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# THE HOMŒOPATHIC RECORDER.

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No. 1

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## WHY SHOULD WE ?

*My Dear Classmate :* I have been greatly wondering lately why certain members of the homœopathic profession are discussing the desirability of joining the allopathic medical societies. That any physician, with the rich armamentarium of homœopathic medication and with the Law of Similia back of it, should wish to affiliate with a body of men whose medical knowledge consists of the same old polypharmacy, the same ridiculous combination of drugs as were used long ago, seems strange. In the matter of medication has allopathy anything to offer to Homœopathy? If so—what?

Is it, perchance, the wonders of serum therapy? That is after all a sort of bastard Homœopathy. Is it the scintillating brilliance of the multi-hued and skyscraper-named coal tar product? Or is it that there are certain of our school that while willing to reap the benefits of the popularity among the people of real Homœopathy yet long for the delusive fleshpots of the so-called Regular practitioner? Though what there is to be proud about in belonging to an allopathic society seems as elusive as the outline in the *Fata Morgana*. And why there is anything in the word Homœopathy of which its followers should be ashamed is another mystery. For the shibboleth of Allopathy is posological uncertainty, as it always has been and must ever be; while the watchword of Homœopathy is mathematical exactness in the use of drugs. Yes, my dear chum, I know that all who are supposed to practice according to the law of similia do not so do; I am well aware that it is easier to give *Quinine* for grippe and *Creosote* for pneumonia than it is to study out the proper remedy in accordance with the law of the likes, and I am well aware that the hypodermic syringe

solves many problems for the lazy practitioner, but I do affirm that the man who studies his cases according to the rules laid down in the *Organon*, who patiently selects the proper similitum for the case in hand, is bound to cure his case. But it is argued—it is so hard to select the proper remedy—the use of the repertory is a delusion, and who is to know in the multiplex number of the symptoms of a remedy what symptoms are reliable. Very good, and yet oftentimes a symptom of seemingly no value when found by the rule of the repertory becomes the symptom of the case and leads to a permanent and easy cure.

Because it is hard to select the proper remedy in the practice of Homœopathy, is that any reason why the man who is known to the community as a good homœopathist should as a matter of fact practice eclecticism? Is it any reason because it is hard to learn the homœopathic *Materia Medica* that a man should use the compound tablets of polypharmacy? But it is said that modern medicine is scientific. Now, is it?

One of the largest firms of pharmaceutical chemists in the country, with houses in Philadelphia, New York, Chicago and New Orleans, has just issued a small book of prescriptions under the title: "Seasonable Pharmaceutical Preparations, Autumn and Winter, 1905-06." This presumably represents the present status of allopathic posology. Among these are the following highly scientific prescriptions. Each formula is supposed to be contained in one compressed tablet. For bronchitis:

Tinct. Aconite, 1-5 min.  
 Tinct. Bryonia, 1-10 min.  
 Sulphurated Antimony, 1-100 gr.  
 Tinct. Belladonna, 1-10 min.  
 Potassium Dichromate  
 (Potassium Bichromate), 1-100 gr.

That is for plain bronchitis. Here is another for bronchitis in children:

Ammonium Chloride, 1 gr.  
 Terpin Hydrate, 1-2 gr.  
 Ext. Licorice, 1-2 gr.  
 Powd. Squill, 1-8 gr.  
 Codeine, 1-64 gr.  
 Oil Anise, 1-12 min.

For croup:

Antimony Sulphurated, 1-6 gr.  
Dover's Powder, 1-2 gr.  
Powd. Sponge, 1-100 gr.

Now here is a sure cure for neuralgia, a prescription made by a very celebrated member of the ranks of the Mighty and Undoubtable, and all these remedies are to be found in one little compressed tablet of medical sweetness:

Ext. Hyoscyamus, 2-3 gr.  
Ext. Conium, 2-3 gr.  
Ext. Ignatia, 1-2 gr.  
Ext. Opium, 1-2 gr.  
Ext. Aconite, 1-3 gr.  
Ext. Indian Cannabis, 1-4 gr.  
Ext. Stramonium, 1-5 gr.  
Ext. Belladonna, 1-6 gr.

Another prescription for neuralgic headache is:

Sodium Bromide, 5 grs.  
Caffeine Citrated, 1-2 gr.  
Morphine Sulphate, 1-50 gr.  
Acetanilide, 1 gr.  
Ext. Hyoscyamus, 1-2 gr.

Here is "a potent and reliable remedy in rheumatism, gout, lumbago and kindred complaints."

Combining in a pleasant and permanent form in each fluid drachm, the following:"

Salicylic Acid, 5 grs.  
Cimicifuga, 1 3-4 grs.  
Tinct. Gelsemium, 1 min.  
Potassium Iodide, 1 1-2 grs.  
Sodium Bicarbonate, q. s.

Tonsillitis, Improved:

Tinct. Aconite, 1-5 min.  
Sodium Salicylate, 1-2 gr.  
Tinct. Belladonna, 1-10 min.  
Mercury Red Iodide, 1-100 gr.  
Thymol, q. s.  
Oil Wintergreen, q. s.

There are other sapient prescriptions in this little book. Now, the only thing of real value in these prescriptions is the remedy that will act homœopathically to cure, the others are worse than useless. And this represents the advancement in old school medicine in the 20th century.

As the object of medical societies seems to be to increase in medical knowledge, it is hard to be seen in what way a real believer in Homœopathy can learn about prescribing by communion with men who use such balderdash as the above able prescriptions. If the man who wishes to join our school to the allopathic believes in this polypharmacy why not let him honestly say so? But by the memory of the pioneers of our school, who amid many tribulations and much vilification, fought against prevailing prejudices, and repudiation from the allopathic medical profession, of which most of them had been accepted fellows until reason compelled them to turn to the common sense of Homœopathy, let us not take the first step toward giving up that birthright, for which these our fathers fought so manfully, by joining the ranks of men who do not believe as we believe and who have little in common with us in the matter of medical faith. If our school is to continue as a great medical school, and our methods are to be continued, it will be only because we maintain ourselves true to our faith and continue to hold ourselves as a school separate from that school that is being to-day led by the nose by the pharmaceutical chemist, and which is known as the Regular or Allopathic School. Led by the chemists.

Aye—and is it not the truth? In the old medical days it was the fashion to discover the curative values of plants and minerals by the testing of experience. From the time when the sick man was laid down in the ancient city streets to seek advice from the passers by to the period when a real law of medicine was made operative by a master mind, the results of experience in drug medication have formed the basis of posology. Within the past few years a new species of get-rich-quick grafters, called patent medicine proprietors and pharmaceutical chemists, have changed all that. Now it has come to pass that the chemist in the mysterious precincts of his laboratory evolves from his inner consciousness and from coal tar wonderful compounds with still more marvellous names. And when one compound has been evolved, the said pharmaceutical chemist, like a hen which has laid an egg, publishes in words of Addisonian grandeur suppositions

about the wonderful powers and properties which may be found within his great discovery. Then the man with the gripsack is sent out with bottles, and powders, and samples. And he goeth forth to the offices of the physicians and hands out the sample and the pamphlet and tells of the wonderful properties of the aforementioned discovery. And if the doctor happens to be a homœopath and gently mentions that as a homœopath he thinks he has better medicines in his own school the gripsack man usually waxes indignant and informs the doctor that he is behind the times in scientific medication, that Dr. This and Dr. That use it; in fact, that lots of homœopaths use it. Now, is not all this a curious condition of affairs? Instead of the doctor hunting the druggist the druggist kindly hunts the doctor. Instead of the doctor gaining by the side of many beds the knowledge of the power of medicines upon the sick, these wise men, or wiseacres, turn out drug after drug, and each boldly declares that his own proprietary compound is the only thing—is it?

And it is with a school that practices either with polypharmacy or with proprietary pharmaceutical products, and with no certain or fixed method of medication, that the homœopathic physician is asked to affiliate. Is asked to turn aside from the hard won victories of the pioneers of his own school and allow himself to be swallowed up in a school whose watchcry is "regular," but whose practice is as erratic as any comet that ever wandered from its course. No, no my old chum, let us as a great medical school, and one that has found well deserved favor from the people, let us never repudiate our name nor our principles, but hold fast that is good and not fall victims of this latest wile of the enemy. Let us prove our remedies according to the methods of Hahnemann and of the Law and let us apply them according to these methods. Let us at all times meet our allopathic brethren in kindness, for they be good fellows, but let us keep to our own wigwams.

T. L. BRADFORD, M. D.

**ABIES NIGRA.***(Black Spruce—Coniferæ.)*

A genus including the firs and spruces.

By E. Fornias, M. D.

**Nervous System.**

MIND.—Low-spirited, hypochondriasis.

DISORDERS OF SENSATION.—Sensation of something sticking in the œsophagus towards the lower end; continual distressing feeling about the stomach, as if everything was knotted up; *sensation as of an undigested hard-boiled egg in the stomach*; pain in the stomach after a hearty meal; pain in the heart.

**Vegetative System.**

DISORDERS OF DIGESTION.—Loss of appetite in the morning, craving for food at noon, and very hungry and wakeful at night; belching, acrid eructations and frequent vomiting of food; constipation.

DISORDERS OF RESPIRATION AND CIRCULATION.—Shortness of breath; heavy, slow beating of the heart, attended with sharp, cutting pains.

**Relationship.**

Compare *Nux vom.* and *Pulsatilla*, which have weight as from a stone in the epigastrium; < in the morning and after meals, the latter > by eating again. *Cinchona*, which has a feeling as of a lump in mid-sternum, as though food were lying there; also its cognate, *Abies Canadensis*, which has been used in *dyspepsia* with gnawing, hungry, faint feeling at the epigastrium, especially if the patient craves coarse food. The abnormal feelings of these drugs are all located higher up than in *Abies nigra*.

**Therapeutics.**

*Abies nigra* has been successfully used in *gastric troubles*. The keynote of the drug in these affections are the *feeling of sticking, constriction*, or of a hard pressure in the stomach, which, added to the low-spiritedness, constipation, eructations vomiting of food, shortness of breath, etc., gives us a perfect picture of those gastric derangements brought about by excesses at the table. It has done more good in those cases of *dyspepsia* which do not seem to be relieved by abstinence from any particular food, but by a strict diet.

## ABROTANUM.

(Southern Wood—Compositæ.)

**Nervous System.**

MIND.—Cross, depressed, very peevish (child); anxious, depressed; feeble, dull.

DISORDERS OF SENSATION.—(Local.) As if *stomach* were hanging or swimming in water, with coldness; pains in the *stomach* of a cutting, gnawing, burning character, < at night; pain *across the chest*, sharp and severe in the region of the heart; pressing sensation in *affected lung*, impeding free breathing; pains in *sacrum* (hæmorrhoidal colic). (General.) Lame and sore; numbness (spinal trouble); aching, coldness, deadness, pricking, stinging, itching, gnawing, drawing, darting, tearing, cutting, sticking, scraping, pressing, soreness, rawness, dryness, burning, hanging or swimming.

DISORDERS OF MOTION.—Weak and prostrated; trembling when excited; inability to move (back and limbs sore and lame); partial paralysis, spine affected.

**Vegetative System.**

DISORDERS OF NUTRITION.—*Atrophy; imperfect assimilation; emaciation; face wrinkled as if old (marasmus); skin flabby, hangs loose; enlargement of mesenteric glands, they are felt as hard lumps in different parts of abdomen; acidity; chlorosis infantile hydrocele; gout in wrist and ankles.*

DISORDERS OF DIGESTION.—Acid, slimy taste; *ravenous appetite, all the while emaciating; weak, sinking feeling in the stomach; food passes undigested; distended abdomen; alternate diarrhoea and constipation; hæmorrhoids.*

RESPIRATION AND CIRCULATION.—Difficult breathing; cough; *cold air causes raw feeling in the lungs; pulse weak and small; ebullitions, with general heat and distended veins on forehead and hands; nosebleed with boys.*

**Relationship.**

*Abrotanum* follows well *Aconite* and *Bryonia* in pleurisy, and *Hepar* in furunculus. It agrees with *Nux vom.* and *Agaricus*. Compare with *Magnesia carb.*, *Calcarea carb.*, *China*, *Jodium*, *Lycopodium*, *Silica*, *Psorinum* and *Sulphur* in marasmus and other states of imperfect nutrition. *Artemisia abrotanum* is botanically related to *Arnica*, *Cina*, *Chamomilla*, *Artemisia absinthium*, *Mil-*

*lefolium*, *Eupatorium perf.*, *Eupatorium purp.* and *Taraxacum*, and bears many points of resemblance symptomatically with some of them.

### Therapeutics.

By the totality of the symptoms of this remedy we are led to think that better results should have been obtained from its use. The records, at least, are meagre. Lilienthal recommends *Abrotanum* in *infantile atrophy* and *rheumatism*, and Hering in *gastralgia*, *hæmorrhoidal colic*, *pleurisy*, *chlorosis* and *hydrocele of children*. The student's attention is called to the diversity of abnormal feelings produced by this drug, of which *numbness* seems the most prominent. Farrington asserts that it is suited to suddenly-appearing cases of *spinal inflammation* and to *chronic myelitis*. There are sudden aching pains in the back, which are relieved by motion (*Rhus tox.*), and numbness and paralysis. It is especially called for in rheumatic patients. *Artemisia abrotanum* has been employed by the old school as a tonic, stimulant, vulnerary and vermifuge.

## ABSINTHIUM.

(*Wormwood—Compositæ.*)

### Nervous System.

MIND AND SENSORIUM.—Exhilaration followed by delirium; the patient walks about in distress, seeing all sorts of visions. Terrifying hallucinations; violent, insane; stupor alternating with dangerous violence; psycho-motor impulses; vertigo on rising; giddiness; momentary unconsciousness; disturbing dreams.

DISORDERS OF SENSATION.—Numbness; stomach feels cold and oppressed; pain in the limbs; pain in spleen, feels as if swollen; headache

DISORDERS OF MOTION —Trembling in the limbs; *spasms*, *epileptiform*, occurring in rapid succession; jaws firmly fixed; makes grimaces; bites the tongue, which is thick and protruding, can scarcely talk; tongue trembles, seems paralyzed; opi-thotonos; grinding of the teeth, followed by stupor; *paralysis of the inner organs*; *peculiar contractions of the muscles of the lips and face*; physical prostration.

### Vegetative System.

DISORDERS OF NUTRITION.—*Emaciation*; food lies heavy, as if not much would be assimilated; nausea and vomiting in the morn-

ing; *portal obstruction*, with constipation and hæmorrhoids; hyperæmia of brain, medulla and spine; *chlorosis*.

### Relationship.

Its collaterals are *Artemisia vulg.* and *Abrotanum*, and its concordances *Alcohol*, *Belladonna*, *Chamomilla*, *Hyoscyamus* and *Stramonium*. It should be compared with *Cina*, *Chamomilla* and *Artemisia*, remedies of the same order. *Cina* and *Chamomilla* have relief from moving about, *Artemisia* has only the desire to do so, while under *Absinthium* the patient is obliged to walk about. Lasting effects of its abuse are much worse than those from alcohol, opium or tobacco.

### Therapeutics.

*Absinthium*, acting as it does on the brain, medulla and spine, should be considered in many conditions in which these centres are involved, but its employment clinically has, up to the present time, been indifferently successful. Farrington recommends *Absinthium* in the *sleeplessness* of *typhoid fever*, when there is congestion at the base of the brain. French physicians have employed it in *dementia paralytica* and in *delirium tremens*. I obtained positive results with this remedy in a case of *habit spasm*, with peculiar drawings in the muscles of the lips and face, which interfered somewhat with speech. It is important to bear in mind that we may meet in practice with cases due to its abuse as an appetizer, and that this appetizer is not a tincture but a bitter liquor made from the volatile oil of the plant, which contains its aromatic virtues and produces a diseased condition like *alcoholism*, called *absinthism*, consisting of a series of severe symptoms, such as frightful hallucinations, peculiar contractions of the muscles of the lips and face, trembling in the limbs, numbness, emaciation, physical prostration, giddiness, headache, active delirium, dementia and paralysis, frequently resulting in death. *Wormwood* is placed by the old school among the gastric tonics, cardiac stimulants and anthelmintics.

## ACIDUM ACETICUM.

(*Acetic Acid—Vinegar.*)

### Nervous System.

MIND AND SENSORIUM.—(1) *Irritability of temper (Nux v.)*; anxiety; grieves about his illness and family; dull and low-spirited; delirium, with abdominal distension and constipation

(*Rhus*, with diarrhœa); alternate stupor and delirium. (2) Vertigo with heavy head, as if drunk; anxious, with wild expression of countenance.

DISORDERS OF SENSATION.—*Headache* (from abuse of tobacco, opium, coffee or alcohol); burning pains in stomach and chest; *colicky pain*, with rumbling in the bowels; sensation of lameness in wrists and hands; lessened sensibility of the lower limbs, or on the whole surface of the body; burning in inner and outer parts.

### Vegetative System.

DISORDERS OF NUTRITION.—Disturbed metabolism; *great emaciation*, wasting away; *anasarca and dropsical effusion*, with great thirst (*Ars.*; *Apis*, without thirst); skin pale and waxen (*Sep.*); face pale, waxen, emaciated; *anæmia*; chlorosis; *hectic fever*; diabetes; *fibrinous exudation* in the lining membrane of the larynx and trachea; *false membrane developed in the eye*, dense, yellow, white, tough, closely adherent (*Kali bichr.*, membrane more easily detached); glandular swellings; broad, flat condylomata; diseased cuticle separates in flakes.

DISORDERS OF SECRETION.—Waterbrash and salivation (during pregnancy); *liquid, undigested stools*, with swelling of the legs and feet; milk retained, threatening *mammary abscesses*; *milk impoverished*, bluish, transparent, of strong taste and odor, deficient in caseine and fat; *pale urine* in large quantities; *urine deep orange colored*, of strong smell, like horse's urine; *profuse sweating*; *night-sweats*.

DISORDERS OF DIGESTION.—Contents of the stomach feel as if in a ferment; *violent burning pain* in the stomach (*Ars.*) and chest (*Sulph.*), with cold skin and cold sweat on the forehead; *no thirst* with fever (*Puls.*), but great thirst with dropsy (*Ars.*); *hot eructations*, heat in the stomach; *nausea and retching*; *vomiting* after every meal, with great thirst; *colicky pains*, with rumbling in the bowels, followed by diarrhœa; *diarrhœa of phthisis*, stools liquid, undigested, with œdematous swelling of the legs and feet; *constipation*, with tympanites and stupor.

RESPIRATION AND CIRCULATION.—(1) Hurried and laborious breathing (from obstruction); hissing, rattling in throat; *croup-like sound with each inspiration*; dry cough; dyspnœa. (2) Pulse accelerated and small, contracted, very weak and small; *hæmorrhages* from nose, lungs, stomach, bowels and uterus; profuse hæmorrhoidal bleeding.

CALORIFICATION. — Skin cold; febrile heat with dry skin (*Acon.*); *profuse sweating*; flushes of heat, increasing the sweat (*Sep.*); burning in inner and outer parts (*Sulph.*); *hectic fever*, with cough, dyspnœa, night-sweats, diarrhœa, œdema and emaciation.

### Relationship.

*Acetic acid* antidotes *Acon.*, *Asar.*, *Coffea*, *Euphorb.*, *Hepar*, *Ignat.*, *Opium*, *Stram.*, *Tabac.* and *Alcohol*. It is also an antidote to all anæsthetic vapors. It is inimical to *Borax*, *Caust.*, *Nux v.*, *Ran. bulb.* and *Sarsap.* when given after them. Symptoms of *Bell.*, *Merc.* and *Lach.* are < by it. Follows well after *China* in *hæmorrhages*. Large doses of *Acetic acid* are best counteracted by *Magnesia* or *lime-water*, a teaspoonful in a cup of water taken in sips. Compare with *Rhus* in *tympanites with delirium*, but later has diarrhœa instead of constipation; with *Apis* and *Ars.* in *dropsical effusions*, but *Apis* has no thirst, while *Ars.*, like *Acetic acid*, has great thirst; with *Acon.* and *Sepia* in disorders of *calorification*; with *Silica* in *hectic fever*; with *Kali bichr.* in *fibrinous exudation* in the *larynx*, and also in *membranous formation* on the eye, which in *Acetic acid* is not so easily detached; and with *Ars.*, *Phos.*, *Ferr.*, *China*, *Apis*, *Jod.* and *Kali jod.* in *leukæmia*.

### Therapeutics.

*Acetic acid* when taken internally in large or continued doses, even when diluted, is very poisonous. *It acts on the stomach and its functions*, inducing gastric pains and irritability, colic, anorexia, and eventual emaciation and cachexia. In the cachectic state it produces we find the *blood altered*, especially increase of the white corpuscles, and this altered condition of the blood probably explains the *dyspnœa* and *hæmorrhages*, with hyperplasia of the adenoid tissue. From time immemorial it has been used as an *anti-fat*, usually with injurious results, and the careful study of its pathogenesis leads us, certainly, to infer that it acts with no slight power, both on the adipose and lymphogenic tissues of the body, *disturbing metabolism* and producing *general emaciation*, with *anasarca* or *dropsical effusion (lymphogenic diathesis)*, a perfect picture of *lymphatic leukæmia*, in which disease I have found this drug to act beneficially. The *Acidum dilutum*, which contains 30 per cent. of the pure acid, is given in 50 min. doses in water moderately sweetened, or in raspberry vinegar, aided by the wet packing with acidulated water, the inhalation of oxygen and

careful dieting. Its clinical history embraces the treatment of *croup*, *phthisis*, *gastro-intestinal troubles*, *cancer*, *hæmorrhages*, and *putrid*, *typhoid* and *hectic fevers*, but it is in *dropsy*, and particularly in *ascites*, where it has gained its best reputation. Our lamented Farrington has well asserted that it was an undeservedly neglected remedy in *dropsy*, where it rivals *Apis* and *Arsenicum*. The indications in *ascites* are alabaster appearance of the skin, great thirst, sour belching, diarrhœa and dyspnœa. Almost always there is gastric disturbance present. In *typhoid* and *other types of low fever* it is indicated when there is dry, hot skin and constipation during the first stage, followed by meteorism, rumbling in the bowels, profuse sweating, weakening diarrhœa and stupor interrupted by delirious talking. In *malarial cachexia* with large abdomen, waxy skin, sour stomach, profuse sweat and profuse, thin stools it has often proved beneficial. Old School continues its use as a soothing and refrigerant agent in *febrile* and *inflammatory affections*, claiming that it quenches the thirst, calms the vascular excitement, re-establishes the function of the skin and restores the action of the kidneys. I have seen cold vinegar and water(8-10) locally diminish heat and allay pain, and it is frequently of value to arrest *uterine hæmorrhages* when applied over the pubes. It has also been used in *phthisis*, applied to chest and upper body to allay the profuse perspiration. It is agreeable and refreshing to fever patients to have their bodies sponged with *diluted Acetic acid*, and in so doing we attain two great objects, namely, the lowering of the temperature and the disinfecting of the skin. Scudamore's mixture for these purposes is composed of one part of vinegar, one of Eau de Cologne and two of water. During desquamation in *scarlatina* sponging with *diluted aromatic vinegar* twice a day is vastly superior to inunction, which blocks up the mouth of the glands and prevents the egress of poisonous matter from the blood. When so applied it becomes, moreover, a powerful disinfectant and deodorant, depriving the infectious scurf of its danger and emitting, by the oxidation of the contained essential oils, ozone. In *chloasma*, lotions of *diluted Acetic acid* serve in softening, detaching and removing the diseased epidermis. *Acetic acid* as a narcotic antidote has been discarded, but in poisoning by the alkalis it is a safe and efficient remedy. Vinegar has also been used as an antidote for intoxication.

*Philadelphia, Pa.*

## WHEN DOCTORS DISAGREE TRUTH MAY HAVE A CHANCE.

By E. D. McIntyre, M. D.

