operandi*.

Physicians have made many objections to the explanation I have given, and they would have preferred to reject the whole homeopathic method of curing, merely because they were not satisfied with my efforts at explaining the mode of procedure which takes place in the interiors of man during a homeopathic cure.

Fortunately for the cure of suffering humanity an explanation is not necessary. The remedy once properly selected will do its work, whether we can correctly explain its *modus operandi* or not.

Many physicians will be surprised to learn how much they have forgotten of some of the basic principles of the science, when they read this work. For instance; the definitions of dilutions, solutions, attenuations, dynamizations, the meanings of which appear to be so confused if we may judge by the use of these terms in current literature. Hahnemann thus wrote in the preface dated, Paris, Dec. 19, 1838 :

Dilutions, properly so-called, exist almost solely in objects of taste and color. A solution of salty and bitter substances becomes continually more deprived of its taste the more water is added, and eventually it has hardly any taste, no matter how much it may be shaken. So also a solution of coloring matter, by the admixture of more and more water becomes at last almost colorless, and any amount of shaking will not increase its color.

These are, and will continue to be, real attenuations or dilutions, but not dynamizations.

Every homeopath should have a copy of this book in his office, not merely for reference, but for study; for as the years roll by we will surely learn by investigation and experiment in the treatment of chronic disease that Hahnemann's theory is by far the most precious legacy bequeathed us by the great reformer.

THE CHRONIC MIASMS, PSORA AND PSEUDO-PSORA. By J. Henry Allen, M. D., Author of “Diseases and Therapeutics of the

Skin;" Professor of Diseases of the skin in Hering Medical College, Chicago. Pp. 286; cloth, \$2.50. Published by the author, 1904.

Hahnemann's psoric theory has been less understood, and in consequence more unjustly and severely criticised than any other part of his immortal work. And yet the most original observer in the history of medicine says that he "spent twelve years in the investigation of the source of this incredibly large number of chronic affections." To those who have any conception of what twelve years of such work by such a worker means, or have experimentally verified the truth and value of his teachings, these theories are pregnant with great possibilities for the cure of the sick and the regeneration of the race. The author has been a close student of Hahnemann's writings for many years and this work, on Psora and Pseudo-Psora, with the numerous clinical illustrations scattered through its pages, is not only instructive but intensely interesting and practical. This is the first attempt in our school to define and explain the perplexing subject of Psora, and in his own way the author has cleared up many doubtful points. The following are among the topics discussed: Bacillus, an appendage to the schools of Pathology: Bacteria, medium of conveying disease; Bacteria, knowledge of, does not lessen mortality; Dr. Hughes' Pathological Homeopathy; Homeopathic remedy covers all phenomena in disease; Idiosyncrasy, its relationship to electro-thermal changes; to miasms, music, predisposition. Suppression: cases illustrating; dependent upon miasms present; nothing can be suppressed but miasms; Syphilis and Psora the parents of the tubercular diathesis. We can all learn much from its study, yet we note many typographical errors.

SELF-CURE OF CONSUMPTION WITHOUT MEDICINE, together with a chapter on the Prevention of Consumption and other Diseases.—If instead of self-cure the title of this little book had been Nature's Cure of Consumption, it would have been still more appropriate, for it is full of overflowing of helpful suggestions to show us how we ought to give consumptives the kind of food, the kind of air, the kind of protection from *sudden change of temperature* Which Nature Craves. Unless

your shelves are fairly loaded down with books on this subject, you could hardly fail to find something here that is both helpful and interesting. The glimpse that it gives us of sanitarium life, the cautions that it gives us in regard to diet, the statements in regard to effect of climate, the list of consumption resorts in different parts of the country, and the relative benefits and defects of each are all most precious. It is published by E. B. Treat & Co., of New York City, and costs seventy-five cents.

Editor MEDICAL ADVANCE: I note that some of your journalistic friends are raising the question of good faith in regard to your recent publication concerning the name and the teaching of a certain homeopathic college.

Quoting from authoritative sources, all easily accessible, I submit the following:

In its annual announcement this college is called the Chicago Homeopathic Medical College. Professors Adams, Willard and Roberts have recently left the faculty and are now regulars. The late Prof. R. N. Tooker has a son now in the faculty, a regular graduate and registered as a regular as well as a homeopath. Prof. A. G. Beebe has a son in the faculty, a regular. Professor Streeter has a son in the faculty, a regular. Professor Grosvenor has two sons, both regulars. Professor Fitzpatrick calls himself regular and homeopathic. Perhaps a closer study by one more familiar with the local conditions would show more radical changes than those noted.

J. S. HEMINGWAY.

[Nearly all of these regulars (?) are now out of the faculty, perhaps because they were *too regular*.— Ed.]

N. B.— Please note the date on address to which your subscription is paid. Many readers dislike to receive “duns” as much as the publisher dislikes to send them. The time, the expense and the annoyance can be minimized by attention to this while you think of it.

THE MEDICAL ADVANCE

.. AND ..

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Can the Leper Change His Spots?

A CASE, BY MILTON RICE, M. D., HILO, HAWAII.

Dec. 25, 1903.—Male, age 40, nationality, three-fourths Hawaiian, one-fourth white; married.

FAMILY HISTORY.—Father 60, well; mother 58, a leper.

Brothers, three, 42, 38, 30, well. Two died on Molokai as lepers.

Sisters, five living and well, and one dead, cause not known.

Twenty years ago mother nursed a leper boy, a relative of her husband, for two years before being sent to Molokai.

The father of this man is a stalwart, fine-appearing half white, supposed to be the illegitimate son of an English naval officer, and appears to be in perfect health. The mother shows a psoric history throughout her entire life. As far back as she can remember, she has had a skin trouble of an itch nature.

In pursuing the study of this class of cases, I am more and more forced to the conclusion, that as an etiological factor, psora is uppermost. While my experience is comparatively limited, I have found this invariably to be the case. In investigating this subject, I have tried to do so conscientiously and without prejudice, and no matter how much the effort to trace its etiology to a micro-organism, so far have failed to do so. I hope I may be pardoned, if I dwell upon this phase of the question a little; but in my esteem, the degree of failure or success with which we meet in the handling of this disease, hinges almost entirely upon this one point. Before we can hope for much progress we must forever settle the question as to whether it is depended upon a constitutional condition, such as psora,

sycosis or syphilis, or a combination of all of these, or whether its etiology depends upon a biological factor. If it is the former, its treatment must of necessity assume one course, and if the latter, it must take another, diametrically opposed; hence, the importance of the question. The latter position, I think we can all safely admit, has been proved faulty.

This, however, I feel is the rock upon which the efforts of our brethren of the other school have been wrecked, and which some of the more progressive of that school are beginning to admit. I take the liberty here to quote from an editorial, published in the *Medical Record* of New York, which I feel shows the beginning of a new era in the practice of medicine.

To the unprejudiced mind it is evident that the mere histological demonstration of a micro-organism in malignant tissue is small proof of their etiological relation thereto. Recent advances in biology force this conclusion. . . . I think that it is safe to say that if this is true in Cancer, which is referred to above, that it is only logical that it should also be true in all other forms of malignant disease. This being the case, the disease of leprosy loses much of its horror, and puts it alongside of all other forms of severe chronic, deep-seated, constitutional disorders, not as specific disease perhaps, but rather is a manifestation of a disordered or disarranged constitution.

PREVIOUS HISTORY.—Nine years ago saw little white spots on right foot; seven years ago had a nail wound on right foot, took eight months to heal.

Over a year ago noticed loss of strength and wasting of right hand. Last joints of fingers on right hand began to be permanently flexed, and since then left hand began to waste away and become weak.

About a year ago had a raised swollen rash come over chest, face and legs; itching severely. Been losing flesh for one year.

Rough and raised dark bluish patch on left foot and calf for over twenty years.

Lost feeling on left foot one year ago.

White spots on feet due to burns one year ago, parts anesthetic.

Small toe right foot drawn up, due to nail wound.

PRESENT OBJECTIVE SYMPTOMS.—FACE: Thickened skin between eyebrows; patches of erythematous skin on cheeks and forehead.

NECK: Four pigmented spots behind; muscles wasted.

ABDOMEN: One patch, covering entire surface.

BACK: Large patch, raised, rough and scaly around left lumbar region and both buttocks; convex margin darker.

ARMS: Four similar patches on right, three on left; one large one around elbow; one on long head of triceps muscle.

THIGHS: Five circular patches on right thigh, and three on left; two large, one small.

LEGS: General discoloration; three separate patches, one large on calf and foot, left.

HANDS: Atrophied; right most, and contracted and helpless; wasting of little finger of left first, and little finger of right.

TOES: Right little toe atrophied and drawn up.

SUBJECTIVE SYMPTOMS.—Anesthesia: Both feet and hands, and all patches on body, except on chest and neck.

Much itching on body, particularly on patches; < getting heated and at night.

Feels cold most of the time with burning of soles of feet.

Pain in both hands and right foot, coming in paroxysms, < at night.

DIAGNOSIS.—Leprosy, Maculo-anesthetic type.

This case was proved a leper by microscopic test.

Sulphur 45m one dose, and Placebo four times a day.

Dec. 29, 1903.—Much improved in every way. Fingers beginning to straighten, and itching over body less. Placebo.

Jan. 22, 1904.—Continued improvement. Fingers almost straight and no longer helpless.

Redness and thickening of skin of face almost gone, and itching still getting better.

Sensation in some of the anesthetic parts returning. Placebo.

March 6, 1904.—Still improving. Itch slightly returning. Fingers straight. Sulphur 45m one dose, and Placebo.

March 17, 1904.—Less anesthesia on feet and hands and spots on back and neck.

During past week complained of pain in left ear, which ended two days ago with perforation of timpanum and a discharge of a dirty watery pus and a disappearance of the pain and a return in measure of the hearing. Placebo.

March 26, 1904.—Discharge of the ear continues, no pain.

Corneal ulcer left eye, Conjunctivitis same eye. Eye very sensitive. Phosphorus 30, four times a day.

April 4, 1904.—Patches on body better color.

Sensation continues to return in hands and feet and spots on body.

No more discharges from ear and hears better.

Corneal ulcer gone, slight infiltration remaining.

Skin of face cleared up. Feels well. Phosphorus.

April 29, 1904.—Better in every way; skin on face clean and patches on body better color.

Muscles of hands still atrophied, but hands not so helpless.

Some of the muscles on body still atrophied. Plumbum met. cm.

May 20, 1904.—Anesthesia nearly all gone, and discolored spots disappearing.

Scaly condition of skin of body all gone, except a very thin scale on legs.

General improvement. Feels entirely well.

Atrophy of muscles of hands disappearing, can use hands; action almost normal. Improving in flesh.

I might here say, that this man is tall, lean and stooped, and considering his race, is quite light in color.

In my experience, I have frequently found corneal ulcers to appear in these leper cases after the application of the proper remedy, which as a rule happens to be an anti-psoric; but in every instance the eye has cleared up without damage to the sight. Troubles of the middle ear are not uncommon; this is also sooner or later relieved; but in some instances is a little troublesome. Severe pains are not as a rule present in these troubles, which is really a great blessing. Itching, however, is a pest and a torment; the parts in most cases being more or less anesthetic, the patients are prone to scratch and irritate the parts to gain relief, until a raw surface is produced, which again adds to the troubles.

The four remedies most often indicated in these troubles, are, first and foremost, Sulphur; second in order, Arsenic; third, Mezereum, a very important remedy to bear in mind; and fourth Phosphorus. In enumerating these, I do not wish to be under-

stood as attempting to convey the impression that these are the only ones ever indicated in this trouble; this question varies as much in leprosy as in any other chronic disease.

The most difficult task I had to accomplish in my earlier experience in treating leprosy, was to overcome the habit of confining myself to pet remedies, or to attempt to make the symptoms of the case fit the remedy I chanced to have in mind. I believe this is in a measure due to the fact that it is difficult for us to eliminate from our mind the ancient idea that this is a disease *per se*, one that will only respond to specific medication.

The Art of Waiting.

E. A. P. HARDY, M. D., TORONTO, ONT.

We all realize, theoretically, that when a case, either acute or chronic, is plainly improving, it is better to let nature alone, and not interfere with more medicine. Getting a correct picture of your patient's life and sickness is no easy task, but knowing just when to give a second dose and when not to give one, is oftentimes even more difficult, and probably more mistakes are made by *really careful physicians* in administering the second prescription than at any other point during the course of a disease.

In many cases there is no difficulty at all in deciding, for the properly selected remedy plainly needs no repetition or change, the vital force having been sufficiently aroused to cure the whole disease. But this is not always the case, and sometimes, especially in the severer forms of sickness, the physician is called upon to decide what to do next; for the improvement is not as rapid or progressive as it should be and then it is that the question arises: "Shall I repeat, or change or wait?" *While any improvement, however slight, is noticed, it seems to me it is most unwise to either repeat or change.* But if only a very slight improvement follows the first administration of the remedy and the patient soon after returns to his former state, repeated doses, even of very high potencies, may be necessary to put him on the road to recovery.

An interesting case illustrating the need of repetition in some cases was that of a young girl of fifteen who was suffering with laryngeal diphtheria, accompanied with great prostration and cyanosis; *Lycopodium c m* seemed to be indicated, and recovery followed, but it took six doses at intervals of ten minutes to bring about the change.

If the remedy is repeated too seldom, the best results cannot be obtained, but, on the other hand, a needless or too frequent repetition may do most serious harm, and when in doubt it is far better to wait and watch for more light.

Oftentimes the family history of the patient will help us in deciding, for to thoroughly know the child you must know the parents.

It has frequently been the writer's experience that parents who are slow to react to remedies have children with similar peculiarities, and in such cases repeated doses are more likely to be needed. And in some acute cases, where the disease grows more severe very rapidly, several different remedies may even be called for within a few hours of each other.

But perhaps some of the most puzzling cases are the chronic ones, especially those that come to us from other schools, where the physician has to use his utmost influence to make the sick one wait patiently, and must use with utmost care his own knowledge of the action of remedies, if he is to save himself and his patient from serious mistakes. In all such cases the second prescription after the case has cleared up a little is often the most important one — *the turning point in the patient's whole condition* — and any mistake at this time may be followed by months or even years of distress for both patient and doctor.

If old, obscure symptoms, complained of perhaps months or years before the first prescription was made, reappear and trouble the patient, they should be carefully noted, and their course observed but these symptoms should not be hastily prescribed for until a picture of the proper remedy is presented, for such conditions frequently appear and then disappear of themselves never to return.

When the remedy first given has been acting over a considerable period, but at last improvement seems to have ceased,

many mistakes are made. For too often the remedy first given is utterly overlooked and a wild search is begun for some new remedy to "hurry things up." But in the majority of such cases the writer believes that the first remedy should be simply repeated, in higher potency. Then later on, if the symptoms and conditions clearly demand it, a new remedy may be selected.

It is just here that a knowledge of complementary remedies is of the greatest value. A case may call for a remedy which is not very deep acting; and improvement may follow its administration, for a time, and yet a complementary remedy be needed to wholly clear up the case and remove all the symptoms. Silica often follows Pulsatilla. Sulphur often follows Nux vomica and there are many other such complementary remedies, not to speak of the nosodes. A few cases may help to bring out the points to which I have attempted to call attention.

CASE I.— Boy: 16 months old; sanguine lymphatic temperament, had spasmodic croup with bronchitis. Had received Aconite 30 and Hepar 30 in repeated doses for twenty-four hours before the writer was called. The following symptoms were present:

COUGH: dry, croupy, barking.

— < by lying, sugar, cold drinks, after sleep, inspiration

— > sitting erect, drinking tepid water.

FACE: Ecchymosed, turning purple during and after cough.

Practically all the muscles of the body were called into use to aid in respiration.

Spongia 200, three doses relieved for a few hours and Spongia cm was given that night with no results. Forty-eight hours after seeing the case, I gave Spongia 30 every ten minutes for four doses. Distress was promptly relieved and recovery followed. While the same symptoms present, change the potency but not the remedy.

CASE II.— "Cold in the head."

NOSE: Tickling; loss of smell.

CORYZA: Thick, yellow, profuse, not viscid.

— < in warm room; < in evening.

— > in open air. and in daytime.

Thirstless; appetite diminished.

Eyes watery, congested. Pulsatilla cm.
 Next morning no better. Pulsatilla cm.
 No improvement; symptoms unchanged, Pulsatilla M.
 Practically well twenty-four hours after last dose.

CASE III.—January, 1903. A woman aged 30, sanguine-vital temperament.

Two years ago had psoriasis which appeared on knees and elbows and was promptly suppressed with Zinc ointment. It re-appeared this month.

Head was covered with thick crusts, causing much dandruff.

Right leg has six spots or patches on it ranging from one-half to one and a half inches in diameter.

Left shoulder and arm had several large and small areas of eruption.

Very few symptoms could be obtained.

Head: itching, < in warm room; < at night in bed and from becoming overheated; > in cool open air.

Great tea drinker and pork eater. Diet was corrected and Sulphur cm, one dose, given.

February.—Seemingly much worse. Placebo.

March.—No apparent improvement and feeling "very poorly;" but some of the patches that appeared last have disappeared first, which marks improvement in the line of cure. Placebo.

May.—Feeling much better; head clean and all the patches gone.

A repetition of the dose in February or March would probably have made trouble, from which the following practical deductions may be drawn, verifying the observations of Hahnemann in the "Art of Waiting."

When in doubt, wait and study.

While improvement, however slight, continues, do not repeat or change.

Do not overlook the remedy first given.

Do not be impatient to be "doing something."

IN EXAMINING the chest do not forget to pay special attention to the apex of the lungs.—*Clinical Repertory.*

How I Learned to Cure Diphtheria.

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

If we are to credit the numerous reports which come from all sections of the country, we can but believe that from the prevalence of diphtheria it should be the best understood by the profession of all contagious or infectious diseases both as to its symptoms and treatment. That such is not true may readily be inferred from reading the clinical reports which appear in the medical journals of all schools.

Who has not asked: Why such a discrepancy of opinion among well-informed medical men and why are we presented with such a heterogeneous conglomeration of unscientific prescriptions for so common a disease? Surely the question is a pertinent one which can only find a partial answer in the chaotic confusion of allopathic therapeutics.

But admitting the above statement, what are we to say for ourselves as homeopathic physicians? How are we to come to an understanding of diphtheria, or, for that matter, any other group of symptoms which may present themselves to us for our treatment and cure? I have no desire to exploit myself as a physician who never lost a case of diphtheria. Far be it from me; but as I have had more experience with the "genuine simon pure article" than comes to the majority of practitioners, I have thought it might not be out of place to give my first experience with homeopathic remedies in this the most intractable of all diseases, with which we in this climate come in contact.

I had been treating diphtheria with indifferent success when there came a homeopathic physician to Troy, Ohio, who not only cured his cases, but had more than ordinary success with old and abandoned cases, having cured several of such to my personal knowledge. Therefore, believe me, when I tell you that I was not a little chagrined, when the hated exponent of small pills became so popular in all of the first and best streets in the city. I was young then, consequently had nothing to lose and all to gain, so I called on the man of all others whom the average allopathic physician loved to hate in those days of irregular dosing.

I found him busy in his back room playing cards, where with all of the humble submission of a young man seeking the truth, I made a bold and open request that he teach me how to cure diphtheria. He looked me over and then exclaimed: "Young man, you are a curiosity. Out of all the physicians in this county you are the first to call on me, and *you* come with an especial request to learn how I treat diphtheria — you will have to read Hahnemann's Organon and study well the Symptomen Codex."

Would he loan them to me? *Those he did not have** but he thought he could teach me how to treat diphtheria, providing I would follow his directions which I promised to do and did do to the letter. After filling a two-dram vial of Mer. sub. cor. 3d he gave me a short lecture which was in these words. "You will find all of those cases alike — they all demand Mer. sub. cor. Give one pill to a teaspoonful of water, a dose every two hours." I followed his directions and, notwithstanding the epidemic was a virulent one, and I treated many cases all with the Mercury sub. cor., I never lost a case during that epidemic while my allopathic friends lost many. What was my surprise on better acquaintance to learn that my teacher in the truths of Hahnemann was not even a graduate of medicine.

But we still had a lesson to learn which came later by a study of the Organon and the Symptomen Codex as my benefactor in medicine had first instructed me.

I was not prepared for the next epidemic of diphtheria, neither was I competent to treat any sporadic case until I learned that any remedy was good for any case providing the symptoms of the remedy known, and only known by provings as instituted by Hahnemann, corresponded with the disease or symptoms of the disease which we wish to cure. (See Hahnemann's Organon § 147.)

I have cured diphtheria with Mer. sub. cor., Mer. bin. iod., Nux vom., Kali bich., Lachesis, Lac can., Lycopodium. Crotalus, Sulphur and Hepar sulph., when the symptoms were in accord with both the remedy and the disease.

* Yet evidently he had read them or heard of them: though we are not told whether in later epidemics he hit the nail on the head as well as his truth-loving pupil.

Therefore it is both reasonable and just to believe that while we are called on to treat a class of cases demanding, from the symptoms Mercurius some other physician may be obtaining equal success in some other section of the country with some other remedy, whose symptoms are demanded by the symptoms which he finds indicated in the case or class of cases. Hence as so often stated by Dr. Hering, "Any remedy is good for any disease providing the totality of the symptoms of disease and remedy can be expressed by the formula Similia Similibus Curantur which law of cure is fully expressed in the Organon and is the only safe and certain guide to the selection of the curative remedy in any ailments of the sick.

The Internal Remedy in Gynecological Practice.

From an intensely interesting article on the above subject, in the *Pacific Coast Journal of Homeopathy*, for March, we take pleasure in giving the following selections. The whole article is well worth very careful study, but all we feel justified in giving our readers is some of the parts which have interested us most deeply. What we especially like about this article is the emphasis that is laid on seemingly commonplace details that help in selecting just the right remedy; for very evidently in God's workshop seemingly unimportant and little things are fully as significant as the ones which we call important. We quote in part:

The remedies most often indicated in right-sided ovarian trouble are Apis, Belladonna, Bryonia and Lycopodium.

Apis has cutting, stinging, burning pains, *radiating in various directions*, and may extend to the left pectoral region or to the left ovary. The pains of Belladonna increase to the limit of endurance and then gradually subside, only to repeat the process. Aggravation from the least jar of bed is very marked with Belladonna, it has no meaning with Apis. The Belladonna patient may be very thirsty. The Apis patient is practically without thirst.

When hemorrhoids appear during the menstrual period, there is no remedy that will take the place of Collinsonia.

Lillium tigrinum is one of our most important and most often indicated remedies for the treatment of left-sided ovarian diseases. The pains extend straight across the abdomen and down the left thigh. The flow is worse during the day and when moving about. Should the flowing continue while the patient is lying down, it will contraindicate Lillium. Its leucorrhœa is brownish.

Ustilago is another left-sided remedy of importance. The left ovarian region is swollen hard and is very sore. The flow is dark, fluid and mixed with small clots. The cervix is soft and tumified and the os patulous; almost the opposite condition to that which is found under Secale. I have had occasion several times to use this remedy after the patient had been drugged with Lydia Pinkham's compound.

Cimicifuga, Sepia and Pulsatilla are the polychrests of the gynecological remedies. They do not act on either side from preference, but come to the attack from any direction whence the storm arises. But there will be very little trouble in recognizing which is prince for the time being, for most of the time when either of these remedies is indicated you will find plenty of distinctive symptoms everywhere.

Speaking more in detail, he next reminds us that Cimicifuga has a dark *coagulated* flow, with crampy distressing pains in the region of the uterus resembling colic and causing the patient to bend double; but that cramping pain of the left ovary may also indicate Colocynthis.

The flow of Sepia may be either dark or light, while the patient feels compelled to cross her limbs to keep the parts from being forced out through the vagina.

The flow of Pulsatilla is also dark, but changeable and intermittent.

Bromine and Helonias seem to be more often indicated in *membranous dysmenorrhœa* than any other of the remedies mentioned.

Cramping pains, so often mentioned by patients, will usually find relief in one of two remedies — either Caulophyllum or

Viburnum opulus. Caulophyllum belongs to the same family as does Cimicifuga, hence one would naturally expect that many of their symptoms would be similar, which is the case.

The cramping pains of Caulophyllum are, for the most part, confined to the abdomen and adjacent organs; the cramps of Viburnum almost always extend to the thighs.

When thinking of Viburnum, it is well to keep in mind the fact that it is one of the principal remedies in the Lydia Pinkham compound.

Aside from the remedies already mentioned, there are several others that are very useful and deserve a place in your armamentarium.

Calcarea carbon. represents the chronic trouble, and is very often useful in first starting the patient aright.

The conditions that would lead to the use of Sabina are the result of many and oft-repeated abortions, or such other troubles as would leave an enlarged and congested uterus.

Trillium has menstruation that is premature and profuse; shortness of breath, vertigo and palpitation. There is also a painful sinking feeling at the pit of the stomach. The flow is generally bright, but there are often *dark clots with it*. At the same time there may be epistaxis and hemorrhage from other mucous surfaces. So far as the actual pain of Trillium is concerned, it is less severe than the pains of Viburnum but the flowing and the general weakness are much greater in Trillium.

Most, if not all, the remedies already mentioned, have their greatest aggravation either at the beginning or during the menstrual period. With Zincum met. the condition is just opposite—the amelioration is always during the menstrual period. Take this symptom in connection with restlessness of the lower extremities and you have a pretty strong indication for Zinc.

The various cervical lesions met with in general practice are the most intractable cases that one is called upon to treat.

Of these *the most common are the erosions and follicular enlargements* following lacerations during labor. These may be treated with success by general constitutional medication. But cervical troubles that are of *a specific origin* are much more troublesome and usually require a remedy finding its indication mostly in the local manifestation.

Of such remedies, Kreosote and Mercury are the most commonly indicated. The flow of Kreosote is dark and offensive, in *large clots*, or it may be thin, watery and excoriating. This flow, like that of Pulsatilla, may be intermittent. This may also be the case with the leucorrhœa, which is yellowish-white, acrid, and leaves a yellow stain on linen. During the period there may be humming and buzzing in the head and chilliness over the body.

Mercury has a very similar action on the cervix, but under Mercury you will find *more constitutional symptoms*. The mouth and throat has more or less subacute inflammation, when Mercury is indicated. There will nearly always be an aggravation whenever the weather changes. The cervix is irregular in outline and bleeds on the slightest touch.

Thuja and Medorrhinum will very often be found useful in these troubles. They are suggested by the possibility of infection from gonorrhœal virus.

Some of the most important considerations in the selection of a medicine are to be found in its modalities. People are very fond of doing something *themselves* to assist the doctor. Often before the doctor arrives the friends [with the patient's consent or without it] will be applying hot compresses or hot flaxseed poultices, with a view of relieving the patient as soon as possible, and oftentimes, these adjuvants are a great source of relief to the patient and sometimes not. "And thereby hangs a tale."

Hot compresses, or heat of any kind, would be as suicidal to an Apis or Pulsatilla patient as cold compresses would be to the Rhus or Nux vomica patient. Bryonia might stand heat applied, but the heat of the sun is intolerant to a Bryonia patient — in fact it is one of our best remedies for partial sunstroke. A cold compress will very often relieve a Belladonna headache, and in children it will very often materially relieve the fever accompanying it.

THE *Homeopathic Envoy* tells us that Kalmia is often good for the tobacco heart. Details are not given. But it can only occur when the heart symptoms are similar to those of Kalmia.

What Does Your Patient Eat?

Most physicians do not study carefully enough the question of diet: What does a man eat? What does he like best? What does he dislike? and what kinds of food are most likely to upset him in some way or other? These three questions often throw a perfect flood of light upon your patient's past life and general constitutional make-up. And so we wish to publish two or three articles calling attention to this important group of symptoms, for they will enable you, oftentimes, to get clues from the past life, which your patient's present sickness fails utterly to furnish, provided you will ask this question: What kinds of food did you like, or dislike, or have to let alone even before you got sick? Since the little oddities of your patient's appetite, previous to getting sick, will furnish many a clue toward explaining the graver symptoms which he now presents. For the weakness which has now cropped out so gravely was there in part, even when he thought himself perfectly well, only it was not marked enough for him to take much notice of it; so that these food tests are helpful, even in cases where the patient says that just at present he has no appetite at all.

Let us briefly study some of the more frequently indicated remedies. For a more complete list, the reader is, of course, referred to some standard repertory.

Some of the leading remedies are the following:

Great fondness for bread and butter, *Mercurius*.

Great fondness for crackers, *Silica*.

Likes to eat dirt, *Alum*, *Calc.*, *Cic.*, *Nit. ac.*, *Nux*, *PSOR*.

Likes eggs, very often indicates *Calcarea*.

Likes highly-seasoned food, *CHIN.*, *PHOS.* and *SUL*.

Great liking for ice cream, *Calc.*, *PHOS*.

Likes to eat chalk, slate-pencils and the like, often points to Nitric acid, though *Calc.* and *Alum* have the same symptoms.

Passionate fondness for meat, *Mag. c. SULPH*, *Tub*.

Great fondness for smoked meats, *Causticum*.

Liking for milk is seldom distinctive, but will be found very marked in some *Rhus tox.* cases.

Great liking for raw food, often points to Sulphur and Tarant.

Great liking for salt suggests, oftentimes, Arg. n., Carbo v., Calc., Nat. m., Phos. and Verat.

Wants to eat sand, often points to Tarentula.

For great liking for sour things, the leading remedies seem to be Sul., Hep., Verat., Puls and Cor. r.

While great liking for sour drinks often indicates, Bell., Cham. and Ars. and probably most of the remedies in the list just given.

Excessive love of sweet things strongly suggests Sul., Lyc., Arg. n., Chin., Tub.

A curious love for vinegar has often pointed to Hepar.

All of these lists are, of course, incomplete, and even when you turn to your repertory you will find that the lists there given are very evidently not complete, and yet in a great many cases this group of symptoms will be helpful, especially as you can generally get from the same person four or five replies which will tend to converge. In our next number we will take up dislikes.

Feeding Babies at the Breast.

We take pleasure in abridging the following suggestions from an article by Wm. A. Northbridge, M. D., in the *Brooklyn Journal*:

Nature's intention surely is that the mother should suckle her young, and we should be very slow to recommend the weaning of an infant under eight months of age, especially in the summertime, for its life may be the forfeit.

The mother also must pay a price, if she thus breaks the laws of nature, for she will be more prone to uterine diseases, to diseases of the breast, to cancer, and to frequent child bearing, besides losing the pleasures of nursing her child.

Nor is the mere fact that the child does not thrive at the breast a sufficient reason for weaning it. Perhaps it is fed too seldom, or too often, or else the cause may be one which can easily be remedied with a little care; so that weaning should not be recommended until we are sure that the cause cannot

be so removed. Even if the mother is nervous, or frail, or given to having fits of anger or gloom, or worst of all, does not wish to nurse her child, it may still be possible, with care, to remedy these defects. For my own experience is that earnest effort will result in many mothers nursing their babes, who aforetime deemed themselves incapable of so doing.

He then goes on to say how many supposed causes for weaning are preventable ones, though frankly admitting that there are cases where weaning is the only wise course. But, in regard to these details, the profession, at least, are not ignorant. though we are, perhaps, in danger of not gently urging mothers to feed their children as often as we should, considering the fact that to mother and to child alike an unnecessary weaning is a serious evil and yet oftentimes the mother knows it not till it is too late. Only don't rely on good advice alone. Let careful study of her past life go with a very few well-chosen globules, then will your advice go much further.

Antimonium Crudum for Split Hoof.

A. A. POMPE, M. D., VANCOUVER, WASH.

Sometime last August a man drove up to my office for some medicine. I noticed his horse had a split hoof, the crack starting from within one inch of the crown and extending to the base. I was told that the horse had had this crack for six years. It was so wide that a knife blade could be easily stuck into it. I told the man I thought I could cure that crack with one dose of medicine and proceeded to give the horse one small powder of Antimonium Crudum 200 (B. & T.). In the evening I mentioned what I had done to a veterinarian friend, telling him I would show him the results later on.

About four months later the owner of the horse drove up to my office for a second prescription, but on my inquiring in regard to the horse's hoof he said he did not know anything about it, evidently having dismissed as ridiculous the thought of my ever

curing that hoof with one dose of medicine. But we went together and examined the hoof and found that it had entirely healed, all except three-fourths of an inch at the lower border. At my request he then drove over to the veterinarian's who also admitted that it was cured.

A Curious Pulsatilla Exception.

In a recent address in Washington, D. C., Dr. E. B. Nash, of Cortland, N. Y., reports the following Pulsatilla case, an apparent exception to ordinary Pulsatilla conditions. In looking for the central symptom it is worth while remembering that your repertory may mention it either under Bladder Pains or Bladder Urging, since both conditions were present.

It is quite possible that this is not a real exception to Pulsatilla conditions, but that the urging to urinate, though somewhat painful, really relieves an abnormal condition of the bladder, which would have become serious, if the patient had not lain on his back; thus becoming in reality an amelioration, though *apparently* an aggravation.

Mr. H., aged forty-five years, stout and well built, light brown hair and eyes. Symptoms, impossibility of voiding the urine, although there is frequent and urgent desire to do so. The pain and tenesmus is greatly aggravated when lying, and especially on the back. Is much ameliorated when sitting upright. Bladder greatly distended. Has passed no urine in twenty-four hours. For the first time in fifteen years I was unable to enter the bladder with any kind of a catheter, though I tried several. I excused my failure by saying that the urethra was so closed by inflammation that we would have to give something to reduce it, when we would try again with a still different kind of catheter. Believing in the power of remedies, when we could cover the symptoms, I came home to my office for a hunt for the similitum. Referring to Allen's Symptom Register (which, by the way, has guided me to many a success), I was led to the only remedy having just that condition. Symptom 683 reads: "The urine presses only while lying upon the back and he is soon obliged to urinate, not when lying on the side." This is an exception to the general modalities of Pulsatilla, which is ameliorated by lying on the back and aggravated by lying on the side. Well, that was pretty close, but it had never been recorded as verified, so I gave it not with the greatest confidence. Two hours afterward I called to make another attempt to catheterize and the patient lay upon his back smiling and happy. He had passed a vessel nearly full of urine within a half hour after the first dose. Of course one swallow does not make a summer, and I still had

doubts as to whether this remedy did it; but about a month later he had a similar attack and the same remedy promptly relieved. I reported this case to several societies, and to several physicians personally, and not one of them could name the remedy; but the next time I met Dr. Ad Lippe, I told him of the case and said, "What did I give, Doctor?" "You gave *te Pulsatilla, py Gott!*" he answered. He was right, and I have since used this remedy on the same indications in hypertrophied prostate with great relief and long-lasting benefit.—American Physician.

Lycopus Virginicus, an Aggravation.

Dr. Grace A. B. Carter, of Rochester, N. Y., reports, in the *Medical Century*, a curious case of aggravation by *Lycopus*, even after it had begun to cure.

About six months after an attack of scarlet-fever, the patient found that her neck was increasing in circumference, the enlargement being most marked on the right side, in the region of the thyroid gland. Six months later she began to feel faint and nauseated in the morning and also when going upstairs. At times the faintness was accompanied by a sudden and rapid increase in the size of the neck, usually most pronounced upon the left side. But this gradually disappeared, and was usually gone inside of twenty-four hours.

Two years after the first increase in the size of her neck it was noticed that her eyeballs had become unusually prominent, and from that time on there developed a case of typical exophthalmic goiter, with constant pain in the stomach, aversion to vegetables, and especially beets (all of which she had been previously fond) and a disposition to easily get excited when talking.

Lycopus Virginicus was prescribed; at first the third dilution, then the second and later the tincture. Relief of several prominent symptoms was soon seen. The pulse rate lowered; nausea and vomiting ceased, dizziness and headache nearly so.

But upon increasing the size of the dose of the tincture, a number of the prominent symptoms of the drug was observed. These became so severe that it was stopped, and either *Gelsemium 3x*, *Nux 3x* or *Ipecac 3x* were given for one or two days. This was tried a number of times UNTIL THE AGGRAVATIONS WERE SO PRONOUNCED THAT THE TINCTURE WAS DISCONTINUED.

We are not told whether any higher potencies were then tried. We certainly hope they were.

The Experiences of a Prover.

In the *Homeopathic Recorder*, for January, 1904, Dr. A. M. Cushing relates some of his experiences as a prover. He says:

"My proving of Rhatany produced almost unbearable itching of the rectum; our best remedy for pin worms, and many physicians are using it successfully for diseased rectums."

Of *Discorea*, he says: "One symptom, which I noticed several times, was colic, better by bending backward — just the opposite of *Colocynth*." He also states that

"When taken in doses of a few drops of the tincture to three thousand drops of dilutions at a dose, prepared with pure water, it produced nocturnal emissions of semen, and in the hands of others as well as myself has cured cases that were almost idiotic from the disease. One case was readily cured after following other kinds of treatment for fifteen years."

While of *Phaseolus*, he says:

"The proving of *phaseolus nana* affected the kidneys quite noticeably, but before I began to record the symptoms (I never record the first ones) it nearly stopped the action of my heart and certainly stopped the proving. For disease of the heart or kidneys, even 'Bright's disease,' it has been more helpful to me than any other remedy I ever used. Other doctors have reported to me cases of valvular disease of the heart cured, and one case said to be fatty degeneration of the heart, given up to die, was soon relieved by taking the fifteenth decimal attenuation and recently wrote me is a well man. I never saw him, and fear there was a mistake in the diagnosis, but hope not."

WE all of us have some opinions which are the product of our previous education and environment, rather than the results of independent thought and experience. Such opinions are often highly valuable, and we can't get along without them, yet we should not be discouraged or surprised if once in a while we are forced to abandon or else modify some of them, which simply proves that our ancestors were fallible, but does not for a moment prove that their opinions are worthless.

IN all cases it is nature that cures, and the physician only helps. His work is to tip the balance, she does the rest.

Ovinine: Disease Cured by an Infinitesimal Dose of.

THOMAS SKINNER, M. D., LONDON, ENG.

I declared myself a homeopathic physician in July, 1874, having practiced incognito for about two years before. Three years before 1874 when practicing in Liverpool as an allopath, I met a young lady from the United States at dinner who told me she could not eat anything in the shape of "sheep" (*sic!*). If her aunt with whom she was living was ordering mutton or lamb for lunch or dinner for the family, she would have to order beef for her niece. Her aunt told me it was very inconvenient, and she asked me if I could remedy the matter. Being an allopath at that time, I knew of only one remedy and that was to send her back to her friends in America. Although it was very hard lines, she had to go, and she did go. So much for moribund Allopathy.

On Nov. 3, 1903, I was consulted by the parlor maid of a lady patient of mine in consequence of violent attacks of migraine or prosopalgia of the left eye and upper face, worse by day, but sometimes at night preventing sleep. The pains were incisive, like a knife, and also as of a *horrid pressure on the back of the left eyeball*. The pains *come and go suddenly*; cold her friend. The above symptoms were speedily cured with Spigelia, 5m. (F. C.).

On November 12, the maid called as requested to report progress, and she stated that she had only taken one dose of the remedy and has felt no trace of the terrible pain since. I asked her if she had anything else the matter with her.

"Yes, doctor, but I fear nothing can be done for it, at least, I have always been told so. I cannot eat anything in the form of 'sheep,'—mutton or lamb in any form; it makes me sick—the very smell of the cooking severely tries me—but when waiting the table and lamb or mutton is being served I am positively ill.

"I feel faint and nauseated, and if it were not from fear of losing an excellent situation, I should have to give in. I can

eat beef and veal with impunity and the smell of the cooking in no way affects me unpleasantly."

On Nov. 12, 1903, I gave her one dose of Ovinine, 50 (F. C.) to be taken at bedtime, dry on her tongue, and ever since she has been able to dine on mutton or lamb, and the smell of the cooking has no unpleasant effect upon her, and waiting at table when lamb or mutton is being served, in no way inconveniences her.

The cook in the same family, who is also a patient of mine, and whose case will be given the readers of the ADVANCE soon, was in my consulting rooms so lately as the third of May, and on being asked how the parlor maid is as regards "sheep," she replied, "She is the wonder of her mistress, of the whole house, and of herself in particular — and what is more, up to this date (May 3, 1904), she thoroughly enjoys a dinner of mutton or lamb, as much as beef or veal and knows of no difference!"

CASE II.—Mrs. —, a charming lady who suffers from a goiter, large enough, especially at the M. P. to mar her appearance; at the same time she has always had dysmenia. This was for a few years completely cured with Thyroidine 2m (F. C.) once a week for about three months. She called on me lately, and told me that she had heard from a lady friend that I had cured a parlor maid of an infirmity from which she had suffered for a lifetime, namely, she could not eat "sheep" and she was of opinion that it was a very common complaint, "*because she had it.*"

On April 12, 1904, I gave her one powder of Ovinine, 50 (F. C.) to take at bedtime dry on her tongue: On May 2, this year, I received a post-card as follows: "I will be glad to see you any day after Tuesday next, that may suit you. I can eat mutton!!!"

This lady told me she felt her infirmity to be a great misery to her, because, if she ordered mutton or lamb for her husband and domestics, she had to order beef for herself — and if she was in a strange house, and there was only mutton or lamb served she now could eat it, without feeling or being actually sick, and have to leave the table.

July 28, 1904.— She continues in the same happy state as regards "sheep."

CASE III.— A Dutch gentleman whom I have known for years, and, for the first time I found that he could not endure the taste of anything in the form of “sheep.” His appetite, digestion and all else was in excellent condition, but mutton or lamb was more than a match for him, whether he was residing in Holland or Britain. He is here at present, and on Thursday, May 5, he received one powder of Ovinine 50 (F. C.). On May 7, I dined with him at a friend’s house, and I *saw* him *eat a mutton cutlet* with great relish, and I have seen him since and there were no bad effects, and he thanked me most *cordially*.

By and by, I shall have some interesting observations to make on these cases *et cetera*.

The Ovinine is made by myself, that is (F. C.), as follows: The muscular fiber from the hind leg of a recently killed sheep (mutton) has the juice crushed out of it and one drop of it is mixed with ninety-nine drops of water; this is repeated fifty times *by hand*, and one drop of this is all that these three patients got.

In conclusion, I find that there is being sold in London what is said to be “a pure mutton essence” called “Hipi.” Hipi being the native New Zealand word for “sheep.” In the advertisement there is a representation of Little Bo-Peep, with the following doggerel lines:

“Poor Bo-Peep!

We have taken her sheep, and turned them into Hipi.”

My preparation is not made from “Hipi.”

COMMENTS.

In the “Chronic Diseases,” Hahnemann says:

In the subsequent list of anti-psoric remedies no isopathic medicines are mentioned, for the reason that their effects upon the healthy organism have not been sufficiently tested. Even the itch miasm (psorin), in its various degrees of potency, comes under this objection. I call psorin a homeopathic anti-psoric, because if the preparation (potentizing) of psorin did not alter its nature to that of a homeopathic remedy, it never could have any effect upon an organism tainted with that same identical virus. The psoric virus, by undergoing the processes of trituration and shaking (potentizing), becomes just as much altered in its nature as gold does, the homeopathic preparations of which are not inert substances in the animal economy, but powerfully acting agents.

Thus potentized and modified also, the itch virus (psorin) when taken is no more an idem (the same) with the crude original itch virus, but only a similimum (most similar thing). For between IDEM and SIMILIMUM

there is no intermediate for any one who can think; or in other words, between IDEM and SIMILE only SIMILIMUM can be intermediate. Iso-pathic and æquale are equivocal expressions, which if they should signify anything reliable can only signify SIMILIMUM, because they are not IDEM.

These cases of Dr. Skinner demonstrate the wonderful efficiency of potentization and opens a new world of therapeutics for the relief of some of the distressing and annoying idiosyncrasies of the psoric, sycotic, syphilitic, tubercular and other diatheses. All the nosodes, nearly all the animal, insect and serpent poisons are examples of the power of the dynamic remedy. Homulus, Fragaria, Avena, etc., etc., have proved valuable aids in the cure of these so-called "nervous affections" and now comes Car-nine and Ovinine, thanks to our English colleague.—Ed.

A Deeply Psoric Case.

F. E. GLADWIN, M. D., H. M., PHILADELPHIA.

Woman sixty-five years old.

Had erysipelas of the hand and two fingers; had black spots or rather deep purple spots on them as if gangrene were about to appear; hand painful; worse at night; chilly.

Gave Hepar, and the erysipelas disappeared like magic.

Severe cold two weeks afterward; cough; could not lie down in bed; severe pain in abdomen.

Has had suffocating spells, which she calls heart spells, for years, of which the last two were controlled by Arsenicum.

Dr. Medley gave her Kali carb. 200 and she improved for a few days when suddenly the heart gave out; *feet and legs dropsical*; heart weak; respiration labored; thought she would not live through the night and gave Naja. After this the breathing became easier and she remained about the same for days except that the dropsy was increasing and red shining spots were on skin.

Grew worse; gave Lycopodium; relieved suffocating and the < at 4 P. M. for a while then let go; always worse at night; was called at night, the legs seemed so full they would burst; abdomen distended, not only the cavity but the abdominal wall seemed dropsical; could hardly breathe; lips blue.

Throat would expand with every inhalation; heart beats scarcely felt; would beat faintly then intermit several beats; would go on rapid to faint and then intermit; could not lean back. Gave *Lycopodium* without result.

Was advised to give *Apis* after which she could breathe again. *Apis* held for over a week then she grew worse and *Apis* was repeated only higher but held for a shorter time; repeated the next time with no result; in the meantime the dropsical condition was extending; she completely filled a Morris chair; abdomen so large that she could not lean forward at all; even her hands were dropsical; right leg denuded from ankle to garter all the way around excepting about the space of an inch in front; the left leg from ankle to garter space about half way around; fluid showing alkaline reaction was trickling down legs constantly so that a pan had to be arranged for them to drip in; collected nearly a tumbler full in two hours; urination scanty; not more than a pint in twenty-four hours. If she stepped from the chair to the commode, a distance of about two steps, she could scarcely get her breath; always worse at night; respiration so painful that it was distressing to watch her.

Appetite ravenous all through; cough hacking, retching, and finally vomiting frothy mucus; empty eructations; heart beat weak, irregular, intermittent, rapid; great purple spots in groins, under thighs and across sacral region which were oozing moisture; perspiration at night; legs so large above knees that they looked and felt like wax; no pain anywhere; white offensive slough on the denuded places below the knee.

Gave *Kali carb. cm.* Improvement; each time she was visited should see the dropsy was disappearing; this continued two weeks when improvement ceased; repeated and action took place for about two weeks; repeated again and it took up the work; under *Kali carb.* the dropsy all disappeared excepting the feet which lessened; purple spots on the body dried and disappeared; the slough and odor disappeared after each dose of *Kali*; *legs began to heal from the top* and front and continued until about half way healed.