When one stops to think about it, old school medical theories hang together much like the renowned rope of sand. No better illustration of the chaotic condition of their teachings could well be imagined than the statements of the leading men in the school, comparing one with another. A few months ago Dr. Klebs, of this city, came out with what was probably a paid advertisement in the form of a letter in a Chicago paper, stating that tuberculosis is always caused by the tubercle bacillus, that no case is tuberculosis unless these lively little scavengers are found, or teaching to that effect. We read in *The Medical Record* of July 29, 1905, page 166, a paper by Henry P. Loomis, M. D., of New York, whose opportunities for investigating this disease are, perhaps, as great as any man in America, in which he says: "The analysis also showed that three and one-third months was the average time that elapsed from the actual beginning of the disease, as estimated from the history of physical examination and the first time tubercle bacilli were found in the sputum. The presence in the sputum of tubercle bacilli is not by any means an early development in my estimation."

Here are two shining lights in Allopathy giving views that to the thinking mind express diametrically opposite ideas. The one teaching that the bacillus is the sole cause of the disease, and the other that they are not present until the disease has been manifest for three and one-third months. It is not at all unlikely that Dr. Loomis, with all his experience, would be greatly shocked should he by accident ever discover exactly what he has been teaching. He would make strenuous denials that he ever taught that *the bacillus is a result rather than the cause* of tuberculosis. But how shall we or he escape the accusation? He says they are not present, or at least not discoverable in the sputum, until the patient has had the disease three and a third months. What other mode has he of ascertaining their presence? And if they cannot be discovered why should anyone maintain that they are present? And if they are not present prior to the appearance of the disease how can they be the cause?

In all probability there are very few people in the large cities whose sputum would not show numerous bacilli, at times at least, if frequent microscopical examinations were made for the purpose of finding them. But only a fraction of them ever contract tuberculosis. If the bacillus is the cause, *per se*, why do not all contract the disease, since all are daily inhaling the germs? If they are not present for "three and a third months" after the disease develops, who shall say that they are not scavengers and hence rather conservers of life than otherwise? In October of this year, when returning from the Pacific coast, I contracted a cold which resulted in a very severe attack of bronchitis with considerable expectoration. I went to my office every day, and doubtless inhaled great numbers of bacilli. I dare say that had a microscopical examination been made any evening when I returned home, it would have shown tubercle bacilli, because they could live for a time in the diseased secretions of my throat. But this is not saying that they would be any evidence that I had or ever will have tuberculosis. I said that they could live for a time in those secretions, but they could not live in the healthy secretions of my body. But if from any cause my vital forces had been reduced until those secretions had lost their power to protect, then they might live in the system. But this is very far from saying that the germ is the cause of any disease, because the decrease of vital power is ahead of the germ.

It would seem reasonable that vital force or dynamis must have some very important relation to both health and disease, since this is the agent that controls every function of the body; that presides over nutrition and development from the moment of conception until the individual passes to the great beyond; that during the entire life prevents decay; in short, that constitutes the only difference between the living and the dead. Now, there has never been a microscope invented that can discover to us this vital principle. This being true, we must conclude that the successful treatment of the sick can never depend on this instrument, and so far as assisting us in the treatment of our patients, it is and must remain absolutely useless.

This vital principle being so minute as to defy all attempts to discover it, and at the same time so important to every tissue of the body, and all scientific treatment being from necessity directed to it, what an absurdity it is to administer large doses of from two to half a dozen crude drugs, either in alternation or a mixture,

each of which is given for its supposed action on some organ or tissue of the body, when the sick body, like the well one, is a unit and sick all through.

This brings to mind a paper read before the Neurological Section of the International Congress of Arts and Science at the Universal Exposition at St. Louis, by James Jackson Putnam, M. D., of Harvard University, and published in "American Medicine," December 17, 1904, page 1051, under the title "The Value of the Physiological Principle in the Study of Neurology." After speaking of the well-known teachings of Virchow, that all disease is localized, and of necessity ought to be susceptible of expression in some sort of anatomical terms, Dr. Putnam says: "And yet, in spite of all that has been accomplished, there are abundant reasons for the opinion that the very successes of the anatomical principle have thrown unduly into the shade the claims of another mode of approaching the problem of disease, without the aid of which anatomical research must prove inadequate to the task which has been imposed upon it. \* \* \* The faint-heartedness which most of us have felt in searching for an anatomical explanation of the great neuroses and psychoses has not been simply a quailing at difficulties which were theoretically surmountable, but has been due in part to a justifiable suspicion that we were not altogether on the right track. \* \* \* If the study of symptoms does not carry us to the heart of the disease, neither does the anatomical study of the disease carry us to the heart of the symptoms. In fact, a thorough inventory of the symptoms, that is, an inventory of the signs of disordered functions of the body, as a whole, can often tell us more of what we wish to know than an inventory of anatomical signs of altered structure. No anatomical research can pierce the secret of broken co-ordination, and yet it is in these that a great part of disease begins, or comes eventually to consist. No anatomical research can help us to estimate the margin of resistance against strain, and yet in the estimation of this margin, for each individual patient, issues depend which are of scientific and practical importance. \* \* \* The signs of readjustment constitute, in fact, all that we can really learn in the study of disease, for the disease process, considered as independent of them, is an abstraction without an existence."

How strangely familiar this all sounds. Permit me to quote from an old book, a book much older than Dr. James Jackson

Putnam, so that we may make some comparisons which are odious to many. "An unbiased observer, though of unequalled sagacity, impressed with the futility of transcendental speculation unsupported by experience, observes in each individual disease only what is outwardly discernible through the senses, viz., changes in the sensorial condition (health) of the body and soul—*morbid signs or symptoms*. In other words, he observes deviations from the previous healthy condition of the patient, felt by him, and recognized upon him by his attendants, and observed upon him by the physician. All of these observable signs together represent the disease in its full extent; that is, they constitute together the true and only conceivable form of disease" *Organon*, Sec. 6.

If Dr. Putnam is not more careful he will get into deep water. His teaching is dangerously near that of Hahnemann, and that which every student of physiology must recognize as true. Symptoms are manifestations of some incoordination of vital force; and since vital force is never local there can be no such thing as a purely local disease, the late Prof. Virchow to the contrary notwithstanding.

His teachings and those of all his followers, including the germ theorists, logically lead to one of three conclusions, viz.: (1) They mistake the effects for the cause; (2) They mistake the effects for both cause and effect; or (3) They are in the anomalous position of believing in effect not preceded by a cause. They never seem to realize that when they find pathological changes they must have been the result of some preceding influence; and, consequently, with their crude and materialistic ideas and training, they very naturally overlook the important fact that all disease begins in incoördination of vital force; and hence may not be weighed, measured, handled or seen by any means at the command of man.

When old school doctors disagree some of them may, in their ignorance, agree with scientific medicine.

For several years it has been a shocking strain on the code of ethics among allopaths (and many so-called homœopaths) in this country to disagree with any old thing that has sprung up in the minds of some one in Vienna, Paris or any other place in Europe. If some fellow with several initials after his name and living across the water said so, no questions were asked about it, and no one would dare to see any absurdities, however plenty they might be.

But as the herd follows the belled wether, so they follow the European teachings. But lately a few brave spirits like Dr. Putnam have dared to disagree with some fool fads. In this way the papers to which I have called attention are somewhat useful.

*Chicago.*

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## AN UNINTENTIONAL PROVING OF ARSENICUM ALBUM.

By Albert E. Hinsdale, M. D.

Last summer I had under my observation a man presenting the following history: Age 37; married; employed in a pottery, being known as a "dipper." The "dipper" is one who dips or immerses the various pieces of pottery in the glazing fluid, which gives to the pottery after being heated the white glaze seen on all dishes. This particular part in the procedure of making dishes requires a man of great dexterity, and several years of apprenticeship are required before a full-fledged "dipper" can be made.

The ingredients of the glazing fluid are more or less of a secret, but the fluid contains among other things a large percentage of Arsenic, with traces of Cobalt, Potash, etc. The amount of Arsenic is so much in excess of the other constituents that practically the fluid is simply a strong solution of Arsenic. The man had been working with his hands in the material so long and had absorbed so much Arsenic that he presented almost a perfect picture of chronic *Arsenicum* poisoning.

He was so greatly affected by the drug that he could work only for about two months at a time, when he would have to stop work for a corresponding length of time. The case under observation presented the following symptoms, and even a mere novice in *Materia Medica* could not help but recognize the perfect arsenical picture:

Skin white and waxy; burning pain in stomach, with frequent attacks of vomiting; patient very "nervous," as he expressed it; restlessness to a marked degree; burning pains in various parts of the body; patient thin and anæmic, rather cachectic looking; all of the symptoms worse at night; has had frequent attacks of diarrhœa, with burning pain; intense sciatica, worse at night; difficulty in obtaining sleep, and when asleep disturbed with bad

dreams; jerking and starting in sleep; complains of almost constant thirst.

I report this case not to show the effects of treatment, for he has never been treated regularly by a physician, but only to show the effects of what might be called an unintentional proving of *Arsenicum*, and how closely the symptoms correspond to those given in our *Materia Medica*s.

*Ann Arbor, Mich.*

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## THE LILIACEÆ.

By C. M. Boger, M. D.

Today we take up some of the drugs belonging to the natural order of Liliaceæ, which, as you know, is largely composed of bulbous plants and is closely related botanically, chemically and pathogenetically to the Araceæ, many of which are corms or solid bulbs. Many of the plants in these two orders contain acrid, irritating, volatile principles quite similar in their chemical compositions. Compounds of Sulphur with the radicle Allyl are present in the garlic, leek and onion, as well as in mustard, horse-radish and shepherd's purse of the Cruciferæ, and Asafœtida, which belongs to the Umbelliferæ.

From the sub-order Melanthaceæ we obtain *Colchicum*, the *Veratrums* and *Sabadilla*. Pathogenetically the former and the latter of these have the most considerable number of points of contact with the lilies proper.

For study we divide them into associated groups led by their respective types.

The Catarrhal Group.—CEPA: *Scilla*, *Allium sativa*, *Allium porrum*.

The Genito-Urinary Group.—LILIUM TIG.: *Helonias*, *Trillium p.*, *Asparagus*.

The Gastro-Intestinal Group.—ALOE: *Scilla*, *Yucca*, *Lil. tig.*

### *Allium cepa*.

This is the common red onion, popularly associated with the shedding of tears. A tendency to much lachrymation is truly characteristic of its action in many diverse conditions, mostly, however, when associated with a catarrhal process somewhere. It is preëminently the case in coryzas, acute colds, laryugitis and

coughs where the weepiness is so pronounced that tears are apt to flow copiously with every sneeze or cough; but in spite of their profuseness they remain entirely bland, while the coryzal discharge is intensely irritating and chafes the wings of the nose. In children, whose skins are more tender than those of adults, it often also excoriates and reddens the upper lip in a streak from the nose to the mouth. This is an ordinary type of cold and common enough, particularly during the prevalence of damp east winds or drizzling rains; it also often follows getting the feet damp. Usually it comes on with a creeping chilliness, drowsiness, much sneezing and suffused eyes, and may be the forerunner of serious lung trouble. For everyday colds tradition hands us this remedy from the earliest times; when they involve the chest the same authority proclaims the efficacy of onion poultices. The laity has, of course, not always chosen the remedy wisely, but then physicians have been known to make the same mistake, and have had the discomfiture of witnessing an improvement in their patient only after the application of some domestic remedy. Such applications of the law, crude though they be, are often very effectual and should leave their impress on the professional mind oftener than they do—but this is digressing. In this class of cases *Gelsemium* and *Cepa* compete sharply; both have drowsiness, acrid coryza, sneezing and bland lachrymation; the former, however, pictures a more intense muscular prostration, especially as shown by the weak knees and drooping eyelids; the flow of tears is also somewhat less profuse than when *Cepa* is indicated. The sense of stuffiness induced by these *Cepa* colds causes the patient to crave the open air, where the sneezing is also better, but immediately returns on entering a warm room. Most of these symptoms are worse in the evening.

When the larynx is attacked there is often a tearing, splitting pain on coughing, which compels the patient to grasp the part for relief. The cough itself is excited by a tickling about the vocal organs or by inhaling cold air through the open mouth, like *Rumex*, which is the prince of remedies when this symptom is present.

Coryza recurring at the same time every year is a pathogenetic effect making you think of hay fever, and it has actually cured just such cases when the modalities and concomitants confirmed the choice.

Many of the above symptoms will remind you of *Pulsatilla*, but

the weeping of this changeable remedy, so aptly termed Wind Flower, generally has a mental cause.

The flatulence caused by eating onions is proverbial, and in infantile flatulent colic you will do well to keep it in mind, especially when drowsiness is present between the attacks.

It is a valuable remedy in neuralgias, particularly when of traumatic origin. In ciliary neuralgia the eye feels as if it would be torn out, and the pain is worse from winking. Neuralgia of the stump, etc. The pains are often described as being "as fine as a thread;" you will at once grasp what this implies. In otalgia the pains extend from other parts to, and concentrate in, the ear; *Manganum* has the same symptom.

When *Cepa* helps, but seems insufficient, *Phosphorus* comes in as a complementary remedy and completes the cure. This seems strange, as phosphorus is one the constituents of the onion.

Bad breath caused by eating onions may be dispelled by eating coffee or parsley.

*Allium sativum*, or garlic, emits the most acrimonious smell of all the onion tribe. Its use as a condiment is well nigh universal; many races eat it freely with their meals. The ancient Greeks detested it, and to the English its odor is repulsive. It has been successfully used in some nervous complaints, hysteria, asthma and whooping-cough, in all of which it is to be compared with *Asafetida*.

The leek, *Allium porrum*, is curative when the skin is excoriated, hence for chapped hands, etc.; while the onion has been found of use for chafed heels.

We have for review then the cardinal symptoms.

Profuse secretions—Acrid coryza, with profuse, bland lachrymation (reverse, *Euphrasia*); profuse urine and diarrhœa.

Somnolency—In colds; irresistible after meals.

Flatulence—Wind colic; diarrhœa.

Neuralgias—Principally of traumatic origin, with pains "as fine as a thread."

Agg.—Damp, cold wind; getting feet damp; in a warm room.

Amel.—Open air.

Complementary.—*Phosphorus*.

## SOME COMMENTS.

Editor of HOMŒOPATHIC RECORDER.

*My Dear Sir:* I am always pleased when the RECORDER comes; was not only pleased by the discussion on the "Principles of Home Prescribing," but amused.

Is Dr. Boger connected with the Chicago University?

No! no! Dr. Boger, you do not look for keynotes in a patient; the notes you look for in a patient are not keynotes, but notes of various potencies (vxc, etc., etc.) and of a greenish or jaundiced hue. Higher potencies (m) have been found on Missouri legislators.

It is pleasing that Dr. von der Goltz has recognized the facts that "the lesser cannot contain the greater," and that "the tail does not wag the dog," when he says: "We shall not decide between the differences of Homœopathy and Biochemistry, or ever recognize their existence." Now, doctor, go back and sit down with the homœopathic boys, but please don't keep quiet, let all hear from you often.

And now for a proving, an unintentional proving, of *Cochlearia armoracea*, horse-radish, der meerrettig. The only work mentioning it in my library is the "Cherokee Physician," where it is rated as "Stimulant, tonic and diuretic. Used in gravel, weak digestion, as a local stimulant in rheumatism, in asthma, obstructed menses, palsy of tongue or mouth."

Who has not eaten it grated in vinegar, or in the finest shavings, as the English use it, or grated and cooked in milk with suppen-fleisch, as is the wont of the Germans, but who has used it steeped in gin? I have, to my sorrow. Married in 1872, in May. Soon after I was in a great hurry to get home, found myself in profuse perspiration, sat by the window where the South wind fanned me and cooled me, retired, next morning my left ear itched, tried to raise left arm, couldn't, would not move. Ah! paralyzed? No, deltoid rheumatism. Let it alone for a few days; my wife suggested a remedy, "Horse-radish and Gin;" horse-radish is good, gin is good, two good things; she got the horse-radish, I the gin; in long slivers it was passed into the bottle of "Old Tom" and allowed to stand for twenty-four hours; then wineglass doses morning, noon and night.

First morning, first glass; oh! that's not half bad. Second glass, somewhat stimulating. Third glass, you haven't been doing

anything to the stuff? My, but its heaps stronger. Second morning, first glass went down with burning, smarting and shuddering. Second glass, nearly strangled, but down it went with a few ughs. Third glass, down it went with horrors, shaking, inward trembling and nausea, and a lot of disjointed conversation, easily omitted. In a few days jaundice set in, stools nearly white, my saliva was yellow, a question asked would be answered some minutes after, a certain figure in the carpet would rivet my gaze for an hour, as if it had hypnotized me. Attended to business in a sluggish sort of way, too sluggish to resent remarks, such as "that feller has yaller janders." My friends jokingly remarked that they had never known marriage to affect anyone so. It was not so funny to me, for I well knew that I had an undivided interest in a case of "icterus-gastro-duodenitis," which still haunts me. As I write to-night am only partially recovered from an attack, resulting from an indiscretion in diet and too long exposure to a cold breeze when too thinly clad. It seems to me possible and very probable that alcohol can render very dangerous certain elements of vegetable matter that the intestinal juices do not set free.

*Fayetteville, Ark.,*

*R. F. D. No. 2.*

Very respectfully,

J. S. READ, M. D.

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### WHAT IS THE REMEDY?

Case of Mrs. X.; aged 31; married six months; tall, spare; nervous temperament.

History.—Father, mother, two sisters and brother living; all delicate and nervous. Mother invalid and bedridden for twelve years with nervousness, insomnia, dyspepsia and constipation. Patient first menstruated at 15, regular and normal, until an attack of measles when 19; then flow occurred every two weeks and became scant. After vaccination at 24 had a violent outbreak of eczema, which was finally *cured* by external medication. Since then flow regular, but scant, dark, preceded by oversensitiveness of breasts and pain and soreness in ovaries, especially the left. Great nervousness, insomnia and headache now appear. Noise, talking and jars become unbearable. Flow now lasts forty-eight hours, and as it subsides headache, insomnia and prostration increase rapidly to an alarming degree; face assumes a livid hue and looks pinched; eyes glassy; constant sensation of being

floated away on a river; appetite, which was good throughout, now becomes ravenous. Patient now complains of intense soreness in abdomen and aching all over back, bed feels too hard; changes position frequently. The most remarkable phenomena now occur, for example: Suddenly and without premonition a state of true dysentery develops; stools frequent, copious, bloody and mucoid, followed by great straining. This subsides upon treatment, and all at once violent pains in kidneys set in; urine turbid, loaded with blood, mucus, and showing 3 per cent. sugar. This, after some hours, suddenly ceases, and now the headache becomes terrific; noise and jar unbearable; worse in occiput and over left side of head; violent pressure in small spots, constantly changing location, worse lying on left side. Tongue, which had up to here been clean, assumes a lead color, with continued good appetite. The sensation of floating away, leaden paralyzed feeling in all limbs, utmost prostration, heavy soreness in abdomen now reach their highest pitch and remain for a number of days, when gradually these symptoms abate, and until the next period patient enjoys reasonably good health.

A careful examination has disclosed no organic lesions of ovaries or uterus, and treatment by a great number of prominent physicians of the old school, treatment by electricity and finally by three homœopathists have failed to relieve the patient, though some slight improvement followed the latter. Does it not seem that, due to the imperfect discharge and retention of menstrual flow, there occurs each month a case of blood-poisoning, pyæmia? And what suggestions may I have to cure my patient?

L. E. R.

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#### TO THE MEDICAL PROFESSION.

*Gentlemen:*—Regarding a recent notice that appeared in one of our medical journals stating that I had given up the practice of otology for that of ophthalmology, I would like to explain the error.

The exact state of the case is this: I have for the last few years devoted some attention to diseases of the ear, and had expected to make an exclusive specialty in this line. As a side issue I have been greatly interested in the subject of metabolism and nutrition with their attendant disorders. Therefore, for this reason, together with my work on "Uricacidæmia," published a few years

ago, as well as other published writings of the same character, I have become more identified with this subject than that line which I had expected to follow.

Hence, I have concluded to discontinue ear work and in the future devote my time and labors exclusively to disorders of metabolism and nutrition.

Yours very truly,

PERRY DICKIE, M. D.

17 Schermerhorn St., Brooklyn, N. Y.

December 18, 1905.

### NEW, OLD AND FORGOTTEN REMEDIES.

E. P. ANSHUTZ, Editor.

*My Dear Sir:* I inwardly thank you every time I take up "New, Old and Fogotten Remedies."

There is a plentiful lack of information in our literature (so far as I have been able to examine) on the subjects, cramps in the feet and legs of the aged; also, ptomaine poisoning.

Could you get some of your wise ones to furnish the RECORDER with a few articles on the subjects? I would rise up and call you blessed, and so, I believe, would many others.

Very respectfully,

J. S. READ, M. D.

### BAKER'S SYLLABUS.

November 8th, 1905.

W. F. BAKER, M. D.

PHILADELPHIA, PA.

*My Dear Doctor:* On October 25th your letter came to me, but until to-day the Syllabus came not. The letter came to my office, the little book to the college, and until this morning I did not know of its arrival.

I wish to thank you for it, and to say that I have never seen questions that so thoroughly went into a subject and were at the same time so fair in every sense of the word. When a man has done his work well he can find his reward in being able to know he knows it by these questions.

While I am Professor of Physical Diagnosis I am not teaching it. Dr. C. C. Reid, Instructor in Physical Diagnosis, has taken the work, as I wished to have my entire teaching time on Diseases of the Lungs. I will show him the book, but I want it for my own use. So if you hear from him you will know why.

I wish it were possible for me to get back for a little visit to Philadelphia and again be in Old Hahnemann. When I was there Bartlett was an absorber of knowledge, and a good one too, and now he gives it out. I have not seen him since I left, in March, 1877. I hope when the Institute meets in Atlantic City next year to have a day or two in Philadelphia and to see some of the friends of my youth. I met Prof. Pemberton Dudley in Chicago last June, and Dr. J. H. McClelland, who was Professor of Surgery when I was there, and it did me good to see them.

Thanking you again and hoping to meet you sometime, I am,  
Sincerely yours,

WALTER M. DAKE.

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ANN ARBOR, November 28, 1905.

BOERICKE & TAFEL, Philadelphia, Pa.

*Dear Sirs:* The one-tenth drug power of *Copaiva off.*, which you so kindly made for our especial benefit, has been received and we thank you very much for it.

We have four provers taking the drug with good results to date. A prover's table has been established, by the Board of Regents, at the University Hospital, so we are able to diet our provers.

Again thanking you, I am,

Very truly yours,

CLAUD A. BURRETT.

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## THE TREATMENT OF CANCER BY ITS OWN TOXINES.\*

By P. J. McCourt, M. D., New York.

The progressive and rapid increase in the death rate of carcinoma in this and other countries has directed the earnest attention of the profession to the study of this neoplasm. However much we may differ regarding its ætiology or pathogenesis, there is a

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\*Read before the Section on Obstetrics and Gynæcology of the New York Academy of Medicine.

perfect consensus of opinion on one point, viz., our best efforts must be put forth to lessen its mortality. Thus far our only reliance has been on the knife, but its use is too often delayed until it is powerless to save. This delay may be attributed to one of, or all, four leading causes: (1) Mistakes in early diagnosis. (2) Cancer and concealment are, not infrequently, synonymous terms; its victims having a well-founded suspicion of personal uncleanness, too often conceal evidences of their malady until concealment is no longer possible. (3) Dread of the knife and doubts of its efficacy—doubts shared, we must acknowledge, by not a few in the profession—serve to postpone seasonable operation. (4) A large proportion of carcinomatous patients are retained in the care of general practitioners until expert hands can afford little if any aid.

If early diagnosis of cancer were followed by opportune operation we might not be called upon to witness so many untimely deaths from the disease. This contention could be urged with still greater force were it not for the fact, apparent to us all, that even early operation by skilled hands has its limitations and frequently fails to confer more than a temporary relief. No reflection is here implied upon the utility of the knife. An operation may be early—as early as it is attainable—yet not opportune. Few will deny the utility of the knife except those who have not learned how to use it.