There has been no more dyspnea and the heart beat has been strong, less irregular and intermittent, and slower. As she phys-

ically grew better mental symptoms appeared; hilarious spells at first; toward evening would have regular Methodist camp-meetings, singing and pounding with her fists; as she improved she had weeping spells, trembling, nervous; legs smarted, pain in heel; the nervous spells grew worse and she would wring her hands and cry; she was sure she never would get well while she never had a doubt about her recovery when she was the worst; anxious, distressed expression on the face; "she looked one hundred years old" during the paroxysm; great restlessness; could not keep still; said she felt very bad but could not describe her bad feelings or tell where they were; whimpers, irritable, exacting, can stop in the midst of the worst spell and order a large dinner; the urine had not increased nor the water from the legs decreased; mental symptoms were growing more frequent and longer lasting; thought she was going insane.

Studied the case again and could find no remedy but Zincum that had weeping, anxiety, irritability, thoughts of death, restlessness, enormous appetite; all through sickness she had eaten enough solid food to nourish two healthy, hard-working men; chilliness; cold hands and feet; scanty urination; irregular pulse and the dropsy. Gave Zincum August 31, and saw her October 3, and she was looking more like herself than since her sickness began; mental symptoms gone; discharge from the legs which looks like urine is leaving; urine more; denuded places on legs extended toward the front and downward but have now begun to heal from the top; the feet are more dropsical and look as if they would open on the instep; the open place now is only about three to four inches wide where it has been from garter space to heel; no pain or distress anywhere; stronger; appetite enormous but enjoys everything she eats and wants solid food; bowels normal all through; can lie down now but will not go to bed because of the discharge from legs; nappy; skin getting a healthy color.

As the mental symptoms improved, she physically grew worse after the Zincum, but then improved all around and is still gaining although it has been five weeks since taking last dose; no other remedy has held her over two weeks.

The urine was examined and found to be normal.

Other doctors said she could not get well. I am very grateful

for the teaching of true Homeopathy. The more I come in contact with other physicians and the work of other physicians the more I am impressed with the crudity of their work. When true Homeopathy does so much better work than any part-way kind, why cannot physicians learn the true and stick to it?

Preparation of Hands for Operation.

Murphy's method of preparing the surgeons' hands for operation is as follows: Scrub for five to seven minutes with spirits of green soap (five per cent) and running hot water. Three minutes' washing in alcohol. Dry thoroughly and pour over the hands a four-per-cent solution of gutta percha in benzine. Allow this to dry without rubbing. The coating is very thin and will resist water and antiseptic solution. It is very easily removed by benzine. Its advantages over rubber gloves are perfect fit, cannot be torn, less interference with tactile sensation. Besides it causes a temporary cessation of perspiration of the skin which it covers and prevents the rubbing off of epithelia into the wound.

The skin surface to be operated is prepared by five minutes' scrubbing with five-per-cent Spts. Sap. Vir. then washing with ether, followed by alcohol and is finally swabbed with the benzine rubber solution:

A Tumor Removed Without the Knife.

DR. V. E. BALDWIN, GREENTOWN, IND.

Mrs. T—, 34 years old; married; called at the office June 4, 1904, to know if a homeopath could remove a tumor on the gum of the superior maxilla. It was about one and one-half inches long and three-fourths of an inch in diameter and had grown in the cavity formed by the removal of the upper left canine and first pre-molar. It was spongy, full and red with

blood, painless, bled very easily, and sometimes profusely. It was cleft by the teeth below and one part raised the lip in front and the other protruded within the oval cavity.

The gums generally were inflamed, easily bleeding and irritated.

Constipated; no urging; stool receded when partly expelled.

Thirsty; easily chilled; very sleepy all the time.

Had been vaccinated several times and never took. History of sycosis.

June 4.— She received Thuja m.

June 12.— Constipation better. Tumor nil. Placebo.

June 18.— No change. Thuja cm.

July 9.— Gums bleeding profusely; tumor red and fiery. Constipation > but more tenesmus. Mer. cor. cm.

July 15.— Tumor dropped into her mouth, feeling quite well in every way; case dismissed.

A Lachesis Case.

RUDOLPH F. RABE, M. D., HOBOKEN, N. J.

On May first, I was called to see Mrs. M., age 53 years, who had been sick for five days with erysipelas of the face. She had first noticed a small red spot on the left cheek which burned somewhat, and rapidly grew larger until the entire left side of the face, part of the scalp and the left ear became involved. The eruption spread over the nose to the right cheek, into the scalp and over the right ear. It was of a dusky red color but smooth. Both eyes were almost closed from edema of the lids and there was considerable stinging and burning pain. Temp. 103.2°, pulse, 110, thirst for small quantities but often. Little sleep or rest at night and a feeling of confusion in the brain on waking. The patient is going through her climacteric period, is always too hot and has frequent flushes of heat, during which she wants doors and windows open. Is plethoric and fleshy. I gave one dose of Lachesis 900, Fincke. The following morning, May 2, the pulse had come down to 80, the temperature to 100.3°, and the

patient correspondingly better. The edema about the eyes was less and the eruption paler. On May 3, the temperature and pulse were both normal, the eruption rapidly fading and the skin scaling off all over the face. The ears were almost normal in appearance. On May 5, the case was discharged entirely well.

This patient had had a similar attack of erysipelas some years ago, which, under old-school treatment with various local applications had lasted for three weeks. The superiority of the similimum and the power of the single dose, in this infectious disease, needs no better demonstration. During the course of the illness *Sac. lac.*, in water, was given as usual, every two hours, though this harmless subterfuge is omitted by me with some patients who understand. There is nothing wonderful about this cure. Any Hahnemannian can duplicate it and recite many more; but why will the majority of our homeopathic physicians resort to unhomeopathic measures in this disease, as aids so-called, to their internal remedies, when the latter alone are so plainly able to do the work in so prompt and efficacious a manner?

Noises in the Maxillary Joint During Mastication.

OLIN M. DRAKE, M. D., WARREN CHAMBERS, BOSTON, MASS.

This is a more or less frequent symptom occurring in the course of one's practice, and perhaps it may instruct some of my colleagues of the Hahnemannian "make-up" or persuasion to peruse a repertory which I have prepared for my own use. But previously, I wish to give two cases which came under my care some few years ago.

CASE I.—Mr. C. has been troubled, for a year or more, with a cracking, grating or snapping in the right jaw joint, and at times in the left: the cracking sounds to him like when a tooth is being extracted. He cannot chew his meat, at times, it pains him so, and when first troubled, the noise could be heard by those near him. I could obtain no other symptoms. I gave one dose of *Am. carb.* 200 (D) and *Sac. lac.* for a month.

A month later he reported: the right side entirely well but the left side continued to trouble him, but much less. Am. carb. 200 (D), four doses and Sac. lac.

Some months after, he informed me that his trouble ceased soon after taking his second medicine.

CASE II.— Nine years ago Mr. H.'s jaw began troubling him, pain and cracking during mastication, on the left side. In about a week a swelling came under the left ear which prevented chewing his food for three days, and then the swelling commenced to decrease. A month later the swelling began again, nearly the size of a pullet's egg; it did not suppurate, but would disappear and reappear again from time to time, sometimes within twenty-four hours. The soreness under the jaw persisted. In chewing his food, there was pain in the left jaw joint which also prevented his opening his mouth fully. In addition, there was some deafness in left ear with noises, such as whistling, the sound of a distant horn or a moving carriage, or a buzzing like a fly. The left half of his head ached more or less the whole time, with occasional darting pain from the swelling near the left ear to the frontal eminence of the same side. He complained also of a pain across his back which made him sick at the stomach: in the morning his back felt as though broken in two and aggravated on first moving his hips and legs; this last symptom he had had for months. In winter, would suffer from an eruption of vesicles appearing on inside of knees and sometimes in bend of the arms; the itching was worse in the evening when near a fire; after scratching, burning and smarting.

This patient had received treatment from different allopaths, internally and locally without any relief.

I gave him Am. carb. 200 (D), four doses, followed by Sac. lac.

I did not see him for some months, when he told me that he was well. The improvement began at once after my prescription.

This case seemed to call for Rhus but my experience with the previous patient made me administer Am. carb., which proved to be the similimum.

I append a short repertory of the particular symptom which heads this brief article.

CRACKING OF THE MAXILLARY JOINT :

- Aloe, Am. carb., Brom., Chin. s., Cor. c., Gran., Lac c.,
Lach., Meny., Mez., Nit, ac., Ol. an., Rhus, Sabad,
(Sep?), (Sel?), Spong. (Kent's Rep.), Strych., Sul.,
Thuja.
- Painful: Coc. c., Gran., Lach., Meny., Strych.
 - As if dislocated: Gran.
 - With spontaneous dislocation: Mez.
 - With swelling of the joint: Brom.
 - Left: Am. carb., Brom., Coc. c., Ol. an.
 - Right: Aloe, Am. carb.
 - When chewing: Am. carb., Brom., Gran., Lac c., Meny.,
Nit. ac., Spong, Sul.
 - When moving jaw: Aloe, Rhus.
 - When opening mouth: Chin. s., Lach., Ol. an.
 - — — Wide: Sabad.
 - When reading aloud: Aloe.
 - When swallowing: Coc. c., Rhus (drinking).
 - When yawning: Thuja.
 - Rattling of maxillary joint when opening the mouth:
Sabad.

At times, I have had trouble in having the patient precise, whether the cracking was in the maxillary joint or ear, but generally it is easy to make the distinction.

Suppressed Menstruation: Natrum Mur.

B. B. SHABA, M. D., CALCUTTA, INDIA.

A Mohammedan female; age about eighteen or twenty years. For the last two years menstruation stopped altogether. At first she was thought to be pregnant inasmuch as she lost her appetite and had a vomiting tendency; no medical advice was sought for a few months. Several months silently passed without any development in the supposed pregnancy, though the patient began to be more and more emaciated, resulting in an absolute loss

of health. Her guardians began to be apprehensive, when the patient complained of a slight pain in her umbilical regions indicating some abnormality in her sexual system. The pain commenced at about eleven in the forenoon after the meal and the patient felt that the pain rolled about her abdomen, subsiding after an hour or two. She was not well off and very poorly accommodated. At that stage medical advice was sought and she came to me for treatment.

After carefully examining her and her guardian as to the other particulars, and her husband also, I had no hesitation in administering six doses of *Natrum muriaticum*, thirtieth, to be taken thrice a day. No improvement was observed the next two days after which a slight abatement in the pain was noticed. She was then advised to continue the medicine for the next two days. On the sixth day began a copious discharge, black at first, then changed to ruby red, attended with fever, rising to 106 in the evening. The medicine was then discontinued and the morning dawned with a great lowering of the fever. The quantity of discharge was reduced one-half; no more medicine needed and in the course of the three following days fever and discharge simultaneously diminished. The next day she was perfectly cured.

I had some misgivings about the recurrence of the disease in the next month; but to my astonishment I was informed that there was a full and healthy discharge without fever or pain. Thereafter she had no more troubles in her menstrual system.

The prominent symptom, I may add here, which prompted the administration of *Natrum muriaticum* was the aggravation of the pain before the noon.

Tuberculosis Among the Jews.

Some years ago a correspondent in the *MEDICAL ADVANCE* asked what relation there was between pork eating and consumption, and made the significant statement that in his practice, extending over many years, he had never treated a case of pulmonary tuberculosis in a member of that nationality. The statement was

verified by subsequent correspondence from many physicians. But the late Dr. Lilienthal refuted this and said that he had met a number of cases in his practice.

In an article in *The Journal of the American Medical Association* of August 6, Dr. Theodore B. Sachs, Chicago, has a very instructive paper on this question.

He says the Jewish population of Chicago can be estimated at 75,000. That they are not as homogeneous as other nationalities found in the city; their ideas, customs and mode of life differ according to their place of nativity or length of residence in this country. Also that the immunity of the Jewish race from certain diseases varies in degree according to the economic and hygienic conditions of life; tuberculosis, for instance, may be comparatively rare among the well-to-do, but is very common among the poor, the same as among all other nationalities.

These statistics furnished by the doctor are taken from a population of a district on the West Side of Chicago, in a densely populated part of the city. The population of this district can be estimated at 31,000, of which 22,500 are Jews. The Russian Jew represents the predominant element: Jews from Austro-Hungary, German Poland, Roumania and other European countries are in the minority.

All trades are represented. But this part of the city is enveloped in dust and smoke, and perhaps is one of the least sanitary to be found in Chicago.

MORTALITY FROM TUBERCULOSIS.

" From May 1, 1902, till Nov. 1, 1903, 51 Jews died from tuberculosis in the Jewish district of Chicago. This represents an annual death rate of 1.51 per 1,000 living, or 138.5 deaths from this disease in 1,000 mortality from all causes. The corresponding death rate from tuberculosis in the central block was 2.81 per 1,000 living, or 228.5 deaths from this disease in a total mortality of 1,000. During the same period of time the annual mortality from tuberculosis among the non-Jewish population of the Jewish district was 5.02 per 1,000 living, or 179.7 deaths from tuberculosis in a total mortality of 1,000.

" The annual death rate, from tuberculosis in the city of Chicago, according to the United States census for 1900, is 1.78 per 1,000 living, or 110.2 deaths from tuberculosis in a total mortality of 1,000.

" These figures would naturally lead to the conclusion that mortality from tuberculosis among Jews is comparatively low and that Jews enjoy a certain immunity from this disease. Statements of this nature are found in nearly every text-book and apparently conform with the experience of the most careful observers in the profession of this country and Europe.

" No deductions on this subject could be drawn from the federal census as the population is classified only according to the place of nativity. A very large amount of statistical material is found in one of the most extensive investigations of this subject made by Dr. J. S. Billings, who, in Bulletin 19, Federal Census 1890, presents the results of a census of 60,630 Jews. The bulletin gives an astoundingly low annual rate of mortality from tuberculosis among Jews, namely, .22 per 1,000 living, or 70.59 deaths from this disease in a total mortality of 1,000. All the data in this census were obtained through special inquiries directed to heads of Jewish families living in widely different parts of this country. The decision as to the cause of death in each case was left to the judgment and fairness of heads of these families. Their economic status was far above the average, judging from their occupations and the fact that out of 10,618 families, 6,622 employed from one to three servants or more.

" While this bulletin contains an enormous amount of material collected by experienced statisticians and its value is enhanced by commentaries from one of the foremost medical men in this country, the conclusions concerning rarity of tuberculosis among Jews cannot be accepted for the following reasons: 1, the defective method of inquiry; 2, the high economic status of the families investigated, and 3, the prevailing tendency to conceal tuberculosis as a cause of death.

" An extensive study of tuberculosis among the poor and middle-class Jews of New York was recently made by Dr. Maurice Fishberg. He presents the results of a comparative study of the mortality statistics in the different wards of New York City.

“ Seventh, tenth, eleventh and thirteenth wards, to a greater extent inhabited by Jews, showed in the years 1897-98 and '99 a smaller number of deaths from tuberculosis than any other section of the city. The annual mortality per 1,000 living for each of these wards was 2, 14, 1.72, 1.55 and 1.11 respectively, while the ratio for the fourth ward, inhabited by Irish and Italian laboring people, was 5.65, the highest in the city. Returns next to the highest came from the twenty-third ward, inhabited by Irish, Germans and Americans (4.95 per 1,000).

“ Any medical man who was brought into close contact with the Jewish poor of large cities will bear witness to the fact that only a certain proportion of Jewish tuberculosis population die in the district in which they have contracted the disease. Their fear of consumption is much greater than among any other nationality and the belief in climate as the only cure for pulmonary disease is so firmly rooted that the first suggestion of anything abnormal with the lungs leads them to immediate preparation for a change to better climatic conditions. Men and women in very destitute circumstances will sell all their belongings and without second thought start on a journey to some of the distant Western states. If for some reason they fail to secure financial assistance from some Jewish charity organization, their relatives and friends come to their rescue.

“ The idea of proper climate as the only cure for any chronic cough is so widespread that plans for change of residence are frequently made without consulting a physician, and at times against his advice. A large number will remove to more healthful quarters of the same city. This constant emigration of tuberculous population from the poor districts of the city results in the erroneous conclusion that mortality from tuberculosis even among poor Jews is very low. From my experience as examining physician for the United Hebrew Charities and National Jewish Hospital for Consumptives I am certain that only a fraction of the Jewish tuberculous poor die in the districts in which they contracted the disease, and consequently any conclusions concerning prevalence of tuberculosis among Jews, based only on the rate of mortality, are necessarily erroneous to a considerable extent.”

Some Confirmations of a Few Familiar Remedies.*

S. H. SPARHAWK, M. D., ST. JOHNSBURY, VT.

The saying that, "Nothing succeeds like success," is amply illustrated by the prompt response of nature to the well-selected homeopathic remedy for a given case of disease; and those who profess to prescribe homeopathically for their cases cannot be too pains-taking in selecting their remedy to insure prompt and permanent results.

Don't be in too great a hurry to make your prescription until you can feel sure you have found the right remedy to cover your case. A little time spent in the careful study of your case is worth much more to your patient than any number of shotgun prescriptions fired at random in a hurry.

A few cases will perhaps illustrate the point I wish to emphasize.

CASE I.—Hazel H., five years old; healthy otherwise — has had nocturnal enuresis during first sleep for the past year. Remedies: Benz. ac., *Caust.*, Cina, *Kreos.*, *Phos. ac.*, SEPIA. Sepia being the most prominent, she received that remedy in various potencies without benefit. Why? It was not the indicated remedy; and on more careful questioning elicited the following symptoms:

Burning and smarting of pudenda during and after urinating.

Urine flows during first sleep, from which child is roused with difficulty.

Kreosote is the remedy called for there, and a few doses of the 200th nightly promptly and permanently cured her.

CASE II.—Miss B. took cold and had sore throat for a week before she presented herself for treatment, saying:

"Doctor, I've done everything I can think of for my throat, but it gets *worse* instead of *better*."

"Describe how it feels."

"Well, it began to be sore on the right side; felt raw and sore, with almost constant inclination to swallow, with sharp pains shooting up into the ear when I swallow." (Hepar sul. has this symptom very prominently.) It will be that way for

*Homeopathic Medical Society of Vermont.

perhaps half a day; when it will leave the right side and go into the left; and so it has been shifting back and forth for a week."

"Any other trouble?"

"None whatever."

Symptoms alternating from side to side is a very prominent condition of *Lac caninum*. Patient received a powder of this remedy in the 45 m (Fincke) immediately, to be followed by another in three hours if not improved; but no repetition so long as improvement continued. She reported afterward that she experienced marked relief within an hour of the first dose, and was well in twenty-four hours. She took but the one powder.

CASE III.—Guy H. was a very similar case. Had what he called a "grip cold;" and took what *he* called the indicated remedies: Bell., Bry. and Phos., but, after a two-weeks' experience with it, he came into my office one evening and said:

"Doctor, I've brought this sore throat of mine down with me tonight, to let you *see* it; and see if you can tell me why it don't get better."

"How does it feel?"

"It feels raw and sore, and about chokes me to swallow; and it has been bobbing back and forth from one side to the other for two weeks now, and I am tired of it."

He got a powder of *Lac caninum* 45m (Fincke) on his tongue on the spot; and a second one to take the next morning if he thought he needed it. He reported in a few days, "That powder you gave me did the business; never had anything work so 'like a charm' on me in my life; I did not need to take the other powder.

CASE IV.—Susan B.—School-teacher of thirty-five. Sciatica of right side beginning in the right hip. Could not move or be moved an inch without screaming — numb pricking pain in right ankle > by extreme heat. Must change position often to try to get an easier place in bed with > for short time only by movement. *Rhus* 200.

The next day I said to her: "I thought it was your *right* side." She replied, "It *was yesterday*, but *now* it is my *left* one." Symptoms practically the same only changed sides. Continued *Rhus* 200. The third day she greeted me with: "Doctor, why don't

you give me something to *cure* me? I must get back into school again. Besides, I don't want to pay you for driving this pain back and forth from one leg to the other; *today* it is my *right* one again."

Well, surely Rhus is not the remedy for this case; but *what is?* Consulting my repertory, I found that Lac caninum covered the case completely, and I gave her a dose of Fincke's 45m then and there, remarking to her that "this medicine will drive the pain so far away that it will not come back; and will drive *you* back to the schoolhouse again." And surely enough; she was back in school again in four days, and the pain has never returned; now five years, and no second dose needed.

Was called in consultation to a case of gallstone disease in the person of Mr. B., an old soldier fifty-seven years of age. He had been suffering from attacks of gallstone colic, so-called, about once in two months for the past year and a half, gradually growing worse each attack. Found him in the midst of an attack; agony plainly depicted on his countenance, the cold sweat standing in large drops wherever his skin was visible. The attending physician had painted the region of his liver and gall-bladder with iodine; he had hot fomentations of hops around him and had taken laudanum, morphine and whisky freely; and yet, he was not happy.

During the intervals between the severe paroxysms of pain, a little of his past history was secured.

A thick-set, fleshy man, of lymphatic temperament, lax fiber; always sensitive to cold or draft of cool air; feet and lower limbs always cold and damp, even during the extreme heat of summer; he had formerly worked much in water; had strong desire for eggs, acids, salt or sweet things; sugar disagrees with him.

Constipation of long standing; stools frequently white and undigested.

From these symptoms, after carefully discussing the case with the attending physician, who allowed that the present course of treatment was of no benefit to him, we selected Calcarea as being the simillimum; and agreed to use that remedy alone; watching closely the case together for a while; I being sanguine of success, while he was very skeptical as to the result. The remedy being

decided upon, however, I gave him on his tongue a few pellets of Fincke's 45,000th, with the *suggestion* that his pain and gallstones would soon be "gone where the woodbine twineth." What was the result? He had no more severe pain; and that attack followed by less jaundice than former ones. He made a good recovery, and his general health was much improved permanently. He has never had another attack of gallstone colic, and has remained well to the present time, now twelve years, and the attending physician admits that, if he had not seen it done he could not have believed that so little medicine could accomplish so much. Query: Did the *suggestion* influence the result?

A Condensed Repertory.

G. E. DIENST, M. D., NAPERVILLE, ILL.

Writing a repertory is a colossal task. The use, of repertories, however, cannot be too highly recommended. It seems to me impossible to find the indicated remedy in some complaints without such help. Of all the repertories I have used, none equal in clearness and beauty of arrangement, Kent's recent work, but in a busy life, such as many of us lead who are often at the bedside, we want something that will lead us to the *principal* remedies indicated by the symptoms we learn. I take the liberty, therefore, to give the readers of the *ADVANCE*, one that we can carry in an inside coat pocket. I use no remedies nor symptoms except those that are *leading* and confirmed by the most careful provings.

Let us take the subject of vertigo, for the limitations of this paper forbid any other subject. If this meets the approval of the readers, I ask, as did a certain comedian I once heard, "please say so."

VERTIGO.

LEADING REMEDIES: Acon., Ail., Apis, Bap., Bell., Bry., Caf.,
Cann. i., Chel., Coc., Con., Cyc., Dig., Lyc., Nat. m.,
Nux, Onos., Op., Phos., Puls., Rhus, Sang., Sec., Sil.,
Sul. Tab.

- WORSE IN THE MORNING: Carbo an. Lach., Lyc.
 — — — compelling one to lie down. Puls.
 WORSE ON RISING: Bell., Bry., Lyc., Nat. m., Phos., Puls., Rhus.
 — after rising: Lyc., Phos.
 FORENOON: < closing eyes. Lach.
 — < in open air. Phos.
 EVENING: Puls.
 — < after eating. Sul.
 — < stooping. Sul.
 — < while walking, especially in the open air. Puls.
 NIGHT: so that it wakens one from sleep. Nux.
 AIR: > open air. Tab.
 ALCOHOLIC LIQUORS: < Cal., Nat. m., Nux.
 Ascending < Cal.
 CHILLS during. Cal., Nux.
 CHRONIC VERTIGO: especially in old people. Phos.
 CLOSING THE EYES: Arn., Chel., Lach., Tab.
 COFFEE: < after drinking. Nat. m.
 DESCENDING: stairs etc., Bor., Ferr.
 DINNER: after. Nux.
 EATING: during. Grat.
 — after. Grat., Nux., Puls.
 EXERTION: exerting the eyes <. Nat. m., Phos., Nux.
 FAINTNESS: with. Nat. m.
 FALL: tendency to, on looking down especially from some eminence. Spig.
 — — — on rising from bed. Rhus.
 — — — backward or forward. Rhus.
 — — — forward only. Nat. m.
 — — — to the left. Nat. m.
 — — — sidewise, right or left. Cal., Cocc., Nux.
 FULLNESS: within vertex. Cim.
 HEADACHE: during. Apis, Bell., Cal., Nux., Sil.
 HEAD: turning to the left. Col.
 INTOXICATED: as if. Cocc., Nux, Puls.
 KNEELING: when. Sep.
 LIFTING: a weight. Puls.
 LOOKING: on turning eyes suddenly. Spig.

- LOOKING: on turning eyes downward. Phos., Spig., Sul.
 — steadily at some object. Nat. m., Spig.
 — upward, or out of a window. Nat. m., Phos., Puls.
- LOSS: from fluids. Phos.
- LYING: necessary to. Cocc., Phos., Puls.
 — while. Con.
 — as if one did not touch the bed. Lac c.
 — as if sinking through the bed. Bry.
- MENSES: before. Puls.
 — suppressed. Cyc., Puls.
- MENTAL: exertion from. Chel.
- MOTION: < from. Bry.
- MOVING: < from moving the head. Bry., Con.
 — < from moving the head quickly. Cal.
- NAUSEA: with. Acon., Chin. s., Cocc., Ferr., Petr.
 — periodical. Nat. m.
 — on rising from a recumbent position. Cocc.
- ODORS: < from flowers. Nux, Phos.
- OBJECTS: seem to turn in a circle. Chel., Cyc., Nat. m., or where
 the room seems to whirl. Nux v.
- OCCIPITAL: Gels., Zinc.
- PERIODICAL ATTACK OF VERTIGO. Nat. m., Phos.
- RAISING: especially the head. Bry.
- RISING: on, Acon., Bry., Nat. m., Phos., Rhus. Tab.
 — from a recumbent position. Chel., Cocc., Nat. m., Nux,
 Phos., Phyt., Tab.
 — from a sitting posture. Bry., Nux, Phos., Puls., Rhus.
 — from stooping posture. Bell.
- SITTING: while. Phos., Puls.
 — up in bed. Chel., Cocc.
- SLEEP: < after. Lach. Nux.
- SMOKING TOBACCO: Nat. m., Nux.
- STAGGERING: with. Gels., Nux, Phos.
- STOOPING: on, forward. Bell., Bry., Nux, Puls., Sul.
- STUDYING: while, or writing. Nat. m.
- SYNCOPE: with. Nux.
- TEA: after drinking. Nat. m., Sep.
- TURNED: as if turned about in bed. Con.

TURNING: on. Bry., Con., Cyc., Puls.

— if suddenly. Bry., Cal.

VISION: with observation of. Cyc., Ferr., Gels., Nux.

VOMITING: with. Ver.

WALKING: while. Nat. m., Nux, Phos., Puls.

— in the open air, while. Puls., Sul.

— sensation of gliding in the air as if feet did not touch the ground. Cal. a., Lac c.

WATCHING, and loss of sleep. Cocc., Nux.

You will observe that but few remedies cover the whole range of Vertigo. It is no very great task to master these symptoms, and since they are well proved ones, each and every one is reliable. "Boil this down," as each studious physician is capable of doing, and one can prescribe readily and very accurately for Vertigo. In case of chronic diseases, where vertigo is but one symptom among many, the larger repertory is necessary. Had I space sufficient, I would indicate to you how to simplify this matter even more than already done.

I claim no originality in this paper and give it to show how easily a repertory may be used. Notice, for instance, that vertigo caused by strong or steady use of the eyes is covered by Spigelia, and this remedy is found nowhere else indicated as a first-class proving in vertigo. You will notice also that vertigo caused by motion is covered, in most part, by Bryonia; and that caused by ascending a stairway, building, mountain or going up any height is covered by Calcarea. I repeat, if this receives a hearty encore, you will hear from me again.

Dr. Fitz-Mathew reports: "It is astonishing the liberties one may take with one's digestive apparatus when it happens to be in a good humor. A woman in a state of mania, after trying to cut her throat, swallowed a two-dram bottle of her husband's toothache cure, then a large safety pin. The bottle passed first intact, then in fifteen days, the safety-pin, point down and open, stuck a little in the rectum but was easily removed.

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SEPTEMBER, 1904

Editorial.

Please read and ponder our creed, given above.

The Pathologist and Symptomatologist.

The strife between the pathologists and the symptomatologists, that appears in some form at almost every meeting of homeopathic physicians, seems to be due to an inveterate antagonism between the two kinds of knowledge.

Pathology furnishes us with general knowledge only; no matter how minute it may be or how deeply it may go into particulars, it is only general knowledge because applicable to a class. It does not, therefore, furnish us with the kind of knowledge necessary to the selection of the homeopathic remedy, which refers to individuals only. It puts the patient in a class with other

patients and points perhaps to a group of remedies, not to a single remedy.

Symptomatology, on the other hand, in the usual meaning of the term does not furnish us with the kind of knowledge necessary to diagnosis or prognosis, nor for the determining of the dividing line between therapeutics and surgery or other mechanical means. It furnishes us rather with the particular characteristics of the individual case and hence points out the particular remedy to be used.

Unfortunately a thorough knowledge of either of these subjects seems to create a kind of antagonism to the other. The pathologist, depending upon physical signs and the material evidences of disease, is loathe to acknowledge that such an inconsiderable detail as the direction of a pain or the aggravation or amelioration produced by the position of the patient should have any weight as compared with those certain phenomena which his senses aided by instruments of precision can objectively demonstrate.

The symptomatologist, on the other hand, having entire confidence in the art that has served him so well, in so many critical cases, is apt to neglect those major signs, which require some special training to observe, and then only show the generalities common to all cases of the disease in question.

An exclusive pathologist is apt to let nature fight out the disease, unaided by the true remedy, combating its inroads only by the most general measures.

The extreme symptomatologist, conversely, is in danger of treating cases entirely with remedies, ignorant of the true condition of the patient, and perhaps allowing a case to drift to a fatal termination that might have been saved by a timely resort to surgical or other mechanical modes of treatment.

Of the two classes the symptomatologist undoubtedly has the better of it when it comes to general practice, for the reason that a large majority of the cases of ill-health that come to the notice of the average practitioner are of a nature that pathology has nothing to work on while the symptomatologist is in his glory. I refer to the innumerable trifling ailments, which however annoying and dangerous to the patient, are not well-defined diseases

or morbid states of the organs. Here pathology can only guess ; but the symptomatologist is furnished with the very knowledge necessary for the selection of the remedy.

In such cases, the pathologist is either compelled to acknowledge his ignorance or more commonly to force a construction upon the case, which the symptoms are not in all fairness capable of supporting. The best physician, other things being equal, is the one who combines both kinds of knowledge in as large a measure as possible.

The following cases illustrate the necessity for both kinds of knowledge :

Professor B——, a large, robust German, came to me complaining of a peculiar pain in the lower part of the abdomen that had annoyed him for several weeks, notwithstanding a variety of treatment that had been tried. The pain was between dull and sharp, in the left inguinal region a little above Poupart's ligament and toward the median line. It occurred daily, was worse when straightening out and better when bending over, and was of an intermittent character, beginning lightly and gradually increasing to a height and then as gradually dying away. There was no tenderness on pressure, no tumor or growth perceptible to deep pressure, the urine, appetite and sleep were normal in every respect, as were the bowel movements. Pathology was at fault in such a case. It could not determine the nature of the complaint ; no organ presented an abnormal condition which could fairly be held responsible for the pain. The trouble had been persistent enough, through osteopathic, vibratory and laxative treatments to assure the doctor of its genuineness. The symptoms clearly called for Stannum, a few doses of which permanently cured.

Arthur K——, a boy of seven, was taken suddenly with a chill followed by the usual physical signs and symptoms of pneumonia. Pleuritic pains and effusion followed and notwithstanding remedies prescribed according to the symptomatic indications, the state went on from bad to worse and led from the persistence of fever and irregular chills to the suspicion that the effusion was purulent as it generally is in children of that age. The hypodermic needle made the suspicion a certainty and resection of the rib

and free drainage saved the life of the child. These two cases are types, the one of cases that baffle the pathologist and are the glory of the symptomatologist, the other of a class that crown the pathologist with the wreath of victory and leave the mere symptomatologist stranded or worse, wrecked upon the shallow ground of the limitations of his specialty.

It seems plain that the two extremists should come together and acknowledge that neither has the whole truth. It is the essence of bigotry to refuse to look at a question from any but your own view-point. Neither pathology nor symptomatology can be dispensed with nor ignored. The one has to do with the finding of a remedy for the case in question and is very generally applicable. The other has to do with the diagnosis, prognosis and the application of mechanical remedies, and is not of such general application nor of such wide usefulness, but is, in its field, indispensable to the saving of human life.

J. B. S. KING.

The Scientific Physician and the Hayseed.

In his paper in the Bureau of Clinical Medicine of the A. I. H. at Niagara, Dr. Goodno asks the question: Is there a better way than the homeopathic for treating diseases of accepted bacterial origin? Can we aid the phagocytic function of the blood in overthrowing the micro-organisms and thus restore a healthy equilibrium, *e. g.*, by the toxines and kindred agents?

Dr. Goodno illustrated his proposition by reporting three cases of pneumonia in which he was called in consultation and recommended Guaiacol carbonate in massive doses, with the result of one death in the three cases, a mortality of thirty-three per cent. To these clinical statistics several members offered their own experience with the dynamic dose of the single homeopathic remedy in 30, 200 or 1,000 potency, with a mortality of from one to five per cent. In closing the discussion, Dr. Goodno said in part:

If there had been any doubt in my mind of the necessity of the paper, it has been dispelled by this discussion. When prejudices are aroused, the memory is short, and most of those who took part in the discussion

had forgotten what the paper said before they began to speak. They have been fighting men of straw. I know something about Homeopathy and about pneumonia; I have been practicing Homeopathy for thirty years. I stated that I believed that the homeopathic treatment of pneumonia was the best.

I simply asked the question if Homeopathy might not be put out of action by agents that attack the cause of the disease. The trouble is that if anything is said that does not savor strictly of Homeopathy, certain people here think that Allopathy is being brought in. You are behind the times; there are no longer homeopaths and allopaths; there are now simply scientific physicians and hayseeds.

My paper is a plea for proof. How long you have been in practice, how many cases you have had, how many you have saved, have no bearing on the subject. It is necessary for us to put ourselves on a scientific foundation. Our very existence, whether you know it or not, depends upon it. I hope that every year the hospital physicians, who have the best opportunities, will furnish us with the sort of evidence that is so necessary to establish us on a scientific basis. We get together in these meetings and the most absurd statements are made and allowed to stand uncontradicted. Only last evening there was one in regard to the use of Variolinum as a substitute for vaccination. Now when a man asserts that a high potency of Variolinum acts certainly, on all cases, as a preventive of smallpox without offering a single proof of his assertion and that goes out all over this country as the position of the American Institute, I say it is time to call a halt on that sort of thing.

All that I have asked is that we prove our position; it is not sufficient to stand here and congratulate each other on our successes. We must put something in print that will convince scientific men of the truth of our position.

We do not think Dr. Goodno's position either logical or tenable or "scientific." He reported clinical results of the action of Guaiacol carbonate, unsupported by evidence, and yet objects to similar reports of the action of the dynamic remedy by other members. He certainly did not *prove* his assertion.

In Dr. Linn's report on the effect of Variolinum as a substitute for crude vaccination, he read numerous affidavits from many parts of Iowa in verification of the effectiveness of the prophylactic power of the remedy. What better proof could be asked? Dr. Goodno could not have heard the paper, or "had forgotten what the paper said before he began to speak." Many homeopaths sincerely regretted to hear a well-known homeopathic author and teacher advocating the use of an empirical fad even though it had been introduced by so-called scientific(?) medicine. Homeopathy may be "behind the times," but it does not change its methods with every changing moon. Neither do we think our allopathic colleagues will feel flattered by the antiquated term of "hayseeds." Will Dr. Goodno's suggested method place

us "on a scientific foundation?" If we may judge by this paper and his work on "Practice of Medicine," the author, like the rest of us, may yet learn something of Homeopathy.

The Demonstrable Divisibility of Drug-Matter.

The Bureau of *Materia Medica* and its D. D. D.'s attracted much attention at the recent session of the American Institute at Niagara. The papers and leading discussions were by some of the ablest writers of the Institute, and prepared with great care; while the discussions were significant of the change of thought and practice among the leading members and teachers of our school. The following are the titles:

Does there exist real and positive evidence that a drug attenuated beyond its demonstrable divisibility of drug-matter, has remedial power? By John W. Hayward, M. D., Birkenhead, England.

Discussion opened by Conrad Wesselhoft, M. D., Boston.

Granted the remedial power of a drug attenuated beyond its demonstrable divisibility of drug-matter, wherein and why is the remedial action of such attenuated drug superior or more effective than the action of a drug attenuated, but not beyond this degree? By Royal S. Copeland, M. D., Ann Arbor, Mich.

Discussion opened by Ch. Gatchell, M. D., Chicago.

To what extent has the contention, that a drug has remedial power and more effective action when attenuated beyond its demonstrable divisibility of drug-matter, influenced the old-school profession and those of the laity not in sympathy with us in rejecting the Homeopathic school of medicine? By De Witt G. Wilcox, M. D., Buffalo.

Discussion opened by Oliver S. Haines, M. D., Philadelphia.

If a drug has not remedial power beyond its demonstrable divisibility of drug-matter; or, granting such power, if its action is not more effective than when it is not so attenuated; and if our contention for such power and action of a drug so attenuated does prevent the acceptance of our law of cure; what should be the attitude of the American Institute of Homeopathy concerning homeopathic posology? By J. Herbert Moore, M. D., Brookline, Mass.

Discussion opened by Eldridge C. Price, M. D., Baltimore.

The vital objective of the papers and the leading discussions, which were in the same vein evidently intended to strengthen the arguments of the writers, was the following resolution introduced by the chairman, Dr. J. Herbert Moore, of Brookline, Mass. It was proposed that it should be acted upon as a standing resolution at the business session the following morning.

RESOLVED, That the American Institute of Homeopathy officially recognize as the proper territory of homeopathic posology, the prescribing of only such drug strengths as lie within the demonstrable divisibility of drug-matter.

After a spirited discussion which has not been excelled in interest for many years, the resolution was lost by a decided majority. We believe this the first time in many years when such a vote was possible, and we trust it will be the last time such a thing will be attempted. It was injudicious and ill-advised, entirely unworthy the spirit of fair play and manly honest difference of opinion which generally prevails in the discussion of subjects universally acknowledged to be *sub judice*. Dr. Watzke and colleagues, the Austrian provers, entertained similar opinions regarding the dynamic symptom-power of *Natrum muriaticum* in the thirtieth centesimal potency. But instead of attempting by dogmatic resolution to stifle experimental and clinical investigation and rivet their prejudices upon the profession, they determined to verify or disprove Hahnemann's experiments. Every student of the homeopathic materia medica knows of the result. After months of experiments upon themselves, with massive doses of crude drug and various potencies of their own make, they frankly acknowledged, though greatly to their regret, the superior power of the dynamic remedy to derange the healthy man. Let Drs. Moore, Wesselhœft and colleagues repeat Dr. Watzke's experiments and publish the test to the world.

How would it have seemed to the chairman of the Bureau if a resolution like the following should have followed his :

RESOLVED, That the American Institute officially recognize as the proper territory of homeopathic posology the use of remedial agents, the dynamic strength of which shall not be below the two hundredth centesimal potency.

We think this resolution would have met with the same reception that the other did, for the members of the American Institute are disposed to be fair and not compel any one to use any fixed rule of drug power or potency, in their practice. This is a matter which must be left to the individual experience of every member, and that individual experience should be based upon individual success, for it is a condition, not a theory, that confronts the physician at the bedside.

COMMENT AND CRITICISM.

Treatment of Burns.

EDITOR ADVANCE.

In the June number of your valuable periodical, page 360, a dressing for burns is given, composed of four ingredients. I am reminded of a case of most severe burn from alkalis in a worker in such factory, where the entire front arm from just below shoulder to wrist was one raw, red, pulpy mass, the man writhing in agony. I at once gently dabbed over the entire surface with *Cantharis* Φ , which produced immediate relief. This was followed by a dressing daily of *Calendula* cerate, and the part healed more rapidly, more pleasantly and with less scar than had occurred with any of his other limbs, legs and arm, which had, on previous occasions, been similarly injured and treated variously by allopathic measures. Homeopathy in this case showed marked triumph over combined application.

[Every homeopath should always be delighted to receive such comments as this on such a practical subject, but the author did not sign his paper, hence cannot give him credit.—Ed.]

A Response from Dr. Leggett.

EDITORS MEDICAL ADVANCE.

Of your comments upon my letter concerning your position upon the question of the homeopathicity of *Variolinum* as a prophylaxis in smallpox, I have only to say:

If the *ADVANCE* simply means to say that *Variolinum*, in repeated doses, of high potency, is better than Vaccination as applied by the old school, I have no fault to find. But so also are osteopathy, massage, Swedish movement, Christian Science, hypnotism, better, in most cases, than unlimited drugging. But, if the *ADVANCE* proposes it as a homeopathic measure, I disagree. It is no more homeopathic than is *Tuberculinum* for tuberculosis, *Psorinum* for psora, or *Diphtherinum* for diphtheria, although we may find it to be quite as much so.

The truth is, we look to the ADVANCE to disseminate the truths of a pure Homeopathy, and although we recognize some truths in our environment, as represented in other methods, we look for those truths *in other journals*; just as we look for results obtained by the X-ray, by electricity, osteopathy, etc., in other hospitals than the one which professes to represent pure homeopathic treatment, and "publish its results to the world."

Referring to your "Comments" upon my letter, once more — to me, "the making of a man sick to get him well" is *not* "God's way" at all, even though the man may be able to withstand the strain. It is only the destructive agencies of the universe that create noise and unusual disturbance; the agencies of rehabilitation and renovation are like the "still small voice," the gentle power of sunshine, the breeze and shower, each of which, increased beyond a certain point, becomes a destructive agent of fire and sword and of the thunders of annihilation.

Sincerely,

S. L. GUILD-LEGGETT.

The "Stagnant" Homeopath.

DR. J. FITZ-MATHEW, WEST SOUND, WASH.

This furnishes a sensational text for the editor of the *Visitor* (April and August numbers). A while ago two pseudo-homeopaths — one of whom was admitted to the allopathic fold and assigned to a back seat,— asserted that the scientific investigation and treatment of disease was limited by the term "homeopath." There are others. We who still persist in practicing Homeopathy, in the true acceptance of that term, are considered, unprogressive, "stagnant," by those who, unsuccessful in their experience with homeopathic remedies, require something else to help them out. It is not necessary for us as homeopaths to experiment upon our patients with the many new modes of treatment introduced by the "irregulars." That is done for us. But we read, mark, learn and inwardly digest to the extent of our capacity the

kaleidoscopic and ephemeral pharmacy of the period. As Artemus Ward said when he tried to count the stockings hanging in Brigham's back yard, it makes us dizzy. We note that not a month passes in which some vaunted specific is not discarded for another. In the words of an "irregular" it would take a band-wagon to carry the various modes of treatment advocated for pneumonia. Meanwhile our clinical experience with Homeopathy intelligently applied in our daily practice, compared with the results of other treatments, justifies us in remaining "stagnant" until the "irregulars" have demonstrated that they have discovered a better and safer way of curing morbid conditions; not metastasis and mere palliation. It is the pseudo-homeopath, lacking both the ability to teach or practice, who is grasping at every therapeutic novelty and flirting with the "antis" of the "irregulars," who is the worst enemy we have to contend with; demoralizing students by sedulously promulgating the doctrine that Homeopathy has been found wanting in the light of modern medical science.

Hahnemann's observations Organon, § 138: "Every symptom, every deviation from health occurring in a prover while taking a drug must be attributed to that drug even though such prover may have previously experienced the same symptoms from other causes."

The editor of the *Visitor* calls this a paradox. Now a paradox is a proposition seemingly absurd, but true in fact; which was not what he wanted to say about it. It simply means that symptoms, the result of some latent dyscrasia, experienced before, are reproduced during the action of the drug and appear with those of the drug itself.

Reply to an "Open Letter" by Mr. Wheeler, Addressed to Dr. C. Wesselhoef.

My Dear Mr. Wheeler:—As I cannot subscribe to or read all the periodicals of our school, your open letter in the June number of THE ADVANCE escaped my attention until very re-

cently. You say that some years ago you called on me and that I spoke to you of Homeopathy "in such a vein of perplexing and discouraging skepticism" that you postponed for a long time the dreams with which you entered my office.

In the next sentence your words imply that I had denounced Homeopathy as a "humbug, a blunder, a delusion," etc.

I regret that I do not recall that visit or what I said on that occasion; but I do remember that occasionally students and graduates have called on me in regard to studying materia medica, who have then gone out and given very distorted accounts of what was said. I regret to say that I must count you among that number. Their questions have mostly pertained to the best method of studying materia medica. In my replies I have always pointed out how to avoid the errors of provers by comparing provings and *keeping that in which provers agree*. I know that this has been considered gross heresy and has brought me much unkind criticism.

I have also spoken to callers upon the need of reforming our pharmacy, the errors of which I have studied and dilated upon for many years, and which are now being corrected. For details, I refer you to the Trans. of the A. I. H. since 1879.

Thirdly, I have laid stress in my admonitions upon the necessity of placing the law or maxim of S. S. C. of our school upon a basis which would compel its recognition by other schools. This also is condemned as a heresy.

In the course of these conversations, I may have called certain directions taken by certain doctors a humbug; I may have done so at the interview to which you refer, and you distinctly place yourself among those whom I have criticised as distorting my words.

Now as to your remark that Hahnemann had lived "in an age when science was hardly known;" here I would suggest that you study the history of science in the 19th century in order to wean you from such erroneous impressions. The age of a Humboldt, Laplace, Kant and the list of great names which adorn that century should warn you against such utterances, and should lead you to the conviction that had Hahnemann lived during the last half of the last century, he would have continued to

stand abreast of the progress of that age in physics and chemistry as he stood abreast of it during the first half of that century, and would not only have adopted what was known concerning the constitution of matter, but would himself have been irresistibly compelled to adopt both the limit of divisibility of matter and to have unhesitatingly assisted in finding it. Hahnemann says himself, "This thing (potentiation) must stop somewhere." There is no doubt at all that, eminent chemist and physicist as he was, he would not have left that "somewhere" indefinite, but that he would have taken the ground upon which the leaders of science stand today, that chemistry and physics rest upon the atomic nature of matter. That this was the case was held since the time of Aristotle, but the discovery of its limits was reserved for the end of last century. Let a dotard give you a little advice: Do as Hahnemann did,—keep abreast of scientific progress.

You feelingly allude to my "age and sickness as having made me a little less clear sighted." It may be that I am in my dotage, but let me assure you that it would require a stronger hand than yours to successfully dispute the arguments I have advanced for the past twenty-five years. In fact, no one has attempted it except by resorting to personalities.

Now to the main point. I challenge you or any one else to point to a single word or utterance by which I have denounced Homeopathy as a humbug, blunder or delusion. I have practised it for over forty years, purely and simply, using one remedy at a time, selected carefully. I do not alternate or commit other extravagances, and thus have taught for twenty-five years at the Boston University School of Medicine. I have avoided the potency question as much as possible, only here and there pointing out its limit as considerably below the thirtieth centesimal. This is really the head and front of my offending. I now deem it a sign of the weakness of certain sects within our ranks when they have to resort to calumination which your remarks, notwithstanding their velvety words, must be considered.

Yours sincerely,

August 19, 1904.

C. WESSELHOEFT.

THOUGHT EXCHANGE.

A Doctor's Pay.—One of our exchanges suggests that the world will sometime realize that it takes just as much brains to give pills just right — yes, even homeopathic pills — as it does to cut off a man's leg or perform some delicate surgical operation; and that consequently rich folks will have to pay their doctor just as good a fee as they now pay their surgeon. P. D. thinks it would be fun to be a doctor then.

Cramping After Pains.—Dr. W. A. Yingling, in *Critique*, reports the case of a woman who had cramps in the womb and hips, and worst of all in the legs, so severe that it seemed to her she could not live much longer. In a previous parturition she had had similar cramping pains which had lasted for three entire days. The physician himself testifies that these after pains were the most severe that he has ever seen, and yet a single dose of Cuprum metallicum cm (F) brought relief inside of a very few moments.

Calc. vs. Calc. Phos.—In Nash's "Leaders" we find mention made of the fact that while the Calc. patient is ordinarily very fleshy, the Calc. phos. patient is apt to be thin and not at all troubled with obesity. Doubtless most of our readers knew this long ago, but to some of the younger ones it will be of special interest. We certainly hope that if any of our readers have not read this little book, they will make haste to do it, for it is a veritable treasure house of far-reaching guiding symptoms.

Some Interesting Lachesis Symptoms.—Dr. R. del Mas, of Centerville, Minn., reports a case of backache of six years' standing, which was accompanied by pain in the ovaries, so severe as to keep the woman awake nights. Both the backache and the ovarian pain (the pain being in both ovaries) having been relieved by lying on the back. All these symptoms were relieved, and seem to have been cured by Lachesis. One swallow does not make a summer and yet all of these symptoms

are worth adding, parenthetically, in the margin of your repository, as they may prove very valuable;—a simple parenthesis—serving to remind you that though probably helpful it has not been verified often enough to make it decisive.

Thyroidin for Chronic Nocturnal Enuresis.—The *Homeopathic World*, for July, reports several interesting cases of chronic, nocturnal enuresis cured by Thyroidin, which certainly seems to show that this medicine has a marked affinity for this difficulty. One case in particular is of special interest: It was that of a sixteen-year-old boy, pale, very nervous and irritable, who had been troubled with nocturnal enuresis from infancy—always worse in winter time. Thyroidin cured him, so that in spite of cold winter weather there was no untimely flow of urine.

In commenting on these cases, Dr. Clarke calls attention to the fact that they are all cases of weakly, nervous, irritable children, and expresses the belief that Thyroidin will in time be found helpful in many other diseases, which are markedly characterized by *imperfect development*, a condition which seems to be so markedly characteristic of Thyroidin.

Rheumatism and Cancer.—In the preface to a new edition of his work on rheumatism and sciatica, Dr. J. H. Clarke says, "Prolonged experience confirms me in the opinion that rheumatism may be and often is the outcome of the different chronic dyscrasia, and especially of the consumptive diathesis;" and adds that almost the same may be said of the cancerous diathesis. For patients whose parents have died of cancer often have rheumatism in some form or other, but if this inclination be properly treated, the tendency to cancer may be cured. But if it is not properly treated in its earlier stages the chances are that cancer will sooner or later develop. He also speaks of a case in which severe rheumatic pains of the right hip were suppressed by Salicylate of Soda, only to be followed soon after by cancer of the axilla, which he very properly believes might have been long delayed, or even prevented, if the rheumatism had been properly treated.

Just a Little Too Much Medicine.—The doctor told her to take a bottle of Iron. It seemed to help her, so she went on and took a second, and a third, and came down sick with what seemed to be bronchitis, but was really iron poisoning. This was an allopath. But the same thing often happens in Homeopathy, for we well remember a case, which was reported to us sometime ago, when a man was told to take two or three doses of Sulphur 30 for some boils, and kindly given a bottle of pellets to keep for future use. He, finding that the first two or three doses made him feel finely, decided to keep on taking it, and much to his dismay ere long found his body fairly covered with boils. So we are inclined to think that one of our correspondents is right when he says that more cases are spoiled by taking too much medicine than in any other single way. You can have too much of a good thing.

Blindness during Child Birth.—The *Critique* quotes from Dr. Kent the following interesting cases of blindness after child birth:

Labor began naturally. There was no apparent reason for suspecting trouble, but all of a sudden the pains ceased, and she looked around and said, "Why don't you light the gas?" though it was bright daylight, thus plainly showing that she had become blind. An hour or two later convulsions like those produced by Cuprum made their appearance. One dose of Cuprum stopped the convulsions: next cured the blindness, and last of all brought back the labor pains. Following just the reverse order to that in which the troubles first appeared.

Puerperal convulsions as a Cuprum symptom are familiar. But blindness under those circumstances is not given in our Repertory, and is well worth indexing, since the blindness came on an hour or two before the convulsions made their appearance.

Specialists vs. General Practitioners.—Where the symptoms of a local disease require more or less surgical interference, it should always be left to the specialist. Diseases in which the symptoms are almost wholly local and hard to detect; diseases on which the person's past life and other parts of his

body throw almost no light, *apparently*, should also be left to specialists. But, nevertheless, we believe that as medical science advances it will be found more and more that many seemingly local diseases are merely the outcropping of some constitutional taint, which has been showing itself in that man's life for years, now in one part of the body, now in another, and that in all such cases the skilful general practitioner, who really understands constitutional treatment, is by all odds the best man to treat the case. We are glad to see that little by little general practitioners are coming to have more respect for specialists and *mirabile dictu*, that some of our most successful specialists are coming to have more and more respect for the general practitioner, and are cheerfully committing to his care some diseases which, apparently, are simply local in character.

Working hand in hand, the specialist and the general practitioner can greatly further the cause of health, but so long as they work as jealous rivals, they simply cripple themselves and cruelly wrong their clientele.

Two Typical Cases of Pulsatilla.—Dr. W. J. Hawkes, in *Progress*, reports two interesting cases of Pulsatilla. Interesting not because of their difficulty, but because they are so strikingly, picturesquely characteristic.

The first case was that of a little girl about twelve years of age, who had had catarrh for three years. There was a discharge dropping from the posterior nares; strong desire for acid food; intense dislike for meat, especially fat meat. She was worse in a warm room. You could hardly speak to her without making her cry. The 200th potency of Pulsatilla, followed by the 1,000th, so nearly cured her that she did not report any further. The dropping from the posterior nares and the marked aversion to meat are worth adding parenthetically to your repertory, the parenthesis indicating that it is not yet fully proved whether they are Pulsatilla symptoms, as a single case never proves a point like this.

The second case referred to was one of rheumatic pains in the joints of a year's standing, in a young lady of twenty, the pains being relieved by motion; worse in hot weather and in a

warm room, and shifting rapidly from one part of the body to another. She also had suppression of the menses for the last four months and was inclined to cry while telling her symptoms. Under Pulsatilla 1 m, three doses, all these symptoms gradually disappeared, except the non-appearance of the menses. But the patient was satisfied and did not report again.

Feeding in Fevers. — Dr. Clyde E. Barton, of Philadelphia, says: I wish to endorse and corroborate the views expressed by Dr. Hawkes in the article quoted in the July number of your excellent journal, which is more helpful than ever, concerning the feeding of cases of pneumonia, and I might add all other acute and some chronic cases. I find it universally true that food in such cases as he describes, where there is high fever, coated tongue, and NO APPETITE, is always useless and almost always deleterious. In pneumonia, I do not give food until the temperature is normal and the *appetite returns*.

In addition to this, I am a strong believer in treating such cases in the open air if possible, even with the mercury hovering around zero. One such case last winter, a typical Arsenic case of fully developed pneumonia, with temperature 104.2 when I first saw her, was treated with two windows in her room open as far as possible top and bottom and absolutely no food for five days; on the ninth day she walked to a carriage and drove several miles to her sister's home. I believe that cases treated thus convalesce much more rapidly than under the old way of forced feeding and fixed temperature, even with good homeopathic prescribing. Of course, patients must be kept well covered with the lightest weight bedclothes possible, but let them have the benefit of good, fresh, oxygen-laden air, so the available portion of the lungs will not have to do any more work than is absolutely necessary to aerate the blood, thus giving the respiratory system as nearly perfect rest as possible, and giving nature a chance to turn all her attention to the restoration of harmony in the system.

Incidentally, I would like to combat the idea that rectal alimentation or nutritive enemata, so-called, is neither rational nor effective, as advocated by Dr. Fitz-Matthew in the March num-

ber of your journal. The rectum is an excretory, not an absorbent organ, and I thoroughly believe that a patient will live longer without food entirely than when such an organ is asked to reverse its processes and absorb substances which have not been prepared in a natural way and which have been unnaturally forced within its folds. The patient loses from the shock of such a process much more than he gains by any conceivable grain of nutrition which he might get by it.

Involuntary Barking.—Dr. D. Albert Hiller, of San Francisco, writes: I have been much interested in the case of “involuntary barking,” as noted on page 304 of the June *ADVANCE*; this case recalls to memory one of the worst cases of “involuntary barking” which has ever come under my notice. It was sometime in the seventies and was reported in the *Medical Investigator* of that time. It was cured by the administration of *Lac Caninum*, cm (Fincke), a powder taken at each attack. These barkings came on regularly each day, in the forenoon, but each time fifteen minutes earlier than on the preceding day, and so on, for a week, when the cure was affected.

Gonorrhœa and Blindness.—As one among the many sad consequences of the prevalence of gonorrhœa, the *American Journal of Obstetrics* mentions the fact that there are every year ten or fifteen thousand cases of infantile blindness due to this disease. The blindness beginning with what is called ophthalmia neonatorum. Evidently then, any weakness of the eyes in infancy should be noted promptly and treated with the utmost care.

A Comparison of Aloe and Æsculus.—The Aloe patient is always hungry and hot; the Æsculus patient suffers from loss of appetite and is always too cold. And again Aloe causes eczema, but Æsculus has no action on the skin.—*Dr. Laird, in Clinique.*

Nystagmus.—The importance of Nystagmus, or a constant moving of the eyes, vertical, oblique or rotary, lies in the fact that it always indicates some disturbance which is more than merely functional.—*Hahnemann Monthly.*

The Red Stools of Mercury. — Dr. F. H. Lutze, of Brooklyn, tells us that the red stool of Mercury, which is a brick-red color, is not always due to the presence of blood. He also mentions the fact that he has oftentimes verified in practice the following Hypericum symptom: shuddering before urination.

Pneumonia in Children.— The one ever-present symptom which should always rouse suspicion is that a child who is feverish begins to breathe more rapidly. Cough is not always present. It is a curious fact that in children this disease occasionally simulates appendicitis, since they act as if the pain was in the abdomen, rather than in the chest. It should also be borne in mind that little children do not react well to cold, and that a sponge bath with luke-warm water or a wet pack at 85° is safer than more vigorous measures.— *Condensed from the Archives of Pediatrics.*

Ocular Headaches.— *The Medical Review of Reviews* states that a headache may be due to some form of eye trouble, even when the vision is normal, and there is no manifest astigmatism, also that under ordinary treatment ten per cent of all ocular headaches are incurable. But what per cent are curable under homeopathic treatment no one has told us. In our experience, the removal of the cause and the dynamic similimum cures nearly every case.

Eucalyptus: (A Curious Key-note).— *The Homeopathic World* reports a case of oft-recurring attacks of cold in the head, of many years' standing, which was greatly relieved by the use of Eucalyptus, the indication for the remedy being the curious fact that the patient was extremely sensitive to the faintest whiff of Eucalyptus in its natural form. This is certainly very interesting, and we would suggest to Mr. Stacey that very likely he will get a still more perfect cure if he will use Eucalyptus in a stronger potency at *long intervals*.

The Looks of the Patient. — A subscriber speaks of a case in which the real key-note, the thing which clinched the case, was the looks of the patient. One of the rewards of studying

our cases very closely, is that after a while, almost unconsciously, the looks of the patient reveal a great deal as to the indicated remedy. But those of us who are beginners should never swear by looks alone, until our first impression has been fully verified by a more commonplace study of the case in its detail, otherwise prescribing by looks, wholly or in part, will become a snare and a delusion.

DON'T allow your pregnant patients to omit sending the urine for examination every two weeks and oftener if defective elimination of urea is noticed and

Don't fail to warn them to consult you immediately if headaches, disturbed vision, vertigo, edema of face or extremities appear.—*Dr. Florence N. Ward.*

Cow's milk taken by nursing mothers in such quantities as they can digest often greatly improves both the quantity and quality of their milk.

DO YOUR own thinking, if you wish to succeed, but you must learn to think straight, or you won't succeed even then.

THE progress of the world is retarded by those who refuse to think. So says a recent writer; to which we say Amen; but would add that it is also retarded, even more, by those who think unwisely and too much.

OLD errors do not die because they have been refuted, but because they have been simply crowded out by something better, and, oftentimes, the less you say about them, in detail, the sooner they die.

No man is useless who feels true friendship for any other living man, nor is it possible for such a man to be wholly unhappy.

HE had been under the care of many physicians, both wise and otherwise.—*Exchange.*

HERING MEDICAL COLLEGE

REGULAR COURSE OPENS SEPT. 6, 1904



HOMEOPATHY appeals to all her friends for a vigorous and loyal support of her colleges. There never was a time in the history of the school when true representatives were more needed than they are today; never a time when so many urgent calls for Hahnemannian practitioners were made as today. The colleges deserve the support for which they appeal. They are prepared to give instruction equal to any in the land. In Anatomy, Histology, Pathology, Physiology no better teachers or more thorough courses can be had than are given; and in Minor Surgery no more practical course is to be had anywhere than in Hering College. Thus there is no excuse for sending students to colleges of other schools for "a solid foundation" on which to build a practical knowledge of homeopathic therapeutics. They may learn all that is known of medical science, except how to cure the sick, in other schools; but in our own colleges alone is taught the science of therapeutics, the true Healing Art. Let each alumnus send a student and fill our class rooms. If homeopaths do not support homeopathic colleges, who will? Make homeopaths of the freshmen, "as the twig is bent the tree's inclined."

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THE MEDICAL ADVANCE

...AND...

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Transactions Central New York Homeopathic Society.

HOTEL WARNER, Syracuse, March 10, 1904.

The quarterly meeting of the Society was called to order by the President, Dr. R. C. Grant, at 1:30 P. M.

Members present: Drs. Bresee, Dever, Follett, Grant, Graham, Gwynn, Hoard, Howland, Johnson, Keese, Leggett, Martin and Stow.

There was no report from the Board of Censors.

§ XII, of the Organon, and the paper of the same, by Dr. Dever, was read by Dr. W. W. Johnson.

It has been my habit to read the Organon from cover to cover, as often as once a year, for some years past, and some of the sections I have read much oftener. While I think that I understand the lesson which the author intends to teach, sufficiently to make the application in practice, it is quite a different problem when I attempt to explain what I understand of § XII in an intelligent and comprehensive manner to others.

Hahnemann speaks of the vital principle as a spiritual, self-moved, vital power. The vital force is a self-adjusting principle which is automatic and can accommodate itself to various changes and yet suffer no serious consequences.

It has reference to those changes which we observe during sickness, and which we think accounts for their cause in the only rational way compatible with advanced thought; all theory of disease to the contrary notwithstanding.

It is the morbidly affected vital force alone that produces diseases, so that the morbid phenomena perceptible to our senses express at the same time all the internal change; that is to say, the whole morbid derangement of the internal dynamis; in a word, they reveal the whole disease; consequently, also, the disappearance under treatment of all the morbid phenomena and of all the morbid alterations that differ from the healthy vital operations, certainly affects and necessarily implies the restoration of the integrity of the vital force and, therefore, the recovered health of the whole organism.

I am not inclined to the thought that any explanation which I might give of this self-moved, vital power, which preserves and keeps the animal economy in its harmonious order, and is alike responsible for all changes during disease would be more fully comprehended were I to multiply pages upon the subject, therefore I will say that my understanding of § XII is, that it is the active, spiritual vital force put upon self defense, which is alone responsible for those morbid changes which we regard as disease. Furthermore, that symptoms are only the result of vital activity, and that a cessation of the symptoms are the only indication of restoration to health. The vital force is alone active, which is self-evident, as where there is no vitality there can be no symptoms other than those to which dead matter is subject.

When we speak of the *action* of medicines we convey a wrong impression, as medicines do not and cannot act but are acted upon by the vital force, and an effort to expel them produces symptoms which are wrongfully attributed to the medicines as active agents in the cure of disease.

But as I have before intimated that anything which I could say would not improve the original text, I will leave the subject for your discussion.

The President:

The subject is open for discussion.

Dr. Leggett said that in the face of the many "beliefs" constantly presented to the intelligence of the human race, it seemed well to carefully define the meaning of the word *cure* as used by the profession. A man restored to the use of his natural capacities, comfortable, without suffering, minus a leg, an arm or even certain organs or parts of

organs must certainly endure the result of that destruction the rest of his life. Cure, therefore, in one sense means perfect restoration, in another, this restoration of functional activity must be comparative. The suffering relieved, the activities restored, in many cases the comparative health judged by the patient to be perfect, must be received by the profession with a mental reservation, and, in reports of cure, properly recognized. This being especially necessary during the popularity of the many and various cults of Healers.

It is true that Homeopathy, together with observance of the laws of right living, according to individual strength early applied, does much to restore to man that which was lost through disease or neglect, even the loss or defects acquired in preceding generations. But, Homeopathy is not creative, it is restorative; it can not create that which has never been present, only restore to man that which was his own by right of possession, minus that destroyed.

Dr. Grant: I was much amused and interested, a few days previous, to see one of the most prominent Mental Healers in Rochester alight from a street car with crutch and staff and hobble away in a manner suggestive of great pain.

Dr. Johnson: The word "cure", in many cases, must be used comparatively, although in many others it might be used absolutely. He believed, that when sickness had a miasmatic base, the patient relieved for long periods of time by the homeopathic remedy, would eventually develop new crops of symptoms, or a return of the old ones upon slight digression from the usual.

Dr. Howland said it was her habit to tell her patients that they would remain well from one to twenty years; that she had had patients relieved from suffering eleven months and knew that Dr. Kent had one who was not again sick in twenty years.

Dr. Stow regarded § XII of the Organon as a truism. Like the authors of the Declaration of Independence he thought the statement therein contained a self-evident pro-

position. It was the clearest and most important statement in the Organon, as it clearly pointed out that which constitutes both health and disease. That in case of ulcers healing with scars, the signs and symptoms of disturbed force subsiding, the suffering gone, a restoration of natural strength taking place, we had the right to pronounce it a "cure." Concerning sickness with miasmatic base he cited a case to which he was called some three years previously. It was a case of pneumonia; temperature 104° or 105° ; full hard pulse; sordes; dry tongue; desire to move about but greatly hurt by motion which yielded promptly to Bryonia. The patient recovered to the extent of discharging his physician saying he would send for him if needed, all that was necessary being to recover his strength. Four days later the doctor was sent for. Called counsel who said the patient would die. The latter had risen from his bed, gone to the woods to superintend the piling of some wood. Result, death. Dr. Stow was convinced that after the superficial symptoms of a case had disappeared, the patient might still be in danger from the miasmatic base underlying the acute disturbance; that "cure" could not be pronounced until the recovery of strength, appetite and weight.

The discussion of § XII of the Organon being closed.

TYPHOID, ITS TREATMENT, ITS SEQUELÆ AND
ITS COMPLICATIONS,

was presented for discussion;

Dr. Johnson considered that there was no doubt but that typhoid was homeopathically aborted, and said that there was no one diagnostic symptom of this disease always present.

Dr. Stow thought it about time theories relating to typhoid were exploded. He said it was a zymotic disease, which could be propagated by contact or inoculation, and much less so by air and water than was currently believed. He said that the worst cases of typhoid he had ever attended had had the most excellent supply of both air and water. He said the disease was due to a condition latent in the organism which certain adverse circumstances brought to

the surface, and that this typhoid bacillus must be looked upon as result and not cause.

Several members brought arguments in evidence of the spread of contagion by contaminated water supply, recounting instances of epidemics such as Plymouth, Ithaca, etc. when the source of supply had been condemned, forgetting that the theory of inoculation advanced by Dr. Stow, was in no way defeated by the facts cited, as inoculation through an irritated mucous membrane of the intestine was still the probable cause.

Most members agreed to the statement that the typhoid bacillus was a result, not a cause, a scavenger and not a destroyer. All believed in the proper care of all excreta and of the best hygienic measures.

Dr. Martin presented a case which he had named:

A VICTORY FOR HOMEOPHATHY! NERVOUS FEVER.
(Cerebral type).

Wm. O'B., aet. 9, Baldwinsville, N. Y., began to be sick May 14, 1903. He was of a nervous temperament, light hair, light blond complexion, blue eyes, weight 64 lbs. The mother had borne four healthy children.

The mother said: "At about three months old this child's eyes became unsteady, and he cried much until he was a year old. The left eye of the oldest brother turned to the left, but this one's turned to the right."

Dr. H— was called first in the case, and said it was scarlet fever. Dr. W— called in consultation, said symptoms were like scarlet fever; medicines were given, the patient grew worse rapidly, and in about two hours they called it spinal trouble. The first day and night was without relief, patient growing rapidly worse. Friday, about 2 A.M. Drs. B— and S— were called in consultation.

Before last counsel had arrived his bowels moved unconsciously. At this stage all agreed that it was some spinal trouble, and that not much could be done in the case; all agreed he must die, Drs. H— and W— were in attendance Friday night until 6 A. M. On Saturday they made frequent visits, and Saturday afternoon they put him in a cold

wet pack. Saturday, 4 P. M. he was sick, dizzy and tried to vomit. Dr. H— said: "If he vomits he will surely die". His vomit had been coffee colored, of a very bad odor, and, when Dr. H— came at evening he said to the mother: "I have been consulting with Dr. W— over the telephone, and he agreed, because of the extreme restlessness, etc. to administer chloroform to quiet and let him die easy".

To this advice from Drs. H— and W— the mother would not consent, and positively refused to let them use chloroform; for she said, "if there should be any change in the condition how should we know?"

At 10 P. M. all medicines were discontinued. Dr. S— came at 10 P. M. and remained the rest of the night. The mother said that the doctor fell asleep in his chair, then roused and lay down upon the couch and slept soundly. Because of the great restlessness, one of the attendants woke him and asked if he could not do something to quiet the child. The mother said the doctor rose, went into the room, sat down in a chair and watched the boy a few minutes, did nothing and said nothing could be done, after which he fell asleep in his chair.

This the mother and the relatives did not like. The mother said: the boy would grasp his head with both hands and say: 'Oh! my head, my head!' and moan 'Oh! dear, Oh! dear!'

About 2 A. M. the mother ordered a neighbor to telephone Dr. A. H. Martin to come promptly. In his excitement the neighbor telephoned to Dr. B—, one of the consultants, who, on receiving the call, asked who was in attendance. Receiving the reply that Dr. S—, was at the house, Dr. B—, replied he would *not* come. The neighbor reported this answer to the mother, who, supposing Dr. Martin had refused to come, was greatly shocked, wept bitterly and said to the neighbor: "I thought Dr. Martin had more kindness than that." The man then saw his mistake and said, "I called Dr. B—, did you ask me to call Dr. Martin?" He then called Dr. Martin, who responded promptly. When Dr. Martin arrived at the bedside he quickly

saw that the case was of a serious nature, the house full of anxious relatives and friends, urgent in their appeals for help, and, learning that four physicians had agreed that there was no help, and that Dr. S—, one of those physicians was still there, asleep on the couch, he decided against taking so desperate a case alone.

Dr. Martin said to the family that he did not wish to prescribe for so serious a case without the counsel of his father, an old man, who had seen and treated many such desperate cases. He then left, went to his father's office near by and called him to visit the case.

They saw the patient about 3:30 A. M. All that could be observed was the extreme restlessness and jactitation, which was so great that it required three or four attendants to keep him on the bed, or a sheet over him; there was some vomiting of green mucus. The attendants would try to hold him to keep him quiet. This they were told not to do for the time as it was necessary to watch carefully all his expressions, movements of limbs and positions, and carefully to observe every expression of eyes and face. The doctors sat by the bedside about one half hour, watching carefully. During that time they were frequently urged by the attendants to give something to quiet and put him to sleep. The doctors said "No", for as long as he could make all those movements it showed that he was living and his vital forces might produce symptoms upon which to prescribe: that if he was rendered stupid or put to sleep, he would sleep into eternity, as this condition was all that was left upon which to make the prescription—all others having been masked by the severe drugging of his counsel.

The statement fully satisfied the family, and the doctors were allowed to watch the case in peace. Had the mother consented to chloroform the child, there had not been even this objective symptom of restlessness upon which to base a prescription.

At this stage the pupils were dilated, three or four bright scarlet spots the size of a dime were upon the left temple and cheek, and the whole chin was of an intense

scarlet red. Because of the intense jactitation neither the temperature nor pulse could be taken. On inspection it was found that the doctors had blistered nearly the entire abdomen, calves and soles of feet, had put ice on his head and had vomited and purged him so thoroughly that the emesis was of a dark coffee color. This proved to have been produced by the drugs of the counsel.

Because of the extreme restlessness and jactitation, Arsenic 200 was given, two doses, with an interval of half an hour, and was followed by Sac. lac. Four hours later the father appeared at the office and announced that the "boy acted better." He was visited by both physicians several times that day and by evening it could be readily seen that he was better.

There was no nurse, the care of the patient depended upon the family. Just then a trained nurse, Miss L—, was visiting the family of Dr. A. H. Martin, and her services were secured. From this date May 17th, the third day of the disease, this report is taken from the nurse's chart:

Nine P. M., Temp. 104, p 130. Stomach: nothing retained; incessant tossing; sleeps four minutes at a time; delirious since preceding Friday; moves body in circles; head toss from side to side; eyes, violent muscular twitching; constant cry, "Oh! my head"; during night slept 10 or 15 minutes. Placebo.

May 18, 10 A. M., Temp. 104, p. 128; stomach better; tepid alcohol sponge; cheeks intensely flushed; restless moving; urine scant, bad odor. Placebo.

May 19, 7 A. M., Temp. 101. p.94, resp. 35; less tossing; treated back to olive oil; asked for vessel; small, brown. mucus stool at 12 M; urine same. Placebo.

May 20, temperature not given; *Perfection Liquid Food* retained; pulse very small; stools, thin, frothy, dark brown, very offensive; nervous; eyes exceedingly sensitive to light: pain, head, controlled; lies more quiet; moans in sleep; urine voided. Arsenic 200, one dose, and Placebo.

May 21, 9 A. M., Temp, 103.4; p. 110; resp. 36; takes water freely and retains it; sharp pain in stomach; patient

in terror; applied cloths wrung from hot water and hot dry cloths; no rest till 8:30 P. M., then short intervals of sleep; urine voided three times. 6 P. M. Temp. 101; p. 94; resp. 40. 9. P. M., Temp. 103; p. 116; resp. 40; urine better. Because of high temperature, one dose Arsenic 40 m.

May 22, 6 A. M. Temp. 102; p. 100; resp. 36. At 12:30 P. M. Temp. 101; p. 98; resp. 34. Bright during the morning; slept less; without pain; fairly good day. Placebo.

May 23, 6:15 A. M. Temp. 102; p. 108; resp. 38. 9 P. M. Temp. 101.6; p. 112; resp. 34. Restless; pulse slightly intermittent; right cheek flushed; eyes extremely sensitive to light; urine free and better; Arsenic 40m. not having the desired effect the 200, one dose, was given.

May 24, 6 A. M. Temp. 101; p. 110; resp. 38; tongue badly swollen; lips swollen; urine more free. Placebo.

May 25, 6 A. M., Temp. 99; p. 98; resp. 32; very sensitive; lids and tongue less swollen; urine better. Placebo.

May 26, 5:45 A. M., Temp. 98; p. 96; resp. 32; much better; tongue bad; urine voided freely and better. Placebo.

May 27, 7 A. M., Temp. 98.4; p. 90; resp. 30; long sleep; cheeks a little flushed on waking; enema of hot water, small result; urine better. Placebo.

May 28, 5 A. M., Temp. 98.1; p. 98; resp. 30. Colon flushed, solid contents passed freely: felt good; very bright; slept well; interested in all things; urine free and better odor; result of flushing colon (?). Placebo.

May 29, 6 A. M., Temp. 98; p. 94; resp. 30. Takes boiled rice in milk; good night; hunger, eats but little; enema, hot water, good results; right cheek very flushed. Placebo.

May 30, 7:30 A. M., Temp. 98.4; p. 94; resp. 32. Slept well; had some food; urine voided freely. Placebo.

May 31, 6:45 A. M., Temp. 98.5; p. 90; resp. 32. Breakfast, banana and cream; dinner, crackers, chicken and cocoa jelly; good night; enema, hot water, good result; hectic flush, both cheeks at noon; enjoyed dinner; slept 2½ hours; urine better. Placebo.

June 1, 6 A. M., Temp. 98; resp. 32. Food: crackers, custard, malted milk during the day; drank freely; good

night; enema, small results; lies on left side; when lies on right difficulty of breathing; good deal of urine; no appetite for supper; malted milk three times during night; nervous; less flush of cheeks; slept at 9:30 P. M.; urine free, better odor and color. Placebo. Cold sponge, evening, without order.

June 2, 8 A. M., Temp. 100; p. 102; resp. 34. Breakfast: grapenuts and cream; orangeade; supper, wafer crackers and orangeade; quiet; no pain; enjoyed evening meal; less nervous; drank water freely; slept till midnight, urine normal. Arsenic 200.

Lavage of colon; hot water alternate days.

June 3, 6:20 A. M., Temp. 99; p. 100; resp. 32. Diet: cream and malted milk, orange, wafer alternate during day; slept very well; urine normal in color and odor; enema, small quantity of solids; cheeks flushed; coughs some. Because of cold bath, too free feeding, rise of temperature. Sulphur 200, one dose.

The nurse ceased attendance and the mother had charge of case for the next six weeks. The cough and flushed cheeks remained after the cold sponge, and the temperature continued at 99.5. These all disappeared under one dose of Baccilinum 200, and at the end of twelve weeks the patient was restored to health, and remains in good health to this day, March 10th, 1904.

LESLIE MARTIN, M. D.

Baldwinsville, N. Y.

Dr. Stow read the following:

A FEW CASES IN PRACTICE.

CASE 1. Erysipelatic Erythema: H. V. B., aged 71, farmer, called for a prescription Jan. 27: face and wrists fiery red, swollen; no papules nor any vesicles, but there was white scaling of cuticle, and intense itching and burning, aggravated by heat, worse in bed at night, and relieved by scratching; much thirst for cold water. Sulphur cm. three doses, improved the case in a week; cured him in two weeks. Used all kinds of much lauded, up-to-date lotions previously.

CASE II. J.S—, farmer, aged 81: anasarca arising from cardiac lesion. Has been an invalid some three years. Œdema of the extremities, scanty urine, dyspnea, frequent epistaxis of dark blood easily brought on; bleeds from mouth also. Complexion: grayish, sallow. Bleeds from nose: worse at 2 or 3 A.M. and night, after dinner. Pulse: doughy, irregular. Tongue: clean, red, glossy. Respiration: short, quick, 24 to 30 per minute. Nose sure to bleed when he gets warm, or if he puts his feet in warm water. He looks cold, pinched, hands and feet cold most of the time, but he also has flushes of heat, followed by nosebleed. As Carbo^{veg} covered so many symptoms, I gave it in the 30th potency, and he has greatly improved under its action. Nosebleed and great debility now but rarely recurring.

Cardiac murmur, indicative of valvular trouble, with regurgitation.

CASE III. N.W.W., aged 56, grocer: had had an eruption on wrists and legs, of mixed form and trend for six weeks prior to calling on me. That on the wrists was insignificant, only its exposure touched his pride, and it was aggravated by cold, and the irritation of his shirt and coat cuffs.

His right leg was worse: it was fiery red, inclined to crack, become scaly, and towards the last excreted a thin, sticky serum, that dried into greenish yellow scales, which when washed off left the surface raw and inclined to bleed. This eruption was on the outer side of calf of leg, from knee to ankle. On the outer surface of left leg were three annular spots the size of a half dollar, and otherwise exhibiting about the same objective signs as the right leg.

The subjective symptoms were about the same in both legs, and were as follows: Intense itching and burning, > by scratching; < at night, when going to bed; when in bed; after walking; > by cold; < from heat. As he was a tall spare man, with stooping shoulders, easily fatigued, easy to perspire, I gave him Sulphur 200. This mitigated the condition for a short time, but was not satisfactory. Placebo for a week, then three powders of Sulphur cm. (Skinner's).

This did the work, and he now has simple dry scaling, with slight itching when he undresses.

This winter many cases of this sort among men have come to hand, and all have readily yielded to homeopathic treatment.

Dr. Stow's cases were accepted with thanks, and the subject presented for discussion was:

SILICEA

Dr. Follett had cured a ganglion of the wrist, that had been broken several times, with one dose of Silicea cm. There were no symptoms.

Dr. Stow had found Silicea 200 useful in the cure of ingrowing toe-nails. He had also used it successfully in profuse, offensive foot-sweat, parboiling the toes. He said it was one of the most useful remedies in rectal fistula, and had marked influence in sweat of the head in children.

Dr. Leggett described a case of drenching foot-sweat, so foul that other servants of the house could not endure the presence of the patient, and that blistered the heels, cured in two weeks with Silicea 30. She had also found that the constipation of young children, with sweat about the head while eating and sleeping, sometimes called for Silicea instead of Calcaria.

Dr. Grant called attention to the close resemblance of the Belladonna and Silicea headaches, and said that one would be most likely to give Belladonna for such an headache, in off hand prescription, given without the totality of symptoms.

Dr. Graham had found it most useful in caries.

Dr. Grant recalled a case of horribly offensive foot-sweat, treated by many excellent homeopathic prescribers, for which he prescribed Silicea, as had others, with but temporary relief. The man was perfectly well, had not a symptom, and had been frequently warned not to suppress that foot-sweat. He finally learned that the skin of the foot, from the sweat, turned perfectly white. He found that condition expressed under Secale, and that remedy held the case a long time. Finally the patient became tired of fre-

quent return of the trouble, and reported that he had found a wash that had stopped "that odor". But this man died of Bright's disease in less than one year.

• Dr. Howland reported a case of Bright's disease, a perfect cure with one dose of Cantharis.

Dr. Martin reported many successful cures of homeopathic "maids-knee" with Silicea. He had never known it to fail, and used it in potencies from 200 to 50m, and considered the latter potency the best.

Dr. Howland presented the following:

ILLUSTRATION OF SILICEA.

March 9, 1899. Miss. A. W., aged 23, light hair, blue eyes, slim face; not well since six years of age when she had malaria. Takes cold easily, settles in head and neck swelling behind ears, latter would form abscesses which ruptured and discharged.

Ears: Left ear began to ache a few days ago; discharge thin, watery; thick discharge at times.

Mouth: Sordes on teeth every morning.

Neck: Glands enlarged, suppurating; thick, yellow discharge at first, then thin and watery; odor offensive.

Limbs: Swelling of left ankle inside; came on three years ago; would come and go; finally terminated in an abscess which ruptured and discharged thin, watery fluid. These abscesses increased on both sides of ankle until now there are sixteen openings from which exudes a watery discharge. Sprained ankle before this came on. Aches before a storm, and if air strikes it.

Skin: Ringworms appeared before neck began to swell, started over left hip, passed around waist down left side, down left leg and left ankle, about two hundred of them.

Catarrh always bad; dropping into posterior nares; thick, green discharge. Nose obstructed; cannot breathe unless she lies on back; voice, nasal sound. Sweats on the slightest exertion; palms of hands, head and hair will be wet. Night sweats all over body; last summer could shake it off the hands.

Feet: Nails used to crumble easily. Cold, dry.

Sleep: Restless; talks in; walked in, when a child.

Eyes: Inflammation before this trouble came on. Lachrymation, excoriating; sensation of sand in.

Throat: When swellings subsided from external throat, swelling appeared internal; had it burned out.

Hands: Cold, moist.

I recognized this as a Siliea case. Fearing an unpleasant aggravation, which I have observed in some cases, I decided to give Pulsatilla 10 m. to lead up to it. This was given March 14th. There seemed to be some slight improvement in a general way, and less pain until March 28th, when she complained of no sleep one night for pain in ankle; I, therefore, gave her Siliea 6 m. From this time there was a gradual improvement. As symptoms returned the potency was repeated or raised, until I reached the millionth. She had two doses of the millionth, the last one was given January 2, 1901, nearly two years from the beginning of the treatment. The patient increased in weight, the ankle grew smaller, the ulcers began to heal from the outside towards the centre. Some of the openings healed entirely. The neck improved; a gland which hung down like an egg disappeared. The complexion was better. The hair turned a beautiful brown. The patient felt much better in every way.

As the father was a sporting man and spent his money in a riotous way, neglecting his family, I sued him for the balance of my bill, and was not allowed to carry the case to completion. It was evident that the patient was on the road to cure, as she had the millionth of the indicated remedy, and still uncured, the question arises: Was this disease too deep seated for an absolute cure? What think you? Why was Siliea prescribed in this case? I found upon consulting Knerr's Repertory:

"Glands of neck, swelling with suppuration," Siliea the only remedy double marked.

Watery discharges from the ear. Siliea double marked.

Abscess on ankle joint—Kent's Repertory, only three remedies given: Oleum jec. Sil. <from draft of air.

While other remedies have this symptom, Siliea is

double marked. I conclude, therefore, that Silicea is the remedy, and the improvement in the patient proved it.

Dr. Bresee called attention to a statement made in the November Advance, p. 600, by Dr. Stuart Close, to-wit: "We must not attempt to cover all the symptoms of a chronic case with a single remedy as we would in an acute case. If we try we shall not only fail to cure, but do great and irreparable harm. No case of chronic disease can be cured with a single remedy, although some prescribers seem to set that before them as an ideal in making their first and every prescription for a chronic case; they endeavor to cover all the symptoms of the patient with a single remedy, as if it were a case of acute, uncomplicated disease."

Dr. Bresee desired an explanation to this statement as to totality of symptoms.

Dr. Stow, always ready to defend the *principles* of Homeopathy, said that the statement that "it was impossible to cure a chronic disease with the single remedy" might be true to a great extent, but that there were many exceptions to it. He cited but one, as a "representative case": *ex uno disce omnes*. Early in the fifties, there lived in Petersboro, Madison Co., N. Y., a man named Niel, about 45 years old, a grocer by occupation. For some years he suffered from autumnal intermittent fever, tertian type, and had it suppressed time after time, but it would return again in spite of quinine, Fowler's solution and other anti-periodics. He lost flesh, vigor, hope, and, in fact he became a physical and mental wreck. Dr. Stow's parents then lived in Petersboro. His father, being much interested in Homeopathy advised the sick man to try that method of treatment. The result was that the patient consented. Dr. Stow's father took his case, submitted the record of it to Drs. Richardson and Loomis, of Syracuse, who prescribed Arsenicum album 800. Two prescriptions cured the patient. He had no more paroxysms, steadily regained his weight, digestive power and strength, and at the time Dr. Stow's parents left Petersboro, some two years later, the man had no return of the malady. "Now"

said Dr. Stow, "why was that not a cure of a chronic disease by a single remedy, on the totality of symptoms"?

[Was this not a suppressed acute disease? Did it depend on a chronic miasm? Was it strictly speaking a chronic disease? ED.]

Dr. Grant much wondered at such a statement from Dr. Close.

Dr. Johnson thought any homeopathic physician who had had experience could controvert that statement.

Dr. Leggett, wonders what Dr. Close would do in the case of a uterine fibroid which was cured by the late Dr. Wm. A. Hawley, and which during the two years and a half of treatment, had neither called for, nor received, any remedy but *Lycopodium*. This case, unoperable, as large as a pregnancy at eight months, given up to die by five of the greatest allopathic physicians in New York, among whom was Dr. G. Marvin Sims, was surely chronic, and as surely Dr. Hawley had no other idea than to cover the totality of symptoms, which cured the case.

Dr. Johnson recalled the fact of the power of *Silicea* to expel foreign substances, and the danger of prescribing the same, when a foreign substance was known to be present, in or near the life organs. He quoted Dr. Kent as having first drawn attention to the danger mentioned.

The meeting was adjourned to Rochester, Chamber of Commerce, the Thursday of the week in which the International Hahnemannian Association should convene.

S. L. GUILD-LEGGETT, Secretary.

How I Became A Convert to Similia.

A BELLADONNA CASE.

JOHN A. RENDALL, M. D., Edinburgh, Scotland.

Some years ago, when I was a chemist's apprentice and had a supreme contempt for potencies—though I had to prepare them—and looked on the whole process as so much bottle washing. I was badly afflicted with constipation. For many months, if I had two scanty motions a week I thought

myself very fortunate, the depressing effect of this on my spirit was unbearable. I never had a headache, but I always had a head. I had most fearful cramps mostly in my small muscles, and fingers, never in abdomen or bowels.

I physicked myself with all the aperients I could think of which only added to my misery.

*One day mentioning my troubles to an old homeopathic physician, he said take a dose of Belladonna every night on going to bed, you are suffering from spinal irritation, the result of onanism.

To my utter surprise the effect of three globules of Belladonna 12 was to turn me out of bed twice in the small hours of the morning, with copious, loose, almost diarrhoeic motions such as I had not seen for many a day. Thereafter a nightly dose of Belladonna 12 ensured a natural evacuation in the morning for some weeks, when it suddenly lost all power. Belladonna 30 acted in a precisely similar manner, and the cure was ultimately effected by Belladonna 200.

Since then Belladonna in any strength has never helped me in constipation, but Plumbum 30, or better still Sulphur 30 always does.

AN IGNATIA CASE.

A young woman, daughter of a West Indian Negro by a Scotch woman, lost command of her bladder on attaining puberty. If she could relieve herself immediately on inclination, well and good, if not severe pain set in and she commenced to dribble; this went on until night when she got to sleep. She never had any incontinence at night. This went on for five years and was uneffected by marriage, gestation or parturition.

She had attended nearly all the dispensaries in this medical centre without the slightest improvement. I treated her for some weeks with the same want of effect, no other symptom; bladder and urine quite healthy. At last in desperation I said, this is simply nerves and gave Ignatia

*One day I asked this dear old man. How do these potencies act? His reply was I do not know how; but knowing they do I thankfully use them. He was a successful man using any potency up to 200.

ter die for a week; no effect. Ignatia 3 ter die for a week; no effect. Ignatia 30 ter die for a week; [complete cure that has lasted.

Curiously enough her sister had nocturnal enuresis, but had full command over her bladder during the day, except when in an epileptic fit, which she had very frequently. I failed to cure this case until once she had a fearful fit during her confinement immediately on the expulsion of the placenta, everything else normal."

A HINT TO THE SOPHOMORE.

The working of a homeopathic prescription is like that of a simple equation in algebra; $a + b - c$ is cancelled by $a - b + c$, and that only $x + y + c$ will not touch the case in any but a bad way. If your $a - b + c$ prescription has failed and you are sure of your similimum, try $a_2 - b_2 + c_2$.

"Tried It on a Cow."

MY FIRST VETERINARY CASE.

V. E. BALDWIN, A. B., M. D., Greentown, Ind.

Early on the morning of Aug. 8, 1904, Mr. W., a farmer residing near the city, wakened me by pounding savagely upon my office door. Before I could get the door opened he spoke hastily and excitedly, saying, "he had a fine blooded milch cow that was dying he feared from foundering. Come quick and help him." On arriving at the barn I saw a beautiful animal stretched out upon the ground, bloated tight as a drum, feet elevated in air, cold and stiff. Cow apparently dying. Several farmers and veterinarians were standing around shaking their heads and saying "too late, they had done all that could be done." Like a flash there came to my mind a quotation from Kent's Lecture on Colchicum, that, "when everybody had given up a foundered cow for dead sometimes a few pellets of Colchicum cm. might perform a miracle." So I thought here is one of those times. I pulled out my pocket case, and while the farmers bulged out their eyes and whispered "the fool," I made a powder of Colchicum, dissolved it in water, pulled

out the cow's tongue, raised her head, and poured it down. To make a long story short; the miracle happened to me as well as the most skeptical. Two remarkable things occurred in that cow's rapid recovery; first she vomited in a short time several quarts of oats; and secondly, she never purged, her first stool was a normal one, as were all the rest. In twelve hours she was milked giving a gallon of milk.

A Simple Method for the Reduction of Luxations of the Humerus.

BY ELEANORE BOULTON, A. B., M. D.

Though the range of motion through movements of the humerus is great, the scapula normally admits of but little motion when the humerus is held in a fixed position.

In luxations of the joint however the range of passive scapular motion is considerable, and it has been through studies of the possibilities due to the fact that the following methods have been evolved. They are, of course susceptible to various modifications, according to the dexterity of the surgeon. The studies have extended over a period of four years, and include fifteen cases of the author's and nine cases which were referred to her; comprising only such cases as were uncomplicated by fracture of the scapula or clavicle, or the neck of the humerus.

I. This method is applicable to subspinous dislocations, as well as to downward and forward luxations.

The surgeon stands behind the patient, who may sit or stand, as is convenient. In performing the manipulations the writer uses the hand corresponding to the side upon which the lesion exists. The hand of the operator is partially closed, the thumb extended, and the wrist pronated. The ball of the thumb is placed below, against, and parallel to the lower margin of the scapula on the axillary border, just external to the inferior angle.

Firm pressure is exerted, and the wrist is slowly and steadily supinated, pressure upward and inward being exerted at the same time. This manipulation, if properly performed,

pushes the lower angle of the scapula upward and toward the median line, depressing the lower lip of the glenoid cavity, and usually results in the prompt reduction of any variety, of humeral dislocation.