After a review of the history of cancer, an attentive study of the disease in its many aspects, and a consideration of nearly all the remedial measures—surgical, medical and irrational—that have been employed for its relief, this conviction is forced upon me: if any real advance is to be made in controlling its ravages we must seek that advance in a modification of the serum treatment. If we can produce a serum, or its equivalent, that will answer all the requirements of science, that is free alike from extraneous elements and injurious effects, and especially one exactly adapted to the conditions of each patient, we may, I believe, hope for results that will yield a fair degree of satisfaction. But a serum or antitoxin that fulfills these just requirements has never yet been produced for any form of any disease. Serums and antitoxins, as usually prepared, are crude or unclean, inert or poisonous, and have done more harm than good. It is neither essential nor scientific to poison a patient because he is ill, and our first, our pre-eminent duty, is to do no harm.

In view of these considerations, I was led to prepare, working along new lines, what may, for convenience, be termed a serum for cancer, entirely free from the objections noted, and modified so as to meet the indications of each individual case. And I am fully convinced that in no other way can we elevate serum-therapeutics to its true level, nor reclaim it from the borderland of conjecture.

For the primary serum I select a typical case of undoubted, recurrent carcinoma, otherwise in good health and free from obvious complications. The ulcerated surface is cleaned and washed, without the use of antiseptics; sterilized dressings are applied to the part for at least forty-eight hours, and the virus is then collected by curetting the surface with a sharp spoon curette at the point of discharge. The detritus and a portion of the cancer-juice thus collected are added to a known weight of purest vegetable glycerin, again weighed, and thoroughly triturated in a new and clean glass mortar. From this triturate the clear serum is obtained by means of a separatory specially devised for the purpose. The various degrees of attenuation required for individual as well as for general use are obtained by successive triturations with pure vegetable glycerin.

In the sixth triturate, after separation, micro-organisms are not found, but that triturate is highly toxic and unfit for use. Hence the active agent in this antitoxin, when reduced to medicinal strength, is not cultured germs, but attenuated carcinomatous ptomaines or alkaloids. By repeated subdivision and attenuation the toxines become antitoxins.

No antiseptic or other substances than those named should be allowed to come in contact either with the ulcerated surface or the portion removed from it, else the vitality of the serum may be impaired or destroyed. Alcohol, being inimical to many animal viruses and also a coagulant of albumins and colloids, must not be employed in any step of the preparation. Even mixture with animal glycerin of standard purity has rendered the serum inert.

Distinct serums are thus prepared from epithelioma of various parts, from adeno-carcinoma, and also from the different varieties of sarcoma, especially the more malignant.

During this study and investigation careful consideration has been given to complex viruses in the cancer patient. Simple cancer, *per se*, is a rare disease, if, indeed, it can be truly said to exist.

It is usually associated with one or more other viruses, either hereditary or adventitious, which serve as a basis for its development. A cancer serum will fail in its purpose unless it includes the associated virus. Thus it has been found that when cancer co-existed with tuberculosis, the former showed marked improvement under serum treatment, while the patient subsequently died from the latter condition. Hence, when either scrofula, tuberculosis, syphilis—transmitted or acquired—or even recurrent erysipelas is coincident with cancer, we must treat the patient, and not merely the local manifestations of a general cachexia. These complex viruses should be obtained from positive sources and their exhibition carefully differentiated; since their value is attested by clinical experience. Owing to this necessity for accurate diagnosis and careful differentiation, it is apparent that these antitoxins can never be administered except with the advice of a physician and under his constant supervision.

Up to the present time a large number of distinct serums have been made and tested for medicinal energy. Of these, one-third were discarded, and the remainder, of recognized qualities, numbering forty-five, were carefully classified.

Dosage varies with the stage of the disease and with the constitution and tolerance of the patient. Of the attenuation selected for a given case, the dose is about five minims, in water, administered when the stomach is empty, thrice, twice, or once, daily, for a week or a month. So soon as improvement is observed, or when critical or toxic symptoms supervene, the intervals between doses should be lengthened and a weaker solution substituted. Toxic symptoms will rarely follow a correct selection and proper strength of the preparation, which is non-toxic to the smallest animals. But a critical erythema, closely resembling erysipelas, may appear during the first month of treatment. This eruption is confined to infected parts and to regions adjacent, and subsides in about a week, to be followed by general improvement. Subcutaneous dosage of this or of any other material has proven irritating, mischievous and valueless. We are all aware that traumatism is a chief exciting cause of carcinoma; and it will not surprise us to find that the parts punctured present new foci of infection and extension of the disease. But undoubted benefit has been derived from topical application of the antitoxin in pure alcohol.

A strict regimen and absolute abstinence must be enjoined.

Should the patient drink even a single glass of beer he is likely thereby to neutralize the treatment of an entire month.

For some time past I have been treating carcinomatous patients by means of these antitoxins. Most of the cases thus treated were recurrent, inoperable and hopeless. A considerable number were referred to me by the public hospitals of this city, more especially by the Post-Graduate Medical School and Hospital, the Skin and Cancer Hospital and the City Hospital. To the faculties and medical staffs of these institutions I am indebted for many courtesies, and I tender them here my sincere thanks.

Some of the results obtained from this treatment of cancer have been encouraging. In a preliminary paper, like the present, I prefer not to dwell upon these results. Meantime, it may be stated that in a large majority of cases, even in the last stages, the antitoxin has subdued pain, promoted sleep, improved the appetite and general health, and retarded the progress of the disease, I make no claims; I put forward only this statement of facts. All else is deferred to the judgment of the profession, from whose decision there will be no appeal.

223 West Twenty-third Street, New York.

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## HOMŒOPATHIC LITERATURE.

The seeker after homœopathic culture will find obstacles in his course. One of the most serious difficulties lies in the fact that many of the choicest and most valuable gems of homœopathic literature are all but inaccessible to the majority. They are buried in books which are scarce and out of print, in rare and almost forgotten journals, in pamphlets and untranslated foreign archives. With few exceptions, they are privately owned. It is a standing reproach to the homœopathic school that it has so long suffered the works of many of its best men to remain scattered through its periodical literature, treasured only by the few who know of their existence, and who have been wise enough and fortunate enough to search them out and secure them. What nuggets of pure gold are contained in the old *American Homœopathic Review*, in the early volumes of the *North American Journal of Homœopathy*, the *Philadelphia Homœopathic Journal*, the *American Journal of Homœopathic Materia Medica*, the *Medical Investigator*, the *American Homœopathic Observer*, the *Homœopathic Physician*, the *Medical*

*Advance*, the *Organon*, the first fifteen volumes of the *Hahnemannian Monthly*, and many others, to say nothing of the many volumes of early homœopathic books published from 1836 to 1860, most of which are long out of print and scarce. Of inestimable value to the cause would it be if a classified collection of the most valuable articles which have appeared in periodicals were to be made, edited by competent hands and republished in permanent form as a Library of Homœopathic Classics. Many of the authors' names would be unknown to the present generation, but their works, when thus made accessible, would help to rear and adorn the great homœopathic temple of learning, and give the contemporary profession a new sense of the unity and dignity of the school.

Fortunate, indeed, are the men of today who possess all or any of these works in their original form, and appreciate them at their true worth. May they be moved to share them with their less fortunate brethren.

Thanks to the wisdom and foresight and generous spirit of two noble men of our school, these treasures are not entirely beyond the reach of any determined seeker. At least two great collections of homœopathic books, periodicals and pamphlets exist in the United States, both nearly complete. One of these is a monument to the life-long industry and devotion of the late Dr. Henry M. Smith, of New York. The other results largely from the enthusiastic labors of Dr. T. L. Bradford, of Philadelphia. The former was bequeathed by Dr. Smith to the New York Public Library, Astor-Tilden-Lenox Foundation, now building, where it will eventually be housed and placed within the reach of all students. The latter constitutes the library of Hahnemann Medical College of Philadelphia, under the fostering care of Dr. Bradford as librarian.—*Dr. Stuart Close in Medical Advance.*

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## SILICA—A PRACTICAL STUDY.

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

GENERAL.—Hempel says of *Silica*: "The drug is ranked by Hahnemann among the antispotics. We have provings of *Silica* instituted with the 30th potency; whether such provings are reliable your own better judgment may decide. To me it seems an absolute farce to exhibit an interminable list of symptoms obtained

by such means as the genuine and reliable effects of the drug. The use of *Silica* has been determined empirically as much as by positive experimentation. Its chief action seems to be upon the cellular, mucous, lymphatic and osseous systems. Upon all these systems it exerts a depressing and disorganizing function. The organic reaction against small doses would, therefore, be characterized by an increase in functional activity in these tissues. Hence, we have a right to expect good results from the use of *Silica* in inflammatory conditions of the lymphatic vessels, of the glands, bones and cellular tissue, and in all those disorganizations to which such inflammatory conditions may lead.”

Hahnemann, to whose investigative genius the drug is due, used it in the 30th, and particularly commends it when the following symptoms appear:

Headache from nape to vertex, preventing sleep at night.

Daily headache, tearing, with heat in the forehead, during the forenoon.

Daily headache from morning to evening with a feeling as of a weight pressing out of the forehead.

Head-sweat in the evening.

Black spots floating before the eyes.

Lachrymation in the open air.

Agglutinative ulceration of the eyes.

Deafness.

Epistaxis.

Troublesome sensation of dryness in the nose.

Anosmia.

Agoustia.

Continual nausea and vomiting.

Great thirst.

Aversion to meat.

Pressure in the stomach.

Painfulness in the stomach-pit from pressure.

Clutching pains in the stomach-pit.

Pressure in the stomach of years' duration.

Incarceration of flatulence.

Increased sexual desire.

Excessive or too frequent sneezing.

Chronic stoppage of the nose.

Coryza with stoppage of the nose.

Pressure on the chest.

Sacral pain; sacral pain on touching the bone.  
 Arms go to sleep when resting on the table or when crossed.  
 Cold feet.  
 Foot-sweat; coldness; stench.  
 Catches cold easily when the feet are uncovered.  
 Many dreams; every night; anxious dreams.  
 Night-sweat; sour, offensive, strong odor.  
*Silica* is antidoted by *Hepar*.

Schuessler, the biochemist, says: "*Silica* is a component part of the connective tissue, the epidermis, the hair and the nails (but does not enter into the composition of bone). The effect attributed to it upon brain, spinal marrow and nerves must be referred to the connective tissue covering of the nerve fibers. A functional disturbance of the *Silica* molecules causes a swelling of the corresponding complex of connective tissue cells. This swelling may remain stationary for some time, and then end in resolution or suppuration. Whitlow, furuncles, suppuration of glands and joints, deep-seated suppuration of the cornea, etc., all fall within the sphere of *Silica*. *Silica* cures also suppurations which have their origin in the connective tissue scaffolding (periosteum) of the bones. Therefore, it has been improperly called a bone remedy."

Teste remarks of *Silica*: "The drug corresponds to chronic diseases, which in the acute stadium are met by *Pulsatilla*. The congestion to the head, especially the right temple or vertex; daily headache; photophobia, lachrymation; agoustia; aversion to fats, with an oily or rancid taste; catarrhs of the respiratory tract; swelling of the right side of the nape and neck; rheumatism of the right shoulder, in the back, in the sacrum; limbs go to sleep; affections of the nails; suppressed menses, with palpitation; bloating of the lower abdomen, etc. *Silica* symptoms differ from *Pulsatilla* in being more continued, deep and persistent. Thus, *Pulsatilla* mucosal secretions easily become purulent under *Silica*. *Silica* also presents two phenomena, which, in varying degree, belong to most energetic drugs, viz.: (1) A sort of internal weakness, with a bulimic desire to restore the strength. (2) Nervous crises, more or less peculiar, which seem to be associated with this sensation of weakness. At all events, it appears to me that coincidence between bulimia and nervous crises is one of the surer indications of *Silica*. Differentially, *Silica* has thirst, and its symptoms are worse in the morning on waking, while *Pulsatilla* has no thirst and is aggravated in the afternoon and evening."

So far Hahnemann, Hempel, Schuessler and Teste. If the old school knew there was such a drug and had anything to say concerning it, the sum of their knowledge also would be exhibited.

Introductory to a study of the drug, it may be stated, not as a personal discovery of fact (although the marvel of it invests the phenomenon with the charm of discovery), but as an additional confirmation of a fact known to the ancients of Homœopathy, that the 200th potency of *Calcareo carbonica*, *Natrum muriaticum*, *Phosphorus*, *Silica* or *Sulphur* is a positive, deep, curative dynamid. The list might be extended from personal experience or medical literature, but the student may rest assured that where these drugs are indicated the 200th will act surely. The 200th also is pathogenic. The author by a few doses of *Silica* 200 can, with the feet in normal condition, cause the characteristic excoriation between the toes to appear, and, when it appears naturally, *i. e.*, systemically, as it is apt to do at intervals of four to six months, it is peremptorily checked by *Silica* 200. When the drug is not taken (experimentally the trouble has been allowed to continue) the excoriation persists and extends.

The philosophy of the action of this potency in producing or curing such a condition is as mysterious as the vitality upon which it acts, but the limitations of science are facts, not theories. Serviceable dilutions of *Silica* range from the 6th to the 1,000th.

Five great modalities of *Silica* are:

1. Better from warmth and summer.
2. Worse from cold, the approach of winter and winter.
3. Worse before or during a storm.
4. Worse from nerve stimuli.
5. Worse in the morning.

The interminable symptomatology of which Hempel complains, and upon which he casts a certain reflection, is necessarily common to all polychrests, affecting, as they do, persons of all grades of sensitivity and all regions of the body. The value of many of these symptoms, *per se*, is minimal; of some, nil; but, when to the great modal characteristics of a drug we are able to add confirmatory minutiae, the work is more exact and satisfying, and in many cases where two drugs might almost parallel one another in a case, *e. g.*, *Phosphorus* and *Sulphur*, these symptoms become essential to a decision. Of all the realms of science, the path leading through the Homœopathic Materia Medica is least of all a royal one, and oftentimes much resembles the rocky road to Dublin,

possessing, nevertheless, an interest and fascination for certain-minded travelers.

*Silica* is indicated in fundamental disorders of assimilation and metabolism, especially in adults (cf., *Calcareo carbonica* in children). There is lack of animal heat, always chilly, even when exercising. It is suitable to nervous, irritable individuals of a sanguine temperament (*Calcareo carb.*, leuco-phlegmatic) and scrofulous diathesis; the physical and psychical irritability is based upon the imperfect powers of assimilation, with a consequent toxæmia. The drug is as hypersensitive to nervous stimuli as *Coffea*, *Chamomilla*, *Hepar* or *Nux*; the tissues are tender and the least touch aggravates; the special senses are over-alert, and jars or vibrations painfully affect the encephalon and spine; but hypersensitivity is not the governing indication; the five great modalities of *Silica* must be the basis of the homœopathic prescription. These govern this profoundly-acting drug, and are the supporting columns of its architecture. The *Silica* patient may have a clear complexion, the skin fine and dry, the muscles weak and relaxed, and, to reiterate, the vital warmth is so minimal that even when exercising the patient must keep warmly clad. Children are pot-bellied, weak-ankled, with much head-sweat, often offensive (*Calcareo*, sour) at night. *Silica* seems to be dissecting in some instances, *e. g.*, where small foreign bodies are lodged in the skin or larynx it suppurates them out. Where tubercular deposits have become isolated, walled in, in phthisical lungs, *Silica* should be avoided, as here it will let the animals loose again.

**SLEEP.**—Drowsy, but unable to sleep (*Belladonna*). Frightful visions, and many anxious dreams, with crying, talking, starting as if frightened. Somnambulism (*Phosphorus*, *Natrum mur.*, *Opium*).

**SKIN.**—Painfully sensitive. Itching of the whole body, frequently creeping or pricking.

**MIND.**—Yielding, pusillanimous (*Silica* is the chronic of *Pulsatilla*) or obstinate and headstrong, especially in children. The *Silica* patient may mentally show lack of "grit," or may be exceedingly "gritty," full of "sand." Neurasthenia, brain-fag (*Picric acid*, no *self*-assertion; *Silica* shows more of the *nil desperandum* spirit).

**HEAD AND FACE.**—Headache of nervous character, mostly supra-orbital, and worse over the right eye. It ascends from the nape, extends to vertex, thence to the supra-orbital region; worse

from noise, jar; better from wrapping up warmly and from free micturition. The headache may be followed by blindness (*Kali bichromicum*, *Gelsemium*, blindness precedes; *Causticum*, blindness accompanies; *Silica*, blindness follows).

*Menyanthes* is similar to *Silica*, but better from pressure than from warmth.

*Paris* similar to *Silica*, but with sensation as if the head were swollen.

*Gelsemium* has a similar headache, but with the etiology of passive congestion, worse in the morning, with stiff neck, confusion of thought, vertigo with clouded vision.

*Strontium carb.* similar to *Silica*, but, like *Platina* and *Stannum*, the pains gradually increase and decrease.

*Spigelia* settles chiefly over the left eye (*Silica*, right) and the pains begin and end with sunrise and sunset.

*Sanguinaria* pains begin more in the occiput than nape, settle over the right eye (*Silica*), and begin, increase and decrease with the course of the sun; better lying down (*Belladonna*, better sitting).

The *Silica* head is wet from sweating (sweat may be offensive; *Calcarea* apt to be sour), especially at night; likes to be wrapped up warmly.

Head-sweat, body dry (*Rhus*, body-sweat, head dry).

Chronic suppuration of the antrum Highmore, where the bones are involved.

EAR.—Stoppage of the ears, which open at times with a loud report; difficult hearing of the human voice (cf., *Phosphorus*; *Ignatia*, the reverse).

RESPIRATORY TRACT.—Cough, with thick, yellow, lumpy, purulent, profuse expectoration, sometimes greenish; expulsion of small, yellow, very offensive lumps (microscopically often found to be *leptothrix bucallis* vel pharyngis).

GUSTATORY AND DIGESTIVE TRACT.—Sensation of hair on fore part of tongue (on the back part, *Kali bichromicum*, *Natrum mur.*).

Aversion to warm food, boiled food, to meat (which is undigested).

Constipation predominant; stool scanty, or of hard lumps, light in color; expulsion difficult, as from inactivity of the rectum; when partly expelled the stool sneaks back again—the "bashful" stool.

SEXUAL ORGANS.—Intermenstrual bleeding (with other *Silica* symptoms; cf., *Ambra*, *Bovista*, *Calcarea carbonica*, *Lycopodium*, *Ustilago*).

BACK.—Furuncles, carbuncles, lipomata on the nape (*Silica* has specific relation to the nape).

LIMBS.—Foot-sweat, with rawness between the toes or a bad odor; complaints from checking foot-sweat.

BEDSIDE OBSERVATIONS.—Left facial neuralgia (chronic), appearing before and with the menses, worse by cold water in the mouth.

Torpid inflammations of connective tissue.

Psoriasis diffusa et inveterata (cf., *Kali arsenicosum*).

Chronic occipital neuralgia from nape to the right posterior auricular region, throbbing in character, better from pressure and warmth, worse from draught or uncovering.

Neurasthenics with tormenting pains in the occiput and nape muscles.

Exceedingly sensitive to pain or external stimuli (*Coffea*, *China*, *Conium*, *Hepar*, *Nitric acid*).

Painless swelling and induration of glands, sometimes with troublesome itching.

Worm affections of scrofulous persons.

Children learn to walk difficultly (cf., *Baryta carb.*, *Calcarea carb.*, *Calcarea phos.*, *Calcarea hypophos.*).

Ailments following vaccination, as abscesses, etc., even convulsions (cf., *Thuja*).

Epilepsy starting from the solar plexus, worse at the full or new moon, and aggravated by any mental or emotional strain.

The *Silica* patient is better from the suggestive influence of magnetism, electricity, hypnotism (cf., *Phosphorus*).

### Comparisons.

SILICA.	CALCAREA CARBONICA.
Dreams of thieves, water, business, etc.	Dreams of dead people.
Vertigo, inclining to fall forward.	Vertigo, inclining to fall backwards or sideways.
Bitter vomit.	Vomit generally sour.
Menses generally too late ( <i>Pulsatilla</i> ).	Menses generally too soon.
Leucorrhœa acrid.	Leucorrhœa mild.
Worse in cold, dry air.	Worse in cold, damp air.
Oversensitive to pain.	Rarely oversensitive.

## SILICA.

Scars painful, break open.  
 Ulcers better from warmth.  
 Heat with aversion to uncover.  
 Constipation.  
 Lameness in lower limbs.  
 Predominantly worse in dry weather.  
 Predominantly better from wrapping up.

## SILICA.

Increased bodily irritability.  
  
 Dry, cutaneous eruptions.  
 Ulcers with watery, herpetic discharge, sometimes granulating, or with local sensation of coldness.  
 Better from continued moderate motion.

With both remedies the warmth of the bed relieves.

## SILICA.

Hypersensitive; increased bodily irritability.  
 Right-sided.  
 Painful eruptions, ulcers.  
 Menses generally too long.  
 Better when in company of others.  
 Predominantly worse in dry weather, in open air, from cold.  
 Predominantly better in wet weather.

Both remedies are better from radiate heat, as from a stove.

## FLUORIC ACID.

Scars redden and itch.  
 Ulcers better from cold.  
 Heat with inclination to uncover.  
 Diarrhœa.  
 Lameness in upper limbs.  
 Predominantly better in dry weather.  
 Predominantly worse from wrapping up.

## HEPAR.

Increased bodily irritability in acute cases; in chronic, often a lack of irritability.  
 Humid eruptions,  
 Ulcers with thick pus, or lardaceous.  
  
 Worse when moving, better from rest.

## SULPHUR.

Insensibility or numbness; lack of bodily irritability.  
 Left-sided.  
 Painless eruptions, ulcers.  
 Menses generally too short.  
 Worse when in company of others.  
 Predominantly better in dry weather, in open air, from cold.  
 Predominantly worse in wet weather.

This study of *Silica* is practical, largely because incomplete as regards the finer lines of the drug picture. The great *Materia Medica*s, with their extended and, possibly, as Hempel implies, supererogatory pathogeneses, are the ever fertile fields of study; not mnemonic study, but study mixed (as the great artist mixed his pigments) with brains, and here the mind accustomed to laborious thought is not particularly over-bothered by the "interminable" symptomatology.

IS "THE MOSQUITO A DISSEMINATOR OF  
MALARIA?"\*

*Gentlemen* :—These are the days of fads in all lines and the medical profession is no exception to the rule. Among the many new things offered the medical profession and theories advanced upon the etiology of disease, some of which have got just enough color of truth to attract the attention of the minds of thinking men, while others have only hypothesis for a basis of belief. Among the many fads in the medical profession to-day that have been accepted by a large per cent. of the profession is the theory advanced in the last decade that anopheles is the means of the distribution of the plasmodium of malaria. I have followed the literature of the day upon this subject and not one writer has furnished any positive evidence of his assumption, except that some investigators have found the plasmodium of malaria in the jaws of the mosquito. That this germ may be found there is quite reasonable as I shall show later on that malaria is a water-born complaint, and the mosquito a water born insect. I shall show by statistics that malaria is a water born complaint, and that it exists where it would be impossible for anopheles to exist, except where he is prepared to carry his supply of water with him in case of his migration. That malaria does exist where it is impossible for the mosquito to exist is made certain by the following facts: Quoting from the Journal of The American Medical Association, May number, page 737, of 1895, in an article by Dr. Wm. B. Quine, in which he cites forty clinical examples which occurred from November, 1894, to March, 1895, that originated in the South Side of Chicago in a densely populated portion of the city. This, too, at a time when the ground was frozen most of the time, and covered with ice and snow, and the thermometer registered as low as 10 degrees below zero. He says: "It is not known how many cases were overlooked, that only cases which furnished the best symptoms were subject to blood test and in these the blood was found teeming with the protozoa of malaria." If Miss Anopheles was responsible for all these cases of malaria she had an unpleasant time in executing her work in that inhospitable climate of Chicago during the months named.

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\* Paper read by Dr. J. Hurley before the San Bernardino Medical Society Wednesday, May 10, 1905, in San Bernardino, Cal.

I, myself, can recall many cases of malarial fever during the winter months while I practiced medicine in northern Missouri. But, that you may have reversed conditions where it would be impossible for the mosquito to exist for want of water, I refer to the U. S. Army Post, established in what was known as the Gadsden purchase, now a part of Arizona. The Post was known as Fort Braekinridge, and was situated in the foothills of the Santa Ritta Mountains, a sterile, barren country, which was selected in consequence of its being a hiding ground for savages at that early day. The water for the garrison being piped a long distance from high up in the mountains and meager in quantity. Soon after the establishment of this post the garrison was stricken with malarial fever and continued until it became necessary to abandon it.