In the subspinous variety, should reduction not occur, and a repetition of the manipulations bring no better result, pressure with the other thumb upon the head of the dislocated humerus, in the direction of the long axis of the bone, should be added, inserting the digit as deeply upon the head as is possible.

II. In subcoracoid or subglenoid dislocations, the operator stands behind the patient, as before, and places his hands on the patient's shoulders, with the palm of the hand at the base of the ring finger resting upon the acromion process of the scapula, the ball of the finger being placed below the clavicle, The ball of the middle finger is placed just above the clavicle, and that of the thumb beneath the spine of the scapula, as far toward the inner end of the spine as is compatible with stability of position. The fingers should be slightly flexed, but not enough so as to interfere with firm pressure on the acromion process, nor so much so as to substitute the tips for the balls of the digits. The elbows should be extended. Quick but steady pressure should then be exerted in a downward, inward, and backward direction, considerable force being used.

This method has proven prompt and efficacious, even in cases in which the parts were greatly swollen from contusions sustained at the time of the injury.

The following advantages are claimed for both methods:

1. There is little risk of further damage, since a short lever is used instead of a long one.
2. In cases in which fractures of the humerus or of the bones of the forearm are present, the surgeon is enabled to effect reduction in a manner which does not necessitate the handling of the limb.
3. The patient does not suffer any great amount of pain during the procedure.
4. The patient is apt to be docile, since he does not expect

reduction to be affected from the rear, and without manipulation of the arm.

Under the second method, if the patient offers resistance, he ordinarily starts forward, if sitting he attempts to rise, thus assisting the surgeon.—*The American Journal of the Medical Sciences.*

The Wrong of College Football as Now Played.

Up to date, Sept. 24, there has been two deaths recorded from practice games, but how many more deaths and how many with injuries for life the next few weeks will bring forth can not be told. The college foot ball team seems to be "the drawing card" for all students at all the largest colleges. The following from Dr. C. F. Nichols, a Harvard man, is taken from *Our Dumb Animals* of January, 1904:

Dear Sir: "Pollice verso," [with thumbs down turned] the vast assemblages in the Roman gladiatorial arenas, nobles and high born ladies alike, stretched furiously forward, every right thumb down-turned, the sign that no quarter should be given.

Last year a president set the pace in a country servilely imitative of those dressed in a little brief authority," by leaving duty" to attend with his cabinet a brutal football game. In that game as in all "American sport" of the sort, it is understood that each player of light weight shall be slugged, if possible, with the hope of disabling him. In the course of two of this season's games, one of those consigned to slugging—abriliant student and president of his class—was waylaid, held down, thrice kicked on the head with heavy boots, rendered entirely unconscious for two hours, finally left with dangerous brain symptoms and sent home entirely incapacitated for study.

In a bull-fight quick judgment and skill must supplement the man's strength in his desperate struggle. Slugging checkmates such means of defence. Legitimate athletics are not present in modern foot-ball. "A burlesque of a fine game," says the *London Graphic* "is football as conducted in the United States." "Lovers of Rugby football would not recognize the game as played in America, where it seems to be a thoroughly brutal pastime played without skill and without science"

An apologist for football—Professor S. W. Patrick, in the *American Journal of Psychology* says: "This game is more brutal—that is more primitive than others, permitting us to revel for a time in long restricted impulses!" To the writer it is shameful that authority in our great universities should encourage a low and cowardly form of slugging con-

tests, costlier than those of the Roman amphitheatre or the professional ring because of the material used to the detriment of scholarly rivalry.

It is to be regretted that proud sisters and thoughtless sweethearts [if they do not turn down thumbs as in the gladiatorial shows of Rome] do have banners crimson, blue, parti-colored.

The past year shows twenty-one dead players of football, sixteen more who have suffered grave injuries, and one insane. The injuries have been skull-fracture, broken backs, a broken neck, ruptured hearts and arteries, and "internal" injuries. And a very small proportion is this of the general wreckage of a school or college course.

Betting and gambling come in for their full share, both at and after the "season." For "Rules of Football poker, which has now become the rage with college students," see a half-page of the Boston Post, Dec 27.

In other matters a prison or lasting self-reproach is the lightest penalty following death inflicted unless in self-defence, but yells and thumbs in the stadium cannot deny that the football injuries which frequently cause death are deliberately dealt. Law should require the state to punish every case of manslaughter, wherever committed.

One of the most insidious and dangerous of drugs known in pharmacy is cocaine; the cocaine habit is an extreme danger, as evil as the absinthe habit. The habit is readily formed, for it gives pleasure and stimulates flagging strength. Besides enormous doses of strychnine, cocaine is known to be employed by "professionals" in athletic games. I have unquestioned evidence that in the last Harvard game one of the eleven was drugged (I speak advisedly—the dose was small, but it acted specifically) to force his supreme effort. The amazing excuse was given that it entered the boy's heel only. As every medical man knows it also entered his brain. The boy was a wreck when cocaine's stimulation ended. And one downward step had been taken! There is hypocrisy in "fearing to remonstrate against cocaine" on the ground that "innocent" college boys may learn to use such things.

The same surgeons who find football and cocaine "locally applied" harmless, have found it necessary to send this boy from study, an invalid for the winter—one of the illustrations of the "invigorating effects of football training."

The Prince of Darkness alone keeps a full list of football doses of strychnia, cocaine, etc.

To "overtraining" the surgeons now attribute boils, weak joints and general football exhaustion, mental and physical. There seems to be a deal of over-training in training. It is known professionally that "athletes," so called, with the heart and other muscles over-developed and strained, are apt to die suddenly before middle-age.

College Boards "having investigated" report no interference by football with study. The writer has seen students join the cartoonist in smiling at this report.

A generation ago Charles Reade denounced the wrong side of sporting life in England. And it is rather hopeful in the present record of manslaughter that the humorist and the cartoonist [modern court-jesters privileged to tell the truth] have been able to discover flaws, even in such padded armor as is worn on Soldiers' Field, and have invariably satirized the cruelty, the silliness and unsportsmanlike qualities of the modern gladiatorial abortion.

The annual report of the Board of Education of the District of Columbia finds that the statistics of the game for the year show a startling list of players killed, and the serious maiming of many more, and that no self-respecting school organization should tolerate such manslaughter in the name of athletics, and that the Board will not fail, if need be, to prohibit the game.

The standard upheld at the Groton School has always been a high one. Dr. Peabody, the dean of the school, himself an enthusiastic lover of athletic sport, urges radical football reform, and in that mind lately addressed the Faculty of Columbia University.

The writer is not willingly iconoclast or fault finder. Harvard is his alma mater. Cherishing strong interest in its progressive life, I speak as one of many who desire in its popular game a spirit and impetus without fear yet without reproach.

CHARLES FESSENDEN NICHOLS.

PRESIDENT'S ADDRESS.

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

Today we assemble in this beautiful city of Rochester and at the same time mark the quarter century of our existence as a society; the vicissitudes thro' which the Association has passed in these years have largely been those inherent to young organizations and now that the storms have been weathered we count it an uncommon privilege to be able to do our duty toward you as an united body giving the fairest promise of future usefulness in keeping and propagating pure Homeopathy. The spirit bequeathed us by the fathers of our science and their immediate successors among whom we number many of the founders of this association is alive and active in our midst and will remain so as long as we make the cure of the sick our chief aim; should the day ever dawn when political preferment, honors or the applause of the multitude appeals to us more than

*Delivered at Rochester, N. Y., June, 1904.

the cry of the distressed we will go into deserved oblivion.

The year just passed has been marked by gratifying concessions on the part of some of our colleges in adding Hahnemannian teachers to their faculties; this step cannot fail to do great good and we should avail ourselves of it whenever practicable.

No open overtures for a union with the senior society have been received; an amicable rivalry will do both bodies good, especially as we do not feel constrained to agree that we *may* cure homeopathically; Homeopathy is a science resting upon the natural law of similia, the law of action and reaction or it is nothing and one of the greatest delusions that has ever taken hold of human mind; if it is a science the word *may* has no place in its nomenclature, if it is only a tentative method the very term Homeopathy is indefensible. Unfortunately for all such weak-kneed enunciations and their oracles the rapid advances of scientific investigation are about to make a laughing stock of them; to all desirous of becoming more proficient in the application of the law this society extends the right hand of welcome, others will hardly here find a congenial atmosphere. It is with gratification that we note a considerable increase in the number of converts from the old school of practice especially of late, and that these men are usually satisfied with nothing less than pure Homeopathy. This should be an object lesson to all inclined toward amalgamation or liberalism, for it seems that many are not yet able to distinguish between freedom and liberty of practice.

I have elsewhere refuted the implication of the late Dr. Hughes that part of Hahnemann's symptoms in the Chronic Diseases were obtained *ab usu in morbis* as stated on page VIII of Dr. Hughes' Prefatory note to the Chronic Diseases, the Dr. Gross therein mentioned distinctly states on page 15 of Vol. 1. of the *All. H. Z.* that the pathogeneses of the carbons, Lycopodium and some others were obtained by provings of the high and highest potencies on healthy persons; elsewhere he states that these potencies elicit

primary symptoms almost exclusively and are therefore of highest value.

Bönninghausen in his Aphorisms of Hippocrates tells us that his first curative experiments with high potencies were made upon animals, and Gross relates the effect of a high potency of *Veratrum alb* upon flies at the same time using control experiments with unmedicated pellets thus bringing out the characteristic drug effect very fully.

Bönninghausen in the same work page 416 also points out the fact that the best antidote to a drug disease is a very high potency of the same remedy given in repeated doses; but in order to avoid unpleasant results he found it necessary to change the potency a little with each dose. He does not however stop to discuss its homeopathicity. This may be useful information to the isopathic antidotalists, who have plagued us somewhat in the past.

It affords more than passing pleasure to note that the spirit of fairness and absence of bias in looking at all questions has at last extended to and is gaining ground with increasing momentum in the medical profession. Homeopathy has nothing to lose from such a movement and will most assuredly gain much; the benefit derived must however largely depended upon our ability to seize upon and make the best of the opportunity. To the end that we may meet the emergency fully equipped we should leave no stone unturned to make our graduates equal to the best that may be turned out by any school, plus Homeopaths; for after all we must bear in mind that breadth of knowledge will in the end count for much and will help to attract the thinkers to us, the others will come of their own volition according to their light. It is better that most should come from conviction, for then they will contain the seeds of progress and advance our sciences along lines leading to final victory. To hasten this I would earnestly recommend the study of the early fathers in Homeopathy. Beside the standard works of Hahnemann those of Bönninghausen, especially his Aphorisms of Hippocrates should be carefully read and studied;

it will help the young student over many a hard place and put weapons of defense in his hands which no antagonist will long despise. While on this subject I can not do better than call attention to the grave deficiency in powers of observation which many of our younger men display; this especially unfits them for taking the case properly, and thus nullifies a very large part of their otherwise good instruction. You that sit here before me will, I know, appreciate the gravity of such a position keenly when you reflect upon the time it has taken you to become proficient in this most essential part of the physicians education. During our college days little or no stress was laid upon this subject, in fact I seriously doubt whether any of us had the matter brought to our attention at all. With such instruction we must cease to wonder that habits of generalization from insufficient premises have fastened themselves upon the profession. The wonder rather is that true inductive reasoning has survived at all; in all probability it would not have done so had not scientific habits of thought percolated into the homeopathic student body from the educational world in general. To foster and develop such powers I would particularly call your attention to the great benefit to be derived from the study of botany which should be encouraged in every way as it especially develops the power of observation and has a many sided and definite relation to the systematic study of *Materia Medica*.

Stuart Close, M. D.:—Are there any remarks on the president's address?

President:—Yes ladies and gentlemen, I hope that no one will feel any hesitation in discussing this address; it is what I want.

J. B. S. King, M. D.:—The President's call for cultivating the powers of observation of our students reminds me of a story. Dr. Allen, has heard me tell it seventeen or eighteen times but no one else here has, and with permission I will tell it the nineteenth time. A venerable, gray haired professor of *Materia Medica* in a college of pharmacy was telling a class of students, much as Dr. Boger has just told us,

that they did not use their powers of observation enough. "Things are different now" said he "from what they were when I was a student on these benches. Then every member in the class was compelled to become personally acquainted with every drug on the list. We exercised our powers of observation by tasting, smelling and handling all these specimens. Now I want this class to emulate my example and exercise each member's powers of observation this morning." So saying the venerable scientist produced a jar containing some vile-smelling drug, and sticking his finger in it, he put it in his mouth and smacked his lips as though he enjoyed it. "Now," said he, "let everybody here do the same."

The jar was passed around, and with many wry faces the unwilling students each took a taste of that unsavory mass. "Now," said the professor blithely, "I am convinced that you do not use your observations as you should, for if you had you would have observed that the finger that I put in the jar, was not the finger that I put in my mouth." (Laughter.)

THE SCIENCE OF SYMPTOMATOLOGY.

BY DR. E. B. NASH, CORTLAND, N. Y.

Ever since Hahnemann inaugurated his methods of proving drugs upon the human subject, making careful record of all the symptoms appearing while under the influence of such drugs, there have been those who have sneered at these records. This has been especially true of the provings of these medicines or poisons in what he (Hahnemann) termed potencies, and this, notwithstanding that by this method substances hitherto supposed to be inert either for active poisonous or curative results, were discovered to be capable of both. If these investigations had been conducted along toxicological or pathological lines *alone* and mostly on rabbits, cats, dogs and other animals, and only such changes as could be readily observed by the eye assisted by

the microscope, chemical action, reaction, etc., it would have been more acceptable to those who are more materialistic in their demands. But, there are many who are willing to receive the testimony of the *sensations* as to the effects of drugs as well. Perhaps a few would decry them altogether. But there are still those even in our own school who after a hundred years of successful experimentation along the lines proposed by Hahnemann, either believe little in his law of cure or symptomatology, or are seeking notoriety by an apparent attack upon them. I am convinced that we, as a school, are suffering more from such opposition from those who claim to be of us, than by the more open and unrelenting opposition of the old school.

It is astonishing, but nevertheless true, that after the unprecedented success in treatment of so-called disease by our methods, according to the teachings Hahnemann, that not only the old school still oppose us, but that here and there will be found men who traduce Hahnemann, deny our law of cure, whittle down our *Materia Medica* until it is as meagre as that of the old school, and advocate throwing up the sponge and affiliating with the old school, or in other words—going over to the enemy, and thereby acknowledging ourselves either the biggest fools or knaves—or both, that ever posed as a school of medicine. I wonder that the old school do not publish in their journals an article that appeared in the *New York State Transactions*, for 1903. Notice within the first half page the author in affect calls Hahnemann by the following choice names: Transcendentalist, unscientific, dogmatist, Eddyist, emotional, illogical and even charged upon him that he believed that God had something to do with creating diseases and drugs for their cure; that he even used God's name frequently in his writings. How such a man must feel as he looks upon the statue of Hahnemann at Washington. Now I cannot stop to answer this paper. It is not the object here. I do not wonder that the first one who opened the discussion began with the words, "If no one else *cares* to open a discussion on that subject," etc. I hope I may be pardoned for refer-

ing to the paper at all, but not being at the meeting where it was read, I wished for one to somewhere express my utter condemnation of it, and I believe it should be the duty and privilege to answer in short, or at length, sooner or later, anything objectionable in our literature.

Now to return more directly to our subject. There seems to be a persistent determination on the part of some to confine the term Symptomatology to subjective symptoms alone, and to range under the terms objective or pathological all those symptoms that come under the power of the microscope or chemical analysis to discern. Even the term physiological is used in contradistinction to what is supposed to be the homeopathic action of drugs. To illustrate: I have heard practitioners talk of giving Ergot in physiological doses to secure contraction of the uterus without regard to its homeopathicity to the case, as though the action of the homeopathically indicated remedy securing contraction also did not act physiologically.

Now I wish to make these points:

FIRST: That those who decry or underestimate subjective symptoms, are not up with the old school on this part or phase of diagnosis of either disease or so-called drug action. One old school writer expressing himself upon the relative value of the above mentioned objective or subjective symptoms says: "As a general rule the objective are much more valuable than the subjective symptoms; (here we, as homeopaths beg leave to differ) but, he says, let it be remembered that the importance of the latter (subjective) is very widely variable, and that *sometimes* it may far exceed anything that can be derived from direct observation. In the earlier stages of some serious diseases of the heart or brain, nothing may be presented to the practiced ear or eye; and yet the patient tells of a deep unrest, or sudden horror, which, although it has no objective sign, may be the herald of a sudden or lingering disease, as true and as important—although to others the mind seems clear and the heart beats healthy—as any murmur we might hear with the stethoscope, or any palsy we might measure with the hand."

"We have to deal with man *as a whole*; and to ignore or undervalue what he tells us of his ideas, emotions or sensations, because they may be termed "subjective symptoms," and be held to be therefore unreliable, would be to shut out from ourselves that which egotistic and fearful, prejudiced and ignorant as man may be, yet forms an integral part of his life, and therefore of his disease. The distinction between "general" and "local" symptoms need not detain us, since the terms are obvious in their meaning, and the difference between them is gradually dying out by the recognition of the fact, that no one organ can have its *functions* or structure changed without the existence of some relative change in all the rest."

Hahnemann himself could hardly have written more strongly on the value of subjective symptoms. Now, to get the thing clearly before our minds let us once more quote the above author in his very good definition of the two kinds of symptoms: "The really valuable element of distinction between these two classes of phenomena is therefore that which exists between 'objective' and 'subjective' symptoms; meaning by the former word, all those elements of disease which can be appreciated by the observer; and by the latter those which can only be known through the statements of the patient."

In the beginning of our quotation we stated in parenthesis, after the assertion of the author, that as a rule the objective are much more valuable than the subjective symptoms, that as homeopaths we must differ from him. Perhaps this ought to be qualified. If he means for the purpose of diagnosis or naming the disease of which the patient died, we agree with him. If he means for the purpose of classifying the case under the name given it by men, he is not perhaps entirely wide of the mark. But, if he means for purposes of prescribing the curative remedies possible in the case, we absolutely refuse our assent.

All the symptoms that appear in post-mortem and go to make up the diagnosis, are found after the subjective ones are beyond expression and all indications for remedies,

as voiced in the living subject, are hushed forever. Let us see about the comparative significance of symptoms in a common case of so called disease. Take a case of typhoid fever. One of the latest and best authorities gives as diagnostics the objective symptoms:

1. Peculiar temperature.
2. Rose rash.
3. Enlarged spleen.
4. Diazo Erlick reaction of urine.

5. Widel's serum test, (of this Butler says) "A negative result does not positively exclude typhoid;" again, "the finding of typhoid bacilli in blood, urine or feces, may be useful, but is *clinically* unsatisfactory and unavailable.

I quote these old school authorities simply because some of our number will estimate it more highly than they would Kane or others, only homeopathic authority.

6. Epistaxis.
7. Early dicrotism of pulse.
8. Absence of leucocytosis.

Here is the case from the objective standpoint: What shall we prescribe on these symptoms as a guide?

Gatchell condenses the remedies from which to choose to seventeen in number. This is certainly not a long list when we consider the longer list of possible remedies that may enter into the case.

Then, you will notice that in all this list of indications for the choice of the remedy, the eight objectives, above mentioned are very conspicuous for their *absence*. Why so? Because we have learned with Charles G. Raue, that "The symptoms that go to make the choice of the remedy, often lie outside of those which go to make the pathology of the case."

The true homeopathic healer treats his case with Baptisia, Bryonia, Rhus and Arsenicum or any other remedy because the symptoms of the patient come within the range of symptoms covered by the remedy in its pathogenesis.

No remedy ever in proving or poisoning produced typhoid or scarlet fever. But they have and do cause sub-

jective symptoms that simulate those occurring in so-called disease; and this constitutes the similia of the formula of Hahnemann, expressing our law of cure. If we do not recognize this it is dishonest to lay any claim to being a homeopath.

Do we not prescribe Bryonia in any stage when there is delirium, especially at night, about the affairs of the previous day or business matters; visions, especially when closing the eyes; irritableness, splitting headache aggravated on motion, or on opening the eyes; great thirst for large quantities with dry parched lips; bowels constipated, great lassitude and weakness, wants to lie quiet, as movement aggravates all the symptoms; turns pale or sick at the stomach on rising; cough with stitching pains in chest aggravated on motion, etc., rather than on any of the objective symptoms above mentioned? Kane does.

Gatchell says: "In the absence of complications this remedy (for these symptoms) can be relied upon to the time that diarrhea begins." I say, after forty years' observation, that in the majority of cases if the remedy is not given too low, and too often repeated the diarrhea will never begin. The testimony of all writers of note in homeopathic therapeutics agree that these symptoms call for the exhibition of that remedy, not only in typhoid fever but in any other disease (so-called) where they occur.

We might go through a long list of remedies in this way; showing that our remedies are generally chosen more in accordance with subjective symptoms appearing in their provings than with those corresponding to those which go to make the pathology of the case.

Well, what does this prove? That the symptomatic indications are not founded upon scientific, physiological and pathological grounds?

By no means. Here is just where the object of this paper comes out, and I am fully persuaded, indeed cannot see how it can be otherwise that *every symptom* produced by a drug in proving, no matter how apparently trivial has its

physiological or pathological interpretation whether we can give it or not.

No one denies the utility of the objective symptoms that form a part and portion of the patient's condition; they belong to him, they must be noted and receive all the consideration to which they are entitled; but objective symptoms, or what is often understood by them, a changed pathological condition of the organs or structures, are not always present in all cases, and it is often possible that the most careful physician will so manage his cases as to *prevent* such pathological condition. Wait for it to develop?

If a case of typhoid fever runs through an unmitigated course, with all its stages well developed, we may rest assured that we have been of no use to that patient, and unless we have made it worse by our bungling, it would have been just as well off under the expectant method of treatment. Skoda may form his diagnosis by the objective symptoms alone, and he may be all right in his own way, but we, as homeopaths, are not bound by his mode of forming a diagnosis, and as has been often said before, in this particular, we differ from Skoda and the allopathic school generally in that we treat *patients* and that our aim is to obtain a full, correct picture of the abnormal condition of the *patient*; that this is our diagnosis, while Skoda & Co. must form a diagnosis by the objective symptoms alone and then be guided by this diagnosis, by a mere name of a disease, in their treatment.

Of what account would the symptoms of Bryonia we have enumerated all aggravated by *movement* be to Skoda & Co.? How would the triangular red tip of the tongue, the intense restlessness, and aching pains *ameliorated by movement* of Rhus, affect the choice of the remedy with the allopathic physician?

Would (the objective symptoms all being present) the presence of great prostration, burning pains, anguish, restlessness, thirst for small quantities, all aggravated at 1 to 3 a. m., weigh anything with the prescriber depending

upon objective or pathological conditions for his guide to prescribing?

And how about the delirium in which the patient feels scattered about, or in pieces which he cannot get together of *Baptisia*, or the intensely loquacious delirium of *Stramonium*? The nausea and faintness from the smell of cooking meat, of *Colchicum*, and we might go on to enumerate hundreds of such characteristic symptoms which are subjective, having been produced in the provings, and which are unexplainable from any pathological standpoint so far as we yet understand pathology; and yet are well known and stand out like beacon lights to guide every true disciple of Hahnemann to the homeopathic prescription in any case, no matter what the name of the so-called disease.

I am fully persuaded after long observation that those who decry the science of symptomatology are not well enough acquainted with it or do not apply it according to the plain principles laid down in Hahnemann's *Organon*.

Now, you will find just this class of physicians questioning the truth of Hahnemann's Homeopathy, and ever and anon traducing Hahnemann himself. Pardon me for again referring to the article which I briefly noticed in the beginning of this paper.

In the discussion, he (the author) says: "Now in regard to drugs producing lesions, to which Dr. Laidlaw referred: I do not argue that drugs do not produce pathological lesions. I agree in the main that they *do not*." Why do they not? No pathological lesion, the result of so-called disease, ever existed but had its *beginning* in disturbances so obscure that our methods for disclosing, so as to name the lesion, are totally inadequate except it be in their manifestations through so-called subjective symptoms. The stinging pains producing the *cri encephalique* occurring in meningeal troubles, may precede for days the effusion which characterizes and gives the name hydrocephalus to the case, and for which *Apis* is an excellent remedy. So with *Bryonia* in hydrothorax. Drugs will always produce pathological lesions if carried to their possible results, and

it is not logical to infer that they cannot because they have not. Then again we quote: "We must realize that in the large majority of cases in which drugs give very good and accurate results, practically all of them, *not all*, (Thanks!) but practically all of them, are capable of spontaneous recovery."

"Now, if Homeopathy is worth anything it must meet those things which are not capable of spontaneous recovery." So much for that.

If the doctor had said: "The majority of acute diseases *can* recover without medicine," we would not deny that, but it would have been more fair from our experience and observation to have added that even here homeopathic treatment is abundantly capable of alleviating suffering and shortening the duration of disease. But the chief excellence of Homeopathy is that it does and can cure those cases which cannot spontaneously recover. This is especially true in those cases of chronic disease which do not, as a rule, so recover. The way he handles it looks too much like the old allopathic "gag" of, when a case gets well under homeopathic treatment: "Well, it would have gotten well, anyway." Now, if the doctor had left out the little extenuating "not all," for which we thanked him, his testimony would have accorded with other allopathic authorities which are forced to admit that it would have been infinitely better for mankind and worse for the fish if all drugs were cast into the sea.

Now, let us take an instance illustrating the respective value of subjective and objective symptoms, as they occur in our *Materia Medica*.

"In Hahnemann's *Chronic Diseases* we find, under uterine symptoms of *Platina*, the provings Dr. Gross made on his wife, furnishing the subjective symptoms; and all other uterine symptoms appear to be the results of clinical observations, and were incorporated into the *Materia Medica* by Hahnemann himself.

We find symptom 286: "Painful bearing (pressing) down as if the menses would appear, at times with pressure

to go to stool, drawing through the groins, over the hip^s towards the small of the back, where the pains continue for a longer time."

Symptom 287: "Painful sensitiveness and continuous pressure on the mons veneris and in the genitals, with internal, almost continuous chilliness and external coolness (except on face)."

Symptom 289: The painful pressure, as if the menses would appear, disappears when lying down in bed in the evening, but returns as soon as she rises in the morning."

Hahnemann now adds, evidently a clinical observation, and incorporates an objective fact in the symptom 288: "Spasms and stitches in the *indurated* uterus." The subjective symptoms 286, 287 and 289 observed by Gross no doubt induced Hahnemann to give Platina in uterine diseases and he was enabled to add an objective symptom, "indurated uterus;" but he takes good care not to give it alone, as then it might be misconstrued into an assertion that Platina would cure all cases of indurated uterus.

He couples it with the subjective symptoms, spasms and stitches in the indurated uterus, and gives this clinical observation a characteristic point, thereby enabling the physician to determine under what circumstances Platina will cure an indurated uterus.

This analysis of Hahnemann's Platina provings establishes two facts:

1st. The subjective symptoms indicated Platina in the form of a disease in which an objective symptom and changed pathological condition predominated, which Platina had not caused in the prover.

2d. The objective symptom, as a result of a clinical observation was incorporated into the *Materia Medica*, and to it were added the guiding subjective symptoms, (Lippe, Hahn. Monthly of 1867, page 531), traces out a similar case under the provings of Apis made thirty years later.

What does this go to show? Why, simply this; that in the science of symptomatology both the subjective symptoms produced in the proving as well as the clinically

observed objectives must be incorporated and heeded in our use of the *Materia Medica*.

Some of the objectors to our symptomatology as recorded in our *Materia Medica*, seem anxious that objective symptoms only shall be recognized, and the subjective ones set aside, thus reducing our *Materia Medica* to a pathological picture-book. They seem to think it wrong to incorporate objective symptoms, the result of clinical observation, into the *Materia Medica*; and they insist on a re-proving of our drugs to a point at which objective pathological structural changes are accomplished. This might be desirable if it were possible. It would mean carrying the proving of each drug to the death.

Where would you find persons willing to undertake this work?

To use animals will not accomplish the object, for drugs act differently upon animals and mankind. Belladonna has no poisonous action whatever on goats and rabbits. On carnivorous animals it acts with only moderate intensity, while on man it acts with highest intensity (Clark).

But suppose we could carry the proving of a remedy to the production of hepatization of the lungs or effusions into the serous sacs.

Might there not be a dozen or more drugs capable of so doing?

How shall we decide for the *one* homeopathic to the case? We very well know. There is no use talking. Homeopathy cannot be squeezed into that pathological livery.

No. With all the voluminousness of our symptomatology, more and more must be added by re-proving of old and additions of new remedies. Clinical or objective as well as subjective symptoms, the latter taking precedence, must be incorporated and the law *Similia Similibus Curantur* must guide to the healing of the sick.

In conclusion: In the study and development of the science of symptomatology we would suggest as follows:

1. All symptoms, subjective or objective, appearing

while under the influence of a drug, in proving, should be faithfully recorded under the head of pathogenetic.

2. If any abnormal symptom, subjective or objective, existing before the proving began, should disappear, that should be recorded under the head of clinical.

3. As a guide to the selection of the remedy for the cure of the sick, the subjective symptoms should take first rank, not only because they accompany pathological conditions, but because they generally precede perceptible organic changes, and if met then and removed these changes may be prevented.

4. The work of verification requires as much painstaking as that of proving, that the weeding process may not uproot the wheat.

5. Proving of new remedies and re-proving of old, of not yet fully proven drugs, should be under the scrutiny of the most particular and scientific observation.

6. These provings should be made upon mankind, not animals.

7. All this is according to methods inaugurated by Hahnemann and should simply be brought up to date with the aid of such means of observation as he did not know of in his time.

DISCUSSION.—G. P. Waring, 'M. D.—The probability is that no one here will object to the principle that the general symptoms of the patient should predominate over the particular symptoms of the part in our consideration on making a prescription. The general tendency is to pay too much attention to the suffering part and to leave the general symptoms of the patient out of notice, which are more characteristic and important than the particular aches and pains of the parts most affected. If the particulars are in accord with the general, there is no trouble in selecting a remedy; where the general and the particular conflict, the general must prevail and the particular stand aside; for instance where there is a general modality of "worse from cold" and "better from heat" and the state of the part or locality affected seems to be in conflict with this the general modality

should have preference in the selection of the remedy. If that point is kept in mind, it will be a help to all of us.

C. M. Boger, M. D.:—The order or sequence of symptoms lies at the basis of good prescribing. Different men have followed different methods; some have laid too much stress upon particular groups of symptoms. Such are the key-note prescribers. Key-note prescribing is only a little bit better than pathological prescribing.

Probably both these methods have a grain of truth in them; the key-note man will cure cases and the pathological prescriber will do the same, but it is because the particular symptoms happen to agree with the general state of the patient. The life force is a unit and you are not going to promote a cure by causing disunion. One of the greatest pathological hits in the homeopathic school was made when the French prescribers discovered that *Drosera* would cause an effusion into the lower pleura. But this fact bare and simple, gives no way of differentiating it from the pleurisy caused and cured by Sulphur or Bryonia. We know however that the pleurisy of *Drosera* is accompanied by a spasmodic cough and the suffering is relieved by holding the chest tightly. The symptoms of the part are in harmony with the general symptoms of the patient. *Drosera* produces a different combination of symptoms from Bryonia and the local symptoms are in harmony with those of other parts and those of the general system.

Drosera cures tuberculosis when the symptoms agree and the symptom-picture is a harmonious one. Under the same conditions it will cure pleurisy, hydro-thorax, or anything else. I have seen it cure a severe case of pleurisy after the chest had been tapped. The point is that the pathological state is only one symptom and the key-note is only one symptom and that the totality must be considered, when it is so considered both will be found to be harmonious and not conflicting.

H. C. Allen, M. D.:— I do not like to hear too much said against the key-note. It may be and generally is a very important factor in the subjective symptoms but we all

understand it cannot be made the basis of the prescription any more than a stool can be made to stand on one leg. The key-note is of immense value however when properly used because when it occurs it calls our attention to a certain remedy and thus narrows the field. It serves as a guide.

There should be three key-notes to make the selection of a remedy certain. In mathematics three points of support are sufficient. The mistake that many make, is to prescribe for their diagnosis and to overlook the patient. In the individual symptoms of the patient we find the subjective symptoms of our materia medica and they are the guiding symptoms always. I had a case the other day in which the patient, a lady was not able, she said, to go up stairs. She could go anywhere on the level or on the streets, but not up stairs; then she got weak and had palpitation; had to sit down before she reached the top.

Here was a very marked characteristic, a pivotal point around which all minor symptoms revolved. It was the unusual and the uncommon feature and immediately called to mind Calcarea. With this hint it scarcely took a minute, to find out that she had profuse and protracted menstruation, was anemic, easily flushed and excitement brought on a flow. She also had peculiar headaches with good appetite and good digestion. Now I am as certain that Calcarea will cure her as I am that I am here. In a short time she will be as able to go up stairs as to walk on the level. It is a matter of impossibility to memorize the homeopathic materia medica: we cannot do it, but we can hold in our memory many of these valuable verified key-notes, together with their modalities. and then we have a useful stock in trade and something that is of the greatest practical value in our every day practice because it can be grasped by an ordinary mind. Lippe was the most rapid and correct prescriber that our school has ever produced. He was a master of the art of examining the patient and his mind was full of key notes of remedies, especially the modalities, full of the salient points of hundreds of remedies.

W. L. Morgan, M. D.— I had a very similar case to that related by Dr. Allen; the same symptom was present as the main discomfort and was relieved by the same remedy.

E. B. Nash, M. D.— Before I left home a physician said to me "I don't enjoy very much going to the I. H. A. because you are all in accord so that it makes a dull meeting. At the American Institute there is apt to be a lively time." That is true and the reason is because we subscribe to the same principles and act in harmony, if any man was to get on the wrong side of the law of cure, I think we would give him a moderately lively time.

We do not differ very much, and then only on details. Perhaps in my paper I did not make my main point prominent enough; it was that symptoms are scientific, they fulfill all the requirements of strict science. There is misapprehension abroad that any method that takes cognizance of bacilli is scientific and anything that does not is unscientific. It is the method and the truth that make true science and that we have. Dr. Boger says that key-notes are misleading; that may be sometimes, but they are also far oftener wonderful helpers or leaders to the understanding of a remedy in toto. If you were to attempt to teach *materia medica* without the use of key-notes our students would give it up. They are the road to the understanding of the *materia medica*. Dr. Waring spoke of the different values of particular symptoms and those of the general constitution. As a rule they correspond, but where they disagree his rule is right. It is a rule, however for exceptional cases, for if the patient is sensitive everywhere, then an injured or diseased part will be also sensitive as we find in the proving of *Hepar sulphur*.

C. M. Boger, M. D.—As to the value of the objective symptoms, I had the misfortune to run into an epidemic of cerebro-spinal meningitis which illustrates it. You all realize that in that disease there are not a great many subjective symptoms. The remedy in that epidemic was *Cina*, an unusual one in the condition. I had three cases and saved them all. One of the main symptoms of *Cina* "boring into

the nose" was present; also excessive peevishness, whining and cramps in the extremities, mostly the lower. One case exhibited rigidity of the spine below the scapula. It was rigid as a board. There were blue circles under the eyes; not much fever, highest at the first part of the attack. In one case there was considerable delirium at night. I regard them as being a remarkable group of cases.

H. C. Allen, M. D.:— I thank Dr. Boger sincerely for giving us such an example of the great value of key-notes. (Laughter) If he had not known the key-notes of Cina he would not have thought of Cina in those cases nearly as soon as he did.

Perhaps a year ago I saw a peculiar case of heart trouble; there was muscular rheumatism; the joints were swollen, sensitive and painful; the calves of the legs were excessively painful. An officious nurse made an effort to relieve the pain with hot Pond's Extract. It did relieve the pains very promptly but the next day the force of the disease was located on the heart. The pulse became weak, rapid, intermitting; patient unable to sit up. I spent an hour studying his case. His constitutional modality always better in the open air was now reversed; he could not bear it, the least draft of air affected him unpleasantly. I gave him Pulsatilla cm. and it relieved him very promptly. It was from a key-note that I was led to a study of Pulsatilla.

E. B. Nash, M. D.:—I closed this discussion once and now I will have to close it again. I was called to a case of organic heart disease with dropsy in which DaCosta had given an unfavorable opinion; the patient's doom had been pronounced; he said he did not want to die if he could help it, so he sent for me as a homeopath. He was sitting up at an angle of 45°. On looking him over I noticed that his feet were uncovered and asked why. The answer was that he could not have his feet covered because they burn like fire. There was a sense of heat all over but not all the time like his feet. After some doses of Sulphur he got well practically and went back to Dr. DaCosta who did not recognize him. After examining him he said that his heart

was all right. "But how about my heart disease? Don't you remember me when you saw me in consultation and said that I could not possibly get well?" Mistake in diagnosis!

CLINICAL DIAGNOSIS.

MAXIMILIAN KUZNIK, M. D., Chicago.

Under this heading the *ADVANCE* will publish the essentials of Diagnosis, medical and surgical, as taught in Hering Medical College.

It will embrace not only diagnosis, physical and clinical, but what is so often helpful to the student as well as the practitioner, an aid for the selection of the remedy. We are certain these essentials, more complete than can be found in any present work on the subject, will be studied with pleasure and profit.

Frequently we find that an interrogation of the patient, and a physical examination suffices to make a diagnosis as to the affliction, but is not sufficient for the selection of a remedy. To combine both factors the following system is recommended:

- I. After taking the patient's name and address we may draw inferences as to the susceptibility and proclivity to disease in considering:
 - a.* Age, sex, nationality, race, occupation.
 - b.* General mien, gait, motion, station, vocal expression.
 - c.* Temperament, craniology, physiognomy, chiology.
- II. The patient's history as told by the patient.
- III. The interrogation of the patient by the physician, to clear doubtful points and inquire as to:
 - a.* Time of onset of the symptoms, their duration, probable etiology as to exposure, suppression of symptoms, emotional disturbances, etc.
 - b.* The diagnoses made and medicines taken.
- IV. Patient's previous history as to:
 - a.* Diseases of childhood and their sequelæ, vaccination and its results.

b. Other diseases and their sequelæ:

Pleurisy, pneumonia, typhoid, influenza, dysentery, malaria, gout, rheumatism, convulsions, delirium, paralysis, injuries, operations, specific urethritis, syphilis, miscarriages, menopause.

c. Family history:

Father, mother, brothers, sisters, wife, husband, children.

V. The general symptoms are of great value to decide the remedial diagnosis, but of secondary value to a diagnosis of the ailment.

The following symptoms will frequently point unmistakably to the indicated remedy, and this is the main reason for grouping them together.

- a.* Weight; loss or gain.
- b.* Pain; its character, onset, duration, termination.
- c.* Sensations; internal trembling, cold, warmth and burning; flushes, paresthesias, etc.
- d.* Sensitiveness; to touch, pain, pressure, cold.
- e.* Taking cold readily or not.
- f.* Periodicity of symptoms; daily, nightly, morning or evening.
- g.* Side mostly affected.
- h.* Alternating ailments.
- i.* Aggravations and ameliorations; as to time; weather, applications, positions and motions; miscellaneous.

The above I-V will often constitute sufficient knowledge to enable the physician to select the indicated remedy. However to make the examination more complete inquire as to the symptomatology of the various systems. This will confirm your selection of the remedy or through it you will gather more evidence for or against it. It will also make it possible to infer from the data obtained the probable diagnosis as to the disease, before the physical examination has been made.

The following outline or system will serve both purposes:

- a.* To confirm or select the remedy.

b. To make the routine physical examination in order to ascertain the diagnosis or the pathological condition.

VI. Nervous system:

Motor: Gait, spasms, twitchings, external trembling, paralysis, atrophy of muscles, co-ordination, reflexes, electro-diagnosis.

Sensory: See V. The symptoms under this heading are important generalities for the selection of the indicated remedy, therefore they are classed with the other generalities.

Brain and Mind:

a. Habits, disposition, sleep, dreams.

b. General mental symptoms.

VII. General objective symptoms about the thorax and mammæ.

VIII. Circulatory system:

a. Heart, topography, inspection, palpation, percussion, auscultation.

b. Pulse, feebleness, fulness, rapidity, irregularity, etc.

c. Blood, its quality, analysis, etc.

IX. Respiratory system;

a. Nose.

b. Larynx; voice and speech.

e. Cough; character, time, sputum, etc.

d. Lungs; topography, inspection, breathing, palpation, percussion, auscultation. General objective symptoms about the abdomen and pelvis.

X. Digestive system:

a. Lips, teeth and gums, breath, tongue, palate, tonsils, buccal and pharyngeal cavities.

b. Esophagus, swallowing.

c. Stomach; topography, inspection, palpation, percussion, auscultation.

d. Taste, appetite, desires, aversions, thirst, eructations, flatulence, vomitus.

e. Examination of vomitus and stomach contents.

f. Intestines; topography, inspection, palpation, percussion, gas.

- g.* Stools; character, color, odor, etc.
 - h.* Liver and gall bladder; topography and examination, jaundice.
 - i.* Pancreas; topography, examinations, stools.
 - j.* Spleen; topography, palpation, percussion.
- XI. Urinary system:
- a.* Kidney, ureter, bladder, urethra.
 - b.* Urine; analysis, bacteriological, chemical, microscopical.
- XII. Sexual system:
- Female—*a.* Ovary, tube, uterus, vagina.
- b.* Menstruation; early, late, profuse, protracted, short, acrid, offensive.
 - c.* Leucorrhœa; character, color, odor, time of appearance, etc.
 - d.* Mental symptoms concomitant to menses and sexual functions.
- Male—*a.* Urethra, penis, discharges, scrotum, testicle.
- XIII. Objective symptoms about back and extremities:
- a.* Muscles, bones, joints.
- XIV. Skin; color, sweat, odor, temperature, lymphatic glands.

How to Avoid Consumptiveness.

Cleanliness, externally, internally, eternally should be the watchword for both physicians and patients.

Consumptive Don'ts from the Report of the Illinois State Board of Health:

Don't spit on the sidewalk, on the floor or any place where the sputum will become dry and permit the dissemination of the germs which it contains. No spit, no consumption.

Don't wear chest protectors or porous plasters.

Don't put in your mouth money or articles which have been promiscuously handled by others.

Don't neglect to wash your hands before you eat.

Don't sleep or live, if it can be avoided, in a room with a consumptive.

THE MEDICAL ADVANCE

AND

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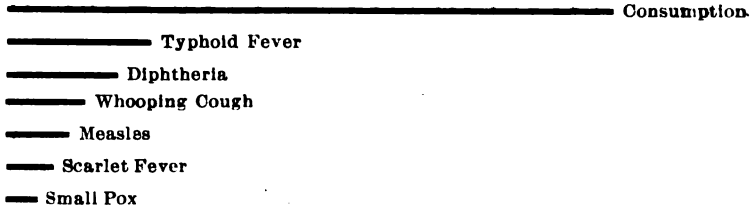
Editorial

The Curability of Consumption

The Illinois State Board of Health has issued a circular on the cure and prevention of the *Great White Plague*. The effort is timely and we trust practical, for this most deadly of diseases, a scourge of the human race can be not only cured, but to a great extent prevented by proper treatment and proper living. Compared with other acute and well-

known diseases the death rate from consumption in Illinois is well illustrated in the following diagram:

DEATHS IN ILLINOIS, 1903



In a recent address before the Chautauqua Assembly at Ottawa, Ill., Dr. H. M. Thomas, of Chicago, made the following assertion.

“No medicine in a bottle ever cured tuberculosis. The four basic principles on which rest salvation from tuberculosis are: Pure air, pure water, pure food, pure thought,” and we may add pure Homeopathy; for the Hahnemannian treats the patient not tuberculosis and his dynamic remedies and special hygiene cure many cases of this hydra headed affection.

Dr. Thomas has devoted much time studying the statistics of tuberculous affections, and the conclusions which he has reached, as given above, are certainly practical. That drugs, in their crude form, have absolutely failed to cure this scourge of modern civilization which is not confined to any age, class, race or condition of men, is demonstrated by the fact that ten per cent of the population of the United States die annually from tuberculosis. Hence if we can learn how to live so as to prevent the disease, it is infinitely better than a cure even after the diagnosis is established.

When we consider that in the United States alone nearly 9,000,000 will die of tuberculosis this year, and of these 500,000 will occur in Illinois, and perhaps 200,000 in Chicago, it is time that the medical profession should follow the example of the Illinois State Board of Health and commence an active, scientific warfare on this plague. Some of the

preventive measures are known to all. If we would only live as well as we know how the first step in the great march would be taken, an important, even a vital step in the prevention. The use of alcoholic, narcotic and nervous stimulants, in fact over-stimulation in every form, tend directly to weaken and lower vitality and thus hasten infection and develop the tubercular process. What *excessive use* may mean is a question for the physician to decide for each individual case coming under his care. Worry, over work, over-exercise, lost of sleep, vitiated air, over-stimulation and the rapid eating of indigestible food improperly masticated, are among some of the principal causes which tend to lower vitality and hasten what we are trying to prevent.

Change of climate is not necessary. Consumption can be cured as well in one climate as another. Life in the open air, proper food, carefully disciplined exercise with judicious rest, can be had at home as well as in the mountain regions of the west. Here especially our homeopathic therapeutics will render us efficient aid if properly applied, and the application should begin early in life; but perhaps the best of all is pre-natal treatment. However, no medical treatment can be effective in this or any other chronic disease unless the existing cause be removed, and no disease perhaps is more amenable to treatment than the tubercular if patients are only properly instructed, and then will live up to their instructions in their daily life. If this is done a revolution in the most fatal of all diseases can be effected and it can be done at home.

We must educate the people in correct living. Digestion, assimilation, nutrition and elimination must not only be rightly understood but put into practice in our daily life. To sustain healthy life, food of proper quality and in proper quantity must be had and it should be adopted to the real not imaginary needs of the people, and more especially to their occupations. It has been said that the Anglo-Saxon race are a race of meat eaters. Is meat a necessary article of diet? We inherit the idea that in order to acquire and

maintain strength we must have a diet of fleshfoods, without reference to sedentary brain-working occupations or physical exertion. For the majority this strength-getting idea is a fallacy, for we overload the organs of elimination and then the trouble begins.

Mr. Arthur Brisbane, a brilliant writer on social questions recently wrote: "We must eat meat—we must eat the cow that eats the grass, leaving her to digest the grass, since we have not the time or vitality to do it."

The idea that meat is a predigested plantfood ready to be assimilated as soon as bolted is entirely erroneous from a physiological standpoint. And the same is true of many of the so-called predigested foods on the market. Out of these fallacious ideas and the vicious practice of rapid eating—e. g. the quick lunch counters in all our large cities, with a diet of meat, white bread, potatoes, pastry, tea, coffee and cigars—has grown one of the many causes of consumptiveness.

In the meantime instead of correcting the vicious and deteriorating habits of living, the majority of the 100,000 physicians in America are on a still hunt after germs, thus confounding effect with cause, in utter ignorance or complete neglect of the most common and wellknown facts of chemistry and physiology. "What we need is not vaccine, tuberculin, antitoxin, drugs, stimulants, narcotics, but natural and wholesome food, pure water, fresh air and sunshine which alone can give us health, strength, vitality and supreme power of resistance," writes Otto Carque. Evidently cooking is one of the lost arts among the American people, for millions practically eat themselves sick every year. The millions spent yearly by manufacturers of patent medicines demonstrate that the people expect to find health in the drug store and thus are rapidly becoming their own physicians. From the few facts here given it is easy to be seen that a campaign of popular education is sadly needed ere the *Great White Plague* is stamped out. We heartily commend the efforts of the Illinois State Board of Health.

Sulphur, Calcareo and Lycopodium.

There are so many people who at one time or another need one, or perchance all three of these remedies, that cases which point to them are always of interest, not because of their difficulty, but because of their great importance as reminders. We take pleasure in reporting the following cases sent us by one of our contributors:

Miss H., aged fourteen, had been very poorly for over three years; had recurrent attacks of tonsilitis; was unnaturally fleshy and the glands of her neck were swollen, while from one of them there was a chronic, whitish, milky discharge.

Her ankles were weak, so weak that she was unable to go to school: there also was a tendency to weakness and dislocation of the joints so that she wore braces.

There was burning of the soles at night.

She had often been troubled with profuse sweat, especially of the head.

After vaccination in childhood she had large pimples every month which would leave large cicatrices behind them.

When cutting her teeth, she had convulsions, <when she cut the teeth on the left side

When four months old she had pneumonia, from which she never fully recovered, and has had more or less catarrh ever since she can remember. I thought I saw a Sulphur case, but as Sulphur did not seem to help as much as I hoped it would, I gave her Silica; still the improvement was but slow. I then gave Calcareo, after which the improvement was very marked. Her ankles were stronger, so much so that she was able to remove the braces. and began to be more ambitious. But still some troublesome symptoms remained, so I next gave her Calcaria, and the improvement though slow was real.

Further details of the case are given, but not seeming to converge at all clearly on the remedies that were used, and the improvement being slow, we do not take time to report them, but should like instead to add a word of com-

ment, to the effect that in all probability the next remedy after Calcarea should have been Lycopodium.

We do not believe in routine prescribing, nor in giving any remedy on a single indication; but clinical experience has often shown that Lycopodium is needed to complete the cure in some Sulphur-Calcarea cases, and the doctor would have found many Lycopodium symptoms if the case had been retaken more fully at this point; even the incomplete picture given would strongly suggest Lycopodium as one of the constitutional remedies, especially if the sequence of these remedies pointed out by Hahnemann and verified by Hering and others had been studied.

But neither Hahnemann, Bönninghausen, Hering nor Lippe knew anything of the wonderful clinical possibilities of Tuberculinum. Cures of obstinate chronic patients were then zig-zagged by Sulphur, Calcarea and Lycopodium guided by their sequential relation, which are now effected by the direct action of Tuberculinum, selected largely upon the symptom totality of constitutional diathesis. Sulphur; Calcarea and Lycopodium each fitted and removed its individual symptom picture, but Tuberculinum was the *similimum de nova*. When we remember that pneumonia in childhood must always be considered an acute outburst of the chronic tubercular diathesis caused by exposure to some exciting cause, we can easily see why she never recovered from the illness when four months old. Tuberculinum then would not only have relieved the *acute* attacks but so changed her constitutional diathesis that the subsequent suffering would have been avoided. It would have cured her.

Hahnemann the Founder of Christian Science.

An enthusiastic homeopath in Denver makes the astonishing claim that the true founder of Christian Science is not Mrs. Eddy, but Hahnemann. This is a little too much in justice to either Hahnemann or Mrs. Eddy, for while we believe that the corner stone of Christian Science and Hom-

eopathy in one respect is the same—they are both dynamic—both are forms of “mind cure.” They are nevertheless radically different, for Christian Science ignores nature and nature’s laws; we, by our law of cure and its scientific application indicate our respect for it, and without our dynamic medicinal agents we would be helpless, for the man who gives the thousandth potency of Arsenic where he should have given the thousandth potency of sulphur, will fail to cure, thus showing that the right or indicated medicine, in spite of its mysterious power, does make a difference. And this is an extremely important difference between Christian Science and Homeopathy. Christian Science is allopathic, antipathic and empirical in its way of working, and assumes that nature is a fool that needs repressing, resisting, defying, whereas homeopaths, in all our best work, try to take nature for our guide, to follow her laws implicitly in all our efforts and simply help her in more fully and easily accomplishing the aims for which she is striving. The mental element in the pathogenesis of our remedial agents—the so-called mind cure—is guided and controlled by law under symptom-similarity. The mental symptoms to which Hahnemann referred and on which he laid so much stress and placed so much value in the cure of the sick, are under the rule of law and far removed from the empiricism of “Science.”

There never has been the slightest effort made to place so-called “Science” on a scientific basis; never an attempt to individualize the treatment as is done under law in the science of similars. It is no less crude, no less imperical, no less generalizing in application because mental instead of physical. The mental symptoms in the pathogeneses of our remedies individualize them and consequently can be used individually in the cure of the sick, under natural law. This is the true art of healing and vies in certainty with the mathematical sciences.

COMMENT AND CRITICISM.

Reply to the "Pathologist and Symptomatologist."

EDITOR MEDICAL ADVANCE:—

Dr. King's article, I think, will do some good; but I would like to make some comments that may help do more good.

He alludes to "an antagonism between two kinds of knowledge." I would amend that to read *lack of knowledge*. Everything in nature is good, is of God. The fault lies in our lack of perfect understanding. Pathology has its place, its usefulness. Symptomatology, its place, its usefulness. They are never antagonistic when comprehended perfectly.

The fault lies in trying to apply ones imperfect and incomplete knowledge of a certain science or law, to cover things—say diseased conditions—when it is not the mode that is best. Pathology is the science of observing the results of diseased conditions; the after results.

Homeopathy is absolutely the Creator's law of cure. Symptomatology is only one of its branches or adjuncts, a corollary that can be improved upon. Dynamization is another corollary of the law. The rule or dose, for there is no law of dose, is still another. Animal magnetism, is another. All these are aids to our better understanding of and our capacity to successfully apply *the law of cure*. The law is not to be improved upon, but our comprehension and practical application of it should be our constant endeavor to improve.

The true Symptomatologist should have a correct knowledge of Pathology, Anatomy and Physiology to be a successful homeopathic practitioner, and should not allow fads or any other *lack of knowledge* to control him. All aids should be utilized.

In this 20th Century, which is late enough to drop superstition and all its ill concomitants, there should be no

“extreme symptomatologists” as he calls some, no extreme anything, but pure knowledge.

The Symptomatologist will not neglect mechanical aids, or even surgical, but surgery outside of mechanical or chemical destruction of tissue or continuity, is really a confession of ignorance. To cut out or off the result of disease condition is, I repeat, purely and truthfully a confession of ignorance.

The case of Arthur K—, 5th line from the bottom, page 533, should have inserted between the words “to” and “the” these words “my comprehension of” so that it would read truthfully. “Pleuritic pain and effusion followed, notwithstanding the remedies prescribed, according to *my* comprehension of the symptomatic indications.” The correct remedy would have cured the boy. None of the Creator’s laws are faulty. It is only in our not comprehending them. We still have the inheritance of environment of superstition and *its ignorance* to influence us, but only when we allow it to do so. To his last section, page 534, I heartily agree with Doctor King, and with true comprehension of the statement.

JOHN F. EDGAR, El Paso, Texas.

NEW PUBLICATIONS.

The Practice of Obstetrics. By J. Clifton Edgar, M.D., Professor of Obstetrics and Clinical Midwifery in the Cornell University Medical College, etc., etc., Second Edition, Revised, with 1294 Illustrations, including five colored plates and 38 figures printed in colors. Pp. 1153. Cloth \$6. P. Blakiston’s Son & Co. 1904. Philadelphia

It is only a few months since we published a review of the first edition of this work, and that a volume of over one thousand pages on the Practice of Obstetrics should be exhausted within four months of the date of its publication is almost phenomenal. We think it by far the best illustrated work on Obstetrics to be found. It is based upon fifteen years’ work of the author in maternity hospital and in bedside and didactic teaching. The mechanism of normal and

abnormal labor in all its various steps and forms is so well illustrated that "he who runs may see."

The following important changes and additions have been made in the present volume: The author says:

1. Under Pathological Pregnancy will be found a section on "The Toxemia of Pregnancy," and under this latter subject I have placed, (1) Nausea and Vomiting, (2) Icterus, (3) Convulsions and Coma, (4) Eclampsia.

2. The section on Fever in the Puerperium in Part VIII of the first edition, which included Puerperal Sepsis, has been entirely rewritten and brought up to date under the heading of Morbidity in the Puerperium.

3. All the colored plates of the first edition have been remade, and three new ones have been added to the second edition.

4. It will be noticed that many of the illustrations of the first edition have been withdrawn, and that forty-five new illustrations have been added to the second edition. Some typographical errors have been corrected and a number of minor changes made throughout the text.

5. I find it necessary in the present edition to restate my position regarding the indications of Embryotomy and Cæsarean section which from the standpoint of laboratory and theoretical obstetrics were apparently misunderstood and therefore criticized.

In the second edition the relative amount of space devoted to Embryotomy and Cæsarean section, namely, eighteen pages to the former and eight to the latter; because Embryotomy comprises eight distinct operations, many of them complicated, and some of them frequently performed upon the dead fetus, while Cæsarean section, on the other hand, is a single and simple operation and not so frequently made use of.

It is a far cry in obstetrics from the theoretical deductions of the library and the laboratory to the clinical conditions we find at the bedside.

Essential of Diseases of the Eye. By A. B. Norton, M. D., Professor of Ophthalmology in The New York Homeopathic Medical College; author of "Ophthalmic Diseases and Therapeutics," etc. 349 pages. Cloth. \$1.75, net. Postage, 10 cents. Philadelphia and Chicago: Boericke & Tafel. 1904

This work is issued as a result of a demand for several years for a condensed text-book upon the Eye which would largely exclude all theories, technical terms and phrases, and give in as concise a manner as possible the essential

features of the diseases of the Eye with their homeopathic treatment.

The aim of the manual is to so simplify the study of the eye diseases, that in a short time a practical knowledge of the more common affections of the eye can be mastered by the student and the practitioner. The author's effort evidently has been to simplify the fundamental features of Ophthalmology that the general practitioner is called upon to treat, and yet make them sufficiently full to supply the demand for an everyday working manual.

The author affirms, that in an experience of twenty-five years he has seen many an eye lost that should have been saved by correct treatment at the beginning. And he might have added, that many an eye has been lost by paying too much attention to the local conditions by an indiscriminate use of topical applications and the neglect of the constitutional conditions of the patient.

This book will be hailed by the student world and the busy man as a step in the right direction.

We regret to see in a homeopathic work mercurial ointment applied as "a favorite local application" in blepharitis. There is not one case in a thousand, outside the domain of surgery, that cannot be cured better and quicker by the *similimum*.

A Text Book of Alkaloidal Therapeutics. A condensation of all available literature on the subject of the Active Principles. By W. F. Waugh, M. D. and W. C. Abbott, M. D., with the collaboration of E. M. Epstein, M. D., Chicago: The Clinic Publishing Co. 1904. Pp. 400. Price, \$5.00.

Dedicated to those who believe in "The smallest possible quantity of the best obtainable means to produce a desired Therapeutic result."

In this work both the homeopath and eclectic may find valuable hints on the so-called physiological action of remedies, which perhaps will enlarge his knowledge of his own remedial agents and enable him to see what is being done

in other fields of therapeutics. While there is nothing distinctly new in the use of the active principles, there is a marked increase in the general unrest of physicians of the dominant school and a vigorous protest against the massive dosage of crude drugs. Hence thousands of physicians dissatisfied and disappointed with the "helplessness of Therapeutics" are turning to the alkaloidal idea and the active principle for something better. While the system of practice is not changed in the least by a change in dose, these new adherents are collecting data and creating a literature which is the aim of this work to present in a form to be utilized by the profession. About 150 different remedies are more or less fully presented, making it the most complete work on concentrated remedies at present available to the general practitioner of the other schools.

We appeal to our alkaloidal colleagues to take another step in Therapeutics. Now that they find better results from a smaller and better dose—the 1-5, 1-10, 1-100 or 1-1000 of a grain—let them make a test of these active principles in these doses on the healthy and thus increase their knowledge of positive action of drugs; for some active principles, Strychnin, for example, are found in more than one remedy. Ignatia is far richer in, and contains a larger relative percentage of Strychnin than Nux vomica. While Strychnin is the supposed active principle of each, there is a vast difference in the results obtained by a physical test on the healthy. Hence there is an individual element in each remedy just as there is in each patient which can only be ascertained by testing each remedy on persons in health. To test them on the lower animals is not sufficient, for we only learn of the objective symptoms or conditions. We may in this manner study the tonic action of Strychnin, but there are a hundred conditions peculiar to the remedy not included in tonic spasms. We need the subjective action of Strychnin also, because in patients we daily meet with subjective phenomena that must be met. Here is a new world of practical observation for some alkaloidal Columbus.

The Principles and Practice of Surgery, for Students and Practitioners, By George T. Vaughan, M. D. (University of Va.) Professor of Surgery, Georgetown University, Washington, D. C.: Assistant Surgeon General, Marine Hospital Service, etc. Pp. 570. Cloth \$3.50. Philadelphia and London, J. B. Lippincott Co, 1903.

This volume belongs to Lippincott's new medical series of practical works, edited by Dr. F. R. Packard. It is a clear-cut and concise exposition of the principles and practice of modern up-to-date surgery and proclaims its adaptability to the wants of the student or the busy practitioner who needs a work of ready reference, for a great many works of surgery are too large and too comprehensive for him. In this volume lengthy discussions of theoretical subjects are omitted, as well as branches of special surgery, such as Laryngology, Ophthalmology, Otology, etc., etc., each requiring a separate text-book. The author is to be congratulated that he has confined his work to general surgery, and every page from beginning to end marks him as a man of large clinical experience as an operator. This in connection with his many years of college work as a teacher has enabled him to give a practical condensation of surgical technique admirably adapted to the busy man as well as the hard-worked student, something which we think the profession will appreciate.

Many of the illustrations for this volume are apparently from the author's own cases, and demonstrate his method of work, which make them all the more valuable as surgical illustrations. It should meet an extensive sale, for we think it deserves it.

Treatment of Cholera. By Dr. Mahendra Lal Sircar, C. I. E., M. D., D. L., Second edition—Revised and enlarged, Demy 146 pages. Cloth Rs. 2. Postage 4 annas.

This work of 146 pages is the last tribute to the profession by the late Dr. Sircar of Calcutta. To his tireless energies we are indebted for the Calcutta Journal of Medicine, founded in 1868 and published monthly since; for the

Therapeutics of Plague, the third edition, and this second edition on the Treatment of Cholera, which ran through the Journal as a serial publication. It is perhaps the most complete work on this disease to be had in the homeopathic school.

It contains the nature of cholera, its etiology, bacteriology, morbid anatomy and pathology, diagnosis, prognosis and treatment. Of the treatment, ten pages are devoted to the allopathic treatment of cholera as portrayed by the best writers of that school, nearly every one of whom proclaims that some special treatment has been "tried and found wanting".

The homeopathic therapeutics from the date of Hahnemann's famous letter, Sept. 10, 1831, from Coethen; on the treatment and prevention of Asiatic Cholera to the present time, is practically the history of the therapeutics of this disease by nearly every homeopathic author who has written on it. This work and the complete explanation of the treatment of this disease should be in the library of every homeopathic physician. The author quotes from the article by the late Dr. J. P. Dake, in Arndt's System of Medicine as follows:

"The most successful practitioner will ever be one who quickly recognizing the foe, selects and adheres to well tried remedies nothing doubting as to good results. He who takes time to search a repertory with the long lists of drugs, each of which may have displayed some symptom similar to the one characteristic of cholera, will often find his patient fatally collapsed before his individualizing pursuit is satisfactorily ended". On which the author makes the following comment:

"The routine herewith recommended by Dr. Dake has brought disgrace on Homeopathy often in the treatment of cholera. It is not always the remedies tried in previous cases that are successful in new cases, unless the correspondence is close. We should be doing Hahnemann a wrong, and indeed it would be declaring Homeopathy incapable of growth and development if we were to believe that the few

remedies recommended by the Master are all the remedies for cholera. If we were to stick to them and search for no newer remedies we would court signal failure”.

In this the author is entirely correct, for there is no disease in which careful individualization gives better results than in the treatment of this rapidly fatal affection of the East. Hahnemann specified in particular that the individualization of the remedy should be as perfect as possible, and this work will enable the homeopath to both find his remedy and cure his patient.

THOUGHT EXCHANGE.

Radium Treatment of Cancer:—At the Cancer Hospital, London, England, the results from the Radium treatment have been so disappointing that it has been entirely abandoned. While in this hospital it was never viewed hopefully, and a short time since the last experiments with it were abandoned. Trials were made at the end with the case containing five grains covered only with mica sheeting, probably the largest morsel in any hospital in Europe, and the effect was always the same, though it might vary in degree. The surface of the skin was inflamed, a blister formed and dried, and that was all. Sixteen cases have been under treatment, the longest period of a single application having been three hours, and the longest total time of application twenty-five hours, while the only favorable result has been an occasional cessation of pain. On the other hand, several patients have complained of an increase of pain. The authorities of the Cancer Hospital are now devoting all their money and time to the improvement of the high frequency treatment, from which they hoped to obtain better results.

[In this, however, they will be entirely disappointed, for cancer is a chronic, constitutional disease, and a cure must come from within outward, like all other chronic

diseases, in order to be permanent. This is in accordance with the observations of Hahnemann, in his *Chronic Diseases*, in which he says: "The evidence of improvement is from within out, from above downwards, from the center to the periphery." And these observations are just as true today as when Hahnemann made them a century ago. Cancer can neither be cut out nor cured by external treatment. ED.]

A Common Misconception in Regard to Calcarea:—Any one who has carefully read the mental picture of Calcarea, as given in our various books on *Materia Medica*, cannot fail to be struck with the fact that they all emphasize the fact that the mental condition is torpid, and that the man's movements are slow and heavy. Nevertheless, we find it also stated, on first-class authority, as for example in Hering's works, that Calcarea and Belladonna are complementary, or as some writers put it, that Calcarea is the chronic of Belladonna.

Evidently then the person who to-day needs Calcarea may sometime be one who yesterday, or last week, or last year was intensely energetic and quick in all his movements, and probably has not wholly lost that quickness to day. So that the common belief that energetic people never need Calcarea is a radical mistake.

We freely admit that many people who need Calcarea, who are not energetic, and have not been for a long time if they ever were, but there are others who need it who in their ordinary mood are highly energetic, and yet if the time comes when Calcarea is needed, it will be found that they are far less energetic than they have been, or may have gone so far as to wholly cease to give any signs of strong vitality.

The Calcarea vitality always seems to be more or less weakened, but it certainly is not a medicine which can be wisely limited only to those who are habitually and always slow and torpid. Some of the most serious misapprehen-

sions in medicine grow out of this tendency to assume that a medicine has *only one sphere of action*, and is suited to only one class of temperaments. It is true that a medicine is oftener indicated for one temperament than for another, but it is seldom true that the second temperament positively excludes it. A single symptom or a characteristic temperament rarely if ever excludes a totality no matter how well marked.

Remuneration in Medicine;—“Dr. N. S. Davis, who died in Chicago in June, was one of the leading practitioners of the old school; he was an advocate for higher medical education and known as the ‘Father of the American Medical Association.’ After an active professional career of more than sixty-seven years it is sad to record that his life’s work has yielded an estate valued at but \$39,000.”

[And yet this is far above the average. Statistics of business and professional men in America, for the last fifty years, show that only five or six in every hundred secure a competence; that 95 per cent die insolvent. And while an estate of \$39,000 is small compared with the millionaires on the right and left, still he is one of the few who leaves anything. The proneness of business and professional men to make money rapidly and get rich quickly often leads to investments that are not secure, or speculations that are generally misleading and unfortunate. ED.]

Appendicitis and Typhoid;—Dr. Joseph Price, in the *American Journal of Obstetrics*, tells us that some years ago he pointed out the fact that cases of appendicitis were quite often treated as typhoid, but that now he is almost sorry that he did it, since a great many cases of typhoid are being rashly operated upon as if they were appendicitis. [This is a legitimate illustration of the folly of treating the diag-

nosis and ignoring the dynamic derangements of the patient. The eradicating of the symptoms by strict homeopathic treatment would leave behind neither appendicitis nor typhoid. ED.]

Loss of Consciousness and Fainting:—These two are not the same, for though in every case of fainting there is a loss of consciousness, there are also many cases of loss of consciousness where the pulse-beat clearly shows that it is not a faint. Nevertheless, the two are so close akin, or perchance have been so often mistaken one for the other by our provers that often-times the modalities given under unconsciousness in your repertory on “Mind,” are equally applicable to cases of fainting, which you find under generalities, and vice versa; for example, a medicine which has “fainting with nausea” is, quite often, apt to give the symptom “unconsciousness preceded by nausea” and so on through the entire list. Doubtless there are many exceptions to this statement, but it is so often true that it is worth keeping in mind.

Incompetent Physicians and Surgeons:—When a physician or surgeon blunders sadly, it is easy enough to mislead the public by saying that the outcome was due to the extreme gravity of the disease, but it would not be so easy to mislead a competent jury of expert physicians. Hence, in spite of the fact that Government regulation has its dangers, it seems that even physicians in active practice should be watched by the State Board of Health, and occasionally silenced even when there has been no “criminal malpractice,” which, so far as we know, is at present the only ground for ever depriving a physician of his right to practice.

NEWS ITEMS.

A Brave Surgeon:—Dr. C. E. Fisher recently performed the unusual feat of operating upon himself for blood poisoning. For nearly a week he had been suffering a violent infection of the left foot, and it became alarming. Being near Washington, he arranged to go there for surgical attention, but was prevented by an accident. Seeing that delay was becoming dangerous, and that he was in a fair way to lose his foot and perhaps his life, the infection extending rapidly as far as the knee, with the assistance of his hospital nurse, he operated upon himself, cutting from the instep to the toes down to the bone, without an anesthetic, scraping and gouging among the diseased tissues for nearly half an hour.

Reports from the hospital state that he is better now than for a week, and by the promptness and thoroughness of his self-operating, he is in a fair way to save not only his leg and foot, but his life.—Baltimore American.

The Northern Indiana and Southern Michigan Homeopathic Society held its twenty-seventh semi-annual meeting at Elkhart, Indiana, in September. Dr. F. G. Freyermuth, President. There were present the following physicians; Drs. Cook, W. B. and N. K. Kreider, Freyermuth, Thomas, Herkimer, Fisher, Haywood, Washburne, Mumaw, Henwood, Smith, Myers, Chase, A. Cook, W. Freyermuth, Stauff.

Drs. W. E. Clark, J. O. Gorman, U. G. Reiff were elected members.

The chair appointed A. L. Fisher general critic.

The following papers were read and fully discussed:

“Report of a Corneal Case,” W. B. Kreider; “Baptisia,” A. L. Fisher; “Dropsy,” C. W. Haywood; “Care of the Prospective Mother,” F. G. Freyermuth; “Report of Cases” and “A Poetical Fantasia,” M. K. Kreider.

Chairman for bureaus for the next meeting: Surgery, M. K. Kreider; Materia Medica, C. W. Haywood; Practice, G. R. Herkimer; Gynecology, Obstetrics, F. G. Freyer-muth; Ophthalmology and Otology, W. B. Kreider; Pediatrics, A. L. Fisher.

The Colorado Homeopathic Society elected the following officers for the year of 1904-5 at the annual meeting which convened in the city of Denver, September 13th, 14th and 15th, 1904:

President, Leroy C. Hedges, M. D., Grand Junction; 1st Vice-president, Grant S. Peck, M. D., Denver; 2nd Vice-President, S. L. Blair, M. D., Trinidad; Treasurer, F. A. Faust, M. D., Colorado Springs; Secretary, Giles P. Howard, M. D., Denver.

Board of Censors, Drs. Stewart, Denver; Allen, Colorado Springs; Burr, Denver; King, Golden; Greene, Arvada; Clinton Enos, Denver.

Administrative Council, Walter Joel King, M. D., Golden; J. B. Brown, M. D., Denver; J. P. Willard, M. D., Denver; W. C. Allen, M. D., Colorado Springs; Genevieve Tucker, M. D., Pueblo; S. L. Blair, M. D., Trinidad; E. P. Greene, M. D., Arvada.

A **TIMELY NOTICE**: The next annual meeting of the Wisconsin State Society will be held in Milwaukee, Tuesday, Wednesday, and Thursday, May 23, 24, and 25, 1905.

This notice is given thus early that the members may have sufficient time to prepare good papers.

A. L. BURDICK
Secretary.

The New York Homeopathic College is to be congratulated on the recent additions to its teaching corps. Drs. Edmund Carleton and Milton Powel on Homeopathic Philosophy; Drs. E. B. Nash, R. F. Rabe and John Hutchinson on Materia Medica. This places this college far in advance of any of our Eastern schools and raises the hopes of every true follower of Hahnemann. And there is need of further improvement in this direction.

THE MEDICAL ADVANCE

...AND...

JOURNAL OF HOMEOPATHICS.

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THE DERNIER RESSORT.

F. E. GLADWIN, M. D., H. M.

Not long ago a friend, voicing public opinion, said: "The Dernier Ressort, I suppose, is Allopathy." Is public opinion right? Is it true that Allopathy, which, in this case means anything that is not based upon homeopathic principle, is so infallible in its methods, so successful in its results, that it remains a tower of strength to which the faltering homeopath must turn for help? No, the real Dernier Ressort is found within our ranks; he is the constant companion of the homeopathic physician; he does his work gently, quickly, permanently, and is so quick about it all that no one ever hears of him; no one excepting the grateful physician, knows he is there. He has principle behind him, and he is as true as the principle that he depends upon.

The Dernier Ressort pet of public opinion is a pretender; he is a special envoy of his Satanic majesty, and if possible, is more persistent than his master. At every birth he is an intruder, hoping to assist; at every death he is waiting to offer a suggestion, and all the way between he stands just around the corner watching for a chance to appear to you. He flaunts one banner, and the device upon it is the one word "Necessity." In my early childhood I was taught that the "Dernier Ressort" always killed or cured, and because it caused the death of my father, I had no faith in the "cured" portion of its work.

In the medical college I learned that the homeopathic remedy was sufficient to cure all cases, but the fallibility of the physician in finding the remedy made it necessary, at times, to resort to something else. Here again is the Dernier Ressort of public opinion, but now his mission is to cover up the ignorance of the physician.

In the daily routine of life one might also expect to be permitted to forget him, but no, in comes the representative of some chemical company to call attention to something new, always something new, that will serve when the homeopathic remedy fails, and something more is needed.

So the little demon, Dernier Rsssort, haunts us. It is his ambition to march in the front rank of the army of physicians and to lead the line, Then he would march that army down every by path that had a chemical laboratory at the other end.

For fourteen years I have been trying to convince this pretender that I will have none of him, but he haunts me still. He does not, as formerly, say "kill or cure," but, omitting the "cure," he lives up to the motto.

Shortly after I had graduated in medicine, a gentleman told me that there was a homeopathic physician in his town, who, when asked if he wouldn't give something besides the homeopathic remedy, even to save a man's life, had answered "No;" and my informant added, "that is all I want to know about him." Why should a physician give anything but the homeopathic remedy to save a life, when he can save it so much better with the homeopathic remedy? Has the homeopath, with principle to guide his every action, any right to turn for help to a school that is continually rushing from one fad to another, wasting its whole energy in trying to keep abreast of the times?

We are told that if the patient is going to die, it can't matter what is given; but it does matter. What right has the physician to say that the patient is going to die; have we not all seen the homeopathic remedy cure when failure had been predicted?

We are told that "when the physician fails to find the

correct remedy, he must resort to something else to save the patient." Because a physician has not found the remedy homeopathic to the case, is that a reason why he should give something unhomeopathic, when, by so doing, he masks the case to the extent that he may never find the remedy? Better let him watch and wait until he does see the correct remedy.

A CASE IN ILLUSTRATION.

In February of 1903 I was called to a case of what appeared to be erysipelas of the face. The patient was in her seventy-seventh year. The eruption began as a smooth, red, shining, hot swelling upon the left side of the face, and extended toward the right, itching and burning, which was worse during the night. There was a history of going out into the cold when overheated. I gave Rhus; the eruption immediately began to heal, but continued spreading to the right with equal rapidity, so that the healing and advance kept even pace until it had crossed the right side of the face, and involved the right ear, neck and scalp, the patient growing weaker and more stupid all the time. It looked like Rhus, but the eruption was not healing in the right direction, and the patient was growing worse. Had the homeopathic remedy failed? and should I resort to iodine and all the other things that we hear recommended for erysipelas? No! a thousand times, no! I had failed; Rhus was not the remedy that was homeopathic to the case. For days I watched that patient, going in season and out of season always with the question; "What can you tell me now, nurse?" From observation and the nurse's reports, I found that the patient slept much, a stupid sort of sleep; she could be aroused to answer a question, but as soon as the question was answered she would fall asleep again. She recognized no one.

The skin was hot; a growth, which had been for years upon the left side of the face, had ceased discharging, and had dwindled from about the size of a silver dollar almost to the pedicle, which was about the size of a dime. She was steadily growing weaker, imagined she was lying in a deep

hole and steam from a boiler was turned into it, begged them not to burn her, to take her out of the hole, was worse at night. One night I happened to rest my hand upon her ankle, and, although the covers lay between, an expression of pain crossed her face, and she uttered an exclamation. Upon investigation I found that she was sore to the touch all over, though there was neither swelling nor discoloration of the skin excepting upon the face; then I recognized my remedy, the true *Dernier Ressort*. The soreness, the nightly aggravation, the stupid sleep, rousing to answer and immediately falling asleep again were all *Arnica*. What mattered it if *Arnica* did not stand strong in erysipelas of the face and head, the patient was *Arnica*.

The nurse, well trained in allopathic lore, but having had no experience at all in Homeopathy asked if it wasn't "a case of blood poisoning from the cancer upon the face." To me it was just plain, simple *Arnica*. The next morning the patient greeted me with her old-time smile, she was better in every way. The advance guard of the erysipelatos eruption had halted, and on the day following was in full retreat, healing from right to left; and, although it did not go back over all the ground it had come, it went part way, the patient continually improving. She will be seventy-eight years old next September, is still keeping house for her daughters, and is the sunshine of the household. Could the pretender, *Dernier Ressort*, have given better results?

The specialists tell us that we must not expect the homeopathic remedy to cure eruptions, the parasites must be killed, etc., etc. Then, *Dernier Ressort*, the pretender, triumphantly presents a tube of the latest germicide, and the patient "gives his note on demand to Dame Nature," and all goes well until the Dame demands payment, which she always does as soon as the interest has accumulated to good proportions. Oh! the payments that must be made for the suppression of an eruption! They continue years, they may involve any organ of the body, they may result in the incurability of the patient. Has a physician the right to

inflict such punishment upon his patient? Has he the right to suppress an eruption when he can cure it?

AN ERUPTION CURED BY LACHESIS.

I had a case this winter which it took me months to find the remedy. Other members of the family had the same kind of an eruption, but Petroleum, Sepia or Sulphur controlled them immediately. The eruption began upon the shin in isolated vesicles, which came and went. It spread to other parts of the body, being worse at the bend of the large joints, and upon the hands, though there were many coalesced patches and isolated vesicles upon the trunk and limbs. As the eruption progressed, many of the vesicles changed to pustules, dirty yellow crusts would pile up and the pus exude from beneath. The hands became nearly covered, even between the fingers and upon the palms. She could not bear to touch anything, or bend the fingers, which she kept spread apart. The skin surrounding the patches thickened and became red and slightly cracked, new vesicles formed upon the scars of the old. Itching was intense kept her awake all night, or if she did fall into a sleep it wakened her immediately. The itching was relieved if she ruptured the vesicles. The patient herself was emaciating I could not find the remedy, until one day I noticed that her collar was not so close as fashion demanded. I said nothing, but leaned forward and slipped my finger beneath it. She laughed, and volunteered the information that she took it off and loosened the neck of her dress as soon as she reached home, because it suffocated her. She took her corsets off also, because she could not bear to have anything touch her about the waist. At last I had the picture of the remedy. Why had I not noticed before that the itching was waking her out of her first sleep always? She was worse for three days after taking the Lachesis, then improvement in every way began. She had been growing worse for over six months before she received the Lachesis; in one month after taking it the eruption had nearly disappeared and the patient was well in every other way.

Dernier Ressort, the pretender, was omnipresent in this

case, suggesting one thing after another, expressing surprise that the patient had not been sent to a specialist, and greater surprise that no local treatment had been advised or permitted.

The cases that usually fall into the hands of the surgeon are the heart's delight of Dernier Ressort, the pretender. It is "pain in the abdomen, appendicitis, hurrah!" Homeopathy has failed. Get her on to the table quick, cut down, take out the appendix, ovaries, uterus, something, everything, it doesn't matter what so long as you cut and remove."

A patient of mine taken with sudden abdominal pains stopped at a prominent hospital for medicine. The case was diagnosed appendicitis. On the pretense of making a further examination, the patient was etherized, but when she returned to consciousness she found that an operation had been performed, the ovaries removed, and she must henceforth be nothing but an it. When I saw her months afterward she was still in a wretched condition. The pretender was satisfied, he had wrecked a life.

A BELLADONNA APPENDICITIS.

How different the case of another patient, who fell into the hands of Dernier Ressort, the True. The evening of December 4, 1902, Mrs. D. came to my office for medicine for her daughter, aged fifteen years. The girl had severe pains in the abdomen. She had been menstruating for three days, had stood in the cold vestibule a half hour the day before talking to a friend. The pains were worse from motion and heat. There was nausea and vomiting, and she was sensitive to noise. I sent Bryonia and saw her the next morning. She had been better after the Bryonia, but was worse again. The pain, which had been all over the abdomen, had settled in the cœcal region, where there was great soreness. She lay upon the back, with knees drawn up and did not want to move. I told the mother that it looked like a case of appendicitis. She said in that case the family would demand an operation, though she disapproved of it. I told her I was not willing to take the responsibility of making a diagnosis upon which an operation depended. An

allopath, one whose reputation reaches far beyond the limits of Philadelphia, was called in to make a diagnosis. After a careful examination, external and internal, to make sure that it was not ovaritis, he pronounced it a serious case of appendicitis, and advised immediate operation. The mother asked if they might wait until the father came from a neighboring town, and the physician answered; "A few hours would do no harm, but you must not wait longer." She told him that I had cured cases of appendicitis without operating, and he said; "Then she has been very fortunate, but in this case the pulse is rapid and the temperature low, and your doctor must know what that means." Dr.—made the diagnosis at four p. m. I saw the child a little before 10:30 p. m., and found her much worse than in the morning. She had been growing worse all day and rapidly worse since four p. m. I took the case again.

There was great soreness in the caecal region, pain constant, with agonizing paroxysms. The paroxysms came suddenly and went suddenly, were brought on by the slightest motion, a deep breath, a hacking cough, a jar, rumbling in abdomen or a drink of cold water. She lay upon the back, with arms extended and knees drawn up, could not even move the feet because the motion brought on paroxysms of pain. Face was pale, eyes bright, she was sensitive to sounds, could hear what was said in the second room from her though she was usually dull of hearing. Was sensitive to a jar, could feel anyone walking in the room below; could not bear the weight of the bed covers upon the abdomen. During the paroxysms of pain, the hands were clenched, and the arms drawn up as in a tonic spasm of the flexor muscles; the teeth were firmly pressed together, as though the jaws were locked. The paroxysms ended with a moan and a relaxation of all the muscles. Fingers and hands were numb after the paroxysms. Pulse rapid, skin hot, though the temperature was only 100. Restlessness so great could hardly keep from moving, but could not move, because the least motion brought on those awful paroxysms of pain; was much distressed by the aching in the muscles

of the back, which she claimed was because she had lain upon them so long. The first attack had come suddenly about 4 p. m. the day before. At 10:30 p. m. I gave Belladonna and stood, watch in hand, looking at my patient, while every one else in the room watched me. I knew that Belladonna was the real Dernier Ressort, but I knew that Dernier Ressort, the pretender, was waving his "Necessity" banner before every eye in the room, excepting those of my patient and mine; I knew he was shouting operation into every ear but mine. I knew that the mother had given me until morning, but I believed that when morning came if Carrie was not so much better that there would be no call for the knife—she would be in a land where they do not use knives. I gave the Belladonna and waited, knowing that if it failed I would be condemned by every one who ever heard of the case, and the condemnation would fall not upon me alone, but upon Homeopathy. I felt that, for the time at least, I stood alone with homeopathy, opposing the opinion of the world; but I knew my remedy, I knew my case, and I knew that the homeopathic remedy cures all curable diseases, so I waited and watched, believing all would be well. For forty-five minutes she grew steadily worse; the paroxysms became more frequent, coming every three to five minutes, they were longer lasting and more intense. The eyes became sunken and surrounded by dark rings, she became blue about the mouth and pinched about the nose. At 10:30 p. m. she received the Belladonna, at 11:15 p. m. I noticed that the pains began to come at longer intervals, and were less severe. At 11:45 she began to scold an aunt because she had such a solemn expression on her face. Then I knew that Belladonna had triumphed, and suggested that the family leave her alone with her mother. At 12 p. m. the patient was asleep; at 1:30 a. m. she awakened, with the desire to urinate, and unassisted lifted herself from feet to shoulders, so that we might slip the bed pan under her; when she discovered that the exertion caused no return of the pain, the child exclaimed, "O, it's so good to move!" She could then bear the weight of the bed covers upon the

abdomen; her mother had been sitting for hours beside her, holding up the covers so that they could not touch her. At 3:45 a. m. she turned upon her side; it was the first time that she had moved from her back in twenty-four hours. She then slept until 7 a. m., when she wakened, surprised to find that she had "straightened her legs, and it did not hurt." The coccal region was still very sore, but the pains throughout the day were hours apart, and not at all severe. The constant pain was gone, and she was smiling and happy. Improvement continued until she was as well as she had ever been. On December 18th I found her making clothes for a thirty-inch doll, and jolly as a sand piper in the work. A careful examination could discover no trace of the soreness. There has been no return of the trouble, though a year and a half has elapsed since the attack.

Dernier Ressort, the True, did his work in this case so quietly and so surely that the father and friends who did not see the child during the attack would not believe that she had had appendicitis, or that she had been seriously ill. If Dernier Ressort, the Pretender, had had his chance they would have believed it.

Having the remedy in hand that could cure, what right had I to resort to the knife? Principle told me that the remedy would cure, but there is no principle that could tell me that the knife would cure.

In my case of eruption, what right had I to resort to the local application of some germicide, just because I had difficulty in discovering the homeopathic remedy? In my case of erysipelas, when what seemed to be the indicated remedy failed, what right had I to resort to something that was not homeopathic to the case? Our principle is like cures like, not like, might, could, would or should cure like. There is no room for doubt; the like remedy must cure all curable cases. If the selected remedy does not cure either, it is not the like remedy, or the case is incurable. If the case is incurable, the like remedy is still the Dernier Ressort, for it takes away the sting of death and permits the patient to pass peacefully into the other world.

Knowing as we do that the homeopathic remedy will cure all curable cases, and make death easy in all incurable cases, we are worse than thieves if we deny our patients that remedy.

No; the Dernier Ressort is not the allopathic remedy, it is the homeopathic remedy, first, last and every time between. The sooner the homeopath finds out that Allopathy does not stand behind him in time of need, the better it will be for all the world.

So, when the representatives of chemical houses, in order to induce me to try their drugs, tell me that most homeopaths are willing to use the things that serve them best, I tell them that is exactly the kind of physician that I am. The homeopathic remedy gives the best service always, therefore I have no use for anything but the homeopathic remedy. When they tell me that they only ask me to use their drug when the homeopathic remedy fails, I tell them when the homeopathic remedy fails there will be no use of trying anything else, for the homeopathic remedy is so far reaching in its effects that it cures long after all else has failed.

Courts may exist from which an appeal may be taken, but from the homeopathic court there can be no appeal.

DISCUSSION.

E. B. Nash, M. D.—It is strange. We often hear that wonderful powerful plea made that takes so well with the average layman, "I use anything that cures." When that is quoted to me I reply, "I will use the best thing to cure you." If this case had not been diagnosed by a celebrated surgeon, they could say and would say that it was a case of mistaken diagnosis. Now all have to admit that the case was one of appendicitis, and that the remedy Belladonna did cure it. There are some physicians who pride themselves on being able to use the best of all schools. But Homeopathy has the best and there is no other best.

President:—As I helped to draw that part of the constitution of this society which relates to principles, I cannot be charged with having any undue leaning towards sur-

gery; but there are times and places where good, skilful surgery is an absolute necessity. While the doctor's paper is inspiring and helpful and leans in the right direction, still we must acknowledge that we are finite and that we have our limitations. There are times when we cannot find the remedy; there are cases and states that mark a limit as far as any doctor should go on his own judgment, with the internal remedy alone; you must decide whether it is a surgical case and call in a surgeon to help you. Do not ever allow a patient to die on account of your inability to get the right remedy, but call in a surgeon to help you.

A case comes to my mind as I talk. A year and a half ago I treated a case of appendicitis with gratifying results. Nine months after there was a relapse. Everything went well under remedies for a number of days, when I was telephoned for and found that sudden violent pains and vomiting had set in. I examined the case and was satisfied that rupture of the pus sac was imminent or had taken place. The patient was a nine-year old child. We opened the abdomen and took out a quantity of foul pus. As the operation was finished the child was in collapse and the attending surgeon said that she would die. Under Carbo veg. she rallied, but later symptoms of strangulation of the bowel set in.

There was no doubt about the diagnosis nor prognosis either unless relief was quickly afforded. Another operation was imperative; we went into the abdomen a second time and found a band of adhesions that had bound down the bowel, closing it up.

Other adhesions over the gall-bladder were found and broken up and entire recovery followed. In the presence of such complications we must not fall down; we must not let our devotion to the effect of the remedy and to the cause of true therapeutic science, allow us to expect effects in cases which belong to the domain of surgery. That is to the detriment of the patient and of true science. On the other hand, I do not doubt that all of you have been called to cases where surgery had done its best, or where it was not

indicated, and where the remedy was all that was needed to effect a perfect cure.

M. E. Graham, M. D.:—I enjoyed this paper and discussion and I am quite surprised that it was favorable, in its animus, toward surgery. I am glad that even among such excellent prescribers there is room for the surgeon. In regard to the particular case reported I have had similar cases; cases where the inflammation has been acute, the pain great and the symptoms violent, which have been entirely cured by internal remedies. But suppose that this patient had been just as bad by the next morning as she was at night; by that time an abscess might have formed and broken. The difficulty about these cases is the uncertainty of their course. It might have been too late next morning. I have known abscesses to form and break in six hours after the first symptoms of ill-health. Here was a case where there was no abscess formed and the remedy acted before there was any pus formed and allayed the inflammation so that none was formed. If, however, the pus had started before the doctor got the case it would have had to come to the surface or the patient would have died.

That is where the risk and the uncertainty of therapeutics and the judgment and knowledge of the surgeon comes in. Of course, I understand that surgery is not of much use to this society, but I am glad that it has received its true recognition this session.

Stuart Close, M. D.:—Surgery has more to do in general and a more important function to perform, in this society in particular, than our friend thinks. No member of this society would be so rash as to claim that there is no place for surgery. This society stands for safe, conservative aseptic surgery, and we are glad to have a surgeon like Dr. Graham with us.

FALLOW FIELDS.

*Downfall
of Homeopathy*

BY A. E. AUSTIN, M. D.:

Many are the fields growing up throughout the world that were once fertile in the growth of the homeopathic *Materia Medica*. The Hahnemannian Masters worked early and late. They fought long and well, though their souls were tried, to dispel the great forests of unbelief and prejudice. Many were the fields rich in homeopathic grain that had been well worked up to the highest perfection. I can see how happy were those fathers to leave these monuments of symmetry behind them. No doubt they had in their hearts that we who came after them would not allow one shadow to darken this law of laws, given from the master to worthy successors, that the nations might not ask in vain for the balm of Gilead.

Often have I lingered in the refreshing pictures so effectively painted by Bradford's pen of Samuel Hahnemann's life, so calm, so serene, so convincing, so strong. He was as a great dam of positive force holding all before him. Those who knew him best followed his pathways, overcome in admiration. When he made up his mind to a procedure, after careful analysis and much weighing, no opposition could turn him aside. He could withstand an army—he could starve with his family for truth and right. What an example, members, to us, what a heritage from those masters who have gone before. As I meditate over their lives, and you must at times, for their minds formulated great laws that have brought often the pleasures of success in your treatment of disease, I feel ashamed to think how we have treated Hahnemann, by allowing this fallow ground to remain uncultivated. Shame to us of the present age, who have had their great forests of opposition cleared, after years of hard work and self-sacrifice. I look over these fields for an explanation; I find that one of the most noxious enemies of our school, and of our *Materia Medica*, is the twisted scrub oak of unbelief in the Hahnemannian Law.

The Canadian thistle is lack of system in our Hospitals and Colleges. The young men on the staff criticize the inferior officers—this would not be tolerated in the Old School Hospitals—there they have system in the colleges and rule with an arm of iron. No professor would dare criticize another's work before the student body; and this means harmony and power in oneness of purpose. There is the birch or white alder, no mean enemy of our fallow grounds; one professor spends an hour building up to have another professor pull his work to pieces; this at least shows a lack of medical courtesy. The field daisies that are crowding out better things are papers read by some of our men unfavorably criticizing Hahnemann and his followers. Patients have come to me saying they heard papers read at conventions open to the laity, and learned that some of the physicians could not have believed in Homeopathy and its laws, as they criticized Hahnemann in a shocking manner. Other destructive weeds are undue love for distinction; lack of appreciation of valuable unselfish service; influence of flattering offers of affiliation from the other ranks; lack of the knowledge and habit of persistent, painstaking research for the similar; a towering weed of selfish lack of interest in the advancement of Homeopathy. Such and like weeds are not confined to our school, but we would have our fields rid of them, that they may yield a hundred fold.