Again, the U. S. Army Post, known as Fort Hancock, in Western Texas, was situated upon a mesa that had only grease wood on it. The water for this garrison being pumped a long distance from the Rio Grand River. This place also became uninhabitable on account of malaria.

If any other incidents were necessary to show that malarial fever does exist where mosquitoes do not and could not live, I could multiply such almost infinitesimally, but deeming what I have offered as proof positive that the mosquito is not the means of contaminating the various animals with malaria (I say animals, for the dumb brutes suffer from malaria almost as much as man), I will offer proof that malaria is a water born complaint. My mind was first called to this during the Civil War. At Fort Pike, in Louisiana, which is situated on a strait connecting Lake Pontchartrain with Lake Born, in the Marshes. The water all around is salt. The garrison depended largely upon rain water caught in cisterns and tanks, etc. While using this water there were hardly enough well men in the garrison to care for the sick ones. During one season they had a long drought in which the cistern water gave out and the garrison resorted to a condenser for water—distilled water—for domestic purposes. A short time after beginning the use of distilled water malarial fever disappeared and the health of the post was good until the cisterns re-filled from the rains when the fevers returned. While this incident is my own observation, I will refer to report of the Surgeon General of the Army for the fiscal year ending June 30th, 1890, which summarized the statistics of sickness at various military posts during the calendar year of 1889. I quote from page 37, in which

he says: "If Fort Brown, Texas, was expunged from the list of our military stations the number of cases of malarial fevers would be greatly reduced." He further says, in a report, that Fort Brown has not been abandoned, but its malarial record later on had been expunged. He says: "That during the calendar year of 1889 the Fort had admission rate for malarial diseases of 1676 cases and a no-effective rate of 38.58 per thousand of strength of the garrison. During the year of 1891 the corresponding rates were 16.13 per thousand, or near this. This change practically altered the status of Fort Brown from one of the most unhealthy posts in the United States to that of one of the most healthy garrisons in the U. S."

He further says, that: "This condition was brought about by the introduction of an ice machine which enabled the garrison to use distilled water with ice." While formerly the water supply was obtained by pumping from the Rio Grande River. At date of that report water for sewerage, etc., was still pumped into settling tanks from the river, but he attributes the extraordinary change to the use of distilled water. He says that in all other ways the sanitary condition of the post remains as it did during the years of unsalubrity.

Fort Ringold, another post on the Rio Grande River, underwent the same changes as to health when the supply of drinking water was changed from river water to that of distilled water. The Surgeon General makes mention of other garrisons that were similarly treated with the same gratifying results.

I can multiply incidents, if necessary, but will refer you to some very able statistics on this subject, viz., in *American Journal of Medical Science*, 1878, pages 17-43, where it is discussed and full statistics furnished to establish the facts (not supposition). I will also refer you to reports of the Committee on Water Supplies of the American Public Health Association. Also in the articles "Malaria and Water," in Wood's *Handbook of the Medical Sciences*.

Now, gentlemen, in all my assertions that malaria is a water born complaint, I have offered nothing that I did not back up with facts and statistics from eminent authority. That I have established the fact that malarial fevers are due to the supply of water to the animals or human beings is true.

Then the first question comes uppermost in your mind, what is the prophylaxis for it? Simply seek a pure water supply and the end is accomplished.

In closing this already long paper, I desire to give just a few incidents on this subject, one that came under my own observation in California in the year of 1886. I had occasion to visit Bakersfield, Kern county, this State. I was with the superintendent of the various irrigating canals. Among the places we visited was the head of the Kern Island canal, where he had a large number of laborers at work and a hospital tent, in which he had a number of cases of severe malarial fever of the variety known in Southeast Texas and Louisiana as Dengue. He was treating them in a routine way of his own. The men had all the typical symptoms of breakbone fever, prominent among which is an irritable stomach, vomiting, etc. The sick consisted of Americans and Mexicans. There were as many Chinamen almost as both Americans and Mexicans in the camp. After I had examined some of his cases and gave general directions as to management of the same, we went out. I observed there were no Chinamen in his hospital, and asked where his sick Chinamen were. He replied: "I have none." How do you account for that? "Well," he says, "I account for it upon the grounds that Chinamen never drink water, if they can avoid it. They always drink tea." I said that accounts for their immunity from malaria, the water is boiled that they make the tea of and thus kills the spores of malaria.

I can relate many other incidents of immunity from malaria by using boiled water, but deem what I have said sufficient to demonstrate the fact. The treatment for malaria is not one for discussion here.—*Los Angeles Medical Journal*.

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## BOOK NOTICES.

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**Refraction, Including Muscle Imbalance and the Adjustment of Glasses.** By Royal S. Copeland, A. M., M. D., Professor in the University of Michigan, and Adolph E. Ibershoff, M. D., Instructor in the University of Michigan. Octavo of 150 pages, profusely illustrated. Cloth, \$1.50. Boericke & Tafel, Philadelphia. 1906.

It has been the aim of the authors in offering this book to the profession to simplify the teachings of refraction. To this end such matters as were deemed not absolutely essential to a thorough understanding of the subject have been omitted. The subject is presented in simple language and as briefly as consistent with thoroughness and completeness, the text being systematically ar-

ranged, profusely illustrated and concisely indexed. These facts help to make this the ideal text-book on the subject of refraction.

*Refraction* is eminently a practical science and is therefore treated in a practical manner throughout, enabling the student to apply the facts and principles set forth in the text, thereby enlarging his field of remunerative usefulness. The work is original both as to text and illustrations and is thoroughly up-to-date, containing much valuable information on the most recent advances in the art of manufacturing glasses, with descriptions and illustrations of all of the more important modern, mechanical devices used in conducting a test of vision. The illustrations are especially fine and are from *original* drawings or photographs.

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**Lectures on Auto-Intoxication in Disease or Self-Poisoning of the Individual.** By Ch. Bouchard, Professor of Pathology and Therapeutics; Member of the Academy of Medicine and Physician to the Hospitals, Paris. Translated, with a Preface and New Chapters added, by Thomas Oliver, M. A., M. D., F. R. C. P., Professor of Physiology, University of Durham; Physician to the Royal Infirmary, New Castle-Upon-Tyne; Formerly Examiner in Medicine, Royal College of Physicians, London. Second Revised Edition. Crown Octavo, 342 pages. Extra Cloth. Price, \$2.00, *net*. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

This is a very useful and important work for, as is said in the preface: "Death frequently carries off in a few hours or day individuals who are in the prime of life and in apparent good health." The first edition of this book dates back to 1894, and the fact that eleven years later a new edition should be called for is evidence of its permanent value.

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**LeFever's Diagnosis.** A Manual of Physical Diagnosis, including Diseases of the Thoracic and Abdominal Organs. For Students and Physicians. By Egbert LeFever, M. D., Professor of Clinical Medicine and Therapeutics in the University and Bellevue Hospital Medical College, Attending Physician to Bellevue Hospital and to St. Luke's Hospital, New York. New (2d) edition, thoroughly revised and much enlarged. In one 12mo volume of 479 pages with 102 engravings and 6 full page

plates in black and colors. Cloth, \$2.25, *net.* Lea Brothers & Co., Publishers, Philadelphia and New York.

The rapid exhaustion of the first edition of Dr. LeFever's excellent manual furnishes very satisfactory proof of a widespread and cordial appreciation of its merits among teachers and students. The author gives his own methods of teaching the subject—methods which are the outcome of many years of successful experience. In its new edition therefore the general plan of the book is retained. Especial emphasis is laid on the altered anatomy of the organs under examination, and its relation to the physical signs. The respiratory and cardiac sounds, their production and modifications, both normal and pathological, have been discussed more fully than in most books of moderate scope, since, unless the student clearly understands how these sounds are produced, the tendency is to regard each variation from normal as indicating special disease rather than as dependent on changes in structure or function which may be present in conditions not necessarily pathological. In this way only can diagnostic values be estimated and the range and limitations of Physical Diagnosis be understood. The subject is now taught at an early period in the curricula of the medical schools, a circumstance which has made it necessary to give a brief account of the morbid changes in different organs, and of their secondary effects, both immediate and remote.

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**Neurotic Disorders of Childhood, Including a Study of Auto and Intestinal Intoxications, Chronic Anæmia, Fever, Eclampsia, Epilepsy, Migraine, Chorea, Hysteria, Asthma, etc.** By B. K. Rachford, M. D., Professor of Diseases of Children, Medical College of Ohio, University of Cincinnati; Pediatricist to the Cincinnati, Good Samaritan and Jewish Hospitals; Member of American Pediatric Society, Associate of American Physicians, etc. 8vo, 432 pages, cloth, postpaid to any address, \$2.75. E. B. Treat & Co. 1905.

It is a well-known fact that infants and children are especially predisposed to serious and complicated nervous disorders, and that this class of disease has been very little understood by the general practitioner, and has in fact not been a matter of special study by neurologists. Here these various neuroses are most ably considered by this eminent specialist.

Part I. of this book contains revisions of papers previously published in "Archives of Pediatrics" with the addition of chapters on "Gastro-Intestinal Toxæmia," "Auto-Intoxications" and "Chronic Systemic Bacterial Toxæmias."

Part II. deals with the individual neuroses. Here a careful study of the many neurotic disorders of childhood has been attempted and an endeavor made to so present the etiology, symptomatology, and treatment of these diseases that the student of medicine and the general practitioner will not only be able to better comprehend these common and little understood diseases, but will also be able to apply successful lines of treatment.

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**The Era Key to the U. S. P.;** A Complete List of the Drugs and Preparations of the United States Pharmacopœia. Eighth decennial revision (1905). Vest-pocket size; 83 pages; price, 25 cents. The Pharmaceutical Era, Publishers, 90 William St., New York.

The publishers announce a new edition of the well-known "Era Key to the U. S. P.," whose object is to further the introduction and employment of the official drugs and preparations of our National standard, the United States Pharmacopœia, the eighth revision of which is now in force. The book comes in vest-pocket size and gives in a "nut-shell" all the essential information required by the physician who desires to prescribe Pharmacopœia remedies—their official names, synonyms and constituent parts, with average doses in both metric and English systems. The idea of putting the essential information of the Pharmacopœia in so small a compass is claimed to be original with the publishers, under whose direction the little work was compiled. The busy physician will find it both helpful and suggestive in his effort to prescribe official pharmaceutical preparations.

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**The Physician's Visiting List** for 1906. Philadelphia. P. Blackiston's Son & Co.

This is the fifty-fifth year of the publication of this standard work. The dose table has been revised to conform with the last edition of the U. S. P. It is an excellent little visiting list and deservedly popular.

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## EDITORIAL BREVITIES.

A CORRECTION.—Last month the RECORDER published an article from that eminent biochemist, Eric von der Goltz, M. D. This paper was read before the New York State Homœopathic Medical Society, on September 26th, at Syracuse, and the statement of this fact was omitted in our last issue.

CALLED DOWN.—“ It must have been in a moment of petulance that the Illinois Pharmaceutical Association passed a resolution favoring ‘ such legislation as shall require the proper public officers, in case of death ensuing from disease or otherwise under medical attendance when the physician in charge has dispensed his own medicines, to issue the death certificate instead of the attending physician, as now permitted by law.’ The implication is, of course, that when a physician dispenses his own medicines he may make a mistake and poison his patient, with the further insinuation that an error of the kind is not so likely to be made by an apothecary as by a physician. But the real object of the resolution undoubtedly is to prevent curtailment of the apothecary trade, and the assumption is involved that physicians dearly cherish the privilege of issuing death certificates ”

“ Fortunately, the puerile action of the Illinois pharmacists has not met with confirmation at the hands of higher bodies in the profession of pharmacy. A similar resolution was brought before the National Association of Retail Druggists at its recent annual meeting in Boston, and was overwhelmingly voted down. The occasion was made notable by the impassioned appeal of an old and revered member against any action calculated to antagonize the medical profession. Indeed, no good can come of efforts

to create discord between the 'two great professions of medicine and pharmacy. Together they have labored in the past; in unison may they ever carry on their beneficent work.'—*New York Medical Journal*.

THE PUPIL AS A GUIDE.—An article of considerable more than ordinary value, written by Dr. George C. Moulton, of Portland, Me., and entitled "The Pupil in Health and Disease," appeared in the October number of the *Massachusetts Medical Journal*. It gives in detail a number of instances in which the contraction and dilatation of the pupil constitutes important factors in diagnosis and treatment, and in calling attention to the necessity of close observation of the pupil in poisoning and narcosis, the doctor says:

"As long as the pupils are contracted in a case of opium-poisoning we may have a fair chance to save the patient, but should we find him with dilated pupils our prognosis must be bad. When during chloroform-narcosis the pupils contract thoroughly, then we have obtained the highest degree of narcosis, and the anæsthetic may be omitted. If during the operation, through the effect of sensible irritation, the pupils begin to dilate, we must expect that the patient rouses from the narcosis, and may renew the use of Chloroform. Should, however, during uninterrupted Chloroform-inhalation, the pupils suddenly dilate, then we must consider this an unmistakable sign of beginning carbonic-acid-poisoning in consequence of imperfect respiration, which demands discontinuance of the Chloroform and obliges us to resort to artificial respiration."—*Eclectic Medical Review*.

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#### NEWS ITEMS.

Dr. G. W. Harvey has removed from Pittsville to Adin, California.

On October 1st Dr. Arschagouni opened an office at 787 Lexington Ave., between 61st and 62d Streets, New York City.

Dr. H. Worthington Paige has removed from New York City to Oneonta, Otsego Co., N. Y.

Henry E. Packer, M. D., of Greenfield, Mass., has taken up the specialty of Bright's disease and diabetes. Office hours, 10 to 12 A. M., and 1:30 to 3 P. M.

Roger W. Moister, M. D., has located at Summit, N. J., 30 Kent Place Boulevard.

Dr. L. Stanton has removed from 205 West 57th Street to 152 West 57th Street, New York City.

After January 1, 1906, the *New England Medical Gazette* will be under new management, and will be published by an association of physicians under the name of The Gazette Publishing Company of Boston, Inc. Dr. John P. Sutherland, of Boston, who served so successfully as its editor for fourteen years, will again take charge of it as editor-in-chief, with able assistants.

"Dr. Francisco Valiente T. has saved the lives of two patients of yellow fever. We hope that in future cases he will obtain identical results, which will be a great triumph for the distinguished homœopathic doctor."—*From Regoletto, Daily News of Barranquilla, Columbia, South America.*

*The Alkaloidal Clinic* has changed its name to *The American Journal of Clinical Medicine*.

Dr. Rudolph F. Rabe has removed to 56 Columbia Terrace, Weehawken, N. J.

Dr. J. Lopes Cardezo has removed from 223 Monroe Street to 25 Harryston Place (near Kingston Avenue), Brooklyn, N. Y.

Dr. E. B. Nash will be in New York City after December 1st, at 673 Madison Avenue, where he may be consulted.

Dr. and Mrs. Norton contemplate making the Grand Tour in 1906, sailing from San Francisco, June 9th, returning about October 15th.

They would like to secure the services of the same courier who accompanied them in 1904 through Sicily, Greece, Turkey, etc. In order to do so it will necessitate a party of six at least to take advantage of the special low rates offered, and they therefore desire four additional companions for the trip.

This affords an unusual opportunity for an ideal tour of the world and at a price at least \$300 less than one can do it alone.

For further particulars write to Dr. A. B. Norton, 16 West 45th Street, New York.

## PERSONAL.

The collector's work is dun, but it is rarely done.

Old as the hills, trite, but very true—never kick a dog unless you can lick his master.

No, Mary, a "baby grand" is not for the baby to play on or with.

A family tree need not necessarily be a shady one.

"Money makes the mare go," said Binks, "is true, but if you back the wrong one on the track, your money goes, too."

Since the advent of the "auto" the "leisure class" has been in a desperate hurry.

A man with a broken leg has a truly "lame excuse."

Legislatures pass bills, and, alas, so do many others.

She remarked to a friend that she was "unmarried three times."

A crank, they say, is "one who could not have done it himself."

Of the 1,891 deaths in the Japanese Navy, 1,445 were due to shipwreck by submarine mines.

"The Journal in which this article was published unfortunately died in the first year of its age."—*Exchange*.

They say that "if you give the stomach pepsin habitually, it will cease to do its share in the work."

An Iowa doctor committed suicide, so they say, because his "parish" (Kraft) was so "darned" healthy.

"*Sulphur* is the one remedy we usually give when we don't know what else to prescribe."—*Rice in Pacific Coast Journal of Homœopathy*.

**FOR SALE.** Unopposed homœopathic practice, beautiful suburban village of Rochester, Can be had for purchase of property valued at \$4800. Address, W. H. Doane, M. D., 75 Clinton Avenue, S., Rochester, N. Y.

A western firm advertises "trust-busting serum."

"Microbes are always found where there is disease. They are also found where there is no appreciable disease, and may be the result and not the cause of disease."—*Virchow*.

A thing may be unearthly, yet not heavenly.

When a man dies of "throat trouble" it may mean (in some communities) rope.

It is dead sure that you cannot be sure of anything in this world—so they say.

# THE HOMŒOPATHIC RECORDER.

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## CARICA PAPAYA, PAPAYA VULGARIS, PAPAWE, PAWPAW.

By T. L. Bradford, M. D.

In 1880 the Bureau of Materia Medica of the American Institute of Homœopathy decided upon a systematic study of *Caladium seguinum*, *Papaya vulgaris* and *Viburnum opulus*. These drugs were studied with relation to their History, Pharmacology, Toxicology, Provings, Mode of Action and Clinical Application. A sub-committee was appointed for each drug. That for *Papaya* consisted of Drs. E. M. Hale, W. H. Leonard, J. Heber Smith and L. D. Morse.

Dr. E. M. Hale instituted twenty provings of *Papaya*, but no symptoms were elicited. Dr. W. H. Leonard supplied five provings of the drug. Dr. L. D. Morse conducted one proving without results. He also instituted experiments upon dogs with varying doses and reported "the most careful watching of the animals for hours failed to bring forth any tangible symptoms."

Dr. Hale reported on the history and pharmacology of the *Papaya* as follows: "It is a tree rising erect twenty feet into the air without branches. The root is perpendicular, whitish, spongy, and of a disagreeable taste and smell. It has flowers and fruit. The fruit is oval, round, and frequently grooved, and about the size of a small musk melon. It is yellow, inclining to orange when ripe; succulent, sweet pulp, with aromatic scent. Seeds a little larger than those of mustard, have a warm taste almost like those of cresses. This tree is indigenous to this country, but is only found in the eastern part of Florida.\* It is also indigenous

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\*The species of the Pawpaw found in the Western States is the *Asimina triloba*.

to the West Indies, South America and the Islands of the Pacific. The round, scarred stem is composed of wood of a soft and spongy consistence and so fibrous as to afford material for cordage like hemp. In six months it attains the height of a man and soon after begins to flower, attaining its utmost height in six years. The palmated leaves spread out only towards the summit of the stem, and form a wide circle like an airy umbrella. Bartram, in his travels, describes it as a very graceful tree. He writes: 'The ripe and green fruit are placed round about the stem from the lowermost leaves, and upwards almost to the top. It is always green, ornamented at the same time with flowers and fruit. The fruit of the Papaw when boiled and mixed with lime juice is esteemed a wholesome sauce to fresh meat, in taste not unlike the apple. It is likewise employed as a pickle when half green, being previously soaked in salt water to get rid of the milky juice it contains, and is, when ripe, frequently preserved with sugar and sent to Europe with other tropical sweet-meats.'

'A glycerole made by allowing the milky juice to fall in glycerine has been used by Dr. Peckoldt, where Pepsin was called for, with good results.

'The collection of the milky juice can only be obtained from the unripe fruit, as it disappears on ripening, and is then only obtained in small quantities. During the cooler months it is scant and the best period to obtain it is from August to April by making incisions in the fruit while it hangs on the tree. After being plucked, a fruit yields at most only a few drops which coagulate upon the wounded spot. The milk of the green fruit on first flowing forth has a strong acid reaction, like sheep's milk, and gelatinizes even if mixed with three times its volume of water; it is colorless, astringent, faintly bitter, with a specific gravity of 1023.

'Its most active preparation is obtained by allowing the juice to drop into glycerine.

'From this is obtained a substance called Papayotin which has the effect of the pancreatic ferment, Trypsin, upon albuminoid bodies; it dissolves large quantities of fibrin.

'Regarding its medicinal properties and uses, Nuttall, the botanist writes: 'The juice of the unripe fruit, as well as the seed, acts as a powerful and efficacious vermifuge. An application of the milky sap is said to be a remedy for tetter or ringworm, and upon the coast of Malaqueth in Africa, and in the West Indies, the leaves are employed instead of soap.'

“The Papaya has the property of rendering the toughest animal substances tender, by causing a separation of the muscular fibre; even its vapor alone is said to produce this effect upon meat suspended among the leaves, and that poultry and hogs, though old, become tender in a few hours after feeding upon the leaves and fruit. This property was first described by Brown in his history of Jamaica, who remarks that meat washed in the milky juice, mixed with water, becomes in a few hours so tender that when cooked it could scarcely be taken from the spit. This statement is repeated by several writers, but no authentic account of any experiments made for the purpose of testing this singular power have reached us. It seems a little strange that none of the physicians of the West Indies, to whom this tree must be known, as well as its reputed qualities, have proved or disproved these assertions relative to its power over muscular fibres.”

Dr. Hale comments upon this as follows: “If the Papaya really possesses such power, it must consist in a dynamic force, and this force ought to be as potent to cure as to cause the peculiar pathological state of the muscular fibre.”

Rev. E. E. Reinke writes of the beliefs of the people of Jamaica regarding Papaya: “Take the healthiest horse and tie him to a Papaya tree, no matter what the length of the rope, and he rapidly loses health; his power soon fails, and if a stud horse he is rendered useless. One of these trees adjoining a large stable will render all the horses unhealthy. Its action on other animals is similar.

“It softens steel. The old mechanics in the colony, before tempering by the forge was so well understood, used to drive their brittle chisels and plane irons into the Papaya tree, and after a day or two extracted them and found them to answer all the purposes of their calling.

“With regard to tough meat, it is only necessary to wrap up your meat, of whatever kind, in a leaf of this tree for a few minutes. Or, if the tree is near, and the leaves high up, as is sometimes the case, drive a nail into the tree and hang up your meat for a few minutes. As an article of commerce, under this particular head, the juice would be the only exportable part. Children show a great partiality for the seeds of the ripe fruit. It is an excellent vermifuge. All the seeds contained, in an ordinary sized fruit (it is often as large as a very small pumpkin), if perfectly ripe and soft, will not harm a child of four or five

years. Its anthelmintic properties are more rapid in their effects if the fruit, instead of being plucked to ripen in the house, is left to ripen on the tree."

The above account by Dr. E. M. Hale was published in the transactions of the American Institute of Homœopathy for 1881. Following this was a general schema of provings of the Papaya prepared by Dr. A. C. Cowperthwait. Dr. T. F. Allen in the discussion upon Papaya said: "In regard to the action of Papaw upon meat fibre some French scientists have found, by experimenting with the plant in the *Jardin des Plantes*, that it does soften meat fibre and disintegrates muscular tissue in dead animals. Steel did not seem to be affected"

Dr. Lilienthal reported that Papayin had been used in dyspepsia.

The proving which is published below was made by Dr. Simon P. Starrett, of Anoka, Minn., in 1880-81, probably for the use of the American Institute. It was sent to the compiler by Dr. W. E. Leonard, of Minneapolis, with permission to use. It is quoted verbatim from the original in Dr. Starrett's handwriting:

ANOKA, Minn., Dec. 10, 1880.

Proving of *Papaya*, by Simon P. Starrett, M. D.; aet. thirty-four years; complexion light, florid; hair, light brown; eyes, blue (myopic); height, 5 feet, 8½ inches; weight, 170 pounds; temperament, nervous sanguine. There is vesical catarrh thought to be produced by proving *Lapis alba* nearly a year ago, and for which, to date, no relief has been sought or obtained.