I do not fear the Old School, but I do the men of our own who do not know in which law to believe. These are dangerous enemies, a negative word from them carries much weight to the outside world. I think if we all realized that every word we uttered created a far-reaching influence, we would be more careful to always speak a clear strong word for our school, and thus for homeopathic *Materia Medica*. When we are false to the promises we made our Alma Mater, we plant atrocious seeds in the fallow ground. We have what no other school possesses, an exact law of cure, so true that it can be mathematically proven. If we give up in a single degree, the *Materia Medica* which Hahnemann declared was God-given, we might as well strike our colors. This we will

never do; but as one of your younger members perhaps you will bear with me if you think I have been unkind.

I love you; I have not one unkind feeling for a man in the profession. Allow me to say right here, I hear the beating of the enemy's drums, and if we would live we must fight, and I know there is not a nobler body of knights ready to break a lance for Hahnemann, than sit here before me. I say, arise, and see to it that our school shall take its honored place; let us break up the fallow grounds. How?

At the adjournment of this meeting, let us find our places in the American Institute, ready to battle for pure Homeopathy and our Materia Medica. Let not even one erroneous statement pass without a challenge. Tell the Deans of your colleges throughout the country what you want them to give the men you send to them. Tell them you are grieved when they allow the laws you ardently uphold to be trampled upon. After all these years why are we not represented in the Army and Navy? Why is it we have few places on the Municipal service? Was there ever a time so ripe for our advancement to public positions? The Government has honored places for our young men. Think of the possibilities before us. Public sentiment is favoring our school; the press is writing against the large doses; the trainers of our colleges have proven that to put the man in perfect condition, only simple living and a small amount of medicine is required. The physical culture magazines; the osteopaths are leaning our way. The scientific world is evolving into Hahnemann's thought. The sunshine of his great law is driving the trees of knowledge into bud, and there will be a prolific fruitage. The new thoughts of our age are working in our direction—*ours* did I say, *ours* they *have* been, but they will pass down the current and beyond if we do not exert ourselves "to hold them fast and hold them forth." Think of agonies spared and of lives saved by the right use of the Law of Similia. Shall we regard the good done by Hahnemann by letting the world misjudge him? Two miners were lost in the Western wilderness and rescued by an old Indian Chief. He cared for them, kindly

sharing with them his fireside, his food, his blankets and sending them away with one of his braves to direct them. They rewarded him by giving a paper, knowing the fondness an Indian has for a paper written by a white man, on which they wrote: "This old Indian Chief is the biggest liar and rascal on the Pacific Coast." This delightful old man carried this for years, thinking they had written of him in gratitude, assuring whoever read it of his kindness and friendship for the white man. Are *we* too ingrates? Shall we allow injustice to him who led us from Chaos into sublime Law and Order. If each one here would this year make a convert to true Homeopathy, and they did likewise, in twenty-five years there would be few thinking men who would not be followers of the great Hahnemann. Let us find our impulse in the stretches of fallow fields. Let every one among us put his or her hands to the plough, not unworthily looking back, till on every shore Hahnemannian Homeopathy flourishes as the tree of life in the Paradise of God, and its leaves shall be for the healing of the nations.

DISCUSSION.

President:—The subject of this paper and especially its treatment strikes me with peculiar force. We all know that the allopaths have long been making strenuous efforts to subvert Homeopathy and they are meeting with success and the reason is that our schools are not turning out homeopathic graduates; their Homeopathy is not worthy of the name. Men come from our colleges and in a few years they are ashamed of their diplomas. I know one man who pasted a slip of white paper over the word "homeopathic" in his diploma. Another young graduate that I came across did not know the first thing about the principles of Homeopathy; not as much as the first year student should know and yet he had had four year's training at a homeopathic college. He knew many things but not how to prescribe; could not tell the difference between Nux and Pulsatilla. Such men are a disgrace to the school and cause infinite harm.

This body of physicians should put forth every effort that it is capable of towards raising the standard of Homeo-

pathy and towards a more rigid censorship of our colleges. It is the colleges that are stabbing Homeopathy in the back. It is the graduate of such colleges that are going from our ranks into the allopathic societies and when they are once there they are swept into the brush pile and after a time it takes a pickax to get them out. They have no use for them except to get them out of the way and thus make another score toward the subversion of Homeopathy. Homeopathy is as true to day as it was when Hahnemann discovered it; why cannot we extend it over all the earth? It is time that we wake up and see to this matter. If you will take the trouble to go back over the old files and journals you will be struck with surprise at the small advance that we have made. Hahnemann's earliest disciples were as far advanced as are the best Hahnemannians of to-day. They had fewer remedies and less convenient books and repertories but they did work that is the equal if not the superior to our best work to-day. We have not advanced one step, notwithstanding our new remedies. One trouble is that many of our new remedies have never been fully proved; there have been too many fragmentary provings. Why not take up a remedy like Euphorbium and prove it over again and more fully. There are plenty of remedies like Sulphate of Cadmium that promise to be of immense benefit, that need proving. There is plenty of work to do if we can only find workers.

A. E. Austin M. D.—There is one method that was formerly used that has been of late neglected and that is the printing and distribution of pamphlets and short articles in the form of tracts advertising and exploiting Homeopathy. I am afraid that the members of the society are not doing their duty to themselves, to their patrons or to the cause of Homeopathy. We should make up and cultivate these fallow fields. We should unite our energies and prove new remedies, to support those who are doing the work. It is true as Dr. Boger said, we are not ahead of those old timers of 70 or 100 years ago. Read the old journals and you will see that we should support the *Medical Advance* better.

Stuart Close M. D.—I hope that the subscriptions for

the *Medical Advance* will grow like weeds in a garden but I fail to see how the reproving of our materia medica will advance the cause of Homeopathy. When we consider that no progress has been made in the power of healing the sick since Hahnemann's day and consider that in that day they had so few remedies to what we have now it seems to me that the emphasis should be laid where I laid it in my paper. Learn to use the remedies that we have rather than get new ones. It simply must be that we do not know how to use the tools that we have and not at all the lack of tools that accounts for the lack of progress. Far be it from me to criticize anybody who wants to prove a remedy; that is a good work, but, I only want to emphasize that there in my opinion our greatest weakness lies.

We should sustain the colleges that are teaching true Homeopathy with far greater energy than we do and also the journal that represents the Homeopathy of our society.

Frank Patch, M. D.:—It might be well for the Association as a body to adopt some such tactics as have been spoken of and put itself in touch with similar smaller societies. In Boston we have a club of twenty-five members; we are isolated so far as larger societies are concerned. If a plan could be formulated to connect us and put us in touch with this Association I can see how it might result in increased strength to all concerned.

Emma D. Wilcox, M. D.:—The college with which I am associated has only one Hahnemannian teacher. The students seem willing and anxious to learn Homeopathy, but they do not get it. Time and again they have come to me for some little article, and last year they appealed to the faculty for some homeopathic teaching. The doctor who gives them talks on remedies told them that he could give them all that Hahnemann taught in one day. Some graduates who have been practicing eight and ten years have asked me questions as to how to use the repertory, and I was asked to get up a class for study of the use of repertories. That is the condition of things, and judging from the attitude of the students and doctors with whom I come in con-

tact, it seems to me that there is a good field for work.

President:—The turn that this discussion has taken pleases me; it is true that the students are asking for bread and the colleges are giving them a stone. The trouble is not with the students, but largely with the faculties. We must get out of the torpid condition that we are in. For the first time in my life I am giving a short course on *Materia Medica* in the Pulte College in Cincinnati. I found the same condition there that Dr. Wilcox speaks of.

E. B. Nash, M. D.:—The American Institute of Homeopathy is supposed to represent Homeopathy more than this society in the popular mind. There is some grand work being done there now. At the last meeting, when an effort was made to limit the use of potencies to the demonstrable divisibility of matter, when they tried to force that dictum upon the Institute, how many members were there to take up cudgels in the cause of true Homeopathy. That was an encouraging sign to me. I had the good fortune to bring in five young men to read papers which were homeopathic papers and which were well received.

After they failed to pass that resolution, restricting the freedom of the members in the matter of potencies, they went home; at least they did not show their face again; not one of them was present the next day at the Bureau of Homeopathics. If any one of them should after that, advocate some new theory we could brand them with the name of hypocrite. Wherever we affiliate with the lesser clubs, as was spoken of here, I would make it obligatory for them to join the American Institute after a certain time. In that way we could advocate Homeopathy and sustain it in such a way that those fellows that want the loaves and fishes would not dare to show their head. I would recommend that our next meeting be held near the place selected by the Institute a few days before their meeting, so that those who want to attend both meetings may do so without extra expense. You will find that they will be slow in introducing measures that are derogatory to Homeopathy after their recent experience.

Stuart Close, M. D.—A good old preacher once said in regard to music, that he did not want the devil to have all the good music. I am not a member of the American Institute and I fail to see how the success of Homeopathy is to be advanced by pursuing the course marked out by Dr. Nash; but I have a glimpse from what has been said of a plan by which Homeopathy may be advanced through its normal and legitimate representative, the International Hahnemannian Association.

If this society stands for anything, it stands for the Homeopathy of Hahnemann. Keep this before your minds first and all the time. It is just twenty-five years since the contemning of the vital principle of Homeopathy by the members of the American Institute led to the formation of this Association. Those principles are just as vital to-day as they were then, and what led the old war horses of Homeopathy to rebel then might well keep us out of the Institute now. The wisest men that our school has produced decided twenty-five years ago that they could not live in the Institute and do their work, and there is no evidence that conditions have essentially changed since then. In regard to the smaller societies affiliating with the I. H. A., I think I see the outline of a plan that will conduce to the good of all concerned.

President:—The best time to strike is when the iron is hot. Dr. Close's remarks are very much to the point. I suggest that a committee be appointed to formulate the matter and report to the association.

H. C. Allen, M. D.—I move that a committee of two, consisting of Drs. Boger and Close, be and hereby are appointed to confer with the smaller societies, holding the same principles as the I. H. A., with the idea of forming some organic relation with this Association. Carried.

President:—Any remarks?

E. B. Nash, M. D.—Dr. Boger will find me one of the first to work for the good of this society, but I think if we were to get into some relationship with the American Insti-

tute, as well as with the smaller societies, we could hold both in order.

E. P. Hussey, M. D.:—I move that a third member in the person of Dr. Nash be added to that committee.

Stuart Close, M. D.:—I have no objection to the appointment of a third member, but I do not like to have one not in sympathy with the object for which this committee has been proposed. If the idea is to have both sides of this question presented then the wisest course would be to have two committees, one for each side. The two reports could be handed in and the Association could then take its choice. But do not disturb the action of a committee by having a discordant element in it. I do not want to go into a committee to have a discussion as to the advisability of doing what the committee was appointed expressly to do.

E. B. Nash, M. D.:—In union there is strength; every man and woman here has a certain amount of influence and multiply that influence by the number of members here and what is the result. It does not seem right to me to say that we can have no influence on the American Institute; or that our opposition has no effect on the old school. All the old school want us to do is to let them alone and they will gobble up every position and all the laity that they can. If we cannot demolish the enemy at least we can weaken them and show up their weak points, and thus limit their capacity for doing harm. We can put our opponents in the Institute in such a position that if they bring up any of their obnoxious principles we can brand them as hypocrites and they cannot deny it.

During the recent meeting of the Institute, there were at least a dozen men came to me and the purport of their remarks was the same. It was that there was more Homeopathy in the American Institute than you dream of. All that we want is leadership. Such men would come into this society if they had a chance. I am not in favor of dissolving or merging this body at all but I am in favor of this body going into the American Institute as a whole, maintaining our own by-laws, and our own officers but exerting an in-

fluence such as it could not exert anywhere else in the world.

After I had been lecturing in the New York college for a time, students came to me and said that they had never heard that kind of teaching since the first day that they entered the roll of students. This is what we are after. If we can do that in the colleges, we can do it in the Institute.

Julia Loos, M. D.:—The way to gain the respect and the following of the laity is to stick to your principles. Hahnemann discovered certain principles; he was sure of them and he stuck to them and the result was that he put forth more influence than any other man of his time. That is the best way that we can work individually for the good of Homeopathy and incidentally for the good of ourselves.

A. E. Austin, M. D.:—If you wanted to see the good that our members could do in the American Institute you should have been at the meeting the other day when by a vote of 31 to 20, I think it was, that resolution was permanently put down. It was one of the most glorious things that I ever saw when Dr. Gilbert turned the tide in the other direction. All the members of this Association helped those that were there; they were the ones who won that fight for Homeopathy and if they had not been there it would have been lost and the American Institute would have stultified itself before the public. That is a specimen of the good work that this society can do if they only will, in the American Institute. This is the strongest society in principles that ever existed in our school; it need fear no assaults. Let us join hands with other societies in order to give them our strength.

One of the reasons that we do not get more assistance from rich men is because they find whenever they investigate, a lack of harmony in our school. No business man will have anything to do with a corporation that is not in harmony, that does not pull in one direction. The best men that I have ever met in our school are right here in this society and what a following they would have if they were to go on the floor of the American Institute and fight for the truth. I know rich men who love Homeopathy and are

willing to give for it, but I am not going to ask them to give until we are working together better than at present.

Too many here seem to feel themselves hopeless and helpless, but they do not know what they can do until they try. Here in New York a single man Dr. Nash, changed the whole feeling in one term; changed the whole atmosphere. It was a surprise to everyone who knows about it that he was able to effect so much in a single month. I am willing to give everything I have and my life too to Homeopathy, but I want to see our school working together against the common enemy instead of wasting their strength in opposing each other. The cause is too great for local feeling, too inspiring for personal jealousy; we must get together and sinking all such feeling, work harmoniously for the common cause. If we only do that, Homeopathy will be represented in every department of the United States. It is our right and we will get it if we only work together.

President:—It seems to me that we are getting off the question. The motion before the house is that Drs. Boger and Close be appointed a committee to consider ways and means of affiliating smaller societies holding similar principles. All in favor of that motion say Aye. Those opposed No. The ayes have it. The motion is passed.

B. LeB. Bayleis, M. D.:—I move that a committee be appointed to consider the side of the question, represented by Dr. Nash and Austin and to present a report to the society. Seconded. Motion lost.

WHERE THE SIMILIMUM IS SUPREME.

JOHN B. CAMPBELL, M. D., BROOKLYN, N. Y.

Some years ago, while discussing Homeopathy in general with a prominent Hahnemannian prescriber, I asked whether he considered the truly homeopathic cure of frequent occurrence. He declared that similimum center-shots were rare. Another physician well versed in Homeopathy insisted that real homeopathic cures were common.

To decide the question, a consideration of what is meant by homeopathic cure appears necessary. By this term is not meant the relief of acute aches, pains or self-limited ailments, for many of these disturbances succumb to other than recognized homeopathic measures; but by homeopathic cure is meant that alteration of constitutional disposition absolutely unattainable outside of Homeopathy. This suggests what we very well know, that every cure whatsoever, is accomplished by getting in conscious or accidental touch with the source of the homeopathically curative impulse; and again, that the curative impulse is always homeopathic.

Certain phenomena may be dissipated by force directed according to the law of similars, as when nerve irritation seeking relief in muscular movement is mitigated by riding on a rapidly moving train; or, when stormy, passionate music subdues similar nerve storms in the receptive subject.

But the distinctly homeopathic cure is wrought through the tangible pellet, powder or solution.

If the second physician mentioned above understood homeopathic cure to include the relief of various transitory troubles perhaps remediable by other means, then homeopathic cures are frequently, and even easily accomplished; but if by homeopathic cure is meant the relief of a condition amenable to the similitum but not to any other known means, the first physician is possibly right and homeopathic cures may be rare.

In a recent London letter to the *Medical Record* Sir Oliver Lodge has said: "Certain ideas cannot be made so childishly simple as to be apprehended by the general average of so-called educated men **** whose sense perceptions in the direction of great and comprehensive ideas have not been developed;" which abbreviated diatribe comprehends admirably those lop-sided intellects whose conclusions concerning Homeopathy are based upon half digested premises. Nevertheless through the conflict between progressive and retrogressive medicine there is being liberated (we might say potentiated) a spirit which tolerates fewer medical mistakes. This, the spirit of truth, is to the Hahnemannian most wel-

come, and is a reality with which medicine of the future must reckon. When the essence of Homeopathy has been so emphasized that thinkers recognize truth in that essence, much foolish and desultory contention will be at an end. As long as one treads debatable ground by tolerating mongrelism so long will misunderstanding and dispute continue. Both schools, and in fact, all schools and cults have, from different sides and for over a hundred years, been chewing the apple of discord, and on one side only, as yet, has the core been reached. That core is the similimum, and in every sense it is worth the contest. Yet, paradoxically enough, the similimum needs no defence. The position it occupies is impregnable, and its indispensability in ills of the flesh must continue as long as man is in the flesh. In view of its great accomplishments, Homeopathy's footing will, in the lesser complaints, be firmly established; so that as a school its future is most bright. (I have refrained from using the term "Hahnemannian Homeopathy" for although there are many imitations there is, after all, but one Homeopathy, and that is Hahnemannian.)

Some of the uninspired doubt the reality of the similimum cure, which is taken to mean a quick return to health. A homeopathic cure may not always occur with spectacular suddenness, but it is none the less a cure for seeming slow. In fact it is quite impossible to accomplish certain genuine cures in any but a gradual manner, and as compared with diseases tending deathward, any one will admit that the slowest cure is exceedingly rapid.

It is folly to insist as do some, that mental suggestion accounts for the action of high potencies. No one comprehending the nature and application of these agencies could confound them. It is true that the process set up by the homeopathic similimum baffles penetration, but mental suggestion is not the curative agent, as the administration of *saccharum lactis* in cases needing a drug remedy will prove. In physical disturbance suggestion does piecemeal, if it does anything at all, what the similimum accomplishes at a single stroke. It may not be amiss to compare this power-

ful therapeutic ally with Homeopathy, for it is essentially an ally and apart from its own field, not a competitor. All forms of mental suggestion act upon the body through the mind, hence the name. The homeopathic remedy comes in CONTACT with the body and acts, as you are well aware, upon both mind and body. Mind and body in turn act and re-act upon each other, and the homeopathic remedy by its similarity to the symptoms of both, impresses both. There is thus imparted to the mind and tissues an impulse directly concerned in metabolism. Whether this impulse originate in the brain, the plexuses controlling the efferent nerves, or be due to cellular mind, is of little consequence so long as the case be properly "taken" and prescribed for. We match drug genius against disease genius and the results do the talking. They cannot fail in the face of a fair chance, and a chance to be fair should exclude hopelessly prejudicial conditions and impossible or incurable cases.

The physician who has not yet carefully observed the *similimum* at work has an enviable experience in store. Scant glimpses of the truth fall to the lot of all practitioners, it being assumed that truth is the common goal. Having passed the stage where all medicine seems little better than a guessing game, to systematic Hahnemannian practice, light must one day illumine the mind of the investigator. What was but darkly visible becomes radiant with new meaning. Incoherent experiences assume sudden form and vital significance, and in place of fragmentary evidence there is revealed in a flash, truth's complete fabric. Such revelation means revolution. Enveloped by the great light of conviction one feels the pressure of new-born incentive. It is always and increasingly so when truth discovers itself in the soul of man. After witnessing one of *similia's* triumphs endeavor is straightway directed toward making every shot tell for Homeopathy, and flickering belief is replaced by fixed determination to succeed.

But to "err is human" and we reserve the right to be human once in a while. After the best effort one may fail to cure, or be tempted to temporarily desert Homeopathy, but

sooner or later he is fairly certain to be shamed or frightened back into the fold.

When the ability to cure Homeopathically becomes possible, achievement closely follows aspiration. Intimacy with Hahnemannian principles, without which there can be no great or continued homeopathic success, is eagerly cultivated, and there is a growing sensibility of the fact that one properly absorbed Hahnemannian aphorism is worth miles of medical hodge-podge. Acquaintance with Homeopathy and comparison of its field of usefulness with that of other healing systems strengthens the impression that its position, because of the similimum, is unique. In a very large class of serious conditions we combat it has absolutely no rival. This assertion is made in full view of a number of highly gratifying and some astounding results under drugless treatment, effected by myself; yet the conclusion is unavoidable that all healing systems will ultimately be driven to acknowledge the singular curative virtue residing in the tangible homeopathic remedy. It does not cover the ground to say that Homeopathy is milder than Allopathy; that it has modified the bolus and clyster of ancient memory. These vacuous inflictions indicate lack of information, and in the eyes of the world represent Homeopathy as possessed of what are at best but negative merits. If the positive, individualized character of the similimum be emphasized, the incidental advantages will swing into line.

Relative to the frequency of the Homeopathic cure is the matter of remedy. As numerous as are the proven remedies, failure to cure must occasionally be attributed to want of medicines adapted to the peculiar needs of extraordinary cases. The increasing complexity of miasmatic ebullition may demand, if we are to find the similimum, a remedy having unusual nicety of application, for inexorable law is decimating the ranks of unfortunates poisoned by vaccination, venereal diseases, vicious treatment and environment, and until nature annihilates these derelicts with their multitudinous afflictions, they will continue to make difficult, if not impossible, the selection of the similimum.

Dr. Carroll Dunham, properly classified Hygiene and Dietetics as "general measures," to be observed as a matter of course; but no general measure, important though it be in maintaining health, can, in certain disease conditions supplant the similimum delivering its message of specific salvation through Bull's-Eye Homeopathy. Treatment of disease under any system is supposed to include a knowledge of physiologic and hygienic requirements, yet, in drugless practice we note now and then, negligence in this particular with consequent failure. How much have general measures, by the way, to do with Homeopathy's success? In some cases very little, for the similimum which is a specific, and not a general measure, time and again ploughs its way through filth as effectively as it overcomes other impediments. We see by Psorinum in the case of the dirty patient that Homeopathy has the power to rectify much without aid. The Psorinum does not wash the patient's face, but it does infinitely more; it makes him WANT to wash his face.

Along a somewhat different line it seems pertinent to consider certain improvement which although hardly radical, results in a state as near health as any of which the patient interested may be capable. In this, and similar conditions, careful homeopathic prescribing may render invaluable service by passing the organism along to a higher grade of being, as specific aid is needed to turn the vital processes healthward. Here relief through the appropriate remedy, which only Homeopathy can determine to a certainty, will save time and energy. Although such aid is important, it can not always be said to end in cure. If, however, the organism is denied the remedy which it has needed throughout a long series of pathological changes, the patient may be "bound in shallows and in miseries" remediable only in the distant future, if at all. This raises the question as to whether in scoring Homeopathy's successes, we are to consider the radical cure deserving of most attention. As before observed, it may be important to pass the patient on to a somewhat higher physical or mental plane. Such

could not be considered a radical cure, but rather a metamorphosis. It illustrates, nevertheless, one of the profoundly serviceable applications of Homeopathy, and as it alters to an appreciable extent the disposition and the physical effect of the disposition, we could well term it a limited cure.

The position occupied by the prescription based on the classified symptoms of the patient, "taken" and prescribed upon according to Hahnemannian philosophy, is sharply defined. In a number of conditions its peculiar efficacy is unapproachable, hence in those conditions it has no competitors. AS A SCIENTIFIC PROPOSITION IN MEDICINE IT HAS THE FIELD TO ITSELF. To investigate it intelligently is to become its advocate. Those uninitiated may regard Homeopathy as of doubtful utility, but a signal homeopathic cure annihilates opposition.

There appear to be two classes of cures, the "zig-zags" and the center-shots. Both well represent Hahnemannian practice, as proven by the symptomatic sequence, hence are homeopathic cures. But where the zig-zags are often debatable, the center-shots are not. That is to say: the zig-zag cure, especially in conditions not immediately ominous, can perhaps be effected by recourse to other than homeopathic therapeutics, but the vital center-shot never. It is in a class by itself, and unchallengeable. Reference is not made here to the similarity which every remedy, in whatever degree indicated, must bear to each stage of disease manifestation. That is too well known to require touching upon. Attention is drawn rather to the *grand similimum* before which all symptoms, acute and chronic, small and great go down like a house of cards. This is the paragon of similia's power.

To impress upon any mind the supremacy of Homeopathy, we must demonstrate its central idea. If we are to show that Homeopathy has what exists in no other system, we must emphasize the fact that this central idea is the similimum. We must show that Hahnemannian philosophy gathers up the loose ends of symptomatic facts which would

otherwise be lost, binds them together scientifically, and upon the premises so constructed erects a prescription free from conjecture.

As the years roll by, with Homeopathy still in the van, we are impelled to analyze its vogue which continues contemporaneously with many recently discovered subtle and resourceful systems. But the most relentless scrutiny only reveals the fact that there are features about the homeopathic cure which elsewhere have no counterpart. These are times when we are frequently compelled to discuss and compare the results of other modern therapeutic methods with those of Homeopathy. Right here is the chance for decisive argument, for we cannot too emphatically direct attention to the fact that in the sphere where it is supreme, the similia produces results that no modern method is able to approach. This sphere of application is hardly within human comprehension. We imagine we have defined its limits when by some mistake of our own Homeopathy is thought to have failed. But by renewed experience and advancing viewpoint we see that the vastness of similia is as that of the universe. Perhaps what we called failure was due to unreasonable expectation; a looking in the wrong direction for developments. It is true that failure to cure is sometimes due to fault in prescribing; or it may be that similia has not been rightly apprehended. The familiar state under *Nux vomica* in which the patient "cannot bear the least, even suitable medicine" obviously contraindicates all medicine, or else the condition is illogically presented. In a case of such exquisite irritability similia may be applied psychologically with adherence to Hahnemannian principles, for Hahnemann recognized therapeutic suggestion as psychic Homeopathy. In the "Review of Physic" by examples of the homeopathicity of frozen sauerkraut to frostbite, warmth to burns and brandy in overheated conditions, Hahnemann clearly points out that similia is not confined to bottles. These instances indicate the more physical phase of this curative principle

The infinitude of similia implies infinite curative re-

sources but many failures are certainly due to choice of means without sufficient regard for similarity of remedy and disease. That is, the remedy does not approximate the disturbance on the plane of its expression. It would be futile, for instance, to mechanically give *Ignatia* for grief. On a higher plane sympathy (and the word is strongly homeopathic) would, in the beginning, operate more satisfactorily. Then for the results, *Ignatia*, or perhaps another remedy, would follow admirably. Just so in frostbite. On the plane of invasion, frozen sauerkraut as Hahnemann suggests, would be more efficacious than *Agaricus*, *Pulsatilla* etc. which operate on an advanced plane. The relation between sympathy and sauerkraut appears to be rather strained until it is seen that each, under similia has an equally important therapeutic application. How strikingly homeopathic is Hahnemann's suggestion to treat the insane with tactful, even sympathetic consideration, which in many similar instances prepares the way for homeopathic success.

Relative homeopathicity accounts for a large percentage of allopathic results. By this partial relation to disease, drugs may relieve suffering, or by lopping off symptoms may spoil the case. If a remedy does not remodel the case throughout by properly changing the disposition and its effect on the body, it can not claim serious attention. In short, the genuine cure is altogether a matter of beginning at the inside and working out, and whatever remedy or measure can take hold of the innermost man and work out the salvation of that man from the ego to the skin, can lay unassailable claim to homeopathicity. The similimum starts at the man himself, and this is the standard of progress. The course of its selection proves the similimum to be strictly within the realm of science, therefore, in a medical sense it is peerless.

Homeopathy is either true or it is not. Because it is true, it will never be usurped by any other curative phase of truth for we cannot supplant one truth with another. The eternal verities are not at variance.

The degree of comprehension of similia compels corres-

ponding excellence in practice, for we demonstrate Homeopathy more completely as our ideal advances no less than by the toil necessary in the pursuance of homeopathic perfection; and through progressive recognition of similia we apprehend the distinctly homeopathic cure with greater ease, hence realize it with increasing frequency.

DISCUSSION.—E. B. Nash, M. D.—If I should be appointed to write a paper on any subject. I would like to engage Dr. Campbell to write it for me, for then I know it would be clearly expressed. I will only speak of one point; he mentions the zigzag course of treatment, and I want to say that sometimes that course is necessary and for a very simple reason. When we find the similimum we do not have to zigzag. But suppose the similimum does not exist, or has not been found. There are many cases which have a combination of symptoms for which the similimum is not known. What would Hahnemann have done with a Cactus case or a Gelsemium case? He could have done nothing else than zigzag such cases back to health. Neither Cactus nor Gelsemium were proved in his day. It is the only way that a case can be cured when the similimum is not known. I make this point particularly for the benefit of the younger men, who are apt to get discouraged if they cannot find the similimum and then think they cannot cure their cases.

W. L. Morgan, M. D.—I have found many cases of chronic disease that resisted the action of what I was sure was the proper remedy; they did not get along well until I had selected a remedy for some acute symptoms that did not belong to the chronic state. Then after a short time I would give the same remedy for the chronic state and it would yield. I started in to treat an old lady who had had, for many years, a chronic diarrhea which plainly needed Sulphur. Yet Sulphur did not seem to do any good. On re-examination I found acute symptoms indicating Arnica. She had been under one of the best homeopathic physicians in the world for a long time and had undoubtedly received Sulphur, but nothing seemed to do her good. After taking

the Arnica m. for four days, those symptoms disappeared and then Sulphur in a high potency cured the diarrhea completely for two years; then it returned while she was in another city and the most eminent physicians there failed to cure her. One of them wrote to me and I sent him a copy of the treatment that I had given her. She came back to me and I found Sulphur symptoms again, but it failed. Now I found Phosphorus indicated. It cleared up the acute symptoms and Sulphur again completed the cure.

H. C. Allen, M. D.—Sulphur cannot remove symptoms that call for Arnica or Phosphorus, and I think Dr. Morgan zigzagged that cure. It was neither a Sulphur nor an Arnica case. If you will study Pyrogen you will find that it covers both sets of symptoms. It has almost the same soreness of the tissues that Arnica has. We used to zigzag or make many cures with Belladonna and Mercurius because it was the best that we could do, until Apis was proved. The Organon says that we are to select the remedy provided we can find the symptoms in the list of remedies that have been proved. Since that time we have enriched the Materia Medica by several hundred remedies, but the same proviso still applies.

E. E. Case, M. D.—Is it possible, where we have a case of chronic disease with a drug disease added to it from allopathic treatment, to cure such a case with one remedy? In other words, is it possible to find a simillimum for such a complex of symptoms? I do not think so.

I am loath to take the time of the Association, but I will relate a case that may prove of interest and benefit. The patient had been bed-ridden for twenty years; she came under my care seven years ago. There was a great weakness of the heart; could scarcely move without fainting. It was probably a Calcarea case in the beginning but Calcarea then would do nothing for her. I prescribed carefully and followed the case up faithfully, but with no result. I then took another course; I prescribed for the most recent symptoms, the more acute ones; in that way I began to gain slowly. This was a very intelligent patient and with ac-

cess to our best literature she became better versed in the philosophy of our art than I was myself. After some time and while still under my treatment, appendicitis came on; her condition was certainly desperate and I was in doubt as to the wisest course. She recovered without operation or setback and is now in better condition than she has been for years; now medicines act. Calcareo was indicated and acted and later Lycopodium was indicated and did the work.

Data Obtained by the Examination of the Digestive System.

MAXMILIAN KUZNIK, M. D., Chicago.

THE LIPS.

Malformations: Harelip; stenosis usually due to congenital syphilis or burns; rhagades are suggestive of congenital syphilis.

Size: Large, thick, rather moist: frequently denotes a tendency to alcoholism and sexual excesses.

Small, thin, rather dry: Tendency to digestive disturbances due to non-assimilation.

Coarse, thick, parted: Suggestive of myxedema and cretenism.

Color: Red, plethora, pseudo plethora of hyphemia and hectic fever.

Pale: Hyphemia, lack of general glandular action especially of the digestive system.

Alternating: Hyphemia, hectic fever, neurasthenia.

Bluish: Cyanosis, hyphemia, subnormal temperature, cold.

Capillary pulse: Suggests aortic regurgitation, prolonged hyphemia, hemorrhage.

Open lips: May be suggestive of idiocy, insanity, profound relaxation and paralysis.

Obstruction to respiration: See chapter on dyspnea.

Trembling: Emotional disturbances, neurasthenia, palsy.

Lateral deviation: Suggests palsy, loss of teeth, contraction by scars.

Affections:

Inflamations due to clean or infected wounds directly or

through contiguity of tissues. Corrosive poisons taken by mouth.

Herpes: Suggestive of acute coryza, pneumonia and any febrile condition in general.

Wounds: Bitten lips are suggestive of epilepsy.

Macrocheilia is due to hypertrophy and lymphedema, the lips may be hard or wrinkled and baggy.

Angiomata or nevi.

Retention cysts of labial glands.

Angioneurotic edema, a periodical uniform edematous swelling minus inflammatory reaction.

Abscess and carbuncle.

Mucous patches: Usually on interior of lower lip or as fissures at angle.

Chancre: Either a single small ulcer with an indurated base or it may be extensively indurated and infiltrated. Submental or submaxillary glands enlarged. The one nearest the lesion first.

Epithelioma: The great majority are found on lower lip near the angle. Usually in the male and after thirty, sometimes before. Ulcer is irregular, has a tendency to spread and become partly covered by a scab. Submental and submaxillary glands become involved rather late.

GUMS.

Color: Pale is indicative of general hyphemia.

Red diffuse: Gingivitis.

Red along margin: Uncleanliness, tartar, pyorrhea alveolaris, also generally in any cachectic condition.

Spongy, bleeding or ulcerated: Mercurial stomatitis, scurvy, purpura, phosphorus poisoning, digestive disturbances, diabetes, the hyphemias, mercurial fillings in very susceptible individuals.

Bluish line: Lead poisoning.

Bluish-green: Copper poisoning.

Red or blue: Mercurial stomatitis.

Purple: Scurvy and purpura.

Hypertrophy: Congenital or occurring in elderly individuals

Fibroma: Easily bleeding, sessile or pedunculated.

Papillomata: Soft tumor growing from the papillæ of mucosa.

Granulomata: Have a fungoid appearance springing either from the pulp or the lining of the alveolus.

Angiomata: Usually in children found mostly on upper gums.

Epitheliomata: Rarely primarily but secondary to epithelioma of the lips or cheek.

Sarcomata: Springs usually from the buccal surface of the gums. Occurs in persons of middle age. It may be hard or soft according to the amount of fibrous tissue. May be sessile or pedunculated.

Pyorrhœa alveolaris a progressive destruction of the dental alveoli with suppuration and consequent death of the teeth, which become loose and fall out.

Periostitis: alveolaris.

Alveolar abscess usually due to uncleanliness and infection through a decayed tooth.

THE TEETH.

Malformations:

There may be no teeth or supernumerary teeth. Separation of the central incisors may be due to "thumb sucking," or in adults to the accumulation of tartar.

An abnormal enlargement occurs usually in the incisors and molars.

Recession of the gums. Fracture and dislocation.

Caries: Gastro-intestinal disturbances, ill health, pregnancy, bacteria?

Necrosis: Syphilis, mercury, scorbutis.

Erosion suggests syphilis.

Keep in mind odontomatous growth springing from any of the tissues making up the tooth. **Odontalgia.**

Hemorrhage after extraction.

Sordes is an accumulation of fetid material along the teeth and gums, found in conditions of extreme prostration usually in the course of febrile diseases.

Eruption of the teeth.

The lower generally precede the upper. The central incisors are the first to appear about the seventh month, the second molars the last, about the twenty-fifth month.

Child of one year: Six incisors.

Child of one and one-half years: Eight incisors and four anterior molars.

Child of two years: The above plus four canine.

Child of two and one-half years: The above plus second molars.

The permanent teeth appear about the sixth year, the first molars appear first, the last molars last.

First molars: 6th year.

Incisors: 8th. year.

Bicuspid: 10th. year.

Canines: 12th. year.

Second molars: 14th. year.

Third molar: 16th., 25th., or later.

General symptoms accompanying the eruption of the teeth in the child.

Malaise, anorexia, pain, swelling, constipation, diarrhea, gastro-intestinal troubles, fever, convulsions, trismus.

Trismus, pain, swelling of the cheek; fever may accompany the eruption of the third molar or wisdom tooth.

Grinding of the teeth is indicative of neurasthenia, incipient nervous lesions, especially in children, gastro-intestinal disturbances and worms.

Early dentition suggests a predisposition to tuberculosis and hereditary syphilis.

Late dentition is indicative of cretenism, rhachitis, general malnutrition.

Notched and irregularly situated teeth are suggestive of hereditary syphilis (Hutchinson's teeth.)

Dentated teeth frequently indicate general malnutrition and rhachitis.

Loose teeth may be due to pyorrhea alveolaris, mercury and

the various pathological conditions of the mouth and gums.

THE TONGUE.

Manner of protruding and impairment of motion.

Deviation to one side suggests paralysis of one side.

Inability to protrude tongue: Bilateral paralysis, adynamic stages of diseases, feigning disease.

Paralyses accompanied by atrophy are due to nuclear or lesions of the lower neurons passing from the nucleus to the periphery. Paralyses without atrophy are due to lesions of the upper neurons, they are supra-nuclear.

Lesions producing paralysis with or without atrophy:

Hemiplegia: Usually unilateral paralysis without atrophy.

Pseudo-bulbar paralysis: Due to a symmetrical lesion in cortex, very rare.

Paralysis plus more or less atrophy: Bulbar paralysis, general paralysis, progressive muscular atrophy, lead, tumors of the brain or upper cord, direct lesions of the twelfth nerve or lesions pressing upon the nerve especially at its exit from the cranium, embolism and thrombosis, meningitis, syphilis, last stages of locomotor ataxia.

Fine tremor suggests: Exophthalmic goitre, multiple sclerosis, bulbar and general paralysis, neurasthenia emotional disturbances.

Coarse tremor suggests paralysis agitans, bromism, alcoholism, adynamic conditions in general.

Spasms of the tongue may be due in general to emotional disturbances in neurotic individuals, to melancholia to local or general paralysis, to hypoglossal irritation, chorea, epilepsy, hysteria, myotonia congenita (speakers cramp).

Color and discolorations.

White: Ammonia, carbolic, sulphuric, oxalic acids, mercuric chlorid.

Pale: Hypphemia. Bluish: Cyanosis.

Red: Scarlatina, glossitis, nitrate of mercury, sodium and potassium hydroxid, sepsis.

Dark reddish: Suggestive of adynamic stages and the ingestion of fruits or wine, etc.

Black: Nigrities, a rare affection of the tongue due to parasitic origin. Charcoal, bismuth, iron, etc.

Yellow: Jaundice, nitric acid, chromic acid, etc.

Dark yellow or brown: Licorice, rhubarb, chocolate, tobacco, tincture opium, etc.

Dark discolorations may be due to Addison's disease, old inflammations of the tongue.

Yellowish spots especially along the edges are called xanthelasma and occur in hepatic disturbances, jaundice and chronic constipation.

Petechiæ and ecchymoses occur in purpura, adynamic and the last stages of malignant or hemorrhagic types of fevers.

Hemorrhagic infarcts are sometimes seen especially at the tip of the tongue.

THE COATING OR FURRING OF THE TONGUE,

A slight whitish or yellowish coating is indicative of catarrhal conditions of the nose and catarrhal affections of the pharynx, tonsils, gastro-intestinal catarrh and affections of the stomach and intestines in general.

A more or less pronounced whitish or yellowish fur is seen in the various forms of stomatitis.

In a general way the more pronounced the coating, the more pronounced is the causative factor.

A narrow, heavily coated tongue, with raw edges and tip, is indicative of asthenic conditions especially typhoid, in which it later on becomes dry, brown and fissured.

The strawberry tongue has a fur through which are projecting the papillæ. It is seen typically in scarlatina but may occur in any of the acute fevers and in Belladonna or Carbolic acid poisoning. The raspberry tongue is the strawberry tongue minus its fur.

Unilateral coating is observed in paralysis and neuralgia.

Localized furring in local irritations and inflammations.

A White fur may be produced by milk diet.

SIZE. Smaller: Bi- or unilateral atrophy (see above); profuse hemorrhages; in the last stages of typhoid fever.

Larger: Venous obstruction, glossitis, diseases of the mouth, actinomycosis, myxedema, acromegally, true hypertrophy or macroglossia a congenital hypertrophy due to lymphatic obstruction.

The tongue is moderately enlarged in hypemic conditions, in asthenic fevers and gastro-intestinal catarrh.

Most important miscellaneous affections.

Fissures and ulcers may be indicative of general bad health and malnutrition, stomatitis, tuberculosis, and syphilis (see below), chronic glossitis, diabetes, erysipelas, chronic hepatic and gastro-intestinal disorders,

Scars will suggest healed ulcers, epilepsy, accidental wounds and healed glossitis.

Malformations: The two most common being the shortened frenum or "tongue tie" and the adherent tongue due to the growing of the mucosa of the tongue to the floor of the mouth.

Inflammations: Acute glossitis. A uni- or bilateral inflammation of the tongue due to cold wounds, infection, bites and insect stings, corrosive poisons and mercury.

Chronic glossitis. A superficial inflammation characterized by fissures or smooth, hardened patches due to spices, tobacco, alcohol and miscellaneous irritants.

Stomatitis denticans is characterized by the formation of fissures at the bottom of which frequently ulcers are found. The tongue frequently shrinks and becomes dry.

Smokers patch is usually situated at the dorsum of the tongue near the tip, it is slightly elevated, rather smooth, somewhat reddish or yellow.

Leucoplakia, leucokeratitis, ichthyosis, leucoma, Usu-

ally situated along the sides of the tongue, also along buccal surface of cheeks. It is produced by thickened epithelium and constitutes slightly elevated, smooth and whitish patches.

Eczema or psoriasis of the tongue is characterized by ring-shaped patches of denuded epithelium spreading at the periphery and healing at the centre. Some of the epithelium undergoes thickening. This affection is recurrent and occurs mostly in children. The patches are usually red and frequently itch. This affection is also known as the geographical tongue or wandering rash or annulus migrans.

Syphilis may manifest itself in the tongue as the chancre, mucous patches, gummata, ulcers and fissures.

Chancre: Manifests itself as an ulcer, coming on rather rapidly, situated usually upon the dorsum of the tongue near the tip. There may be the characteristic induration or not. It may simulate a fissure. The glandular involvement occurs early.

Gummata: A slowly growing nodule or tubercle, painless and as ulceration sets in spreads rather rapidly. The glands are usually not involved.

Tuberculosis usually appears as a superficial ulcer with little induration. There is little pain, it grows slowly and the glands are usually not involved. It may get covered with a false membrane.

Carcinoma occurs in smokers as a rule from forty to sixty-five. It is usually situated along the side of the tongue and its anterior half. It presents an ulcerated ragged and excoriated surface. The lymphatics become involved early.

Nodes in the tongue are always tubercular or syphilitic. The eruptions of variola, measles, erysipelas, are seen on the tongue.

Other conditions to be kept in mind are the various tumors and cysts especially dermoid cysts, mucous and blood cysts, ranula, the cysts of the echinococcus and cyticercus cellulosa, herpes and aphthous ulcers.

Parasitic disease, especially thrush.

THE BREATH.

A moderately bad breath is noticed in all febrile conditions, various conditions of the mouth, rhinitis, tonsillitis, gastro-intestinal disturbances, constipation uncleanliness, bad fitting crowns or artificial teeth.

A foul breath may be produced by the above mentioned conditions, caries of teeth, necrosis of jaw, secretions in the tonsils and miscellaneous affections of the buccal and pharyngeal cavities.

The "fedor oris" is due usually to ozena, cancer, gangrene, pus cavity in the lungs communicating with a bronchus, pulmonary actinomycosis.

The fruity breath suggests diabetes.

The urinous breath suggests uremia.

The ingestion of the following substances will produce their peculiar odor: Hydrocyanic acid, phosphorus, opium, mercury, alcohol, ether, chloroform, garlic, onions, etc.

Lymphatic Anemia (Hodgkin's Disease.)

IODIDE OF ARSENIC.

E. V. ROSS, M. D., Rochester, N. Y.

At the last meeting of the I. H. A. that ever genial gentleman, Dr. J. B. S. King reported two cases of Hodgkin's Disease as having been cured with the Iodide of Arsenic 30th, and although the guiding symptoms on which the prescription was based, were unfortunately, not given, one can readily see the similitude upon looking over the pathogenesis of Arsenic.

This is fairly proven by the article of Dr. W. Broadbent, Hodgkin's Disease and arsenical Poisoning as given in the *British Medical Journal* for May 16th, 1903; p. 1140. Dr. Broadbent cites a case that was greatly benefited by the administration of Arsenic. There was entire disappearance of the glandular enlargements, with marked improvement in the general health of the patient. He also mentions cases of arsenical poisoning, calling attention to the great simi-

larity of these cases to Hodgkin's Disease and cites other writers to this effect. In fact the symptoms both objective and subjective were so nearly identical that it was a question with Dr. Broadbent if many of the cases reported as Hodgkin's Disease were not in reality cases of chronic arsenical poisoning,

Extraordinary results in this respect have followed the administration of Arsenic, and even recoveries have been reported, says Tyson in his Practice of Medicine article on Hodgkin's Disease. Strange that such eminent physicians of the old school who pride themselves on their acuteness of observation should fail to see or recognize the natural law of similars. Among the pathogenetic effects of Arsenic as given in Dr. Broadbent's article, is the following: "Intense burning in the feet, chiefly in the soles; worse from heat or warmth, must put them out from under the bed-clothes to cool them off."

Asthma of Horses: Iodine.

By W. H. FREEMAN, M. D., Brooklyn, N. Y.

Heaves, Mare, 14 years old:—The condition has been palliated and suppressed for months by oil of tar and other drugs used by veterinarians and stable men.

On July 1st she gave out entirely. She was now sent out to pasture but at the end of a month the farmer refused to keep her longer, "not wishing her to die on his place." It took the man nearly all day to bring her in.

Before shooting, I decided to try for the simillim again though I had failed previously. The following symptoms were noted:

Stupid, dull, lying stretched out most of the time, seemingly too weak to stand very long.

Very labored respiration, rapid and accompanied by rapid wing motion of alae.

Kent. 339, Ant. tart., Brom., Iod., Lyc., Sulph.

Always < warm, wet weather, Kent. 1340, Iod. only one of above.

Varacious appetite, with distension and flatus.

Drinks but little.

Cough dry and hacking <when in stable.

Respiratory sound, sawing, wheezing, harsh.

Retraction of interspaces of flanks during inspiration.

Iod. 56 m., 1 dose. Has been repeated occasionally since.

I have been using her every day since September 1st. and she gives no sign of her old trouble. Her wind is all right now. Much to the surprise of the stable men and some others.

He Lost His Bet.

A recent issue of the *New York Herald* contains the following incident:

A German druggist once bet \$50 that he could take a certain number of doses of it every day for a month, reasoning that in that time he would not take as much salt as could be held on the extreme point of a delicate penknife; but he did not calculate on the "power" of the dynamic homeopathic dose. Before the month was half passed he willingly paid the bet. He had made a "proving" of *Natrum muriaticum* and did not like it.

Natrum muriaticum, a homeopathic remedy, is common table salt, a fact well known to every homeopath. It is also one of the best known illustrations of the wonderful power of dynamization, where the choride of sodium is so generally used in our dietary at every meal, and yet when potentized and given in its dynamic form, even to the daily user of the crude drug, its effects are very pronounced.

Watzke and his Austrian provers held the same opinion of the dynamic power of *Natrum muriaticum*, the symptoms of which Hahnemann had published, and in order to demonstrate that the provings of Hahnemann were mythical, they instituted provings on thems lves with various preparations from massive doses of the crude drug to the thirtieth potency—and after two or three years of hard work and careful observation, they not only verified Hahnemann's original observations, but gave us the best contributions the school has ever had to the pathogenesis of *Na trum*. Our druggists had better be certain that the gun is not loaded before they attempt to use it.

THE MEDICAL ADVANCE

AND

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A Monthly Journal of Hahnemannian Homeopathy

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NOVEMBER, 1904

Editorial

The Single Remedy In Old School Practice.

In the *Illinois Medical Journal* for November is an article by Dr. Wm. F. Waugh of Chicago on "Prescriptions vs. Single Remedies," in which those homeopaths who are inclined to alternate or mix their remedies or use the combination tablet may find something of interest. It is written in the interest of the active principles or alkaloids, but at the same time the author urges "the selection of the single remedies for single indications," and adds:

To give two or more medicines for a single indication would needlessly complicate matters, obscure their result, and hark back to the old, idle, vicious system of giving a number of remedies in hope that some one among them might happen to meet the true indications which is not really recognized but only guessed at by the prescriber.

The most popular work on therapeutics is that which contains most prescriptions. The pocket case records are padded with prescriptions that the practitioner may turn to them and select a formula that he guesses may fit the case, trusting neither his own knowledge nor his memory. Possibly some retentive memory may hold the formulas for brown mixture, compound cathartic pills and chlorodyne, but the writer does not believe one physician out of ten thousand who daily prescribe these can give the formulas and tell what indications exists for each of the ingredients, and how to ascertain whether the effect of each has been secured, and just enough of the desired effect and no more.

We congratulate Dr. Waugh on his therapeutic progress. In his advocacy of the use of the single remedy and of the inability of the practitioner to know the possible action of compound prescriptions when he does not even know the action of any of its ingredients' is just the mountain which Hahnemann encountered over one hundred years ago. Read his scathing criticism of his school and its therapeutics in the introduction to the Organon and the Lesser Writings and it will not require very much study to see that Dr. Waugh has either done some hard thinking or some good reading.

If the practitioner will learn the effect of each remedy singly, so that he can thus recognize it when manifested, he will be an accomplished therapist, far above the ordinary physician. He will not allow a patient in a hospital, under trained nurses, to die of strychnine poison and never suspect it until the victim is buried. He will at once distinguish between the phenomena attributable to the disease and those due to any drug that may have been taken. And this does not seem too much to ask of the man who has the lives of the sick in his hands.

Here again Dr. Waugh, apparently, sees the light of a better way, at least a more scientific way, and he must reach the goal through the same course followed by Hahnemann if he reaches it at all.

The effects of each remedy singly can only be known by testing the remedy on the healthy. Up to the time of Hahnemann, no man in the history of medicine even thought of so simple a method of ascertaining the pure effects of

drugs, and when he once decided that it was the only way by which we may know the positive action of the single remedy, he did not hesitate to commence proving, or testing remedies upon himself and his friends. In this way he erected the homeopathic *Materia Medica Pura*, and the additions made to our armamentarium by his colleagues and his followers have given us the *Homeopathic Materia Medica* of today. Each remedy is proven on the healthy, and if Dr. Waugh, and his colleagues will either begin the work of proving the alkaloidal remedies on the healthy, or take the *Homeopathic Materia Medica* as their guide for the selection of the single remedy, they will very soon find themselves in a new land, a new world with therapeutic possibilities hitherto never dreamed of, within their grasp. And in the making of these tests perhaps they may recognize the fact that there is natural law in therapeutics.

DR. NICHOLAS SENN

Has resigned the chair of surgery at Rush Medical College in the University of Chicago. to take effect "when it becomes convenient." In tendering his resignation, after so many years of exceptional good college work, it is to be regretted that he feels compelled to take this course. The reason he gives might be a legitimate reason given by many of our best teachers in all schools of medicine, for he says: "I have been neglecting my private patients for fourteen years, and I think it is about time I devoted some time to them." This is perhaps true of every college man as well as Dr. Senn, and where a surgeon is so well equipped for a teacher of surgery, it seems a great pity that he should feel compelled to resign his position. The resignation has not yet been accepted by the university trustees, and for the sake of the profession we trust it will not be, and that Dr. Senn may be induced to reconsider his determination; for the profession, in Chicago at least, can ill afford to be deprived of his services,

COMMENT AND CRITICISM.

The Anamnesis of a Case.

EDITOR MEDICAL ADVANCE:—

“I come to you for a little help in a difficult problem. I have a case that would mean much to me if I could cure, and I do not know of any one whose prescriptions I should value higher than yours. Here are some of the leading symptoms, and if you can suggest a remedy that will cure the case, I shall be much pleased.”

A young woman, aged 22, tall, dark hair, yellow complexion, nervous, especially during menstrual period. For a number of years her menstrual function has been regular as to time, but long continued, too free, and dark and clotted for two or three days.

Pain is almost entirely in the lower abdomen, and on outside of left thigh.—no pain worth mentioning in back or pelvic region,—but it is very severe and almost unbearable making her intensely nervous.

Last period continued eleven days. The bowels are regular and she has no other ailments that I can discover; no leucorrhœa or rectal trouble no tenderness of abdomen, but the anterior part of thigh is very sensitive for several days after the period.

I know this is a meagre description on which to prescribe, but possibly you can suggest the right remedy.

Comment:—This is a fair sample of many cases which we meet in every day practice, and is one of the best illustrations to be found of the wisdom of Hahnemann’s advice in taking the anamnesis. While he has given a very fine illustration of the symptomatology of the disease, the doctor has failed to give us the characteristics of the patient. The peculiarities of the menstrual function could not perhaps be more clearly described; but a remedy selected on the totality of the symptoms given would practically be selected for the cure of the disease, and not the patient.

There is something more in this case which the family history, if carefully studied, would certainly reveal; e. g. from what disease has the family suffered in the past? What ailments during childhood and up to the period of puberty? Is there a history of eczema or other skin diseases

in the family? If so, is there a history of their suppression by local medicated applications? Is there any history of glandular swellings, catarrhal troubles, coughs, pneumonia or other affections of the respiratory organs? Has any member of the family on either side of the house had quinsy, hay fever, asthma, appendicitis? Is there a history of rheumatism or gout, of psoric or tuberculous troubles?

In order to cure this patient, the constitutional diathesis must be found and included in the anamnesis, and the remedy selected with reference to it. Then, when the patient is cured the menstrual function will become normal. Otherwise the "yellow complexion" we fear presages organic disease.

Hahnemann assured us nearly a century ago that "the totality of symptoms which characterize a given case—the image of the disease—being once committed to writing, the most difficult part is accomplished". The first element of a successful prescription is a complete and correct anamnesis and this must include "the most significant points in the history of the chronic disease," and should always embrace the constitutional or inherited diathesis of the patient. See *Organon* § 5.

NEW PUBLICATIONS.

The Physician's Visiting List for 1905. Fifty-fourth year of its publication. Philadelphia; P. Blakiston's Son & Co., 1012 Walnut St. Price \$1.00.

Notwithstanding the numerous competitors in this field, the old and reliable Visited List of this firm annually appears and holds its place with the profession. It is one of the most convenient and best arranged on the market, which accounts for its financial success and great popularity.

First Lessons in the Symptomatology of Leading Homeopathic Remedies. By H. R. Arndt, M. D. 271 pages. Cloth, \$1.25, net. Postage, 5 cents. Philadelphia and Chicago. Boericke & Tafel. 1904.

This pocket volume of 271 pages is a collection of pathogenic and clinical symptoms intended for the first and sec-

ond year's students, as a memorizer in the study of *Materia Medica*. It is practically another work on the characteristic or keynote system of our best known remedies. A preparatory study of this kind fits the student for the more thorough work which he encounters in *Materia Medica* before commencement day.

There is a "regional index" intended as reference or comparative study for the student which makes the work convenient. Perhaps it would have been more useful had the most prominent symptoms been indicated by different type, but this perhaps is a matter of opinion which the student can overcome by the pencil.

Lectures to General Practitioners on the Diseases of the Stomach and Intestines and the Allied and Resultant Conditions with Modern Methods of Treatment. By Boardman Reed, M. D., Philadelphia. Professor of Diseases of the Gastro-Intestinal Tract, Hygiene and Climatology in the Department of Medicine of Temple College. Philadelphia, Etc, Pp. 1024, Illustrated. Cloth, \$5.00 net. New York: E. B. Treat & Co., 241 West 23rd street, New York.

These lectures of Dr. Boardman Reed constitute an octavo volume of 1024 pages, and considering the recent advance in methods of diagnosis, are certainly timely. The method of examining the stomach contents, as well as the recent investigations in metabolism combine to make this an up-to-date work. The subject of diet and the various forms of electricity, X-ray, massage, osteopathy, vibratory stimulants, hydrotherapy, gymnastics, liquid medication, medical and surgical treatment are separately considered. The general practitioner, to whatever school of medicine he may belong, must recognize the great advance in diagnostic methods, in consequence avoiding humiliating mistakes in diagnosis. The author has had an extended experience in this special field both in private and dispensary practice, and is especially adapted for bringing out such work.

In addition to an unusually large clinical experience in this country, he has had the advantage of special study un-

der the leading practitioners of Europe: Oser of Vienna; Ewald and Kuttner of Berlin, as well as extensive Post-graduate study in this country.

As a teacher in this special department of medicine, the diseases of the gastro intestinal tract, he has kept abreast of the times in diagnosis, and his recent lectures with all the improvements in methods are embodied in this work.

The work includes a thorough discussion of appendicitis, both from its medical and surgical point of view, in which are described the more useful non operative measures, and implicit instructions when operative intervention is demanded. This part of the work is so condensed and yet so inclusive as to be a practical guide for the practitioner and surgeon alike.

There is also an extended lecture on one of the most insidious of chronic diseases, intestinal catarrh. In this much that is new and promising good results in diagnosis is explained and illustrated.

A special section is devoted to the symptom guide to diagnosis, which will enable the practitioner to trace any obscure or puzzling symptom to its possible causes, and thus a correct diagnosis may often be reached; with an account of relation of these diseases to numerous other affections, such as neurasthenia, insomnia, heart disease, movable kidney, Bright's disease, etc.

In these eighty-two lectures the work covers the etiology, pathology, symptomatology and diagnosis of the various diseases mentioned above in one large volume, which is fully illustrated with 150 engravings.

The Surgical Treatment of Bright's Disease. By Geo. M. Edebohl, A. M., M. D., LL. D., Professor of Diseases of Women in the New York Post Graduate and Hospital, Etc. Pp. 327. New York: Frank F. Liscie, Publisher, 15 Murray street. 1904.

This we believe is the first work devoted exclusively to the surgical treatment of Bright's disease. About two-fifths of the volume consists of the various contributions of the author in current literature on the subject, and the remaining three-

fifths is entirely new matter never before published, dealing almost wholly with the results of the treatment of 72 cases, many of which after decapsulation and fixation, in one or both cases, resulted in an ideal cure. The history of these cases is fully given, the time when the operation was decided upon, and the results obtained admirably tabulated for reference.

While the time may not be ripe for a complete systematic work on this subject, this is certainly a step in the right direction, and demonstrates that certain forms of the disease of which the reader must judge may be benefited by surgical treatment, if the operation is not postponed too long. A fairly complete bibliography is appended, and among the authors given we find the names of the following well-known homeopaths: H. C. Aldrich, Minneapolis; A. P. Hanchett, Council Bluffs; and Clifford Mitchell of Chicago.

Hand-Book of the Anatomy and Diseases of the Eye and Ear. For Students and Practitioners. By D. B. St. John Roosa M. D., LL. D., Professor of Diseases of the Eye and Ear in the New York Post Graduate Medical School, and A. E. Davis, A. M., M. D., Professor of Diseases of the Eye in the New York, Post Graduate Medical School. 300 pages, 12 Mo. Price, cloth, \$1.00 net. F. Davis Company. 1914-16 Cherry street, Philadelphia.

This Hand Book of less than 300 pages is intended for the under graduate and post-graduate student of the Eye and Ear, where in a very short time they must master various phases of the disease or amplify and corroborate what they see in the clinic. As a reference book for the busy practitioner it will be found quite as useful as for the student in his dispensary work.

Any work from the pen of that well known writer and teacher, Dr. Roosa, needs no recommendation in a brief review. It is stamped with authority.

There is a very complete index to facilitate ready reference. This occupies a similar position to the recent work of Dr. Norton on the Essentials of the Disease of the Eye. We heartily commend it to our readers, for no one can be disappointed in the work.

THE MEDICAL ADVANCE

...AND...

JOURNAL OF HOMEOPATHICS.

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THE HAHNEMANNIAN AS A SPECIALIST.

BY STUART CLOSE, M. D. BROOKLYN, N. Y.

There exists in the homeopathic school today a state of unrest, uncertainty and dissatisfaction. Many feel that the school does not occupy the position of commanding influence and power that it should. Observers and critics are at variance as to both the cause of this condition and the remedy; but as to the fact there is little diversity of opinion. Viewing the general status of Homeopathy the verdict seems to be that the school is progressing, but neither the rate nor the direction of the progress appears to be satisfying. Various are the forms of indictment brought by the critics and loud are the murmurs and complaints of the disgruntled. The college courses are not long enough. The instruction is not thorough. The students are not loyal to colleges. The school is not recognized in the army and navy. Its representatives are rarely appointed to official positions. Insurance companies do not appoint homeopathic examiners. The materia medica is not scientific. Physicians will not unite in re proving the materia medica. Physicians will not join the American Institute and work for power and place. So runs the calendar.

Per contra, our colleges annually graduate several hundred more or less homeopathic physicians who quickly

find their place and work in the community and go to swell the large total of our numbers. Our clientele is rapidly and constantly increasing, our societies are numerous and active, our hospitals and sanatoria are prosperous, our journals are thriving while our book publishers and pharmacists are said to be contemplating the formation of a trust! And still we are not happy!

The sources of these observations are numerous, and illustrative quotations might easily be multiplied, but extracts from the leading editorial in the *North American Journal of Homeopathy* for June, 1904, may serve as a representative illustration. "The most serious problem to-day confronting the homeopathic school is the re-proving of its materia medica." This is the rather startling opening sentence. A number of reasons are alleged; "the early provings of drugs, though made by earnest and enthusiastic men" (note that point) "yet lacked the completeness, precision and accuracy which modern methods demand;" the provings have been "recklessly increased by the addition of unverified and unreliable symptoms;" "many clinical symptoms have been interpolated;" "wide and credulous welcome has been given to all contributions, whether the moon-struck maunderings of the egotistical idealist or the careful recital of facts warranted by long experience and observation;" so that "not only has confidence in our materia medica been sorely shaken, but it is in its present condition a serious obstacle to the progress and proper development of the school." Nevertheless, summing up, the writer goes on to say; "we have a materia medica today, imperfect as it is, in which we believe, and in which our patients believe, because we have seen the result of homeopathic practice. We have a materia medica which exemplifies a great therapeutic principle, but"—! and here we pause a moment before finishing the quotation.

If all these allegations can be substantiated the writer has already proved his case and something should be done about it. But having given a sufficiency of reasons, he advances one more, which in his mind evidently outweighs

all the rest. In fact all the preceding reasons are superfluous. Hear the conclusion of the whole matter; "*But, we have not a materia medica which appeals to the modern scientist. Its method of construction has been such that it cannot do so.*"

The situation is much like that of the attorney who appeared before the Court in the interest of a defendant who was not present in response to a summons to appear. He was called upon to show cause why his client should not be punished for contempt of court. "Your Honor," he said, "there are seven reasons," and proceeded at length and with great particularity to set forth seriatim, six of them. "Seventh and lastly, Your Honor, the defendant is dead!"

If the "modern scientist" is the ultimate authority, and the materia medica was formed by a method which "does not and cannot appeal to him," what matters it that we and our patients believe in it, that it exemplifies a great therapeutic principle, that it heals the sick? There is nothing for it! The materia medica must go!

Here then, in the opinion of the editor of this representative journal, is the crucial point—the supreme test. Without pausing to inquire who this "modern scientist" is, we might ask whether his approval is or could be of greater worth than the approval of the thousands of able men who have used and verified that materia medica which confessedly not only "exemplifies a great therapeutic principle," but is the sole means by which the principle is made useful. And as to the method of its formation, it seems as if a method which has produced such an instrument and such results as we know it to have produced should be worthy of some consideration, even at the hands of a "modern scientist."

When we stop to consider the situation and realize that the method so contemptuously referred to and condemned is the basic method of homeopathy and that it involves very vital principle of homeopathy, we are tempted to think that we have before us an overt attack upon homœopathy itself. — It is evident, however, that the anonymous author of this particular editorial, has not fully apprehend

ed the real principles of the homeopathic method, nor the methods of the genuine modern scientist, and it is probable that he did not realize fully what he was saying.

There is a class of men in the school, unfortunately, to whom homeopathy does not mean much. Recognition by the dominant school, whose methods they imitate and a share in the emoluments of official medicine are more desired by them than the therapeutic triumphs of Homeopathy. The real grievance of those who most loudly criticise the materia medica and clamor for its re-proving, who slur homeopathy and ridicule its founder and his conscientious adherents, is that they are not "recognized" by the "powers that be," and are thus deprived, as they think, of a share of the official plums. Seeking this, they would sacrifice anything and everything vital to homeopathy without a pang. But the real workers in materia medica, whether engaged in proving, re-proving or clinical verification, either in the American Institute of Homeopathy or out of it, do not go out of their way to besmirch the reputation of good men dead and gone to their reward, whose labors they have profited by, nor do they "damn by faint praise" the works bequeathed us by those men.

The "modern scientist" is doubtless a very respectable person whose good opinion is to be properly valued. But before we constitute him the final court of appeal in matters homeopathic it would be well first to indentify him and then to look into his real attainments. St. Paul's warning to Timothy is as applicable to the followers of Hahnemann in these days as it was to the followers of Jesus nineteen centuries ago;—"O Timothy keep that which is committed to thy trust, avoid profane and vain babblings, and *the oppositions of science falsely so called*; which some professing have erred concerning the faith." Considered with wise discrimination modern science and the "modern scientist" may be found to be two very different propositions. We should all know where to place the "modern scientist," whose distinguishing trait is his aversion to the homeopathic materia medica. To be accurate we should say that

the only "modern scientist" to whom the homeopathic materia medica "does not and cannot appeal" are the self-styled "regular physician" who arrogates to himself all medical wisdom, and the "liberal" homeopath, who dutifully sneezes when his master takes snuff.

Judged by the canons of modern science, rightly so called, Hahnemann and his co-workers have nothing to fear and nothing to hide. Perfect it is not, but in all essentials their work conforms to the standards of the scientific method. It was in fact one of the earliest, as it is one of the most notable examples of the application of the scientific method in a great department of human knowledge. Its publication marked an epoch in the development of human thought. For the first time in history medicine could be called scientific.

Homeopathy and its materia medica are both scientific and modern, in the truest and best sense of the words. They are as fresh and as true to-day as they were a century ago. They are scientific because Hahnemann, like his great philosophical progenitor, Lord Bacon, founded his system in the principles of the inductive philosophy, which is the basis of all modern science worthy the name. Its method is the inductive or cumulative method of observation and experience. It gathers all obtainable facts in its department, and formulates no theories until this has been done. Its theories are deduced from its facts, include its facts, and explain its facts. It proceeds from particulars to generals logically and consistently, and verifies all its conclusions by the test of experience. This was the method by which the homeopathic materia medica was formed, and by which the practical work of examining and prescribing for the sick is done to-day by all its competent exponents.

In these fundamental considerations, and not in any superficial likeness or unlikeness in terminology or special processes, lie the claims of homœopathy to recognition as an integral part of the great modern temple of science.

Submitted to a critical review of its principles and methods Homeopathy bears the tests and responds to the

demands made upon it by modern science. Its tools are adapted to its work. By their use its work has been done and will continue to be done. Its materia medica, built up with laborious and painstaking care by men specially trained for it and imbued with the true philosophic and scientific spirit, has been tested and verified in the healing of millions of the sick. It stands today an enduring monument to the genius and insight of its immortal founder, Samuel Hahnemann. Work upon it, in its further development, has never ceased, and never will cease. The materia medica will continue to be the object of most faithful attention and study by all true workers for Homeopathy and health. It will continue to be constantly augmented, corrected and perfected by those skilled workers whose special province it is, along the unchangeable lines laid down by Hahnemann. Of that we may be certain. It is by no means a problem of serious import. But there is, and always has been, a serious problem before our school. Greater than the revision or reproof of the materia medica, greater than the attainment of recognition by the dominant school of medicine, of the securing of opportunities for public or private emolument is the problem of how to make *true homeopathic physicians*. The materia medica, perfect or imperfect, becomes effective only in the hands of able and accurate prescribers. The trouble is not with the materia medica, but with the ignorance and incompetence of the men who use it—or abuse it. What we need more than anything else is men and women thoroughly imbued with the Hahnemannian philosophy and principles, and competently instructed in the technique of homeopathic prescribing. It is to the solution of this problem that we should address ourselves, for upon this, more than upon anything else, depends the progress and triumph of Homeopathy.

It has come to pass that the designation “homeopathic physician” or “homeopathist” has lost much of its original significance. So many, professing to practice homeopathy, show by their failures to cure, as well as by their public and private utterances and their facile resort to allopathic

expedients, that they are ignorant of the real principles and methods of homeopathy, that the impression is current and rapidly gaining ground among the laity that there is little, if any, difference between a homœopathist and an allopathist. Out of this has grown the idea, fostered by large numbers in the profession, that the two schools are drawing closer together, and that an amalgamation is imminent.

The well informed know that in reality the lines between the two schools were never more sharply drawn than they are now and that such statements are only true of that blatant class already referred to.

The existence of such a condition in our profession, as in all other professions, is partly due to the inherent weakness of human nature, and partly, perhaps, to our national inheritance; for it has been asserted that the American intellect is very agile rather than profound. It plays lightly, sometimes brilliantly, over the surface of things, but does not penetrate them with any great depth. Our national life is too rapid, too strenuous, to give time for thought to ripen into profundity. However it is to be accounted for, it is a fact that a large proportion of the professing members of our school hardly realize that there is such a thing as a distinctly homeopathic philosophy which deals profoundly with the great problems of life, health and disease, or out of this philosophy has been developed a method and a technique for making it definitely practical. As students in our colleges, with few exceptions, they have not been taught the *Organon* nor the *Chronic Diseases of Hahnemann*. They have not been inducted into the literature of our school which deals with these subjects nor told where it can be found. The works of Hahnemann, Böninghausen, Lippe, Wells, Dunham, Joslin, Grauvogl, Kent, are practically unknown to college students. Without such knowledge there can be no true comprehension of Homeopathy.

It is also true that they have not been instructed in the technique of homeopathic prescribing, nor how to study the *materia medica*. They have not been taught how to

make a systematic examination of a patient, how to make records, how to classify symptoms, how to accurately select the remedy, nor how to use repertories and books of reference. Anything like a systematic method of doing these things they do not possess. They do not even know that there is a method, developed and carried to a high degree of efficiency by many workers in the field of homeopathics.

All this constitutes a special field of study of supreme importance. Without this special knowledge no man is or can be a homeopathician. Without this, medical education is incomplete, and one is not fitted to take up the great work of healing the sick in the best manner.

With this he becomes not only a physician but a specialist, using the term in the broad sense of expertness in one department of human learning. He is a therapeutic specialist, a master of materia medica. The whole field of therapeutics is his, and his alone by right of conquest, for in the field of therapeutics Homeopathy is supreme. To the collateral sciences of anatomy, physiology, psychology, pathology, histology and chemistry; to a general knowledge of the history, principles and practice of medicine and surgery, he adds a special knowledge of the principles and practice of homeopathy and the science of materia medica, without which all the rest are of little value.

The Homeopathician gains dignity and importance when he takes his rightful place as a therapeutic specialist. It crowns him master of the art of healing. The thought is inspiring. It stimulates endeavor. It puts a high ideal before us, the ideal of efficiency, of expertness, of technical facility, of artistic accomplishment in a broad but definitely limited field. It places us properly in the domain of general medicine. We know where we are and what we are striving to attain. It shows us in what direction to look for recognition and how to seek and obtain it.

Call a physician a specialist today and he may be anything from a corn doctor to a christian scientist, The modern fad for superficial organic specialization in medicine has been carried to such a ridiculous extent that it is time to re-

define the term and re-chart the field. Current methods of specialization in medicine have not led to more accurate therapeutic knowledge nor more thorough mastery of the art of healing than before. On the contrary, the very narrowness and superficiality of the popular technical education has too often hidden from its students the great vital principle, the central truth of Medicine. They have wasted their time in learning what is not worth knowing. Claiming to be scientific they have shown themselves to be ignorant of the first principles of the Scientific Method. President W. H. P. Faunce, has well said in a recent baccalaureate sermon, "What the world needs is not more doctors but *more doctor.*"

The best way to demonstrate the truth and advance the cause of homœopathy is to heal the sick; hence to master the principles and perfect the technique of homeopathic prescribing. This is the basis of the only "recognition" worth having. This is the most serious problem before us today. The Hahnemannian Specialist, then, is a specialist in therapeutics, an expert in materia medica. His first duty is to recognize and clearly define his sphere of operation. In order to do this he must be able to recognize and exclude what does not come within the scope of his art. As Hahnemann says in Section 3 of the Organon, he must clearly perceive what is to be cured in diseases, he must know what is curative in each medicine, and how to adapt it to needs of the individual case, and he must know the obstacles to recovery in each case and how to remove them. This he may do by calling to his aid the allied sciences of surgery, hygiene or pathology. He may select his cases, or he may select his special field of action in each particular case, subjecting other phases of the case to appropriate auxiliary treatment psychological, surgical or hygienic. Here is where knowledge of the collateral sciences of medicine comes into play. He is not forbidden to practice these allied arts himself but if he is wise, he will recognize that power comes from concentration, and that the man who attempts to do many things is not likely to become expert in anything.

Just as the most successful surgeon is the man who devotes himself exclusively to surgery, so the most successful prescriber will be the man who devotes himself exclusively to that art. Theoretical and practical knowledge of the allied arts of medicine must be his, but principally for negative uses. He must know when to call to his aid and to the aid of the patient, whose interest and welfare is always supreme, the surgeon, the gynaecologist, the obstetrician, the oculist and aurist, the alienist, the neurologist, and to be prompt about it. He must let no foolish pride, nor exaggerated opinion of his own ability or of the scope of medicinal means, lead him to jeopardize the safety and welfare of his patient by neglect or delay. The honor and success of homœopathy is best upheld by a timely recognition of its true limitations. There is need to emphasize this point, because there has always existed in some of the more rigid of the so called "Hahnemannians" a tendency to belittle the importance or necessity of some of the allied arts, particularly diagnosis and pathology. Their enthusiasm for *materia medica* is so absorbing that they neglect other important subjects. A narrow view of the subject has sometimes led them not only to neglect their plain duty to their patients, but by injudicious expressions to prejudice the minds of many sincere seekers against homœopathic truth.

As an example of this I recall, as many may easily do, the strictures made some years ago by an eminent English Hahnemannian upon physical exploration of the female sexual organs. He asserted substantially, that such examinations were not only unnecessary but demoralizing; that the similitum, selected upon subjective and external objective symptoms was sufficient, and complied with all the requirements of good practice.

Another eminent Hahnemannian, holding similar views, injured his reputation for practical wisdom by a public statement ridiculing the operation of repair of the lacerated cervix uteri, and the examination necessary to discover it. He affirmed that in an attendance upon hundreds of confinements he had never seen a case of lacerated cervix;

whereupon a younger practitioner had the temerity to rise in meeting and remark that "in that case the doctor had probably not looked for it, or having looked, did not recognize 't when he saw it," which was undoubtedly true.

Consider the train of evils, easily remediable by surgical means, attending the obstetric career of this otherwise admirable man. On a par with this was the advice of another of these men to a badly ruptured patient to take off his truss and be treated homeopathically and cured. Suffice to say that, following this advice, the patient not only was not cured, but nearly lost his life as a result.

From such incidents as these, which could doubtless be duplicated from the experience of many who are here, we should learn modesty and discretion.

They emphasize the need of a more careful limitation of the sphere of our work, and juster views as to what comes rightly within the scope of homeopathic medication, and what must be referred to other departments of medicine. In other words, there must be more intelligent specialization.

When the homeopathic physician comes to regard himself as a specialist in therapeutics, learns what his limitations are, and systematically qualifies himself by perfecting his technique as other specialist do, he will not only do better work in his chosen field, but he will save himself many mortifying failures and add luster to the glory of Homeopathy.

FIVE DISTINCT PRINCIPLES OF HOMEOPATHY.

BY W. L. MORGAN, BALTIMORE, MD.

In the early days of homeopathy when persecution from Allopathy waxed furious, the cry was that they could not tolerate a distinctive sect in the medical profession. They knew that the existence of Homeopathy was based on fixed distinctive principles, which were popular with the intelligent people and a strong force against the dominant party. At that time many who had joined the New School without thoroughly learning the distinctive principles and wishing to please both parties, undertook to work compromises and create a medium school, using the name and but few of the principles of Homeopathy, until many people say they cannot distinguish between Allopathy and Homeopathy by the prescriptions or management of cases. Students are leaving our colleges and going to Allopathic colleges, saying, "There is no distinctive homeopathic teaching, the only difference is that there is better teaching in the same branches in allopathic colleges and it is more popular." The American Medical Association, seeing the situation, has opened its doors to receive us, or those who do not know of the distinctive basis of our school, and are ready to join the victors: the American Institute has taken warning and has re-established the Bureau of the Organon and Homeopathic Philosophy to revive the study and use of the Organon, the distinctive principles of the New School.

Now allow me to call your attention to the essential distinguishing principles of Homeopathy by which it flourished in earlier days and we hope will do so again in the future.

1. Vital Dynamics. 2. Potentiation of Drugs. 3. Similia Similibus Curantur. 4. Drug Provings. 5. Individualization of remedy and patient.

While we do not advise neglect of any of the other branches, we do deplore the neglect of the study of the Organon and the essential principles of the Healing Art.

It is in order here to make a brief review of these dis-

tinctive and fundamental principles, without which, we must remember, that Homeopathy would never have existed and we would not be here as a distinctive society of physicians.

1. Vital Dynamics; Vital Force; Life and Dynamis; Force. "The effects of remedial agents on the human organism not ascribable to either mechanical or chemical causes". (Standard Dictionary). The workings of the occult vital forces in the government of the inner material organism in sickness and in health. Sections 7 to 15.

Section 10. "The material organism without vital force is incapable (6) 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."

This tells us what is true in nature and known by all in intelligent people, yet seldom thought of when using drugs in case of sickness; and the eleventh section tells how the vital being is deranged by a morbid vital force from without, (also section 16) the disease causing symptoms which are the signs of sickness.

Section 11. "In sickness this spirit-like, self-acting (automatic) vital force, omnipresent in the organism, is alone primarily deranged by the dynamic influence of some morbid agency inimical to life. Only this abnormally modified vital force can excite morbid sensations in the organism, and determine the abnormal functional activity which we call disease. This force, itself invisible, becomes perceptible only through its effects upon the organism, it makes known, and has no other way of making known its morbid disturbance to the observer and physician than by manifestation of morbid feelings and functions: that is, by symptoms of disease in the visible material organism."

Thus we see this section teaches clearly, and gives incontestable evidences that the germ of the disease is a vital dynamis from without, which creates a morbid disturbance in the life force, and after it has made its impress on the organism, by the life failing to perform its function of eliminating worn out tissue and some dead organic matter remaining too long in the system, decomposes, makes soil from which vegetations sprout and grow, and are called microbes, which are supposed by materialists to be the germs of the diseases that produce the soil from which they

grow. Hence the germ of disease is proved to be a vital dynamis, and the micro organisms are the product and not the germ or genesis of any disease; in fact, all agree that microbes, may be present, but harmless, till the person becomes susceptible, which means, must be sick before the microbes can do harm. The vital disturbance first, and microbes follow.

The vital germ is distinctively homeopathic, as opposed to the organic germ theory, which is distinctly allopathic.

2. Potentiation of Drugs—Sections 25, 128, 269, 270 and 271—is raising the vital powers of drugs, as in algebra, with numbers, and teaches how to prepare remedies to get the most powerful curative effects.

The patient is a vital being, not material.

The disease is a vital dynamis inimical to life.

The remedy must be a similar vital-force. (Section 16.)
Three similar vital forces.

The disease forces produce sick symptoms.

Potentiation is the process of eliminating the material matter of the drug by dividing the molecules and setting free the intercellular vital-dynamis, the life of the drug, which is retained in the menstruum and is the vital similar of disease. The remedy has been proved by discoveries recently made by physical scientists, to be a storage battery of the vital force of the drug. This is distinctively homeopathic.

3. Similia Similibus-Curantur. The motto of the distinctive principles of Homeopathy. The remedy must be a vital force similar to the disease, and have a similar pathogenesis when used in material doses, which is the third similar, or with the disease is the second pair of similars which mutually neutralize each other when properly used.

4. Drug Proving finds what sick symptoms a drug will produce in a healthy person, the records of which compose the *Materia Medica* § 143. It is not in order at this time to say what potency should be used, but to advise every one to study the Organon and experiment with potencies exten-

sively, as directed, and then choose from the results that which is best

5. Individualization teaches how to examine a patient to find all the symptoms that indicate a departure from normal health, and how to find a remedy that is similar to all the symptoms in the individual case in accord with the other fundamental principles § § 82 to 104 and 272-4. Should be carefully studied.

From which we learn that Individualization is distinctively homeopathic.

When a youth, about the year 1850, living in the interior of what is now West Virginia, where typhoid fever and diphtheria were the prevailing diseases, reading medicine for general information and visiting the sick as an assistant and nurse; seeing that every case received the same medicine and that some recovered and more died, I asked Dr. E.— a graduate of Edinburg University, for a book to instruct how to find a treatment to suit each case individually; he answered, there is no such thing. We have to diagnose the disease and give medicine recommended by the best authors and take chances.

A few months later I became acquainted with Dr. H.— a man of general learning, and a homeopathist, who urged me to study a thing so new to me. I told him the above incident; he answered, that is correct in the light of Allopathy, but the New School is governed by law and order, and individualization is one of its prominent distinguishing features; that every patient gets a remedy suited to his condition the physician is guided by the symptoms to the curative remedy. The system; laws and methods, are much more easily learned than arithmetic or grammar, but it is necessary to learn all the other branches. He described to me the distinctive principles much as I have given above, and loaned me the Organon. I studied it and have verified it in every part as all students should do. I taught it to my patrons and they understand it; but I have failed to get a physician whose education is finished without it, to understand it. From experience I will say

these are not only distinguishing principles of Homeopathy but they should be considered among the primary elements of general education, and the first principles of the science of health, and they should be a part of the training of every child in the public schools, so that the child can start in life with a proper comprehension of its own being, and when advanced to adult life, could correctly understand physiology, anatomy, pathology and therapeutics without having to unlearn many fairy tails and much useless fiction. But as that is impossible in this generation, every physician should instil them into the minds of all his patrons and his patients' children, so that at some future day the people would possess a fair degree of primary truth, and then polypharmacy, tinctures, crude dosing, patent medicines, and unnecessary surgical operations will be assigned to a place in history along with the old pocket lancet, fly blisters, ice baths, antitoxin and serum therapeutics.

Example:—In 1877 two little girls, aged 5 and 6, had well-defined diphtheria, in the same room, taken from the cess-pool in the yard. Both were dangerously ill. One had thick yellow membrane scattered all over the throat, with yellow slimy mucus; the other a lead colored membrane with copious watery saliva. They received the same remedy, Kali bich. cm. The next day the one with the yellow membrane was nearly well, the other nearly dead. After carefully comparing symptoms of case with drug symptoms she was given Merc. cyan. Next day she was much improved, and in six days more both were well.

If I had treated by the symptoms instead of the name I would not have made the mistake. Had I stuck to the name and not changed, the child would have died.

By frequently consulting the Organon the physician learns how to manage his bad cases, by first taking the case, carefully making note of it, then comparing the symptoms by a good repertory, individualizing and selecting a remedy: then examining the provings in the Materia Medica and seeing that every symptom and its characteristic modalities

are expressed or implied in the proving, then prescribing the remedy and repeating the dose or changing the remedy as directed in §§ 247 and 248 of the Organon. He will soon learn how to find the remedy that can be depended upon and will have but little use for a surgeon. He will know when he is right.

DISCUSSION.

E. E. Nash, M. D.—I knew that that would be a good paper, because all of Dr. Morgan's papers are good. It will bear reading when it appears in the proceedings.

C. B. Gilbert, M. D.—I am glad that Dr. Nash approves of that paper because Dr. Morgan does not get much appreciation in Baltimore.

Precocious Menstruation;

I was recently called to see a child who had swallowed a baby pin and was at once struck with the unusual development of the child. It was two years and four months of age, but had the body and limbs of a much older child.

The child was born May 13, 1902, and the mother noticed soon after its birth that the external genitals were enlarged. She asked her attendant about it and was told that it was a little swelling, which would soon disappear. The child was fretful and cried practically all the time when awake, till it was six months old. Its sleep had never been good, and it was always restless. When six months old the mother noticed that the child was bleeding as if menstruating. The flow became very free and the child sank into its first peaceful sleep. The flow continued for 3 or 4 days, just as mother, but she did not consult her physician. After 28 days the flow again made its appearance and continued for the same time and in the same quantity. Since then the child has menstruated every 28 days regularly for the same number of days and showing the same quantity, soiling 2 napkins a day, except that on two occasions there was a little delay, corrected by warm drinks and foot baths. The child is of normal height and face for one of her age. The breasts are well developed and of good size, as are the nipples. The trunk and legs show the development of a much older child. The hips are broad and rounded, and the calves well developed. The mons veneris is large and covered with a good growth of long, silky hair, which is light in color but beginning to change to a darker shade. The labia are large and very prominent.

A CASE OF LEPROSY.

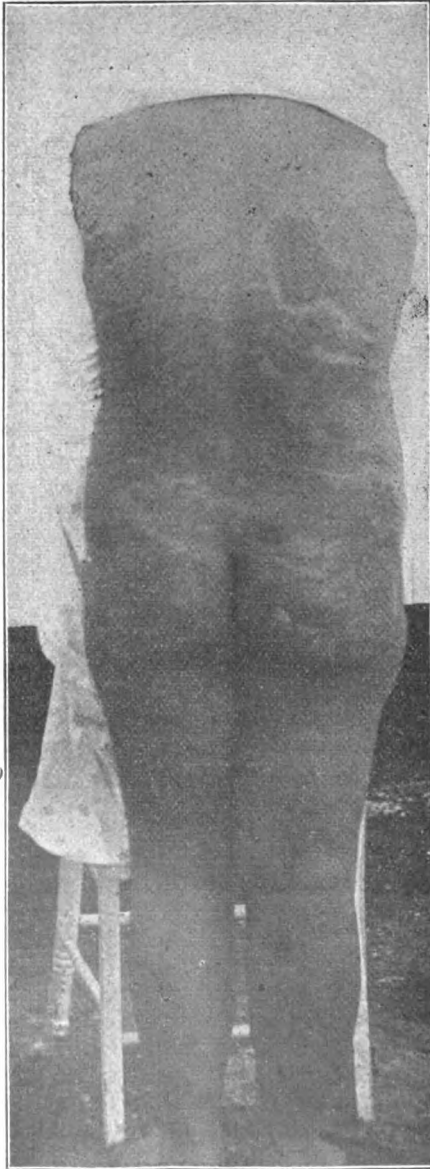
By MILTON RICE, M. D., Hilo, H. I.

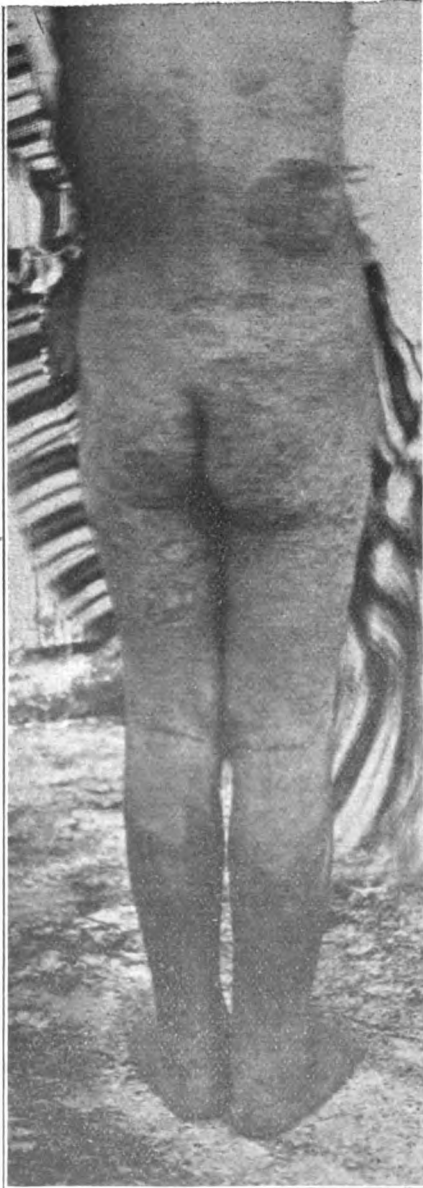
February 27, 1904.

Mrs. M. K., age 25, nationality, Hawaiian, married.

Family history:—
Father, 46, healthy.
Mother, 45, healthy.
Brothers: one, age 16, well. One dead, cause unknown. Sisters: five living and well, and one died in infancy, cause unknown. Grandmother on mother's side and one brother of mother, died on Molokai as lepers. She does not know of ever having come in contact with these people.

It strikes me that the history of this woman offers further evidence of the correctness of the position that the disease of leprosy is not transmitted from parent to child, but that the necessary elements only which compose this disease are, and remain in a dormant state, responding to the conditions necessary to bring them into action at some stage





of existence. The fact that not all children born of leprous parents develop the disease, does not to me disprove the theory that this disease, or at least the elements spoken of are hereditary. I will go still farther and say, that unless these elements are present in the system, in my opinion contagion is impossible. This can also be said of tuberculosis. It is universally recognized that this disease if present in one or both parents, means in all probability that the offspring will be similarly afflicted sooner or later, but not necessarily so.

The question of the cause of leprosy, in fact of all malignant disease, is a very pertinent one, and can not be studied too closely. It determines very largely the results of our labors. Moreover, the attitude of the opposite school with which we have to cope is diametrically op-

posed to this position and is misleading in the extreme. It behooves us then to beempratic upon this point.

Previous history:—Was well until about sixteen years of age. Eight years ago noticed swelling of right arm and right leg. She then left school, and has gotten worse ever since. The swelling went down in less than a year, and then sores came all over the body. Last December face swelled and at times the swelling of arms and legs returned. Hands have been distorted and paralyzed one month. Eyes have been inflamed and lower lids paralyzed since last December.

Has had two children; both dead, one at one year and one at four months. About seven years ago this case came under the care of Dr. Eleanor Beatty of Pana Ill., who was then located here, and after a few months of treatment greatly improved; but before a cure could be effected, she moved to another part of the Island where she came under the care of a physician of the other school, when she again grew worse, until she came under the care of the writer. While she presented a serious condition all these years, yet I doubt whether she could have been called a leper until in the last year or two. This case was examined microscopically and formally declared a leper by the government bacteriologist of this territory, February 24th of this year.

Below I will give in parallel columns, the condition as she appeared February 17th and August 20th, 1904. This examination and report was made by a commission appointed by the board of health of this territory for that purpose.

CASE NO. 1. MARY KALANI.

CONDITION ON ADMITTANCE, March 7th, 1904.	CONDITION AT PRESENT, August 20th, 1904.
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FACE: With exception of forehead and chin whole face affected. General thickening of the skin, most marked over supra-orbital ridges, right superior maxillary. Nodes on gone. right supra-orbital ridge. Right eye lid more affected than left. Thickening extends to neck, especially on left side.	General appearance better. Node on left superior maxillary. Neck better; discoloration of face dismarked over supra-orbital ridges, appeared. Right cheek thickened. Discoloration of the neck over slightly. Nodes on gone.
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EYEBROWS: Left thin; Ectropion both eyes; right worse. Conjunctivities right. Corneal opacity; lachrymation. Discharge from nose.

EARS: Lobes thickened.

FACE: Left superior alaeque nasi and zygomaticus paralysed. Eyes can not close owing to orbicularis paralysis lower lids.

NECK: Continuation of thickening from cheeks as referred to, under left ear.

CHEST: General macular eruption extending to neck.

ABDOMEN: General eruption.

BACK: Macular eruption; rough, irregular discolored patches below right scapula; also right lumbar region; small patch left scapula. (Maxilla form).

ARMS: Patch over right deltoid, not raised. Large patch over biceps and radial extensors. Irregular, raised, dark, copper colored, dry, scaly, glistening in places. Annular extension around elbow; another patch around wrist. Left arm: Fading patch on trapezius and deltoid. Other patches similar to right in position, but more faded, Wrist similar to right.

THIGHS: Right: general eruption; skin wrinkled over right buttock which is wasted. Two small ulcers over femoral insertion of gluteus.

LEGS: Right; upper third of leg dark line running outward, downward and backward from edge of patella. Another (maxilla-form) patch on upper third of leg in front; another small patch at junction of

EYEBROWS: About same. Eruption and discoloration cured. Paralysis of orbicularis bettrr. No corneal obacity. No coryza, no discharge from nose.

EARS: Much better; very little thickening.

FACE; Paralysis not so marked. Can now close eyes.

NECK: Thickening disappeared.

CHEST. Clean.

ABDOMEN: No eruption.

BACK: Eruption clearing.

ARMS: Both improving,

THIGHS: Ulcers healed. Discoloration paler.

LEGS: Ulcers healed. No œdema.

lower middle third, outer aspect. Ulcer, external malleolus. Oedema, especially below. Left leg; general eruption, serpiginous' raised and scaly. Ulcers similar to right leg. Less oedema than right.

HANDS: Atrophied, right, hyper-extended fingers. Eruption extending from wrists to hands, most pronounced left. Left, main-en-griffe and hand useless.

FINGERS: Right thumb, nail missing. Some absorption distal phalanx right thumb. Thickened patch over right index knuckle. Inflamed little finger, left.

FEET: Plantar pedis ulcer. Small patch dorsum. Right toes swollen and purple.