The same difficulty existed previously, with the expulsion of small calculi, which *Lycop.*, 6x trit., with Rosicrucian Mineral Water, was thought to have permanently cured. At present there are no indications of stone, but merely the catarrh as mentioned.

December 10, 1880. Took six doses of pellets medicated with the 6x dil. Chilly, as if catching cold when exposed to outside air.

December 11. Took the above preparation every hour. Rode in a sleigh eighteen or twenty miles. Contracted a severe cold. Chilly all day. Nose stuffed up, more in left than right nostril. Hoarseness; irrepressible cough. Cough spasmodic, coming without warning. Just as apt to cough across the table while eating as at any other time. Toward night fully developed coryza, fluent, running as if by the teaspoonful; watery, colorless, or

limpid, bland. Not so much sediment (less catarrh) in urine as formerly. Sexual instinct depressed.

December 12, 13, 14, 15. Took remedy hourly, as on previous day. Chilly, with sensations about as before. Nasal discharge more consistent. Itching of forearms and anterior portion of thighs, but no visible eruption.

December 20. The interim developed no striking symptoms. (No medicine.) Symptoms, however, are continuous.

It was noticed from the beginning to the present time that the mental faculties were unusually active, with disposition to study. Could do more than the usual amount of mental labor, at least two-fold more; wished to sit up late at night to study. Sleep much better than usual, excellent sleep.

December 21. The itching on arms and thighs, as mentioned, is excessive and distressing, with slight diffused redness of the arms, while on the thighs there are considerable points, elevated, red, sore, and not unlike acne. Itching all over, and besides the parts just mentioned it is very noticeable on the back and between the shoulders. Burning in urethra during and after urinating, with desire to urinate a few minutes after a copious discharge. Sexual functions greatly depressed. Two emissions during the night without lewd dreams; the first awakening from sleep, the second—not. All the limbs easily go to sleep. Pricking in limbs. Wake from sleep often.

December 22. Took three ten-drop doses of the sixth dilution, fifteen minutes apart. Sleep disturbed; woke often; dream of rescuing persons from drowning and from sharks. Numbness of finger next to little finger and particularly on the side of the finger on the right hand. Erysipelas of dorsum of big toe on left foot with intolerable itching, swelling, bright rosy, or pinkish hue. Scratching or rubbing relieved. This was first felt some three or four days ago and attributed to chilblains, but on examination it was decided to be erysipelas. Chilly. Urine burns and desire to urinate just after making water continues.

December 23–28. About the same. Not as good appetite for breakfast as formerly. Sexual function continues depressed. Numbness and sleepy limbs. Erysipelas about gone. Coryza and cough about gone. During cold no pain in chest, but a slight disposition to get out of breath.

January 2, 1881. Sat up with a case of spinal meningitis in a

cold room till 1. A. M. and could not get warm by the stove till 3 A. M. 3d inst., when I went to bed. After eating dinner felt very dizzy and sick at stomach, with throbbing frontal headache. Headache increased till noon next day, going from frontal region backward and downward until the nape of the neck became rigid and ached intensely. Parietal region very painful. There were several severe cases of spinal meningitis in the place, so I thought it best to treat the severe headache. Went away from home, had my head rubbed by a healthy individual and took *Bell.* 30x every fifteen minutes for five doses which greatly relieved. While headache was passing off had lightning piercing pains travel from right side of head down to right side of right foot, traversing the entire body.

January 4. Had erections towards morning; no emissions. Dreamed the most terrible dreams of shipwreck and fire and storm. Urine growing still more scanty.

January 12. Took twenty-drop doses of 1st dilution, three or four times during the day. Nothing unusual occurred therefrom, unless it be an unusually soft mushy stool, with languor; do not want to, or feel like, doing anything. Urinary symptoms. Numbness of fingers and sexual depression continue.

January 13. Took thirty-drop doses of first dilution quite a number of times a day till I had taken in all about a drachm.

January 14. On this morning had several erections; sexual functions abnormally aroused, erections not lasting long, or seemingly due to sexual thoughts. Drowsy and languid. Do not want to exert myself. Yawning a great deal. with stretching.

January 26. Last few days have felt somewhat livelier, with irregular movements of the bowels; somewhat constipated—large, hard stool breaking asunder into balls; the latter part of the stool soft and mushy. Wind with stool. Sexual depression and the usual urinary symptoms—urgent desire just a few moments after urinating. Have to strain with first urinary effort in morning only, attended with burning, scalding pain, as if the urine was forcing through some obstruction; this being overcome passed the remainder without difficulty.

Took, at 11:45 A. M., five drops tincture in one-third glass of water, drinking the whole contents. Within fifteen minutes, while seated writing, the right leg went to sleep, pricking and tingling throughout its entire length, but most noticeable in feet, necessitating rising and moving about.

January 27. Took two doses, twenty drops of tincture, in one-third cup of water, drinking the whole about 3 P. M. While out walking had severe pain in region of kidney, running around the crest of the ilium; otherwise about the same as on previous day, perhaps more dulness of head (averse to going into society, and while there desire to get away).

January 28. Took thirty drops of tincture same as before twice during the day. A general sense of languor and malaise. Pulse all day fifteen beats slower to the minute than usual; between sixty and sixty-five per minute in a sitting posture, immediately after exercising. While watering horse at night the mere sound of the horse swallowing caused intense desire to urinate, which had at once to be attended to. Slept heavily during the night, which is uncommon. Had severe pain running from perineum to root of penis and about half way up that organ; pain like a sharp or rough body pressing its way out. Sexual organs very flaccid and lifeless. Cold and chilly, cannot keep warm except by a super-heated stove.

January 29, 9 A. M. Took twenty drops in water as before. Dull and listless; like to sit and read, which does not seem to very much increase the dull headache.

#### Schema.

HEAD.—Feel chilly, take cold very easily; dull, steady pain in forehead; very severe headache after eating popcorn and candy late the night before; worse towards evening.

LUNGS.—Shooting pains in lungs and around the heart, cutting breath sometimes. Steady pain in a small place in right lung just above the breast, which usually pains me when I have cold; have not felt it at all since I have stopped taking the remedy; cured, no doubt.

SLEEP.—Drowsy, but cannot sleep; restless at night; sleep but a few moments at a time; dream of being drowned, shot by Indians, etc.; chilly at night, require more cover than usual.

LIMBS.—Hands and feet cold; right arm and fingers become numb while asleep, particularly the little finger.

TONGUE.—Bad taste in mouth; tongue dry at night.

STOMACH.—Pain around waist; sick at stomach, worse after meals.

BACK.—Steady pain in small of back, caused, I think, by the effect on the kidneys.

EYES.—Pricking sensation in eyes; eyeballs feel dry; cannot see as well as usual.

SKIN.—Pimples on face and body; itching sensation.

MIND.—Stupid, confused feeling; inability to think quickly; easily confused; scold more than usual; feel decidedly ugly; do not like to be talked to; cannot bear to answer questions; very impatient; unusually forgetful.

PULSE.—Pulse slow and weak.

TISSUES.—Have lost flesh steadily while proving the remedy; feel weak and tired with decided lack of ambition.

The following symptoms are by a female prover: Very nervous before and during monthly sickness; feel more stupid than usual; hardly dare trust myself to do anything for fear of making some mistake; otherwise as usual. Took cold while unwell and had an attack of neuralgia in left side of face (never had neuralgia before).

At a meeting of the Philadelphia College of Pharmacy held May 31, 1901, an address was presented by Dr. Fred. B. Kilmer, entitled "The Story of the Papaw." This address was afterwards published by The Brunswick Pharmacal Company, and the following facts are taken from Dr. Kilmer's exhausting and valuable paper:

"Its milky juice will soften and dissolve tough meat. The natives hang chickens and meat in the branches of the Papaw to render the meat tender. The natives use the bark to make ropes; the fruit is edible, is used as pickles, and sugared and made into tarts and pies. The seeds are anthelmintic and emmenagogue; they are also used as a thirst quencher. Syrups, wines and elixirs made from the ripe fruit are expectorant, sedative and tonic. A malady called by the natives the 'cocoa bag' causes the victim to become a mass of offensive sores; to these sores the native doctors apply a paste made of the papaw milk and add papaw fruit to the diet drinks. Pimples accompanying the first stage of the yaws soon spread into ulcerous sores that cover the body; a slice of papaw rubbed over the pimples will abort them; ulcers may be cleaned in similar manner. A paste of papaw milk pushed into the ulcerated mass from a *chiga* burrowing into a negro's foot in forty-eight hours resulted in a clean sore. The green leaves and slices of the green fruit of the papaw are rubbed over soiled and spotted clothes, and will bleach them; it is known as melon bleach. Leaves steeped in water and this water used in washing colored

clothing causes the colors to hold. The natives of the Antilles use slices of the ripe fruit as a cosmetic, and it is said to make a beautiful complexion and remove blemishes. The Carica Papaya has different names in different localities. In Mexico it is Lochoco; in Brazil, Papai, Mameo and Mamerio; in Paraguay, Mamon and Jacarata (chakarateca); in Yucatan the uncultivated variety is called Chick Put, or little Papaya, and the cultivated is called Put. The principal use to which the Papaya and its compounds have been put is as a digestant. Under various names it has been prepared and is in use by the medical profession, taking the place of pepsin. Under the names Papoid and Caroid it has been, by several pharmaceutical firms, presented to the profession. The glucoside of the papaw is known as Caricin. An alkaloid, Carpaine, has been separated from the leaves. The Papoid has been used in solution as an application to diphtheritic membranes, and, it is claimed, with good results."

Among the various uses to which the Papaya has been put, Dr. Ohmann-Dumesnil, in an article published in the *St. Louis Medical and Surgical Journal*, February, 1900, claimed that tattoo marks could be removed by the use of a Caroid solvent.

Bouchat, in the Academy of Science of Paris, among other experiments with the Carica Papaya as a solvent of muscular tissue, skinned a frog and put it in a solution of Papaya juice. After twelve hours the animal was dead; after twenty-four hours nearly digested; after two days only the skeleton could be found, thus proving that vegetable Pepsine digests living and dead tissue.

The name Pawpaw is sometimes used instead of Papaw, but it is the same tree. The Malabar name is Papain.

It would seem that further provings of the fruit of this tree would be well worth undertaking.

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## REMARKS ABOUT ACUTE UNCOMPLICATED PLEURITIS.\*

By Jt. Lopes Cardozi, M. D., Brooklyn, N. Y.

Pleuritis, as the name implies, is an inflammation of the pleura. A few words in regard to that membrane's anatomy will not be amiss, and will tend to a better understanding of the subject.

\* Read before the Homœopathic Medical Society of the County of Kings, Brooklyn, Sept. 9th, 1905.

The pleura is a serous membrane, covering and adhering to the surface of each lung, at the root of which it reflects upon itself, passing outward, covering the costal cartilages, the inner surfaces of the ribs, and intercostal muscles. The pleura of each lung is therefore a closed sac, perfectly separate, no communication whatever existing between the two. Its inner surface is smooth, polished, and moistened by a serous fluid. In health, during the expansion of the lungs in breathing, or the extension of the ribs, or the movements of the intercostal muscles, the inner surfaces of each pleuritic sac slide over each other. But, these surfaces being smooth, polished and lubricated, no sound is produced, no pain felt, no motion interfered with. Prolonged or severe exposure to cold may affect these membranes and their serous exudation like other serous membranes are affected.

As in nasal or bronchial catarrh, so the pleuritic membrane may be thickened or altered. Instead of being smooth and polished, it becomes dull and swollen, gradually growing rough and villous.

The fluid, which, as we have said, is a watery, soft, lubricating substance, may become thicker, fibrinous, paste-like, even sometimes a purulent matter. Or, again, like in nasal catarrh, the natural secretion may stop, and we have what is called dry pleurisy, *pleuritis sicca*.

Two such dry and rough surfaces sliding over each other, as they do in the act of breathing, or in moving the chest, the arms, etc., must produce pain. Putting our ear to the chest, we must hear sounds differing from those heard in health.

The pain is intensified by a long breath, coughing, pressure, or lying on the affected side. Again, if the exudation be increased the sac will expand; the lung will be compressed, and in addition to the pain we will have dyspnoea, congestion and other signs of inflammation. Auscultation will yield sounds different from those we heard in the dry pleuritis.

Each pleura being a shut sac by itself, one or both may be affected. The fibrinous, glue-like exudation may cause adhesions, which gradually may be broke up, or remain permanent.

Hence the pains, the slight difficulty in breathing, the great sensitiveness to catarrhal affections of the lungs experienced by those who at one time were suffering with pleuritis which has not been properly cured.

We have said that exposure to severe cold is mostly the cause

of pleuritis. So *it is*, in what we call acute idiopathic pleuritis. The disease may, however, have other causes, as: fracture of the ribs, puncture wounds, etc.; this constitutes *traumatic pleuritis*. It may also be a secondary affection, the result of *pneumonia phthisis*, cancer of the chest. It may occur as a complication of inflammation of the liver (bilious pleurisy). Finally, as the tendency at the present time is to attribute every disease to bacteria, we must include that among the causes. Perhaps we should have placed this at the head of the list. It affords us at least a good excuse if we cannot trace its origin to any other cause.' So far as I know, however, the specific pleuritic bacilli are not as yet found.

The varieties of pleuritis are now easily understood.

As to its origin, we have: *bacterial*, idiopathic, traumatic and secondary pleuritis.

As to its form: unilateral, bilateral, acute. plastic, sero-fibrinous, purulent (empyema) and chronic adhesive pleuritis.

Our remarks will be confined to the acute idiopathic variety.

Let us glance over its *symptoms* and course:

The invasion is sudden, without premonition, though in certain cases some degree of pain and soreness is felt one, two or three days before the disease sets in. Generally there is a light chill, or rather repeated chills followed by fever. The latter is usually not high ( $101^{\circ}$ – $103^{\circ}$  F.); sometimes much lower. There are sharp pains in the side, mostly referred to the nipple, or else felt in the infra mammary or lower axillary region. These pains are often intense. They are increased by taking a long breath, by pressure or motion. They are catching, stitching, stinging, cutting, lancinating, often confined to one spot in the side. Respiration is impeded, difficult, accelerated and anxious, though with less oppression than in pneumonia. We notice a deficient elevation of the ribs in breathing; often there is a short, sharp cough. The pulse is quick and hard. The tongue is parched, urine scanty and high colored.

This constitutes the first stage of the disease lasting from twenty-four to forty-eight hours. In the *pleuritis sicca*, that is, without, or with very little, effusion, the disease stops here and the patient is soon well.

In other cases the second stage sets in. After one or two days an exudation or liquid effusion in the pleura takes place, which gradually increases until it has reached its highest point. The

pleura, as we have seen, is a closed sac; when the fluid accumulates in it, it enlarges and encroaches upon the space occupied by the lungs.

Consequently the lung is more and more compressed, and expansion during inspiration interfered with. This causes dyspnœa, oppression, agony and other symptoms as a result of impeded circulation and insufficient oxidation of the blood.

This condition may last from ten to fourteen days, sometimes longer.

If recovery takes place, the third stage sets in, during which period the liquid effusion is gradually absorbed, the lung restored to its normal position and the patient regains his health. This absorption may require from four to six weeks. Sometimes the effusion is only partly absorbed and cannot be any more reduced. This constitutes the chronic pleuritis, which will not be spoken of in this paper.

The *diagnosis* is easily made from the symptoms and course just described.

The disease is liable to be confounded with *pneumonia*, *pleurodynia* (a painful affection of the muscles entering into the composition of the thoracic walls) and *intercostal neuralgia*.

To differentiate between these, we should remember or observe that in

#### Differential Diagnosis.

PLEURITIS.	PNEUMONIA.
Repeated light chills.	One heavy chill.
Stitching, stinging or sharp pains.	No pain—or dull, when in bronchial tubes—or stitch-like, when at the same time the pleura is involved.
Enlargement of the thorax.	No enlargement.
Displacement of heart, lung, liver or spleen when there is a large amount of effusion.	No displacement.
If the sac be partly filled, line of flatness changes on varying the position.	Absent.
Friction sounds.	Crepitant sounds.

In *pleurodynia*, it is true, there may be a slight degree of fever; the pain in the intercostal muscles does interfere with respiration, making cough and sneezing quite painful, thus simulating the pains of pleuritis, but, the affection being of a rheumatic origin,

we will find a history of rheumatism. Again, the motions of the arms or the body will bring on the pain, more so than the inspiration will. There might be some swelling of the chest, but never any liquid effusion or the pleuritic sounds on auscultation.

In *intercostal neuralgia* we find tenderness on some isolated spaces, as follows: Behind, in a spot near the dorsal vertebræ; laterally, in one or more intercostal spaces; and anteriorly, in one or more intercostal spaces near the sternum. The tenderness is sometimes confined to a very limited space, perhaps small enough to be covered by a finger. Between the tender spots pressure or percussion is well borne. Being of a neuralgic origin, the pains may subside or be absent for a time, to be renewed or intensified at some other time. As in pleurodynia effusion and pleuritic sounds are entirely wanting.

Bearing these points in mind, the differentiation is in most cases an easy matter, unless there are complications.

*Prognosis* is favorable except in enfeebled constitutions or complicated cases, though death may occur from very abundant effusion in bilateral pleuritis or with pyæmia in the unilateral through gradual exhaustion. A few cases are on record where the effusion, having commenced a few hours after the chill, increased so rapidly that it ended fatally on the third day. In a few other cases the effusion discharged itself spontaneously, sometimes piercing through the lungs, in the bronchial tubes, or else through the thoracic walls. This spontaneous discharge does not necessarily endanger the patient's life.

**Treatment.**—If we are called from the very start, we will find the patient with a synochial fever (mostly preceded by one or more light chills); full, bounding pulse; dry, hot skin; very nervous, tossing about; perhaps dry cough; stitching pains in chest, hindering respiration; full of fear and in agony.

Our diagnosis is easy and so is the selection of the remedy. We recognize at once a picture-disease of *Aconite*. Many a case under its administration has improved so much that, with the help of some other remedy (most likely *Bry.*) following the *Acon.*, the patient was well and about in three or four days. Alas! No credit is given to us for this speedy cure. Patient, relatives and friends will insist that it was *not* pleuritis; if it were, it could not have disappeared so quickly. (This is often the luck of a good prescriber.)

Unfortunately, we are not called before the second or third day,

the impression being that the patient has only a severe cold until more alarming symptoms make their appearance. We find here a quite different condition. Instead of restless tossing about, the patient does not want to move; he dreads the least motion; he would stop breathing if he could, for every inspiration aggravates the stitching pains in the affected part; he wants to lie upon that part so as to suppress breathing on that side and give the lung on the sound side a better chance to act more freely. Patient may have a splitting headache; is nauseated and faints if he tries to sit up. He is irritable. If he be thirsty, he wants, perhaps, large quantities of water, or else he dares not take a drink though his throat is parched. Auscultation gives a friction sound, also reveals the presence of some effusion; percussion is very painful, etc.

Who does not recognize at once that *Bry.* is the remedy? *Bry.*, the enemy of *motion*, the sovereign agent for combatting inflammation of serous membranes. The preference to lie on the affected side—every symptom points to that drug. We should give it with great confidence in the results.

*Bry.* has a rival in *Kali carb.* Both have the stitching pains and many other symptoms alike. To distinguish between them we must remember that the *Bry.* stitches come on and are *aggravated* by the least motion, while those of *Kali carb.* will occur or be aggravated whether the patient moves or not. *Bry.* pains are somewhat improved by pressure, *Kali carb.* pains are not. Moreover, *Kali carb.* affects *mostly* (not exclusively) the lower right chest; its stitching pains are likely to run right through to the back; there is palpitation of the heart and a dry cough toward 3 A. M. *Kali carb.* may follow *Bry.* or replace it, according to these indications.

If there be a great accumulation of fluid, and the two drugs mentioned fail to control it or improve it any longer, we must call principally *Apis* or *Sulphur* to our assistance. The fever may have ceased; the more acute symptoms somewhat abated; the pains instead of stitching are now stinging (like a bee sting), but absorption of the fluid is too slow; there may be total absence of thirst. Studying the case further we will most likely find *Apis* to be the remedy. If this does not answer well, if we suspect some psoric condition in the system, or a lack of response to the proper chosen remedy, we should think of *Sulphur*. These are the principal remedies in uncomplicated, acute, idiopathic pleuritis.

A few others, however, may be indicated in some cases as follows:

*Phos.*—Stitches in left side, *increased* by lying on the affected side (reverse, *Bry.*); *piercing* pains; tightness across chest.

*Ran. bulb.*—Pains in chest, *stabbing*; great anxiety; dyspnœa and distress, caused partly by the accumulation of the effusion and partly by the anxiety from the pain, themselves.

*Stannum.*—Sharp, knife-like stitches beginning in left axilla, extending up into left clavicle—sometimes they extend from left side down into the abdomen; < bending forward; < from pressure and on inspiration.

*Squilla.*—Dyspnœa, with stitching pains in left side when breathing or coughing; effusion may be present or wanting; short, rattling cough, preventing sleep; inability to lie on left side; twitching of lips, which are covered with thick, yellow crusts, more on the left side; grating of the teeth.

In special cures we may consult in addition *Merc.*, *Ant. tart.*, *Rhus tox.*, etc.

The treatment of pleuro-pneumonia, chronic pleuritis or the other varieties is beyond the scope of this paper.

*External Applications.*—As for external applications, heat is certainly very agreeable and soothing. But what shall we use? Poultices are not favorably considered at present; hot salt bags are very good, but too heavy to be borne; better, therefore, is a rubber bag partly filled with hot water. In case the patient prefers to lie on the affected side, the application is still easier. The patient could rest the painful side against the hot water bag, and there is no weight on the chest. It is possible that a warm application of Antiphlogistine or Antithermoline might be of benefit, as it is claimed, though I had no opportunity to try it.

To relieve the painful respiration we could strap the affected side from spine to sternum with strips of adhesive plaster. This prevents the expansion of the lung on the affected side, and allows the other lung to breathe more freely.

Patients should assume the most comfortable position, but must keep perfectly quiet. The latter admonition perhaps is superfluous; they won't move, even if requested to do so, unless it be in the very earliest stage.

Should the amount of the effusion be great, some advise *thoracentesis* by means of an aspirator, others (Dr. Raue, etc.) claim that it seldom proved beneficial. I think it should be done only when the patient's life is in great and immediate danger; otherwise we should rely upon our carefully selected medicines, especially in the higher potencies.

For the extreme prostration or cachectic conditions after recovery we must study *Ars.*, *Calc. c.*, *Carbo veg.*, *China iod.*, *Lycop.*, *Silicea* and others.

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## NOTES ON THE THERAPEUTICS OF SEPTIC INTOXICATION.

By Homer I. Ostrom, M. D., New York.

The scientific application of any system of therapeutics must consider, in the main, two propositions: *First*, that a healthy organism, one in which phagocytism is normal, cannot be overpowered by disease, and *Second*, that the only method of determining the nature and extent of disease, is through the symptoms that are evolved by the protest of normal parts and structures, against invasion. Thus, in studying the therapeutics of septic intoxication, we deal with a "vital decrease," plus the essential pathological micro-organisms; and with the protest of nature against the toxæmia that follows, that is to say, the symptomatology.

In many respects all cases of septic toxæmia are the same, certain general symptoms and conditions serving to diagnose the disease. They all present characteristic ranges of pulse and temperature. in no respect individual. Equally similar are the gastrointestinal manifestations—I refer especially to abdominal cases—the condition of the tongue and bowels showing but slight variations.

The clinical picture of septic intoxication will furnish a basis upon which to group our remedies, for we must agree that as every manifestation of disorder proceeds from a definite and exact alteration of the organic processes, if you will, a corresponding pathology, symptoms, our sheet anchor in prescribing cannot develop save as the expression of a similar state of the system. Hence, we will first group together those remedies that are known to interfere with metabolism, to cause disintegration of the blood, and to induce the state that we have spoken of as "vital decrease."

The selection of the individual remedy will be made from this group, and is rendered necessary by that almost unknown quality, the constitution, which is the sum of all that goes to make up the

individual. The ascertaining of this, by the manner in which morbid processes are resisted, forms the basis for our differentiation of remedies, and introduces an accuracy in the "similar" system of therapeutics that is lacking in all other systems of healing.

It is obvious that the mental and nervous symptoms will be the most accurate index of the individual resistance, and these I have learned to look upon as the most trustworthy guides for the selection of the individual remedy in septic intoxication.

As I have said, the pyrexia presents little that is characteristic, but the individual remedy will be determined by the mental and nervous state. In these the constitution is shown, and it is this very factor, the constitution, that makes specifics in therapeutics an impossibility.

But the therapeutics of septic intoxication, it will be understood that I am not now speaking of the surgical treatment, which is all important, will include more than the similarly indicated remedy, we must destroy the essential cause, the micro-organism, by the use of bactericides, and local treatment, and by sustaining the system and the vital organs in their functional activity render the organism unfit to nourish the essential bacteria.

I am convinced, save in extreme cases, either late in the history, or when the initial dose has been overpowering, and by its lethal quality threatens to paralyze function, that no direct benefit follows the routine use of heart stimulants. That is to say, I do not believe that because a patient is known to be suffering from septic intoxication she must of necessity be at once dosed with *Digitalis*, *Strychnine* and like drugs. I am confident that positive harm may result from the too early use of *Digitalis*, *Strychnine*, *Nitro-glycerine* and *Adrenalin*. The heart, as the vital organ most certainly poisoned, must be carefully watched, and upon the first sign of being overtaxed, or of failure, one of these remedies, given according to the indications, but I believe it to be a mistake in therapeutics to begin the treatment of septic intoxication with the use of heart stimulants, save under the conditions that I have mentioned, an overpowering septic infection that almost as an initial condition is manifested by heart failure. And even when we have decided to begin the use of cardiac stimulants their use should exceptionally be left to the discretion of the nurse. Only just as much of either *Digitalis*, *Strychnine*, *Nitro-glycerine*, and similar remedies should be given as may be sufficient to produce

the desired effect, and the dose should not be repeated unless called for. Not only do patients differ in their susceptibility to these drugs, but the same person may differ at different times, and, therefore, each case should be watched and treated according to the indications. Let us do away with routine prescribing.

The indications that lead me to prescribe *Digitalis* as a cardiac stimulant in septic intoxication are, *first*, an irregular pulse, this irregularity being due to a weak diastole, the principal strength of the heart being its systole. *Second*, a dicrotic pulse, in which the second sound of the heart begins before the first sound has finished; both conditions indicating failure of the cardiac muscle. A *third* indication for *Digitalis* exists in the scanty urine, caused by retarded circulation due to direct action upon the arterioles of the kidneys.

The indications for *Strychnine* are quite distinct. The danger of heart failure is from overwork. The toxine expends itself on the vasomotor centres, the heart contracts violently and rapidly, and the pulse is thin and wiry.

*Adrenalin* has recently been of much service to me as a cardiac stimulant in septic intoxication. I take advantage of its primary action upon the vasomotors, and administer it for true heart failure, the respiratory centers not being affected when the pulse is feeble, irregular and intermittent. It should be given subcutaneously, and if diluted with normal salt solution the absorption is retarded and more prolonged. Frequently the cases requiring *Adrenalin* are those calling for intravenous transfusion. To the normal salt solution *Adrenalin* may be added in the proportion of 1-10,000.

*Nitroglycerine* is our most rapidly acting stimulant, but its stimulating effects are of short duration, and if continued, or given in too large doses will result in paralysis of the heart muscle. It then becomes a vasomotor dilator, the same action appearing in the heart. Therefore, *Nitroglycerine* should be reserved for cases of emergency, when a rapidly acting stimulant is required; but it should not be repeated after this effect has been obtained, and if the heart does not respond promptly its repetition is attended with danger, inasmuch as the paralyzing action may develop in the heart muscle.

The local therapeutics of septic intoxication embrace many bactericides; my own use restricts them almost entirely to *Carbolic acid* and *Iodine*, and inasmuch as I now see more gynæcological and

abdominal cases than general surgery, *Iodine* is more frequently used than *Carbolic acid*. Open wounds not involving cavities, I treat with *Creolin*, but in abdominal cases I feel great confidence in *Iodine tincture*, either dilute, injected into the cavity through the vagina or the suprapubic opening, or in the form of iodoform gauze packing. It is rather remarkable that Iodism is much more liable to follow packing with gauze than after using *Iodine* freely in the abdominal cavity, but I have frequently observed this, and explain it on the ground that in the packing the *Iodine* is retained longer in contact with the tissues and therefore the conditions for absorption are more favorable.

In selecting the dynamic, or similar remedy, we must guard against a zeal that places sole reliance upon the symptoms without regard to the pathology. The scientific knowledge of a drug will include all that there is to know about its action, and is not complete without an understanding of its effects upon tissues and structures. Therefore, the mere fact that a remedy in its proving presents a symptomatic picture that corresponds to the clinical picture of septic intoxication, does not necessarily mean that that remedy will cure the disease; we must find a pathological as well as a symptomatic similitum.

Naturally we turn to the tissue remedies, expecting to find among them pathological and symptomatic similia. We are not disappointed. In *Calcarea sulphurica* we find a most valuable remedy when septic intoxication accompanies profuse suppuration. I always think of this remedy in multiple abscesses—pyæmia. Everything turns to pus. Stitch abscesses are frequent, the pus being rather superficial, just under the skin, the discharge quickly forming a moist crust. The *Calcarea sulphurica* cases are liable to run a chronic course. The mental characteristic is one of rapidly changing moods. From great depression the patient will quickly change to lively exultation.

*Kali phosphorica* exerts a profound action on the tissues, especially the blood, which it destroys. Hæmorrhages are frequent from disintegration of the blood, and the vitality of the cellular tissues is so far reduced as to cause gangrene and sloughing. All the discharges are foul and ichorous. The nervous system is exhausted, and the pains, which are a constant feature of *Kali phosphorica*, are in paroxysms, followed by extreme prostration.

*Silicea* will always be thought of in septic intoxication when pus is suspected. It corresponds to the scrofulous diathesis, and

is especially indicated in the presence of deficient assimilation. I have upon frequent occasions expressed my disapproval of any method of treatment that has for its object the increase of pus, the "maturing of the pus focus." If remedies are capable of this action we certainly do not wish to exhibit such properties in septicæmia. The similarity of *Silicea* to the septic state resides in the fact that this tissue constituent produces a condition that is favorable to the development of septic organisms, and, therefore removes that condition, but that it causes or increases suppuration I do not credit. *Silicea*, by some action on the cellular tissue which we do not understand, may assist in circumscribing the suppurating area in shutting it off by adhesive exudate. Such action should be invited, but no justification can be found for giving a remedy that increases the very condition that all our efforts are directed against removing. The mental state of *Silicea* is exhaustion with erethism. The patient has grit, but no corresponding strength or power of accomplishment. She constantly tries to help herself, but falls back in the bed exhausted.

*Hepar sulphur.* is rarely indicated in septic intoxication, for the reason that its efficacy is most marked in the early stages of suppuration, at the very beginning of the formation of pus, before absorption can have taken place. It is the great remedy for suppuration, and when this is imminent, as shown by chills, stabbing pains, with, of course, the usual pyrexia, which is never present save as the result of infection, *Hepar sulphur.* is indicated. The characteristic symptom is extreme sensitiveness. The suppurating area is easily defined by this condition. There is also marked sensitiveness to cold air, the patient wishing to be well covered, even though perspiring. The scientific therapeutics for a suppurating focus is the scalpel, and while low potencies of *Hepar* may induce such tissue changes as to favor suppuration, and the breaking down of cells, and may place the structures in a condition for the nourishment and growth of micro-organisms, I again raise my voice against such a use of this drug as unscientific, and at variance with the findings of modern antiseptic surgery.

Possibly no remedy will be more frequently indicated according to its similar action in septic intoxication than *Arsenicum*. *Arsenious acid*—*Arsenicum*—affects most profoundly the tissues of the body, reducing their resisting powers, causing a "vital decrease," and hence favoring imperfect metabolism. It also

causes conditions similar to the intoxication induced by the septic poison, and is mentally and nervously to be differentiated by a pernicious restlessness and anguish, with local and general burning, and thirst for small quantities, frequently taken. The *Arsenic* pains are severe, and make the patient desperate and furious. The stomach shares the general irritability of this drug, and in consequence nothing can be retained, the water being vomited as soon as it becomes warm in the stomach. These symptoms will at once be recognized as very frequently presenting a picture of septic intoxication.

*Quinine* is another remedy of undoubted value in septic intoxication. It pathologically corresponds to much that we recognize as belonging to septicæmia. It affects most profoundly both the white and red blood corpuscles, arresting the amœboid movements of the former and lessening the ozonizing powers of the latter. The antiseptic properties of *Quinine* are also well established, but whether this depends upon the action of the alkaloid upon the vibrios and bacteria, or whether this result is brought about by stimulating the organic structures in such manner as to unfit them for nourishing the micro-organisms, has not been determined; certain it is that cinchona bark, and a solution of sulphate of quinine prevent molecular necrosis and control suppuration. Symptomatically a clear similitum is presented. There is first of all the peculiar nervous erethism that characterizes some cases of septic intoxication. There is great sensitiveness to noise and light, rendering the patient very irritable. I always think of *Quinine* when this is present, with a dull headache, vertigo, and ringing in the ears. Tympanitis is also marked, but this is mostly confined to the transverse colon and occurs early in the disease, showing that it is not the result of fermentation. Sleep is heavy, but the dreams are vivid, causing anxiety upon waking. Another characteristic symptom, and one that always suggests *Quinine*, is aggravation from the least current of air. The entire condition of the patient is so affected. Periodicity of symptoms will also suggest this remedy.

I have frequently found *Lachesis* indicated in septic intoxication, the characteristic pathological keynote being disintegration of the blood. The majority of tissue changes depend upon this action. There is nothing to show that *Lachesis* actually inhibits micro-organisms, but its destruction of blood tissue provides a fertile field for their growth. *Lachesis* corresponds to the form of

septic intoxication in which pus does not form a prominent feature, or in which it is entirely absent. The symptomatic indications are marked. Foremost is sensitiveness of the surface of the body. The patient, even though in a stupor, will respond to a light touch, as taking the pulse, etc. Neither will the *Lachesis* patient tolerate any compression, constantly endeavoring, even though apparently unconscious, to throw off the clothing. The mental state is that of low typhoid fever. Dry mouth, with cracked lips and bloody saliva, are further indications for *Lachesis*. The sleep symptoms of *Lachesis* are also characteristic. Sleep does not refresh, but rather aggravates. The patient may fall into a quiet, apparently restful sleep, and our hopes are aroused that it is curative, but we are disappointed, for she awakes in more suffering and with deeper delirium and with a general aggravation of her condition.

I feel that the internal use of *Carbolic acid* has been somewhat neglected in septicæmia, for I am confident that I have seen good results follow its administration in some of the milder forms of intoxication—sapræmia, if you will. It would probably be powerless in a streptococci invasion, but given in the crude form—ten drops in four ounces of water, one teaspoonful every hour or half hour—it may be relied upon to overcome the poison. As indicative concomitants, we may expect to find very marked prostration, with exhaustion almost to the point of collapse. The patient falls asleep from weariness, but wakens frequently unrefreshed.

Occasionally *Rhus radicans* will be indicated in septic intoxication. This remedy possesses the power of disintegrating the blood and, therefore, of developing a condition of "vital decrease." The watery elements of the blood are separated and there appear bullæ under the skin. There is frequently a mild delirium, which is easily controlled. The characteristic restlessness of *Rhus* is present, the patient changing position constantly in the hope of finding a comfortable place in which to lie.

*Echinacea*, one of the more recent claimants for a place among remedies for septicæmia, receives high commendation from some quarters. My personal experience with this drug has been rather limited, but from that experience I cannot speak with any enthusiasm. I have obtained very little from its use. From gathered reports it does not appear to be indicated until after pus has been evacuated, and has been provided with a free exit. Then

under its use the patient is said to improve and gain in general strength. *Echinacea* would, therefore, seem to be a remedy, not so much for the acute stage of septicæmia, as for the later stages; not so much to control the formation of pus as to overcome the toxæmia of absorption. The symptomatic indications are rather vague, the claim of *Echinacea* for exhibition resting upon its power to disintegrate the blood, and to meet the general conditions of intoxication, both of which are, however, largely derived from empirical sources.

The therapeutics of septic intoxication could be greatly increased, but, as I have remarked, the scientific application of drugs includes a similitum in pathology, as well as in symptomatology, and with this as our standard of prescribing the truly useful remedies will be comparatively few in number.

Septic intoxication is a truly lethal disease and must be attacked with all the weapons in our armory. Operative surgery holds the first place in treatment; we must reach the source of infection and remove it. Drugs and hygiene occupy the second position; with them we will seek to overcome the toxæmia and establish the normal resistance of the tissues.

42 West 48th Street.

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## THE BOOK OF THE CHILD.\*

By T. L. Bradford, M. D.

“In the treatment of the sick a drug should never be given unless specific indications for its use exist. Even under these conditions medicines should not be prescribed until every detail of hygiene and diet has been attended to. Moreover, if it is possible to obtain a therapeutic result by means of such simple non-medicinal measures as hydrotherapy, massage and exercise, it is not only superfluous, but irrational to subject the system to drug effects. The physician who prescribes small doses cannot shield himself from this criticism by retorting that the drug will not injure the patient, and, therefore, it will make no difference.

“Rational therapeutics presupposes accuracy in diagnosis.”

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\*DISEASES OF CHILDREN. A Textbook for the Use of Students and Practitioners of Medicine. By C. Sigmund Raue, M. D. Second edition. Revised, enlarged and illustrated. 8vo. 776 pages. Philadelphia: Boericke & Tafel. 1906.

It is with these careful words that Dr. C. Sigmund Raue commences Chapter III of the second edition of his efficient textbook on the Diseases of Children. In 1899 Dr. Raue gave to the profession the first edition of this valuable work, and now a second edition is demanded. This book, just issued from the press of Boericke & Tafel, is much larger than the first edition and is in very many ways more complete.

Indeed, it is an exhaustive treatise on the many ailments to which small humanity is subject, and is prepared in a careful and scholarly way, which will make it a valuable compend to everyone who has to do with these often perplexing diseases, and for it we owe Dr. Raue many thanks. For the man who devotes himself to the care and well-being of our little men and women is worthy a generous meed of praise. It is a subject neglected altogether too much by many physicians, and yet the right way to upraise a stalwart race is to attend to the well-being of the little one in his first seven years of life; to prepare by proper hygienic and medicinal measures the child for a healthy maturity. And rightly Dr. Raue has said that the hygiene should be the first in importance. For, of a surety, a child who is properly fed and clothed and cared for can be helped to a healthy manhood or womanhood, even although the grim spectres of heredity stalk about its cradle.

This book is a large octavo of 776 pages, and it is not too large, and yet in no place does there seem to be any verbosity. It is a carefully prepared textbook that will prove of great value to the student in acquiring a right knowledge of the diseases of infancy and childhood, and that will become a valuable aid to the busy doctor who wishes to obtain within one cover the best and the latest on the subject, evidently gathered from many sources of personal experience and study.

Beginning with the new-born babe the first chapter is devoted to its care—bathing, clothing, sleep, the care of the mouth, the bowels, airing, exercise. An interesting account is given of the incubator and the incubator-baby. The therapeutic measures of cold, heat, bathing, special nasal treatment, lavage, gavage, irrigation of the colon, and inunctions and massage receive due attention.

In the next chapter there are some interesting diagrams of the normal size of the head, chest, body, and of the weight of the baby at birth, at six months, at twelve and eighteen and twenty-

four months of age, together with weight charts of value. Diathesis and temperament receive the attention they deserve. Methods of taking a history of a case and of keeping proper and complete records are given. There are some twenty most valuable pages devoted to physical diagnosis illustrated by several pictures of rare diseased conditions.

The question of cow's milk and its modifications and the use of the various infant foods form an interesting section, and it is with satisfaction that one sees that Dr. Raue does not greatly favor the fad of Pasteurizing the milk, although he gives in an impartial way the opinions of certain authorities for and against that question, with directions for Pasteurizing when it is deemed essential.

The pathological conditions incident to the new-born are described, together with certain infectious diseases of that period, with their causes and treatment.

With Chapter VI, Dr. Raue takes up the intestinal tract, giving the pathology, diagnosis, prognosis and treatment of diseases of the mouth, stomach, liver and intestines. This is followed by chapters on diseases of the respiratory tract, congenital and other diseases of the heart and its membranes, diseases of the kidneys and urinary tract, diseases of the skin, blood, nervous system, and of the nose, ear and throat. An important chapter is that upon the constitutional diseases, whose introduction is upon lithæmia and the uric acid diathesis, in which the latest theories are carefully explained. Rickets, scurvy, tuberculosis, rheumatism, malnutrition are intelligently treated. In fact, a great charm about this book is the fact that whatever Dr. Raue has to say upon the pathology, diagnosis, prognosis or treatment of a disease he says plainly, simply and with no elaboration of mere words; and yet after reading up on a disease one has a clear picture of it in mind, with the up-to-date theories, the pathology, and its clinical and medicinal treatment, while the medicinal treatment given is an honest recommendation of the proper homœopathic remedies. Evidently the doctor, as should all who make a specialty of the diseases of childhood, places more dependence upon the hygienic care of the child than upon medicinal treatment with neglect of hygiene. The baby who can have proper food, clothing and intelligent attention without medicine stands a better chance to live and thrive than does the baby whose parents think that medicine is the *sine qua non*, and whose idea of the baby's well-being is in direct ratio to its dosing with drugs. It has been the fortune of the writer of this, after trying

patiently to instruct some young mother in the proper hygienic care of her baby to hear this legend from her unintelligent lips: "Doctor, aint you going to give the baby any medicine?"

One little point under diet in marasmus, that terrible disease, is here worthy of mention. On page 630 Dr. Raue writes: "Some years ago I learned that infants who could not take milk even when highly diluted, could often take it in fairly strong proportions if all the fat were removed." The cream should in some cases be taken out of the food with the result that the child begins to gain at once though losing when fed upon the cream. It is such little points as the above that will give this book value to any one who has seen enough of the treatment of babies to appreciate what fifteen puzzles they sometimes are and it may well be that this point about the cream may be the means of saving some poor little sufferer from that terrible death by wasting, that so fills the heart with pity and wish to help.

Chapter XIX, the last in the book is devoted to the acute enanthemata and, as in the other sections, of the book much attention is given to the clinical and hygienic measures recommended by the most modern writers upon the subject. It is not to be supposed that Dr. Raue neglects the homœopathic treatment, for he does not, but he subordinates it to the attention to proper care, diet and palliative measures, that so largely contribute to the success of the medical treatment. And he gives clear indications for the homœopathic remedies in a few well-chosen symptoms at the end of each disease.

The book is quite profusely illustrated. Credit is given in the preface to assistance rendered by Dr. Charles M. Thomas in the section of Diseases of the Eyes, Ears, Nose and Throat; to Dr. William B. Van Lennep for aid in the article upon Appendicitis and Intussusception, and to Dr. W. D. Bayley for suggestions regarding nervous and mental diseases.

The book is entirely rewritten from the first edition and much new matter has been added, and in its scope and practical purpose it is greatly superior to the first edition. We must congratulate Dr. Raue upon having made a real text-book, that gives evidence of original personal observation, and with also a frank presentation of the opinions of other observers, a book that will take place as one of the classics of our school.

Every time one opens this volume one finds some interesting subject, some fact to add to the knowledge so necessary in solving the perplexing problems of the treatment of children.

## PIN WORMS AND SUPPRESSION OF URINE.

By Dwarka Nath Sen.

### I. A Remedy for Pin Worms.

In my practice the action of *Teucrium mar. ver.* as a remedy for pin worms has often been verified. I have found it to act better than any other similar remedy, *Cina* not excluded. Under its use the burning, itching and creeping at the anus subside rapidly. Not only the adult worms, but the ova also, are either expelled or destroyed readily and completely, to the astonishment of both physician and patient, the symptoms disappearing in a day or two, or, at most, a fortnight in obstinate cases. I generally use the ix potency.

### II. Kali bichromicum in Suppression of Urine.

In suppression of urine, although physicians speak highly of *Cantharis*, when it is consequent upon cholera, I have found better results with *Kali bichromicum*. Formerly I, according to the suggestions of the authorities, used to give *Cantharis* first, but in most cases, the result having been unsatisfactory, took help of *Kali bichr.*, of which a dose or two, or three at the most, was sufficient to secrete the urine. Now my first medicine in such cases is *Kali bichr.*, which, as I have said, seldom fails. Where it would not produce effect the time for the urinary secretion had not yet come, and other medicines of the class would not work. I use a low potency, the third generally, sometimes the twelfth. *Chittagong, India.*

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ROCHESTER, N. Y , December 18, 1905.

The annual meeting of the Monroe County Homœopathic Medical Society was held at the Genesee Valley Club on Tuesday evening, December 12, 1905.

The society had for its guests the members of the Hahnemannian Society of this city and also Dr. John P. Sutherland, of Boston, ex-president of the American Institute of Homœopathy, and Dr. DeWitt G. Wilcox, of Buffalo. Dr. Helmuth being unable to be present.

After the usual order of business the following papers were taken up:

"A General Practitioner's Discussion of Metabolism and High Frequency Electricity," by Dr. John P. Sutherland. This was a masterly paper and showed a great deal of work. It was discussed very ably by Dr. W. W. Johnson, Dr. Bissel and Dr. Clapp.

Dr. Wilcox read a paper on "Ulcer of the Stomach," which was discussed by Drs. N. W. Collins and E. H. Wolcott.

The last paper was read by Dr. J. M. Lee, entitled "A Clinical Report to Show the Frequent Occurrence of Insanity From Diseased Appendages and That the Ultimate Safety of Other Narcosis is Much Overdrawn."

General discussion followed this paper.

The society voted to make Drs. Sutherland, Wilcox and LeSeur, of Batavia, honorary members. Dinner was served at the Genesee Valley Club.

After the annual report of the secretary and treasurer the following officers were elected: President, Llwellyn J. Sanders; Vice President, Geo. A. Bochman; Secretary and Treasurer, William Perrin; Censors, Drs. H. G. Shepard, D. B. Jewett, W. S. Rambo. Moved to adjourn.

Respectfully,

WILLIAM PERRIN.

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## EDUCATION.

Editor of the HOMŒOPATHIC RECORDER.

Your December number just in. I read with interest the article burlesquing "Man-Made Quarantine Laws" and "It Is Your Move."

Dr. Dearborn asks the question of the medical profession, "Can you solve it?"

I find fault with our present plans of education. A "schoolmarm" is not a suitable teacher for boys of any age; they should be taught by noble men (absolutely men), educated to comprehend the beautiful laws of creation so they can really "love their neighbors as themselves," and avoid all religion and superstition, theories and fashionable fads.

How many of your twelve-year-old boys and girls have learned the principles that should be taught from the decalogue, and especially that of the third, which really does not indicate profanity, but that G-o-d and g-o-o-d are synonymous, and that everything

that is created is G-o-d and g-o-o-d, and ye that take anything that is of G-o-d in vain, not for its correct use, "The Lord will not hold him or her guiltless?" Not one in hundreds of thousands comprehend it.

Our Sunday Schools are a farce; they are helps only to Church membership, not to true knowledge.

Look at Numbers, chapter xxxi, verses 17-18; Genesis, chapter xix, verses 30 to 38, and chapter xxxix; and Second Samuel, chapter xi and xiii, *et al.*; and you do not want your children to ever read these?

The private doings that I have found in school boys of twelve and fourteen years of age do not entitle them to any respect. They are worse than the negro of that age. Their parents are at fault in not having knowledge of natural laws in place of being controlled by superstitious ideas and rules.

The girl of twelve knows already how to avoid conception (or thinks she does), and converses among her classmates shamelessly about such sacred things. The boy of that age visits the haunts of iniquity; having observed his father and his uncles smoke cigarettes, cigars or a pipe, he tries it, and finds that the saloon is next in order; then the "night-hawk" and the red light row. So as to be known as "men" (?) and "smart" (?) according to the surface indication of society and church rulings

Don't you think that I do not comprehend that society, etc., desire such doings, but they wink, condone and suffer it, and it is the result of their false man-and-women-made-laws.