ANESTHESIA: All over hands, forearms and arms, except patches free from eruption. Face, patches anaesthetic; forehead also. General except where skin is clear.

HANDS: Both conditions improved. Good use of hands. Can straighten fingers.

FINGERS: Right thumb nail returned. Patch on knuckle gone. Little finger all right. Ulcer, right index finger due to burn.

FEET; Plantar pedis ulcer gone. Toes better.

ANESTHESIA; Sensation much improved.

To the above report I must add, that she had a constant itching all over the body which was worse at night, particularly on going to bed.

February, 17th, 1904. Sulphur 30. March, 8th. 1904. Improved in every way. Can now use her hands better; can button her clothing, where she could neither feed nor dress herself before. Swelling on hands and one foot much reduced. Scabs on body dropped off and hands clearing up. Bedness of face disappearing. Eyes not so much inflamed. Feeling much better in every way.

The itching not having improved much, I prescribed Sulphur 45m. From that time on the improvement was gradual and continuous. On April 6th. she menstruated for the first time in six months. May 10th. the itching again became general, while otherwise she seemed to be improving. I then prescribed Arsenicum. September 11th a carious condition set up in one of the metatarsal bones of

the right foot and through a fistulous opening discharged a thin bloody pus. Silicea 40m. October 25th. 1904. Fistulous opening healed and no more discharge from foot. She feels well.

EXTRA THERAPEUTIC CONSIDERATIONS IN THE TREATMENT OF CHRONIC DISEASES.

BY FRANK W. PATCH, M. D., Framingham, Mass.

Physicians who attempt to follow carefully the methods set forth by Hahnemann are often accused of a certain one-sidedness in their attitude toward the treatment of disease. It is sometimes said that they neglect to give sufficient thought to what might be termed the adjuvants of disease, and, further, that they overlook the many recent scientific discoveries which other men call to their aid. On the other hand we who devote most of our energies to the study of materia medica are prone to aver that others neglect the greatest known factor in the treatment of disease through a foolish waste of time in the consideration of non-essentials.

That there is a happy mean between these two extremes is most probable; that any considerable number of men will ever succeed in attaining such a desirable state of balance is less to be expected. This study of nature and humanity is so many sided that no one party will ever have all the knowledge, therefore let us have charity.

As Hahnemannians, there are, I am sure, some features of the treatment of chronic diseases which many of us are careless about and sometimes we waste valuable time in the administration of remedies that had better be spent in taking a good common sense view of matters not especially related to the materia medica and mending by wholesome suggestion indiscretions which no remedy could be expected to correct. It is far from my intention to discredit the legitimate remedial means at our command for I am firmly convinced that an intelligent study of the materia medica

repays the physician in a hundred fold greater degree than any other effort he can put forth. It is on account of this very faith and knowledge of the chief means by which we are enabled to restore health to the sick that we should train ourselves to a correct understanding of its limitations [for even the homeopathic materia medica has limitations] and a better knowledge of the conditions under which it may be used to the best advantage. Not long ago my attention was called to an article in one of the popular magazines by a well known medical writer of the opposite school detailing in a most interesting manner the physical suffering of quite a large group of literary workers. The history of many of these cases has long been classic knowledge; the varied distressing symptoms which we know to have been endured by such men and women as Thomas Carlyle, George Eliot, Parkman, Margaret Fuller, Whittier, Huxley and many others this writer attributes to eye strain.

This broad statement may or may not be true, but the fact is undeniable that eye strain is a most common disability and one that is frequently unrecognized by the physician from the fact that its symptoms are seldom wholly local and often not at all so.

One oculist of my acquaintance who has made a deep study of this subject states that the natural eye of men in an earlier stage of development was hypermetropic and that it has not yet accommodated itself to the more restricted range of our present compact manner of living and the greater use of the eye for near work. He claims that until such accommodation comes about naturally rest must be obtained artificially through the use of a proper glass. Certainly in all cases where we have the slightest reason to suspect trouble of this nature in those who use their eyes even to a limited extent, and notwithstanding the fact that no symptoms appear which are directly connected with the organs of vision, a competent oculist should lend his aid before we attempt to relieve by the use of remedies. Otherwise we may waste many valuable weeks and be obliged in the end to report only failure. We cannot expect remedies to

accomplish results in the face of constant and illegimate muscular strain any more than we can look for curative action while the system is being slowly poisoned by the amalgam filling in our patient's teeth. We must learn to detect the various points of least resistance in the economy of those with whom we have to deal. It is here that symptoms will be most likely to appear, let the irritating cause be what it will.

It seems to me that one of the most important duties of the physician who undertakes to prescribe for chronic cases before he thinks of undertaking the examination of his repertory and materia medica, is the regulation of his patient's daily life, the searching for possible hidden causes that may have an important bearing on his conduct of the case. We are often negligent, I fear, in assisting our patients to carry out the simple mode of life which is enjoined by Hahnemann in his work on chronic diseases.

This is especially true of the subjective side of life in those highly sensitive men and women who are obliged to live on year after year in the toils of financial disaster or, what is worse, an uncongenial family life either of which may prove a constant source of irritation to an already over-taxed nervous system.

With people of this type it is frequently impossible to get good remedial action as long as the irritating cause remains unchanged, and on the other hand I am sure we have all noted cases many times where the whole train of symptoms has disappeared with the removal of the disturbing element in the life of the individual, without medication. Of course we all recognize the truth of Hahnemann's words when he says that neither strict diet nor other regimen will of itself cure a chronic miasm, but we must not overlook his equally potent words where he enjoins a strictly simple and natural life on his patients if they are to expect recovery through his ministrations.

Funtional states may be brought about and miasmatic conditions aggravated by an inimical climate, improper occupation, unsanitary surroundings, just as truly as

through the effect of tooth powders and proprietary drugs. No aggravating circumstance is more important in its effects than an inharmonious family life and especially a want of proper sympathy between husband and wife. This is a most insidious cause of trouble which is frequently very difficult to trace. In many cases a knowledge of the true state of affairs can only be ascertained by patient watching and a careful comparison of the temperaments of the two parties. Happiness in marriage is almost invariably founded on similarity of aim, kindred tastes and mutual enjoyment. Where these incentives to happiness are not present there results a want of harmony which is particularly liable to augment the development of symptoms along some line of slight resistance.

When such adverse conditions are present it would seem too much to expect satisfactory results from the administration of our medicines and we may find it of the utmost advantage to go into these preliminary matters with great care before attempting to prescribe at all.

Then again the importance of an opportunity for the observation of our patients over a considerable period of *time* is a point not usually given sufficient emphasis in the rather meagre literature of this subject.

We are surrounded by the promptings of haste on every side and it is not easy for the physician to isolate himself in the face of his importunate people and keep before his mind a realizing sense of the fact that he cannot overturn the processes of nature nor hasten her actions. His office is that of the student who observes the phenomena he sees about him and interprets it to the best advantage. This is possible in the best sense only when working in harmony with natural laws.

Nature does not hurry, but she always accomplishes her ends. When we realize that we are living in eternity rather than for a day we shall reach a higher standard in work. In attempting to cover the symptoms of a given case before making a homeopathic prescription, especially in chronic diseases, we should realize that the process must be some-

thing more than a mere matching of symptom lists. This is one of the stumbling blocks for beginners in our art and a difficult point on which to instruct pupils. The process is rather one of balancing the comparative merits of the several members of a group of remedies in order to determine the especial fitness of some one for the case in hand.

We must first have a clear comprehension of what we wish to accomplish and this implies a knowledge of the individuality of the patient under treatment which can only be obtained by observation over a period of time. Should any one ask how long a time, I fear it would be difficult to answer. Some individuals reveal themselves rapidly; others are unmeaningly reticent, with some, motives are easily apparent; with a larger number they are hidden from the superficial observer.

We must not expect to prescribe successfully until we have had opportunity, no matter how long it may take, of getting down under surface conditions and simulations where we may see with a discernment born of knowledge and experience, the true characteristics of the individual with whom we are dealing. In chronic diseases we have to do with the highest and lowest extremes of human nature each being more or less the outcome of the conditions under which we live. We really know very little about the subject. Hahnemann is almost the only man who has written comprehensively of it and since his death no one has seemed inclined to develop his lines of thought any farther by the same methods. Indeed we may yet see Homeopathy rediscovered from an opposite direction, and through an entirely different line of reasoning.

The ramifications of chronic disease have increased since the time of Hahnemann; the growth of drug miasms alone would be appalling but for insusceptibility and the law of toleration which protect the majority. To shield our people against the ills born of the development of a highly sensitive nervous organism is, however, a difficult problem. We are all involved in this maelstrom of growth which is upon us and unless we recognize its dangers and adjust

ourselves to them we shall be engulfed in the clutches of chronic subjective ailments or disturbances of the higher centers which ultimate in nervous or mental disease.

The study of chronic disease in its last analysis becomes an inquiry into the character and scope of human individuality with a correspondent knowledge of drugs. In order to fully understand any nature, drug or human, we must watch it under varying conditions, in many moods and all circumstances; we must enter into its harmonies with an open mind. No nature reveals itself immediately; we must be patient and take ample *time*.

It is but rarely that any sudden flash of penetration is granted us in the investigation of disease whereby we may by rapid photographic glance gain the knowledge we seek.

The instantareous impression left on the mind of the sensitive physician by the personality of his patient may guide him in a vague way in discriminating between the rougher aspects of his prospective group of remedies, but he should beware of trusting this vision of the subjective in his closer analysis before it has been substantiated by observation over a period of time. He will then have had opportunity for carefully weighing the evidence before him and giving proper value to each symptom noted and placing it in an orderly relation to the whole case.

An intelligent understanding of the part which *time* plays in the treatment of chronic disease is here of inestimable value. The physician must have a chance to rightly estimate the various conflicting symptoms that appear from day to day or week to week. No act or word of his patient is too trivial to come under his observation and he must remember when investigating such conditions that he is dealing with processes that may have extended over the whole scope of a life or even into previous generations, hence he can afford to dispense with any undue haste in its contemplation.

It is only through a full comprehension of the physical and emotional causes leading up to the problem in hand, ascertained through observation and persistent questioning

at different periods, that we can expect to understand any disease picture that may be presented to our view.

Having such knowledge, we shall be less liable to attribute the whole difficulty to some recently developed phase or complication to which attention is called by a patient wholly absorbed in present discomfort.

In the golden future when the investigation of Human Nature has become a more systematic procedure, when something akin to the care now devoted to the immediate and microscopic in medicine, is applied to the individual, we may hope to develop a knowledge of the order in which a given train of symptoms may be expected to succeed.

Until then we must still pursue a plan of patient investigation. Not long since my attention was called to a fact with which you are doubtless all familiar, that the time required for recharging an electric storage battery is, approximately, the same as that taken in running it out. The motor which will use up its power in a run of three hours must be given an equal time of rest in which to regain its energy.

It is not wholly different with the human body which is none the less a storehouse of energy. If more vital force is used than is stored each day there comes, eventually, a crisis beyond which the process cannot be carried. Experience teaches us that the time required for full physical regeneration may be nearly equal to that in which the running out process has been going on and no remedial agent seems to greatly hasten this change.

This applies, of course, more forcibly in the case of functional breakdowns rather than in actual miasmatic changes. The physician who recognizes his problems and forewarns the patient or his friends of the probable outlook is a benefactor. He will be able to handle the case more comprehensively and will encourage his patient to adjust himself as far as possible to the circumstances rather than approach them in a spirit of combat.

If the patient's mind can be kept at peace and in some degree of understanding, he becomes more receptive of the

healing influence in whatever form it may be presented. The wise physician here becomes not only an agent for the judicious administration of drugs but the counsellor, as well, who must endeavor to protect his patient from the wiles of those who by the use of mystical "systems" would encourage vain effort to unduly and unnaturally shorten his time of trial. In the treatment of chronic miasmatic diseases the element of *time* is an important factor and one but little understood.

Syphilis, it is true, is recognized as passing through a more or less systematic development when uncomplicated, so that one can predicate something of its probable course. The development of the syphilitic miasm is far less clear while that of the psoric may extend through more than one generation in a most indefinite manner as far as we know. It is probable that it persists in some form until cured homeopathically.

As far as one can understand from the experience of men well qualified to judge, *suppressed* miasms persist in the system over an indefinite period of time until again brought to the surface through action of the homeopathic principle. This often means a lifetime of suffering for those who have undergone suppression of miasmatic disease through the action of crude drugs or surgery.

The periods of *time* after suppression in which recrudescence has taken place under the action of the homeopathic similar have varied in great degree, from a few weeks to many years, so that one may feel that where the vital force is sufficiently active, it is never too late to make the effort to bring the suppressed miasm to the surface and thereby effect a cure.

A full study of this subject should not neglect the analogous consideration of remedies. This has been dealt with quite extensively by Hahnemann but seldom touched upon by later writers. It is, nevertheless of great interest and worthy of extended investigation in some systematic manner.

TUBERCULOSIS—THE MEDICAL SIDE OF THE QUESTION.

C. M. BOGER, M. D., Parkersburg, W. VA.

The treatment of the various phases of tuberculosis is dependent upon so many factors direct and contingent, that it embraces a large part of medical science. This paper will not therefore attempt a general resume of the subject but rather review some special considerations.

The prognosis in a given case is so closely bound up in the anamnesis, the present state including the surrounding, the reactive power of the organism and the treatment that a just estimate of the outcome presents unusual difficulties. In this connection it may be well to point out the great importance which necessarily attaches to the relative chest capacity, for upon it depends the oxidising power of the whole organism with all its metabolic changes.

That cases do get well with the aid or in spite of treatment, or with no attention at all seems well established; but nature carries on her weeding out process most relentlessly when left to herself or when help is clumsily applied. Therefore it seems superfluous to say that all aid should take the most enlightened form; its specific application from a hygienic, climatic or dietetic point of view may well be left to the experts in this line while this paper will look the matter over from a therapeutic standpoint.

The curative power of remedies depends upon the very same elements that go to make up the prognosis, the chief one being vital reaction, closely followed by the nature and character of the anamnesis. This being true, the drugs curative in a given case must of necessity include in their pathogenesis as a primary action a similitude to the latest characteristic symptoms of the patient. Should it so happen that the secondary drug symptoms of the remedy administered also correspond to the earlier or dyscratic disease manifestations of the case in hand its curative power will

extend along the entire line of disease effects and root them out fundamentally, often uncovering the basic dyscrasia upon the soil of which the tubercular process thrives. Most cases for various reasons do not present a picture clear enough for so sweeping a prescription. Then we are obliged to remove successive groups until the same end is attained, in fact for reasons into which we will not enter here this is often the only safe procedure.

As will be seen from the above no one remedy can be looked upon as specific for any one disease. The search for specifics is for many reasons fundamentally fallacious; the principal one being that they are supposed to cure diseases, while in reality it is necessary to cure patients and not disease. It is no argument to say that certain medicines have cured such affections. The very fact that percentage is admitted into the discussion, vitiates all figures and puts the matter without the pale of a true scientific demonstration. This fact is very slowly but nevertheless surely finding its way among those that think and are not ruled by preconceived ideas.

The factors which play the chief diagnostic role hold a subordinate place in the choice of the curative remedy, although medicines whose pathognomies point to them, may be used as a broad class from which those lacking the characteristics of the patient, may be dropped by a process of elimination until the symptom picture resembles that of the patient in a greater or less degree. Thus, Kyphosis, often but not necessarily due to tuberculosis, points toward Acon., Asaf., Aur., Bar-c., Bell., Bry., Calc., Caust., Cic., Clem., Col., Dul., Hep., Ipec. Lach., Lyc., Mer., Mez., Phos ac., Plb., Puls., Rhus., Ruta., Sab. Sep., Sil., Staph., Sul., and Thuja.

It is well known that sweats are apt to localize themselves over the affected organ, and in the pulmonary form they often show their presence quite early on the thorax. Of the above remedies the following have chest sweats; Bell., Calc., Hep., Ipe., Lyc., Mer., Phos. Phos ac., Plb., Rhus., Sep., Sil. This measurably reduces the number from which the choice may be made, always bearing in mind that the

final resemblance between the drug effect and the disease picture of the patient, must present certain points of harmony called the "conditions" of the case, in which all kinds of external influences such as heat, cold, light, dampness etc., go to make up the differentiating shades in the final analysis.

We also take into consideration the subjective symptoms; resting as they do upon the comprehension and interpretation of the patient as well as of the physician, they require the nicest judgment and most careful discrimination to strip them of all superfluities and exuberances of expression on the one hand, as well as proper amplification and interpretation on the other. This is after all the crux of the art of prescribing and stamps the physician either as a rank empiric or a painstaking scientist.

Whether the subjective phenomena express erethism or depression is an important differentiating point and divides the remedies of the materia into two great classes. Finally the state of the mind gives the last cue for the selection of the most suitable remedy, which if given in a single dose of the appropriate potency will unfailingly bring about the reaction so necessary for our purpose.

Following these lines the treatment of tubercular bone disease, periostitis, especially of the ribs or maxillæ, Pott's disease. etc., has yielded the most brilliant results and services of the surgeon have rarely been needed. The particular remedies most in use for such conditions have been Silicea and Aurum, especially when fistulous tendencies have become manifest; Calcarea fluorica, where very hard bony exostoses have been present, and Phosphorus in rickety children. The list might be greatly extended to cover special indications but that is unnecessary, the main point being that the indications in each case be carefully elicited after which the choice of the proper curative remedy is not so difficult.

The meningeal has perhaps been justly regarded as the most intractable form of tuberculosis, but even here we are not without considerable hope and many cases have been

cured with the indicated remedy; the choice will usually lie between Apis. Bell., Calc., Calc. phos., Hell., Phos., Sulfur and Tuberculinum, all of which have a number of cures to their credit, some of which I have personally witnessed. In this form it is always well to make the diagnosis as certain as may be under the circumstances; in a suspected case coming under my notice with somewhat equivocal symptoms a microscopical examination of the spinal fluid cleared matters up by showing the presence of gonococci.

The glandular infections have most frequently called for, Bell., Calc. fluor., Hep., Staph., Sil., and Sul. In growing children they present little difficulty and very few cases are incurable; in adults they are more intractable but many brilliant successes attest the efficacy of this method.

The pulmonary type outnumbers all the others and is for many reasons one of the hardest to control. Its victims are notoriously inconstant, they do not readily submit themselves unreservedly to the care of their physician and are always willing to take all kinds of nostrums and apply the most unheard of measures, which of necessity negatives much if not all that the doctor may do. In a general way I would lay down the rule that unless implicit obedience can be exacted, the case had better be dismissed, not perhaps as incurable but rather as intractable, therefor incurable. This the predominant form calls for all the skill at our command and I am very happy to say that our therapeutic method often yields the most brilliant results when the law is carefully and thoroughly applied. Among the remedies which stand out most prominently in my mind's eye, none excels in results the effects which I have seen from the administration of Iodide of Arsenic. But even here, it is to be borne in mind that tuberculosis is a complex dyscrasia and will hardly yield to a single remedy however closely its symptomatology may fit the patient's symptom complex; although admittedly such may occasionally be the case, for once I saw a complete recovery and at another time what seemed also a restoration of health from the administration of Belladonna only.

To review the general treatment would be to repeat much that has already been said. The patient's condition may call for any remedy in the materia medica and when a medicine is thoroughly indicated it is not possible in the present state of our knowledge to foretell just how much good may come of it, as occasionally the most hopeless looking cases have made very wonderful recoveries from the administration of the similimum. It does not therefore become us to give up hope too soon but rather to cover every phase of a given case with the most careful and searching investigation and from the information thus gleaned prescribe with the full assurance that from a medicinal standpoint the very best has been done.

RHUS RADICANS.

BY H. C. ALLEN, M. D., Chicago.

Mr. E. E. A., about 40 years of age, of Norfolk, Neb., in early life was a great sufferer from functional derangements of the liver, stomach and spleen; and it was not until the year 1890 or 1891 that he first obtained relief, when he began taking homeopathic remedies, and since that time has been a firm believer in our system of treatment.

In August, 1900, he first noticed the palms of his hands and soles of his feet began to burn and itch. This lasted for some weeks, becoming gradually worse, when vesicles began to appear, which gradually extended over the whole body. The vesicles were very small, almost rash-like, burned and itched intensely, which after rubbing or scratching would ooze a clear, sticky fluid and gradually spread to new tissue. The vesicles gradually increased in size, and as they increased exfoliation became very marked. The scales were dry, white, bran-like, and soon the entire body became involved from the crown of the head to the soles of the feet.

It was a marked case of dermatitis exfoliata. He consulted me first in July, 1902. The disease had been running

for some years and gradually increasing in severity. The exfoliation was so profuse that in the morning from a pint to a quart of dry bran-like scales could be gathered from the bed. The characteristic onset of the disease, its gradual extension from the extremities to the body, the intense itching and burning aggravated by scratching or rubbing, and the extensive exfoliation decided me to give him Rhus Radicans, which he received in the M potency, one dose dry on the tongue. He began to improve promptly, and in three or four months the skin was normal and perfect health restored. In that time he received four doses of medicine.

Dr. A. L. Macomber, who referred him to me, wrote: "This patient has been in the midst of the eruptions, boils and desquamation on head, face, forearms, hands, legs and every part of the body. There were boils discharging yellow, bloody exudate; patches of skin peeling off; underneath, loose skin looked red, raw, angry, and no end to the silvery white scales, large and small, stiff and dry from all parts of the body. Some looked like fish scales in thickness. Nails of fingers and toes came off. I saw the finger nails when the line of demarkation was about half down the nail. It is one of the worst cases I have ever seen: in fact, I never saw anything like it."

April 6, 1904. A subsequent letter, received from the doctor, says:

"It seems to me the most wonderful cure, and I shall watch with much interest for the report of the case, that I may also know the treatment."

Mr. A— is now fully recovered, and is apparently a well man.

A similar case of dermatitis but, in a much older man, in which I had the counsel and assistance of Drs. C. E. Fisher, J. R. Kippax and E. R. Lindner, after nearly a year of almost daily attendance, proved fatal. With that case on our hands steadily progressing to a fatal issue, Dr. Fisher advised sending Mr. A. to a specialist at once. But even in such a desperate case the result showed that it is our duty to stand by our colors, even if the prognosis be grave:

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DECEMBER, 1904

Editorial

Division of Fees.

The question of dividing fees between the surgeon and the physician who calls him in consultation, has been before the profession for some years, but it has recently been brought into greater prominence by the president of the Chicago Gynecological Society (who happens to be also president of the Illinois State Board of Health). This gentleman, with the aid of the secretary of the said society, set traps in the shape of decoy letters for a number of more or less eminent surgeons and it seems that all of the more or less eminent ones fell promptly into the trap. The sub-

sequent denials, explanations, apologies, etc., that they made, were amusing but not convincing.

Presumably, the object of the attempt, was to condemn the alleged reprehensible practice as "unprofessional and unethical" and to punish those caught in the act, by a species of excommunication. Then the whole matter was to be officially settled.

The highly professional and ethical quality of the act of sending out decoy letters, has not been noticed and we think that some effective remarks might be made upon that point, but we do not propose to do so now.

The main question is as to the morality or otherwise of the practice of dividing fees in the case stated. We maintain the opinion that, all things considered, it is eminently right and proper that such a division of fees should be made. There is nothing about it derogatory to professional dignity, nothing provocative of danger to the patient and nothing inconsistent with honesty and fair dealing. Let the facts be fairly stated before a jury of intelligent men and the verdict would certainly be for and not against the proposition.

Here are the facts: the general practitioner works early and late, bearing many heavy burdens of responsibility upon a meager and generally insufficient income. This hard-worked individual calls a surgeon in consultation; the surgeon spends a few minutes in operating, pockets a fee of from one to five hundred dollars, and disappears in the blue distance, leaving his colleague the after-treatment, some empty honors, and such monetary scraps as the impoverished patient can muster. Is that just?

The pale faces of the preternaturally ethical doctors' become suffused with a crimson glow of indignation as they reply, "shame on you, for dragging our noble profession down to the level of mere business. Ours is a humanitarian and self-sacrificing profession, and should never be tainted with the spirit of commercialism!" Truly it is a self-sacrificing profession, and no one knows it better than the poor devil of a practitioner, as he tramps sloppy streets on dark

nights, to relieve some suffering patient upon the dubious chance of a meager fee.

It is undoubtedly a self-sacrificing profession, but why should the self-sacrifice be all on one side? Gentlemen of the decoy letters! You are straining yourselves in your attempt to reach an immaculate purity in this one respect. Consider how the first citizens of Chicago, constituting the Beef Trust, have been detected in the act of stealing the city water; a theft that cannot be considered anything but cool and premeditated, for it involved the laying of surreptitious pipes and mains. Consider the vast wealth that is yearly accumulating into the private hands of so-called respectable citizens by dishonest privileges: 13oz. loaves, sugar, kerosene, coal and other necessaries at high, arbitrary, trust-begotten prices, all manipulated by ethical, philanthropical citizens, high in social and civil circles, and then consider the lofty and somewhat strained purity required of the family doctor, and you will see that you are demanding too much.

It is a pity that those who answered the underhanded decoy letters favorably, had the weakness to apologize and explain. Far better would it have been to maintain the righteousness of the principle and thus veer the weathercock of public scorn upon the contemptible concoctors of these false and lying letters.—J. B. S. King.

To Dodge Appendicitis.

A writer in the current number of the National Review, under the nom de plume of F. R. C. S., claims that appendicitis may be avoided by careful eating. He claims that we do not have to dodge cherry stones, grape seeds and such things, but on the other hand care should be taken not to bolt a meal, in other words, it is not so much what we eat as how we eat it. The rapid eating and bolting of food with the consequent necessity of drinking large quantities of fluid while eating, is very frequently the cause not only of appendicitis but many other affections of the digestive tract. The writer explains how malevolent microbes accumulate

and thrive when improperly digested food is supplied them, and how they swarm to the appendix and turn it into a resting place until they are sufficiently strong and numerous to make a successful attack all along the line. There is more truth than poetry in his position. His advice "Do not bolt heavy meals" is good practically, and can be easily carried out. Every business man, even members of the Board of Trade of Chicago, can follow this, if they will, and it is infinitely better and safer to go without a lunch than it is to bolt any kind of food, and wash it down instead of thorough mastication: F. R. C. S., is confident, and his confidence is no doubt based upon experience, that if care is taken in eating the modern business man will have a fighting chance for life without the surgeon's help.

Metallic Ferments.

Dr. Albert Robin, a member of the Academie de Medicine of Paris, has communicated what he thinks is an important discovery in regard to the action of certain metals finely subdivided and employed in infinitesimal doses. The subdivision is obtained by their electrical dissolution in water. Dr. Robin claims that metals so treated acquire the property of developing a force similar to that of a ferment, hence the name of his discovery. "Metallic Ferments."

They are employed hypodermically, from five to ten cubic centimeters of the solution containing from the 1 900 to 1-2000 of a milligram of gold, silver, platinum or other metals produced a sudden end of the malady in six cases out of ten before the seventh day, in pneumonia. Thirteen cures were obtained in fourteen cases thus treated. It is claimed there is a complete similarity between the natural favorable crisis and that produced by metallic ferments, and these ferments it is claimed are capable of producing, aiding or hastening this favorable crisis. The temperature falls suddenly after one or two hypodermic injections.

This latest fad is verging closely on the domain of homeopathic infinitesimals, so far as dose is concerned, and the cure is apt to take place in the same way as antitoxin in

diphtheria and other serum remedies. We fear that like many similar discoveries it will go up like a rocket and come down like the stick. It has no scientific foundation, and probably will not be heard from, after the returns begin to come in.

College Amalgamation.

The Chicago Homeopathic and Hahnemann Medical Colleges have become one, and in future will be known as the Hahnemann Medical College of Chicago.

The break in Hahnemann Medical College occurred in 1876, owing to a discussion between the younger and older members of the faculty in regard to the disposition of college funds, the majority of the faculty seceding, going to the West Side and establishing the Chicago Homeopathic. The following year there appeared on the catalogue of Hahnemann College the now noted expression of the late Dr. Ludlam; "A limited faculty and better teaching." The faculty was limited because in 1876 there were not so many homeopaths in Chicago as there are to-day to engage in college work, and the limited faculty was from necessity, not choice.

The two colleges have engaged in a rivalry more or less keen for many years; a rivalry which has perhaps done more to increase the number of homeopaths and benefit the homeopathic profession than could otherwise have been accomplished, and the success of the Chicago Homeopathic was no doubt the inspiration which led to the founding of others.

For many years the profession, not only outside of Chicago but in the city as well, has expressed the opinion that it would be much better for the homeopathic school to have one large well-equipped college rather than so many small ones, and the union of these two colleges, if successful, may verify or disprove the prediction. But if we may judge the future by the past, especially the result of amalgamation in Cleveland and Kansas City, it is an experiment that, to say the least, is doubtful. In Cleveland, each of

the homeopathic colleges five years ago had practically as many students as the united college has to-day. The enthusiastic struggle for supremacy, for students and for the good of the cause resulted in much better work and more of it, both individually and collectively, among the various members of the faculty than a single college without the stimulant has produced. And this is not only true in the homeopathic, but it is equally true in the other schools, both literary and professional.

The board of trustees and the officers of the college remain practically the same. The only difference is that Dr. A. C. Cowperthwaite, the Dean of the Chicago Homeopathic College is added to the board of trustees. The entire faculty with the exception of Drs. E. H. Pratt, J. J. Thompson and C. T. Hood it is rumored, is added to the present faculty of Hahnemann Medical College; but naturally there will more or less pruning needed to be done. The amalgamation will give about 180 students to Hahnemann Medical College for the rest of the term. How many more or how many less they will have the coming session depends upon the efforts of the faculty.

Whether the amalgamation means unification of the profession in Chicago, and better and more thorough teaching of Homeopathy is a question of the future.

Editorial Brevities.

Dr. Milton Rice, the enthusiastic Hahnemannian of Hilo, H. I., bids fair to make a reputation for himself and Homeopathy, by his published cures of genuine leprosy. All his cases are examined and so pronounced by the official bacteriologist of the Board of Health. The treatment does not differ in any particular from that of ordinary Hahnemannian treatment of so-called incurable skin diseases laid down by Hahnemann in the *Organon* and *Chronic Diseases*. The anamnesis is carefully taken, including the family history, and the dynamic remedy selected for the patient, not for leprosy. The doctor maintains that lepers are quite amenable to Hahnemannian treatment, when the *similimum*

has been correctly selected and properly applied, and the case reported on another page of this issue confirms his faith in his principles.

Puerperal Eclampsia:—Dr. Margaret E. Burgess, of Philadelphia, was called in consultation to see a patient, and found on her arrival that the patient had had twenty-two consecutive convulsions. The attending physician had given Physostigmin sulph. 1-50 and 1-100 of a grain, and Cuprum Arsenicosum 3x trituration every hour. At the end of the next convulsion, while the patient was still unconscious, from some marked symptoms of the remedy, the doctor gave Cicuta 200, a few pellets on the everted lip, with the result that the convulsions stopped at once, and the patient made a good recovery, in spite of the unfavorable prognosis of two physicians. This shows the efficacy of selecting the proper remedy, and giving it in the proper dynamic strength. Even in the worst type of puerperal convulsions the dynamic similar remedy is the best, both for the patient and the doctor.

Dr. DeWitt G. Wilcox, Sec'y. of the N. Y. State Society, announces the next annual meeting at the Ten Eyck Hotel, Albany, Feb. 14, 15, 1905, and adds: "We are to give a banquet in honor of our esteemed and distinguished brother Dr. William H. Watson, which will be equal to any ever held at our state capital." This will no doubt be a drawing card.

The Medical Advance extends its sincere thanks to both readers and contributors for the assistance they have rendered during the year just closing; and if each reader will promptly renew his or her subscription for 1905 and send in with it the subscription of some friend or colleague we will double our number of readers and increase the size of the magazine. The journal belongs to the profession; and to the profession it appeals for literary and financial support with a confidence in the future verified by the support it has received in the past.

Dr. Geo. A. Martin, of Boone, Iowa, relates a singular experience in Serum Therapy: In a case of malignant Diphtheria he used Antitoxin successfully. Three months

subsequently the same patient had another attack. He was unable to secure the Antitoxin at that time, and gave Carbolic Acid 3x with prompt relief and a permanent cure.

Query:—Which did the cure-work in the first case, Antitoxin or Carbolic Acid?

The Pennoyer Sanitarium, at Kenosha, Wisconsin, has never been in better condition for caring for patients, who require change of environment and absolute rest, than at present. After many years of persevering labor and good work, Dr. Pennoyer has established a Sanitarium on a permanent basis, viz.; the successful treatment of invalids. No better illustration of this can be given than the gratifying note recently left by Bishop Hare, of South Dakota, upon his departure, after several weeks of recreation at Kenosha:

“I cannot leave without writing a line to say what a happy success I think your Sanitarium is; a real Sanitarium, and not a bit of a morbid-arium.”

This expresses the opinion of one grateful patient, who like many others, on his return home, recommends his friends to visit the Sanitarium,

Dr. G. W. Roberts, the accomplished and efficient Secretary of the New York Homeopathic Medical College and Hospital, has resigned, as his increasing surgical practice and professional work demand all his time and energy. The New York College and its interests have been well cared for by Dr. Roberts, and it seems a misfortune when the college has found a man who is so capable of filling that difficult position that his services could not be retained.

Dr. Frank W. Patch, issues a beautifully illustrated leaflet explaining the advantage of the location on Indian Head Hill, near Framingham, Mass., of his Sanitarium “The Woodside Cottages”. It is located about twenty miles from Boston, which is outside the suburban limit, and is admirably adapted for the treatment of patients suffering with nervous diseases. It is protected by a pine grove from

the severe winds of the north and west, but giving the Sanitarium the full benefit of the southern sun.

The profession is to be congratulated that there are springing up so many of these homes for invalids, where the individual necessity of each patient can be carefully studied, and where they can obtain the much needed rest while under good homeopathic treatment.

COMMENT AND CRITICISM

The Union of the Schools.

The Wayne County Medical Society, Detroit, Michigan, in the earnest effort evidently to benefit their homeopathic brethren, issued an invitation recently to the homeopaths of Detroit to become members of their Society. Article Third of the Constitution of the society says:

“Every physician residing and practising in Wayne Co. and legally registering as such, who is in good professional standing who will agree in writing, over his own signature, to practice non-sectarian medicine only, and to sever all connection with sectarian colleges, societies and institutions, shall be eligible for membership.”

To this invitation Dr. T. P. Wilson, the founder and first editor and publisher of the *MEDICAL ADVANCE*, makes the following reply in the *Tribune*:

My Dear Doctor: “What I desire to know is the meaning of the word ‘sectarian,’ as applied to medical practice. It is a word well understood as applied to theology, and that without reproach. Few religionists of any sort would care to deny that they were sectarian. It is a condition of honor among the churches. The dictionary, at least, does not show that the meaning of this word is changed by being applied to medical practice. It must be that, in the vocabulary of certain doctors, there is a meaning not discoverable by the ordinary mind. It is a wonder that, long ere this, the lexicon has not been subpoenaed to meet this exigency. (I charge nothing for the suggestion.)

“Medical schools, colleges, societies and institutions have for many years been classified as homeopathic, allo-

pathic and eclectic. You, sir, will not deny that the rating of the Wayne County Medical Society would bring it under one of these heads. It is useless for either of these societies, in this enlightened age, to put on airs of superiority. Nevertheless, as is well known, certain doctors do indulge in their vain conceit. But the smiles they evoke are rarely heard. It is hoped that time will eradicate such puerilities from all sensible minds.

It is somewhat astounding, however, to note that the members of this society are obliged to put themselves on record by signing away their personal liberty. Of all classes of truth seekers, medical men have found knowledge in most unsuspected quarters. As accepted facts and theories in the medical profession are well known to be empirical, it cannot be told with certainty from where the next truth is to come. The members of the Wayne County Medical Society evidently do not grasp this fact. They deliberately shut the door in their own faces. Do you think, doctor, that I would be benefited by joining your society and allowing it to muzzle me for all time to come?

I have all my life carried a free lance. I have tried to dissect everything in which the truth might be hidden. Must I give up my right of search and research in order to have my name enrolled on your membership list? Is the game worth the candle?"

"Postscript—As I am about closing this letter I am in receipt of a pamphlet, from a well known drug house, containing a long list of prescriptions for various diseases. The following is for cough: White pine bark, 30 grains; wild cherry (what part not stated,) 30 grains; Balsam poplar buds, 4 grains; Spikenard root, 4 grains; Sanquinaria (part not stated,) $3\frac{1}{2}$ grains; Sassafras (part not stated,) 2 grains; chloroform, 4 minims; Morphine acetate, 3-16 grain; all constituting an ounce. These are all combined and labeled. "Anodyne Pine Expectorant." And then, there follows an explanation of the manner in which the several ingredients act. The principle is exactly that of the colored doctor who, having found that his patient was suffering

from rupture of the diaphragm, prescribed 'alum a bur gundy pitch' on the non-sectarian principle that the first article would draw the wound together and the second would stick its sides fast. I could cite you hundreds of similar prescriptions, indorsed by thousands of medical men. Now, what I want to know is, would it be sectarian to prescribe a more simple medicine, say Aconite or Bryonia or Phosphorus, each uncombined, and reach the same end, in a more simple and rational manner?"

From this correspondence it will be seen that the homeopaths of Detroit are alive and prepared to defend their principles. The Secretary of the Wayne County Medical Society will find that the medical millenium is as far off as ever, that with the dawn of the twentieth century there is something in medicine to investigate beside its sectarianism. Would the members of this and similar societies care to enter homeopathic societies on the terms proscribed? No! no honorable man or woman of either school would entertain such a proposition, and this attempt to mix oil and water will meet the fate it richly deserves.

For instance, why do you invite us to join your society and then put up bars which effectually exclude us? Why do you make unwarranted use of the English language by wresting the word "sectarian" from its legitimate meaning in theology to serve the purpose of a medical society? Why will you attempt to debase medical science and art, by causing its members to wear the yoke of thralldom? Why will you refuse us the hand of fellowship unless we agree in writing over our "own signature" to that which is meaningless or else repugnant to our sense of medical honor? Why do you prate of sectarian colleges, societies and institutions to which we belong and you do not? Do you think you can boycott the medical profession outside of your lines, until they surrender? Must we appeal from Phillip drunk to Phillip sober?

NEW PUBLICATIONS.

A Compound of Medical Latin. Designed for Elementary Training of Medical Students. By W. T. St. Clair, A. M., Professor of the Latin Language in the Male High School of Louisville, Ky. Second Edition, Revised. Philadelphia. P. Blakiston's Son & Co 1904. Cloth, \$1.00 net.

This hand-book is intended to present to the medical student in a plain, practical way the fundamental principles upon which the medical language is built. Students entering upon the study of medicine must have a knowledge of Latin equivalent to the high school course, and those who do not have it are conditioned in that branch and required to take it in the medical college during the Freshman year. This work is intended to be a helpmate and a guide for the student, if she or he attempt to master this work without a teacher. Here will be found a limited vocabulary of the most important medical words which can be mastered by easy lessons, and careful explanation is made of the special technical endings, their formation, meaning and application. These are illustrated by numerous examples which are intended to firmly fix them in the students mind.

Characteristic Conditions of Aggravation and Amelioration.

After Bönninghausen. Pp. 62. Paper, 50 cents.

This is a second edition of Dr. E. J. Lee's work which was originally published as a supplement to the *Homeopathic Physician* in 1884. It is in the form of a valuable pocket manual, edited by Dr. Geo. A. Taber, Richmond, Va. who says in the preface: "So many of my friends expressed a desire for a copy, I make that an excuse for a reprint."

The rubrics are arranged alphabetically. There is an extended index which makes it very convenient, and the work will be found an invaluable aid to the busy man to carry in his pocket.

Diseases of the Lung, Bronchi and Pleura. By H. Worthington Paige, M. D., Lecturer on Theory and Practice of Medicine in the New York Homeopathic Medical College. 165 pages. Cloth,

\$1.00. Postage, 8 cents. Philadelphia, and Chicago. Boericke & Tafel. 1904.

This small volume of 165 pages gives a brief resume of the etiology, pathology, physical signs, diagnosis, symptoms and general treatment of various Diseases of the Lungs, Bronchi and Pleura. The author is a member of the Faculty of the New York Homeopathic Medical College, and the work evidently is a synopsis of a course of lectures on the subject:

Some crude drugs are recommended as palliatives in severe cases of cough. The ordinary remedies with their special indications are recommended in an attempt to cure the various diseases. Many of the most frequently indicated by the condition of the patient are overlooked or omitted entirely. The weak point in the work is that it entirely ignores the patient, paying special attention to the disease, and we doubt very much if it will be found of much benefit to either the student or the physician. As good disease descriptive work can be found in Raue and much better therapeutics hints.

On the Supposed Uncertainty in Medical Science. And on the Relation Between Diseases and Their Remedial Agents, Being the Address Read at The Fourth Annual Meeting of the Bengal Branch of the British Medical Association. By Mahendra Lal Sircar, M. D., Calcutta. 1903.

This is a reprint, almost *verbatim*, of an address in medicine which was delivered over thirty-five years ago, and published in pamphlet form. The pamphlet is now out of print, and many friends wished a copy without any alteration of the text. It contains an extract from Dr. Sharp's paper on the Physiological Action of Medicine. The Rule of Sides by Dr. Hering; Liston's cases of Erysipelas cured by Aconite and Belladonna, with a number of extended reviews by various medical and secular periodicals, including the *Indian Medical Gazette*. and the *London Lancet*. It contains the interesting story of the conversion of the author from Allopathy, graphically described in the inimitable style of this able teacher. Like Hering, one of the

chief factors which led to his conversion to Homeopathy, was the intention to write a review of it which forever would "smash" Homeopathy. But the more he studied the question, the more he became convinced of its truth, and in the end, like Hering, not only became a convert but one of its ablest advocates. Like Hahnemann he suffered persecution when he began to practice the new system of medicine. In fact, lost all his practice for a time, and for six months no patient darkened his door. Every student and practitioner of Homeopathy in America should read this soul-stirring description of his conversion from the darkness of "Scientific Medicine" to the light and truth of *Similia* as enunciated by Hahnemann.

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Diseases of the Nose, Throat, and Ear and their Accessory Cavities. By Seth Scott Bishop, M. D., D. C. L., LL. D., Author of "The Ear and its Diseases"; Honorary President of the Faculty and Professor of Diseases of the Nose, Throat, and Ear in the Illinois Medical College; Professor in the Chicago Post-graduate Medical School and Hospital; Surgeon to the Post-graduate Hospital and to the Illinois Hospital; Consulting Surgeon to the Mary Thompson Hospital, to the Illinois Masonic Orphans' Home, and to the Silver Cross Hospital of Joliet, etc. Third Edition. Thoroughly Revised, Rearranged and Enlarged. Illustrated with 94 Colored Lithographs and 230 Additional Illustrations, 564 Pp. Cloth, \$4.00, net; Sheep or Half-Russia, \$5.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia.

That a third edition of this classical work should be called for so soon is perhaps the only excuse for calling attention to its practical excellence. But the introduction of improved instruments and apparatus, new remedies and methods of treatment in the ever changing current literature demanded a recasting and rewriting of much of the work. Several chapters have been condensed or amplified and illustrated and partly or wholly rewritten to conform to recent discoveries and make it thoroughly representative of the more advanced work on the subject. The larger part of the volume is devoted to the nose and throat and this part especially is well and profusely illustrated. The arrange-

ment is concise yet admirable in detail, and this feature in particular appeals with much force to the busy American specialist who has not time to wade through the prolixity of some contemporaneous volumes on these diseases. The Publishers have brought it out in a very attractive dress.

International Clinics. A quarterly Illustrated Clinical Lectures on Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Pathology, Etc., Embracing every field of Practical Medicine. Edited by A. O. J. Kelly, M. D., Philadelphia and an able corps of collaborators, Philadelphia: J. B. Lippincott Co., Pp. 300. Cloth \$2.00 net. 1904.

Volume III of this splendid series, the fourteenth we believe, contains a large number of plates illustrating various forms of the syphilide in the papular, varioliform, acneiforme psoriasiform, eczematiform, scarlatiniform, lupiform, furunculiform, etc. These form admirable diagnostic views of many of these diseases, and will help the practitioner greatly in differentiating the most obstinate forms of skin diseases which he will be called to treat. It is often a more difficult matter to make an accurate, scientific diagnosis in some of these complicated forms of skin diseases than it is to cure the patient.

In this volume of 300 pages there are grouped many interesting medical and surgical diseases treated by some of the best diagnosticians and clinicians in the profession.

This entire series should grace every medical library. We congratulate the publishers on their enterprize and the scientific character of the work.

The Physician's Visiting List for 1905. Fifty-fourth year of its publication. Philadelphia; P. Blakiston's Son & Co., 1012 Walnut St. Price \$1.00.

Notwithstanding the numerous competitors in this field, the old and reliable Visited List of this firm annually appears and holds its place with the profession. It is one of the most convenient and best arranged on the market, which accounts for its financial success and great popularity.

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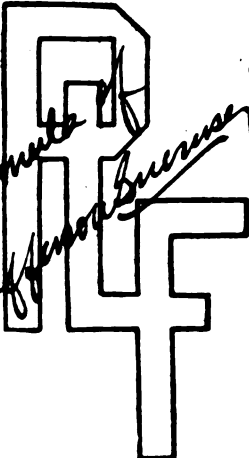
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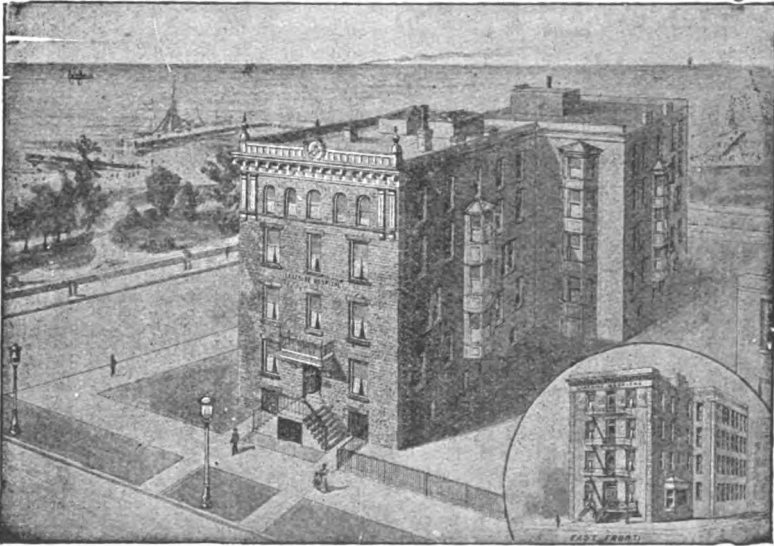
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