This is not ignorance, it is cold blooded selfish brutality. There appears to be a desire among a certain class and quite numerous, who should know and live better, to do *something abnormal* as per the 13th Commandment. Just within the danger limit, and then Sunday morning take a "Turkish" bath to perspire out some of the past week's abnormal living, and at once light a cigar, or cigarette, to commence another week of abnormal cursed living.

It is not ignorance, it is cold mental brutality inherent from living in the ruts of superstition.

The Creator is credited with making the lion, tiger, bear and vulture with dispositions to devour those more helpless, as the lambs, etc. Also endowing mankind "with a knowledge of good and evil" above that of the lower animal kingdom, and yet the male of mankind is allowed by Church and society to ruin women, the crowning piece of creation, as long as he keeps within the 13th Commandment.

The preacher, the so-called teacher, the makers of man-made-laws, the "M. D.'s"—not the real, true physician—(see the correct meaning of the word), *all* are parties to this wrong way of living. Reeking vileness is the inner character of our nation. Man-and-women-made-laws outwardly profess to *protect*, but really are ruining our youth by the millions and then laugh at them and then call them vile names.

It is nauseating in the extreme.

"Who can solve it?"

The medical profession, if they were physicians (see the correct meaning of the word), in place of only being "M. D.'s," with knowledge of natural, pure laws in place of theories and fashionable fads; then man-made-laws for selfish interests and fees would not be needed, nor the silly preaching of theology of any style, nor the lawmaker, but the pure physician, who comprehends the laws of creation and is beyond a mere "M. D." in knowledge.

Our country needs a crusade against whoredom and against the false ideas of early marriages, which considers the Creator a fool to bring a girl into womanhood, and a boy into manhood, in their teens and not make use of those naturally developed organs.

The education of a child should commence from conception, then gestation, lactation (to nature's weaning time, which is when all the milk teeth are developed), and then real girlhood and boyhood, so that when in their teens they will have knowledge that is per natural laws, to live as pure women and men, wives and husbands, and parents, and not the false way of wearing clothing and "to be smart" and then think they require drug forcings, and stimulants, and operations at hospitals, that in place of being called "Hotel-Dieu" should be called "Hotel-Diable."

Our daughters should have better opportunities than to have to marry a rotten man, who has been educated by habits and custom, condoned by Church and society laws. In some respects he is lower than a dog, who never has diseases of that kind.

A crusade that will induce mothers to avoid clubs for "high five," etc., but to attend lectures that teach nature's pure laws, and then reflect over the same, and then teach the same at home, and by example (and no "Santa Claus," or "Stork," or other lies) so impress the life of her children with truth and knowledge that the boy will not desire the company of the Mulatto girl, and each and every child can be trusted to act normal out of vision of

mother's fostering care. We will have purer descendants and it will be *the true Millennium*, not that for which superstition has been looking for, or a kingdom of might and brass, in which you superstitious ones might have to be supes and serfs, and not one of the *elect* to have your former neighbors serve you.

I have never regretted following the life of a physician but it has absolutely killed my respect for religion as it is exhibited inside of the homes (so-called) and hospitals.

Luther shook the chair of St. Peter at Rome. Wesley brought reform; Hahnemann brought light and natural laws of cure. What should we be doing? My mentality is in sympathy with our unfortunate women and children. We neglect our duties to them. We, who really are physicians, and who know what is being done privately. One or two, or a few real physicians, who endeavor to teach are ignored or laughed at by "the smart," the society and the commercial houses who manufacture fad products for these "smarts" and "faddists." We must unite in our knowledge, not for dominations and financial reasons, but to teach truth and knowledge, which will bring health and happiness to all who will learn God's truths.

In a town where I lived for thirty-two years there was not one single male over fourteen years of age that was clear of venereal infection, and of the married women not one. This sounds severe, but it is true.

How many young girls that when married are virgins? This is American (so-called) freedom of life. It is rottenness galore.

Who can solve it?

Allopathically educated (of all schools) "M. D.'s" are a farce. Man-made-laws and family life a mere form and burlesque. One thing is clear to my mentality, it is high time for reform towards living natural laws and having true physicians in place of just "M. D.'s."

"None are so blind as those who do not want to see."

J. H. PETERMAN, M. D.

*Ordmore, I. T.*

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### A WITTY LECTURE.

The following is an extract from a lecture delivered by Dr. DeWitt Gilbert Wilcox "at the Commencement of the Nurses of the Homœopathic Hospital," Utica, as reported by *Utica Daily Press*:

“The graduate of today must be able to give what the world needs, practical help. No man is sufficient unto himself—we are all dependent one upon another. Our modern method of living, with first divisions of labor, renders it almost impossible for one to be proficient outside of his immediate calling. But few men can make their own clothes (and if they did they wouldn't wear them), rare is the man who can make his own bread (frequently his wife can't), he cannot repair his damaged anatomy nor extricate himself from the legal complications into which his own folly has thrown him; he cannot form his own theology nor even marry himself, although he may marry his wife; he cannot run his own locomotive nor elevator himself to the twentieth floor of his own building; being a capitalist, he is not a mechanic. No more can he nurse himself. He better try running his own steam engine, then he would come to his end more quickly and with less suffering.

“Each advance in our manner of living demands advanced intelligence to meet it.

“Times have changed; we are living faster and it always requires a little more brains to do the same thing a little quicker than the other fellow.

“Fifty years ago, sickness was regarded as a dispensation of providence, and there are people today who rather lay it to providence than mince pie. In those days the well meaning wife, mother or neighbor, acting as nurse, allowed her convalescent typhoid patient to eat pancakes and cabbage, and immediately there was another visitation of providence.

“I sometimes wonder how providence had time to do anything else. Then the old family doctor was called and he straightway sided in with providence by prescribing calomel and jollup, and providence most always came out ahead, unless the doctor was taken ill. Today we know full well that sickness is nature's penalty for infraction of her immutable laws of health; and the man or woman who best understands her laws and obeys them is less frequently sick. Hence, the nurse, whether she be trained in a hospital or at home, who best understands the application of these laws to the sick, and has the ability to enforce them, is the one, generally speaking, who will most quickly restore the patient to health. It stands to reason if man does not understand or so neglects these laws as to suffer the penalty in becoming ill, then he is not capable of applying them after he is sick; 'tis then he

needs the medical high priest to expound the law at two dollars per visit, and his first assistant, the nurse, to watch him day and night to see that he obeys it, for you might as well prescribe the calomel and jollup to a hitching post and expect it to raise a family of trolley cars as to prescribe for the average sick person and expect him to get well without a deputy to insist upon the observation of the law.

“ I am inclined to think that the public has little appreciation of what the nurse must pass through to obtain her education and practical drill. To the average person there is but a confused idea of giving medicine, holding the patient's hand, taking the temperature, posing gracefully with a tray of food in her hands (like we see in the advertisements for patent foods), while the rest of the time she is folding her hands with eyes turned to heaven, imitating the Antikamnia picture. They realize but little of the study she must give to anatomy or physiology in order that she may have a comprehensive knowledge of the intricate machine which she will undertake to manage when it is out of order. The hours spent in listening to lectures and taking notes upon fevers, contagious diseases, accidents, nervous diseases, what to do in every possible emergency, from the baby swallowing a safety pin to the husband coming home with the D. T's. She must know more about bathing than did the prophet Elijah, who cured Namain of the leprosy with the waters of Jordan; she must be able to prepare food that will be agreeable and palatable to the nursing babe or the dyspeptic old maid who has lost her molars. She must look as pleasant to the cross-grained man, who is uglier than a bulldog with the toothache, as she does when she draws her weekly salary. She must be willing to get up twenty times a night and upon the twenty-first time she must be so drilled that the recording angel shall not place against her name one little bit of profanity. She must be able to answer all her patient's questions without telling her anything, and yet leave the impression of how much she knows. She must be an expert boxer, else she could not keep out persistent callers, who come only to cheer up the patient with the news of the death of some dear friend. She must be able to read intelligently and write letters for her patients and submit gracefully to being censured if the story is uninteresting or there is no reply to the letters.

“And then she must understand all about microbes, parasites, germs, bacteria and the substance of things hoped and the evi-

dence of things unseen. Why you know it takes a nurse about two years to get acquainted with just the germs in the hospital, and there are fewer here than elsewhere. A nurse's life would really be quite happy if it weren't for germs and microbes. She has got to be on the lookout for germs just the same as a fly has for fly paper. She could pick up enough germs with one hand to start all the young doctors in Utica into a good practice. We are, none of us, quite so happy since we know so much about germs.

"In the long ago the physician was an honored member of society. He seemed to hold Pandora's box, letting out only the good things which made people happy; but in the present time he seems not only to have reached the bottom of the box, but is intent upon putting back all he ever let out. In those days he preached friendship, love, marriage and numerous progeny; but today, through his bacteriological teaching, friendship is handicapped at the starting point.

"The germ doctor tells us it isn't sanitary to kiss. I'd like to know who kissed for sanitary reasons, anyway. They tell us we will catch measles and such like if we kiss indiscriminately. I told my wife that and she laughed and said, measles would be a picnic compared to what I'd catch if she knew it. Right here I evolved a proverb all my own, 'There are worse eruptions than measles.'

"These germinites tell us we must take antiseptic precautions before we kiss. Now, how ridiculous! Every man of experience knows that if he stopped to take any precautions at all, he'd never kiss. It's only because he gets into a state of absolute blind-germ-staggers that he wants to kiss; it's the germs which cause it?

"I can imagine the dim future (when I hope I shall be no more) in which a young man says to his maiden, 'Love, I am going to kiss you.' He takes a bottle from his pocket and paints her lips with the collodion, then he paints his own; then he gently fans her until her lips are dry, then he fans himself; then with that palpitation of the heart strings borne from on high, he passionately impresses a sticky kiss on her collodion and she returns it. Then she lifts her eyes to heaven and says, 'It is done as the board of health has commanded and still there is room.' Why, my brethren, I'd rather be Pyramus and kiss Thisby through a chink in the stone wall, with the thermometer forty degrees below zero and a bull dog in the immediate neighborhood, than to undergo that sort of varnishing.

“ I have often thought of the number of fits the modern doctor would throw if he had to stand by and see the Lord create the world as we are told it was created. ‘ And the spirit moved upon the face of the waters ’ I can see the diminutive modern doctor jump up and yell, ‘ Oh, Lord! was the water sterilized? ’ And God said, ‘ Let there be light.’ And the diminutive ophthalmological doctor says, ‘ Hold, O Lord, until I get my astigmatic glasses on.’ Then comes the last act, ‘ And the Lord formed man out of the dust of the earth.’ The modern doctor stands aghast; dust and dirt are synonyms of germs, hence man is made of germs only. ‘ And of the rib which the Lord had taken from Adam, made he woman.’ And, behold! I see the modern woman doctor and she stands aloft and shouts, ‘ If man be a germ and woman be made from the side of man, then woman must be a germ o-side.’ ”

#### RESOLUTIONS IN REGARD TO GOVERNMENT DRUG PROVING.\*

In view of the fact that the United States Government is conducting a series of experiments to determine the effects of various drug substances, whether injurious or not; and

In view of the fact that homœopathic medicine is therapeutically based upon the provings of each single drug-substance upon the healthy organism to determine its specific and exact action in disturbing cellular or functional equilibrium, and that, therefore, any government proving may be made of scientific value in the cure of disease, we, the members of the Homœopathic Medical Society of the County of New York, respectfully recommend that in further experiment a homœopathic preparation of the drug-substance be administered to several of the provers, and that the effect, mental and physical, with careful regard to the character, location, aggravation or amelioration (as from heat, cold, pressure) of each symptom be noted in all cases (also in those taking crude doses), that the government commercial provings may be made of therapeutic value to the 15,000 homœopathic practitioners, to the hundreds of thousands of tax-payers under homœopathic treatment, and to exact medical science in general.

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\*Adopted and ordered to be sent to every homœopathic journal and to the Secretary of Agriculture.

## PASSIFLORA INCARNATA.

Walter S. Bogart, M. D., Erie, Colo.

This remedy, which has been liberally both blessed and anathematized, has proven in my hands most valuable, and, while its action in some directions is adjuvant. I have found it occupying a very well-defined individual field and of great importance, even where it is best to associate it with another drug. Much of the censure of this plant remedy, I believe, has arisen from an independent use where the drug should have been associated with another, from too small dosage or from a mistaken conception of its field of action. In the following discussion I am restricting myself almost entirely to my personal experience.

Scudder's dose book gives the following indications and directions: "Irritation of brain and nervous system, sleeplessness; in fact, whenever a harmless and certain soporific is demanded. In convulsions of childhood, nervous headache and neuralgia, infantile nervous irritation in tetanus and epilepsy."

I wish to supplement this by saying that I believe portions of the above directions are partly responsible for the reported failures in the use of *Passiflora*, as I do not think it is indicated with excessive enervation. I believe the indications for *Passiflora* are present when we have insomnia, nervous headache, acidity of the stomach; cold, clammy extremities; fear of impending disaster, or functional heart trouble dependent on lack of nerve tone or indigestion, or any such condition when the pathology is caused by a subnormal state of the nervous system. In fact, I believe it to be very greatly opposed in action to *Gelsemium* and *Rhus tox.* If the dispenser will remember this fact, I think he will never be disappointed in the use of this drug.

As a soporific, one to two drops for the child and four to five drops for the adult, in a little water before bedtime, will accomplish wonders.

With crying of the child and other evidences of nervousness, ascertain the cause from the history and symptoms. If caused by a minus condition of nerve tone, *Passiflora* in two-drop doses, hourly, will be the remedy; if by a plus condition, *Gelsemium* or *Rhus tox.* will do the work. To get the desired results we must use the same discrimination that Aylesworth does in giving *Colocynth* or *Dioscorea* in colic - one for a hyper- the other for a subnormal condition of the controlling nerves.

Given a subject with cold hands and feet, and five drops of *Passiflora* administered in two or three drachms of water will within an hour warm the patient so that his extremities will almost burn another person and will feel hot to the subject himself; a comfortable feeling of superficial warmth and internal coolness pervades the body. This dose repeated every three to four hours will eventually restore vascular tone so as to preclude such congestive conditions.

One of the most marked fields for the action of this remedy I have proven to be in acidity of the stomach. My attention was first called to this use for *Passiflora* during the past summer by a writer in the *Chicago Medical Times*. I regret I cannot at this writing accord the doctor full credit, owing to having forgotten his name and not having my journal file at hand. He stated that he had overcome this condition in himself after all other means had failed. Given a leaden, "dead" feeling after or between meals, a burning or a degree of flatulency, or the sour eructations, and we have the field for *Passiflora*. Having been myself for several years a great sufferer from sour stomach I had at last reluctantly begun the chemical soda treatment, which, while temporarily alleviating the condition, was of no lasting benefit. I had gotten to the point where my diet was too limited to permit of proper sustenance. I used *Passiflora* in five-drop doses before meals and at bedtime for about three months, and now occasionally take a dose before breakfast, as my digestion is weakest then. I eat hot pancakes, hot biscuits, boiled cabbage, pie, custards, etc., with no inconvenience now, and have gained fourteen pounds. I employed it on several patients, none of whom were so seriously ill as myself, and they all were well before I discontinued personal treatment. To relieve an occasional constipation I take a few drops, when demanded, before bedtime.

Another condition where its value has been amply demonstrated to me is in functional heart troubles. With cold surface and extremities, small, weak pulse and deranged digestion, I add a drachm or more to four ounces of water and give a teaspoonful of the dilution every half-hour to every hour. If arhythmous or a tumultuous cardiac action or precordial oppression is present, I associate it with *Cactus*, putting one to two drachms of the latter into the above mixture. In a morbid mental condition, if not caused by the female organs, I give *Passiflora* in the same dose as for heart trouble. If such condition arises from an abnormal

uterine state, I give *Pulsatilla*. In short, as stated above, when any of those pathologic conditions are present which betray a lack of ganglionic nerve tone, *Passiflora* is the remedy. Some specific pathological conditions, as dysmenorrhœa, etc., may call for *Pulsatilla*, *Ignatia*, or other remedies exerting a specific action, but I generally, as with *Cactus* in cardiac trouble, associate *Pulsatilla* with *Passiflora* where the former is indicated. The formerly given dose is insufficient to my mind. From two to six drops of the specific medicine at intervals of half-hour to four hours, as above advised, will give the proper results.

As we require larger dosage in this altitude in all cases, perhaps the above may be slightly modified in lower countries. The effect of overdosage, so far as I have noticed, is an extreme and pungent heat of the surface, a tingling and burning (especially in spots, as of *Rhus* poisoning), but no erythema or elevation is present. Perhaps these might appear if the action was further pressed. An inhibition of the respiratory center accompanies these symptoms, as evidenced by intermittent smothering sensations. What dosage might prove fatal, or what further complications might develop from increased dosage, I am not prepared to state.—*Eclectic Medical Review*.

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## CHIPS FROM PRACTICE.

By Dr. Mau in Kiel.

Translated from the *Leipziger Pop. Zeit. f. Hom.*

### I. Severe Labors.

A woman in the thirties who had already had five children, one delivery being ever more severe than the other, has not had any menses for eight weeks. She believes herself pregnant and wishes to be treated, as her physician, an allopath, had told her that she would not survive her next delivery. The last delivery had been effected with instruments and after the expulsion of the after-birth, probably owing to the relaxation of the uterus and its lack of contraction, there had been a hæmorrhage which threatened her life, as her physician had only been able to check it with extreme difficulty. I had the patient tell me the story of her whole life and of her family. In her youth she had had scarlet fever, diphtheria and also typhoid fever; she was vaccin-

ated twice with success and without ill effects. In all her deliveries, though she is not constricted, she had to have the assistance of the doctor, and owing to the feebleness of the labor-pains he had always used the instruments. She had married when twenty-one years of age, and in the course of twelve years she had five children, who are all healthy. In her last two deliveries she had had afterwards a tremendous hæmorrhage. Her menses had appeared in her thirteenth year, and had formerly been normal, but since her marriage they had always come a few days too early and been very copious. There had been no noteworthy diseases either with her parents, sisters or grand parents, at least the patient knew of no such cases. I commenced her treatment with *Sulphur* high and low, *i. e.*, every evening a powder, every six days a powder of the 30th, on the other days the 6th potency. This I continued for a month. Then for two months, *Calcarea carb.* and *Sepia*, the 30th of each, one dose every fifth evening in alternation. There were no particular ailments of pregnancy, from which the patient had formerly suffered considerably, especially from vomiting in the morning. Now I followed with *Helonias dioica* in the mother-tincture for two months with pauses, *i. e.*, for one week morning and evening five drops, and then for another week no medicine. Thus the time of delivery drew near and the patient looked forward to her time with some anxiety. I cannot deny that I also looked forward to the further course of events with a certain tension and anxiety, as it was the first case of this kind coming under my care. The diet was now regulated, none but vegetarian food being permitted. Much fruit, many vegetables, dishes prepared with milk and flour and gruels; then a certain limitation as to fluids, no soup at noon, no spice in the food, only a little salt, so as not to excite any unnecessary thirst; morn, noon and evening only one cup of coffee or tea, not too large a cup, also milk or buttermilk; as to the rest, water with or without juices of fruits, as much only as was needed to quench the thirst. Moderate exercise in the open air. With this, three times a day, a dose of *Calcarea phosph.* for one month. After that up to the time of her delivery, *Pulsatilla* 6 morning and evening, and during the same *Pulsatilla* 2 every half hour. Several weeks after the delivery I received the report that the delivery had proceeded perfectly normally; no weakness in the labor, no physician was required, there was no hæmorrhage in the period of the after-birth.

## II. Habitual Abortion.

A woman in the latter end of the twenties, without children, has aborted five times, at first twice in the seventh month, the last three times in the third month.

Again she felt that she had conceived, and wishes to mature her child, and desired to be treated for this purpose. She is pretty corpulent and therefore looks older than she really is. The menses with her had appeared early, had always been quite copious, and had generally appeared too early. The patient has never been sick, and comes from a healthy family. Since her marriage, her condition has in no way changed. She can give no reason for her abortion. The treatment began with *Calcarea carb.* 30 as a constitutional remedy; but as the third month was approaching, at which time the patient had three times already had an abortion, I gave *Sabina* in addition, using the 30th potency. Every other evening a powder, on the eighth day *Calcarea carb.*, on the other days, *Sabina*. When the third month had passed, she received till the end of the seventh month *Calcarea carb.* 30, and *Sepia* 30 alternating, every week a powder, and one monthly dose of *Sulphur* 30. The delivery took place at the end of the normal period and she was delivered of a healthy boy.

## III. A Case of Sterility.

A woman in the twenties is suffering from sterility. It is not always easy to cure sterility, for mostly the cause is not with the woman but elsewhere. The number of women who have to expiate the sins of their husbands, whether by abortions, too copious or too early menses, fluor albus and other ailments appearing after their marriage, is surely not small and much larger than is generally believed. Of course, these ailments do not all proceed from one and the same cause, namely, a preceding and badly cured disease of the husband but the final cause is frequently found there. Even the unconquerable vomiting during pregnancy may have its cause in this, and this may then be cured by *Thuja*, *Sabina*, *Cupressus Lawsoniana* and especially *Medorrhin*. The sins of the fathers are not only visited on the children, but even more frequently on the wives. In this case, however, there was a healthy husband and a somewhat weakly wife, who even before her marriage had suffered from fluor albus. The question

might in such a case be asked whether anything ought to be done to remove this sterility. Would it not have been better to tell the patient that with her general debility it would be better for her not to have any children, since a pregnancy, birth and childbed might tend to prematurely consume the vital force which was not too great as it was. This question would have to be answered affirmatively by any one who would be only able to secure help by a surgical operation, as, *e. g.*, the widening of the cervical canal. But from the view-point of the homœopath. this question would have to be answered decidedly in the negative. For sterility is not a disease *sui generis*, but only the symptom or one of the symptoms of a general morbid condition; and 2, Homœopathy does not treat the single symptoms but the totality of the symptoms, *i. e.*, the body as a whole; and when the general pathological condition is cured, the symptoms disappear, as also the symptom which the patient feels as specially onerous, and for which she has sought the help of the physician. But to return to our case. The menses had appeared with her only with the sixteenth year, and had always been weak, and from the first day they had been attended with violent pains. An aunt of the patient had died from consumption. Outside of the regular children's diseases, the patient claims not to have been sick, only once as a young girl she had received a violent thrust from the pole of a carriage, after which she had discharged a little blood. The tuberculous encumbrances, especially as affecting the organs of the abdomen, are first to be considered and to be eradicated. Still the mechanical trauma, though some years back, must not be left out of mind; for such a lesion on account of which, unless grievous consequences at once appear, the physician is not usually consulted, may nevertheless take its revenge later on, and it actually does take its vengeance in some way or another. At best there remains a weakness, lasting more or less often all the lifetime, and hard to remove then even by Homœopathy in the organ affected. But if at once a proper treatment is given (in this case, rest, *Arnica* or *Hamamelis* or also *Bellis perennis*), then the organs generally recover rapidly, and there is no weakness or other ill consequences

The encumbrance with tuberculosis pointed to *Tuberculin.*, the trauma to *Arnica* and the fluor to *Pulsatilla*. Instead of the simple *Tuberculinum* where the lower half of the abdomen is affected, *Tuberculinum testium, i. e.*, a preparation

made from a testicle affected with tuberculosis, is said to be even more effective. Since the men of science do not understand how to cure this organ when affected, they simply cut it out, and as there are always quite a number of patients who suffer themselves to be treated, it ought not to be so very difficult to get this remedy. But I am sorry to say that it was not at my disposal. So I prescribed *Tuberculinum* 30 in alternation with *Arnica* 30, every week a dose of one of these remedies and so on for four months. Then for as long a period *Tuberculinum* 200 in alternation with *Pulsatilla* 30. Under this treatment the fluor gradually disappeared, the menses also became normal, *i. e.*, they came at the right time and without pains. But the sterility was not yet thereby cured. An examination of the body showed a swelling of the spleen, and when more closely questioned, the patient acknowledged that the trauma several years back might have been the cause of it; at least, since that time her left side had not been in the right order at times, especially when walking fast she had stitches in the side. Now I gave her *Bellis perennis* in the tincture and *Ceanothus Americ.* 1, in alternation every four hours, five drops, and this for two months, and after that time her spleen was normal. I now asked her to wait, but after three months I heard that there was not any pregnancy as yet. Having no other point to work on and supposing that the patient had given me a correct account of everything I could only conclude that the eight months' treatment of *Tuberculinum* had not yet eradicated the hereditary encumbrance, and repeated this remedy every tenth day, one powder of the 1000 potency, six powders, and then I did not hear from this patient for some time, but later I heard that three months after the last medicine the menses had stopped and she was expecting the arrival of a prince shortly.

#### IV. Attachment of the Placenta.

A woman at the end of the twenties had had four children, but in the last two deliveries the after-birth was grown fast and had to be detached by the physician and this operation was very painful, so that the patient, now that the menses had been intermitted for four months, desired to be free from such an ill occurrence at the next delivery. I told the patient that she ought to have come immediately after the first intermission of the menses, but I was quite willing to try whether I could be of any use to

her. She herself had never been sick; nor could she tell me of any sickness in her family; but the second child, a boy, had a very obstinate eruption on the head and face, and this before his vaccination. The third boy had suffered in his second year from a running in the ear, which had not, however, been very considerable and disappeared of itself without any medical treatment. All the children are pretty thick-set and spongy, and suffered much in the first year from perspiration of the head, which was very severe and when they were sleeping their pillow was often soaked through.

The patient received for two months *Calcarea carb.* 30 and *Pulsatilla* 30, in alternation, one powder every seventh evening. On all the other evenings she received *Calcarea sulph.* After that she received for the same length of time *Sulphur* 30, *Pulsatilla* 30 and *Calcarea sulphur.* 12, given as above. Then up to the time of her delivery, *Pulsatilla* 3, five drops every morning and evening, and *Calcarea carb.* 30, one powder a week. The diet was as in the former case. The birth was normal; there was no attachment of the after-birth, nor had the child the pronounced *Calcarea* type, but was less thick and unwieldy, lighter in weight, nor had it the perspiration on the head shown by the other children. Owing to the smaller size of the child and especially of the head the birth was considerably easier than those which preceded.

This latter case shows that through regulating the diet and by medical treatment not only the course of the birth may be essentially influenced, but we may also favorably influence the offspring. This is of the greatest importance, as we sufficiently see the value of a healthy and vigorous posterity in the Japanese. The first physician to practice this anticipatory treatment was Dr. Burnett, who died a few years ago in London. He was led to this treatment by a gentleman who told him that all his children had harelip and requested him to endeavor to prevent this defect in another child which was expected, and lo! he succeeded! The gentleman in question had also spoken with allopathic specialists about this, but these gentlemen had laughed at the very idea of such a prophylactic therapy and had declared the matter to be impossible. And true enough, with the "scientific" remedies at the disposal of the allopathic physicians, such a treatment is, of course, out of the question. In order to succeed it is, of course, absolutely required that we should receive a perfectly true account of everything and that nothing be concealed, neither from a false

shame, nor because the matters are such that the patient in his or her ignorance deems matters unimportant which yet are of importance for judgment and treatment of the case. By concealment he only obstructs the useful activity of him through whose particular knowledge and ability he would be benefitted.

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## OBITUARY.

### DR. STACY JONES.

Dr. Stacy Jones passed to his eternal home on the morning of December 12th at one o'clock, at the ripe age of seventy-seven. He graduated from Hahnemann College, Philadelphia, in 1853, and practiced his profession at Darby, Pa., for thirty-three years until, on account of poor health, he was compelled to retire from active practice. He spent the remainder of his days in study and writing. He is survived by his wife and two children. His eldest son, Dr. Henry Guernsey Jones, graduated in 1883, just thirty years after his father, and died in Sonora, Texas, in 1897.

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## BOOK NOTICES.

**Man and His Poisons.** A Practical Exposition of the Causes, Symptoms and Treatment of Self-Poisoning. By Albert Abrams, A. M., M. D. (Heidelberg), F. R. M. S. Illustrated. 268 pages. Cloth, \$1.50. New York: E. B. Treat & Company. 1906.

This is a book well worth its price. Says the author in his preface: "Many bizarre and protean diseases owe their origin to self-poisoning, but so alluring has been the germ theory of disease that it has annihilated any initiative seeking of the causation of disease from any other source." A very interesting and useful work

**Preventive Medicine.** Including a Disquisition on Therapeutic Philosophy. By William Colby Cooper, M. D. Price, \$1.00, postpaid. Address, Scudder Brothers Co., 1009 Plum Street, Cincinnati, O., or Dr. W. C. Cooper, Cleves, O.

The erstwhile brilliant editor of the *Medical Gleaner* has written a book, as may be seen by the above title. It is a good book, full of sound sense, and well worth reading and re-reading. The "aphorisms" which come at the end of the book are alone worth its price.

“The true doctor shoots with a rifle—seldom with a shotgun.”

“Digitalis is a sneak and an assassin.”

“The critic is he who can't do it himself, but can tell you how to do it.”

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**Trip to the Land of the Midnight Sun.** Summer of 1905.

By Dr. Flavel B. Tiffany.

Dr. Tiffany is a well-known eye specialist of the University Medical College of Kansas City, Missouri. He proposed going to the Portland meeting of 1905, but his wife suggested “a trip to the land of the midnight sun,” and Dr. Tiffany, like the good husband he evidently is, consented and they went. The Doctor has written up a most charming little book of their journey, which is profusely illustrated with half-tones of the most striking scenes they met. Whether the little volume is for sale or not we do not know, as no hint of price is given in the copy we have received “with compliments of the author.” As said before, it is a charming little book.

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The Scudder Brothers Company, Cincinnati, Ohio, will issue early in February a new “Eclectic Practice of Medicine,” by Rolla L. Thomas, M. D., Professor of Practice of Medicine in the Eclectic Medical Institute, Cincinnati, Ohio.

This work will embrace over one thousand octavo pages, and will contain two full page lithographs, five full page color prints and fifty illustrations in black. Cloth, \$6.00; sheep, \$7.00.

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**THE A, B, C, MANUAL OF MATERIA MEDICA AND THERAPEUTICS.** By G. Hardy Clark, M. D., late Professor of Materia Medica, Hahnemann Medical College, Chicago. Second edition, enlarged. 301 pages. Cloth, \$1.25. Postage, 10 cents.

The field covered by this work of Prof. Clark is characteristic, taking up in each remedy its characteristics, toxic effects, dose, and therapeutic uses. It is a book which will be of great value not only to the man beginning the study of medicine, but to the physician whose busy life prevents prolonged researches. The clinical index adds very much to the value of the work, taking up as it does the appropriate treatment for all of the ordinary and many of the unusual diseases met with in general practice. We can commend it very highly.—*Cleveland Medical and Surgical Reporter.*

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## EDITORIAL BREVITIES.

“HOMŒOPATHY TODAY.”—Under this heading the *Denver Medical Times* puts forth the following editorial:

“Hahnemann founded Homœopathy on the dogma of ‘*Similia similibus curantur*,’ and then, as Webster says, invented the term allopathy to designate the ordinary practice as opposed to Homœopathy. This was much as if some new religious sect should arise and style themselves the high cockalorums, and then go straight-way and dub all other ordinary mortals the low cockahirums. The term regular, as applied to medical practice, is somewhat of an innuendo, since homœopaths and eclectics may be as regular in their practice as other physicians. Non-sectarian is a better word, though not so convenient”

“Physicians in general owe a considerable debt to original homœopathy, for demonstrating, as never before, the power of *vis medicatrix naturæ*. Homœopaths, as a rule, are good hygienists. Symptomatic treatment, so emphasized in Homœopathy, is rational in many ways, but undue attention to mere symptoms leads to defective diagnosis and neglect of all important etiology. The greatest good that Homœopathy has done for medicine is in inculcating pleasant, as opposed to nauseous, methods of cure.”

“It goes without saying that there is no such creature as an ‘allopath,’ or ‘allopathist.’ As regards practice, not theory, the Hahnemannian homœopathist is becoming a *rara avis*. The prescriptions written by homœopaths show them to be using the same drugs in the same doses and for the same purposes as other physicians. I have seen a homœopathic practitioner administer a dram of 40 per cent. tincture of *Veratrum viride* per rectum in a case of puerperal eclampsia. The younger homœopathist seldom

signifies his exclusive devotion to Homœopathy on his sign. Homœopathic institutions of learning are very much on the decline. Apropos of this, a local homœopathic journal refers to a professor in the homœopathic college resigning because he grew weary of lecturing to a single freshman student."

"If history teaches anything, it is that creeds and sects are certain to change and disappear. Brothers of the homœopathic school, why not drop your 'trademark' and become, like the rest of us, simply physicians?"

Well, Mr. "Regular," why not drop *your* prejudice and dispassionately *try* Homœopathy? When your forebears were losing 50 per cent. of their Asiatic cholera cases the men who practiced Homœopathy only lost 6 per cent. of their cases and in *every* disease Homœopathy shows a *better record*, the "simply physicians." Drop your prejudices and read up on the "law of drug cure."

CURIOUS.—One of our exchanges greatly lauds *Cactus* in heart diseases, giving credit to an American doctor living today, but never a word about Homœopathy or Rubini who proved the drug and whose proving today stands for all of worth in the medications for the drug. Is it that the outside medical profession does not know of these things or is it that they deliberately appropriate from Homœopathy and refuse credit?

MISSIONARY WORK.—Jos. C. Roberts has contributed three very interesting papers to the *Barbadoes Advocate* (N. D.) on the subject of Homœopathy. If everyone having a knowledge of the subject would write his newspaper on the subject therapeutic reform would be much advanced.

## PERSONAL.

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Dr. Cooper in his "Aphorisms" says that the hardest thing a man can do is to do that which he does not want to do.

Some men are like the moon—the fuller the brighter.

"How to live on \$2.00 a week" is interesting, but no one wants to try it.

The sweet young bride asked for a pound of "five o'clock tea."

The modern kid defined a "little pig" as the son of an "old hog." They are getting too much for us.

A soak-sponge may be very dry—generally is.

Many a poor man has numerour castles in Spain.

Where *Ferrum* is indicated, Physiological Tonicum (Hensel) is another serviceable form, so says Clarke's *Dictionary of Materia Medica*.

Who can answer the question "What is vaccine virus?" The RECORDER is open for replies. 'Tis an interesting query, that was poked at this journal the other day.

Kansas City has repealed the compulsory vaccination law so far as it is concerned.

"The business of a doctor's life is to heal the sick, and incidentally to become well-heeled himself."—*Dr. J. T. Ellis, Record, Montreal.*

In Nova Scotia they are trying the open-air treatment for tuberculous cows.

Elihu Root says: "When asked how old you are don't hesitate in the answer, for the longer you hesitate the older you grow."

The London *Homœopathic Review* celebrates its Jubilee year; it has been published for fifty years. Congratulations!

No, Mary, the Saurian is not a vinegar manufacturer.

They say that a very rich man never knows when he is well off when the tax collector shows up.

The RECORDER is now in its twenty-first year—will soon be able to vote.

THE  
HOMŒOPATHIC RECORDER.

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LACHESIS: A PRACTICAL STUDY.

By P. W. Shedd, M. D., New York.

No one ever summed up the peculiar characteristics, the keynote generalities, of *Lachesis* more clearly or acutely than the venerable author of "Forty Years' Practice," Dr. G. H. G. Jahr, and the best introduction to a study of the serpent venom will be his own words:

"*Lachesis* appears to act chiefly on the left side, particularly in apoplectic paralysis, sore throat, eruptions, and pains in the limbs.

"There is aggravation of the symptoms in damp weather.

"There is exhaustion or weariness from excessively cold or warm weather.

"There is aggravation of symptoms during rest, ameliorated by motion—except the intense inflammatory rheumatic pains.

"There is evening aggravation.

"Exacerbation after every sleep, day or night.

"The curative action is disturbed by acids, wine or beer, particularly, however, by emotion, fright, mortification, ghost stories, tales of murder, etc.

"There is a typical recurrence of the aggravation (every fourteen days; every spring).

"A number of pains terminate in catarrh (*i. e.*, they are relieved by an establishment of a discharge)."

To these characteristics may be added the *Lachesis* intolerance of constriction, of touch, even the weight of a sheet upon the body is painful (not, however, because the surface *per se* is sensitive, irritable, as in *Apis* or *Belladonna*); and the aggravation from *warmth* (warm room, bath, beverage, warm weather). The

serpents waken to venomous activity with the warmth of spring-time.

*Lachesis* has desire for the open air as pronounced as *Pulsatilla* or *Kali iodatum*; like *Silica* its headache is better by warmly wrapping up the head; like *Natrum mur.* it is worse after sleep, but very unlike *Natrum mur.*, which is better from tight clothing; like *Theridion* and *Moschus* it has a vertigo < on closing the eyes; like *Sabadilla* the throat is affected from left to right, but the *Sabadilla* throat is more subacute or chronic and unlike *Lachesis* is aggravated from cold, external or internal. The right-sided *Lycopodium* is the chief complement of the sinister serpent poison.

*Lachesis* is the best proved of the venoms, a monument to the genius and heroism of Constantine Hering, and a purely and exclusively homœopathic remedy—absolutely inapplicable on any other therapeutic indications than those afforded by the law of similars. Biochemistry and physiologic medicine can find even no theoretic basis for the employment of this expression of trigonocephalic vitality. It must be used homœopathically or left unused, and its action in the 200th dynamization in an indicated case is alike a scientific verification of the law of Hahnemann and of the energy of drug-substance when let loose by potentization.

*Lachesis* is adapted (not exclusively, however) to individuals of a choleric and melancholic disposition; lean, dark-eyed, indolent, with great sensitivity of the surface of the body—constriction, touch, pressure, weight are intolerable. In the climacteric age it is pre-eminent, with *Sulphur*, *Arsenicum*, *Natrum mur.*, *Veratrum alb.*, *Calcarea carb.*, *Conium*, *Sepia*, *Pulsatilla*, *Silica*, *Cimicifuga* adjuvant, equal, and occasionally superior.

Mentally, we observe a grasshopper loquacity jumping from one idea to another; insane jealousy; maliciousness; mistrust; irascibility; peevishness. The *Lachesis* patient may have lost the "time sense,"—confounds the morning and evening hours, etc.

On the skin the purple and black ensign of *Lachesis* is prominent—ecchymoses, cicatrices, tumefactions, erysipelas, ulcerations of a royal purple point to the venom of the surukukku snake—the skin heals unkindly and the blood is so disorganized that it may exude through the rotten epiderm. Cancerous ulcerations, "as though kissed with cancerous kisses by crocodiles," with putrefaction of the flesh, which becomes detached from the bones and falls off piecemeal, lead to the consideration of *Lachesis*.

When *Lachesis*, *Crotalus* and other reptilian venoms fail, *Salamandra* should be studied.

The practical knowledge of a remedy, the knowledge that jumps into the carriage or automobile, is necessarily the knowledge of drug contour, of generals (with as many particulars as the always limited memory is able to carry). Further prescription may be repertorial, or developmental as intimate acquaintance with the case progresses. In the *Index Clinicus* the majority of diseased conditions in which *Lachesis* has been useful are given. Their study will serve to fix the characteristics of the drug in the working mind.‡

### Index Clinicus. ¶

*Angina granulosa.* Wants to swallow, although it is very painful; spasmodic contraction of the throat; < left side, purple, swollen or ulcerated; < after sleep; cannot bear any pressure about the neck.

*Apoplexy.* Left-sided. Cannot endure constriction, especially about the throat; if conscious is loquacious, jumping abruptly from one idea to another. After the abuse of alcohol, or mental emotions.

*Bronchitis.* Worse in the afternoon; after sleep; asthmatic; throat sensitive to touch; laryngeal tickling. Fetid stools, even if formed.

#### *Carcinoma.*

*Of the Breast:* Left breast, with lancinating pain from pressure; the pain extends into the left shoulder and arm—there is a constant painful feeling of weakness and lameness, worse from using the arm. In open cancer when it is dark purple with blackish streaks of coagulated and decomposed blood, (chronic leucorrhœa; painful menstruation the first day.)

*Of the Stomach:* Gnawing pressure > after eating, but returning in a few hours, and the more violent the emptier the stomach; great sensitiveness to contact, especially of his clothes; alcoholics.

*Of the Uterus:* Pain in the parts as if swollen, cannot bear contact; coughing or sneezing causes stitching pains in the affected parts. Tenacious, acrid menses with labor-like pains. Discharge of a few drops of blood from the nose before menses, which are scanty and delaying. Especially indicated at the climaxis, with frequent uterine hæmorrhage.

- Cephalalgia.* Pain throbbing, beating, lacerating, pressive—in forehead, vertex, temples; temporal nerves of one side are painful. Vertigo with pallor. Sun-headache. Giddiness just before menses. Pain in left ovarian region; bloated belly. Headache better from lying down. Catarrhal, hysteric, menstrual, rheumatic headaches.
- Constipation.* Chronic, of years' standing. Anus feels closed, the fæces press against it all the time without passing. Stools of cadaverous odor.
- Cystitis.* Discharge of suspicious mucus during micturition; dull bladder pain; sensation as if a ball were rolling about in the bladder.
- Dysmenorrhœa.* Tearing in abdomen, beating in the head, pains in the sacrum, bruised sensation in the hips—all > by a full flow. Premenstrual epistaxis. Jealous disposition. Craves coffee, which relieves. Leg-ulcers with a purplish areola.
- Enteritis catarrhalis chronica.* Ileo-cecal region very sensitive to touch. After great straining, a discharge of croupous exudate. Stools very offensive. Typhlitis.
- Epilepsy.* From onanism, or in connection with morbid excitation of the sexual organs. Also after jealousy.
- Erysipelas* (of the scalp). The swelling turns purple, and there is delirium immediately after closing the eyes.
- Hæmorrhoids.* Protruding, very painful; a stitching pain is felt when coughing or sneezing. Also at climaxis, with scanty menses.
- Hepatitis.* Follows *Belladonna* or *Mercurius* well. Most sensitive to pressure in the hepatic region; flatulence, palpitation, abscess-formation.
- Intermittents.* Especially after the abuse of *Quinine*. Paroxysms commonly in the afternoon, with pain in sacrum and limbs. Restlessness; oppression of the chest; jerking headache; red face; *loquacious*.
- Leucorrhœa.* Pre-menstrual, copious, smarting, stiffening linen and staining it greenish; menses regular, but too short and scanty.
- Metritis.* Constantly lifting the bedclothes from the abdomen. The uterine pain is > from flow of blood, but soon returns. *Bad cases:* Unconsciousness, livid face, repeated chills, skin alternately burning hot and cool, abdomen distended. Lochia thin, ichorous. Stool and urine suppressed.

- Neuralgia facialis.* Left orbital; lachrymation. Before the attack a surging of heat to head. During the intervals, a weak nauseous sensation in the stomach.
- Oöphoritis.* Left ovary. Tensive, pressive pains and stitches. Cannot lie on right side because of sensation of something rolling over to that side.
- Pneumonia.* Great dyspnœa, < afternoon, or after sleep. Left-sided pneumonia. Offensive stools, even when formed.
- Puerperal convulsions.* Longer and more severe about the throat than elsewhere; complains of pains which she cannot locate.
- Rheumatism.* Swelling of index finger and wrist; pains in knees, stinging, tearing, with sensation of swelling. Tension in the bend of the knees; difficult extension; pain in the posterior thigh as if swollen; purple swelling. Pains < after sleep; not > by profuse sweat; commonly left-sided. Arthritic contractures after *Mercury* or *Quinine*.
- Sciatica.* Pains constantly shifting, now in head, teeth, or sciatic nerve. Nervousness; palpitation; burning in hypogastrium, in lumbar region, behind the sternum. Flushes of heat. Suppressed menses. Constipation.
- Syphilis.* Mercurial syphilis, with ulcerated sore throat, causing constant irritation to cough, with retching; painful deglutition, and regurgitation of drinks through the nose. Earthy yellowish face, with small red bloodvessels shining through the skin. Terrible headaches. Nocturnal pain in the limbs.
- Tuberculosis.* Cough < after sleep, diurnal only (but also during sleep, without awaking). Expectoration of a little tough phlegm very difficult. Fever < in the afternoon (3 P. M.). Stools, though natural in consistency, are exceedingly offensive.
- Typhoid or Typhoid States.* Fever < in the afternoon. No amelioration from sweat. Sleep aggravates all symptoms. Trembling, paretic, dry, red or black, cracked, bleeding tongue. Offensive fæces. Stupor; muttering delirium; facies hippocratica.
- Uterine Displacement.* Cannot bear weight or touch upon abdomen. Scanty menses with labor-like pressing. Palpitation of the heart with numbness in left arm. Constant feeling as of something in the throat which she cannot swallow. Sensation of a ball rolling about in bladder or abdomen or both. Climaxis.

## Comparisons.

*Lachesis.*

Plethoric—often indicated in women and children.  
 Nervous lameness, originating in central organs; generally painful.  
 Eruptions humid.  
 Sleepless before midnight.  
 Likes to be alone.  
 Satiety of life with longing for death.  
 Easy comprehension. Mental excitability.  
 Menses too short, scanty.  
 < in wet weather.  
 < from pressure.  
 > by cold diet.

*Lachesis.*

Zymotic or septic poisoning. Left-sided.  
 Sensation of heart hanging by a thread.  
 Skin cold and clammy.  
 Gangrenous, cancerous ulceration; putrefaction.  
 < by rest.  
 < from constriction anywhere.

*Lachesis.*

Upper left, lower right side. Often indicated in young women.  
 Ulcers < from cold.  
 Pleasant dreams.  
 Menses commonly too short, scanty.  
 < from sun-heat.  
 Generally better when eating.  
 < after sleep, especially in the morning.

*Lachesis.*

Acts primarily upon the blood.

*Arsenicum.*

Anæmic—often indicated in men and seniles.  
 Paralysis, with muscular atrophy; generally painless.  
 Eruptions usually dry.  
 Sleepless after midnight.  
 Fear of being alone.  
 Satiety of life with fear of death.  
 Difficult comprehension. Mental dulness.  
 Menses too long, profuse.  
 < in dry (cold) weather.  
 > from pressure.  
 > by warm diet.

*Crotalus.*

Ditto. Right-sided.  
 Sensation of heart turning over like a tumbler pigeon. (Also found in *Lachesis*.)  
 Skin cold and dry.  
 Purpura hæmorrhagica.  
 > by rest.  
 Not < from constriction.

*Lycopodium.*

Upper right, lower left side. Often indicated in old women.  
 Ulcers > from cold.  
 Anxious dreams.  
 Menses too long (scanty or profuse).  
 < in snowy air.  
 Generally < when eating.  
 < after every nap (children are cross, naughty, kick about).

*Naja.*

Acts primarily upon the nervous system, especially on respiratory, pneumogastric and glossopharyngeal nerves.

Pre-menstrual headache.  
Left-sided.  
  
Heart affections not prominent as in  
*Naja*.  
Upward surging of blood.

*Lachesis.*

A hemic remedy.  
Often indicated in women and children.  
Muscles lax; hæmorrhages of dark blood.  
Epilepsy with unconsciousness.  
Pulse predominantly small and weak.  
Wakes too early.  
Desire for solitude. Loquacious.  
Headache > from warmth, < from touch or pressure.  
< after sleep.  
Ailments from abuse of quinine or mercury.  
> in cold weather.

*Lachesis.*

Ulcers, scanty discharge, > from warmth.  
Wakes too early.  
Mental excitability. Insanity.  
< from tight clothes.  
< from vinegar, sour things.  
> from radiate heat.  
Mood cheerful, haughty, irritable, malicious, jealous.

*Lachesis.*

Painless ulcers, with scanty discharge.  
  
Complaints on the shin.  
Satiety of life, longing for death.  
Very offensive, small, soft, thin stools.

Post-menstrual headache.  
Left-sided. The greatest of cardiac remedies in organic lesions.  
Morbus cordis valvulorum.

Ditto.

*Phosphorus.*

A neural remedy.  
Often indicated in seniles.  
  
Muscles rigid; hæmorrhages of light red blood.  
Epilepsy with full consciousness.  
Pulse predominantly full and hard.  
  
Wakes too late.  
Fear of being alone. Reserve.  
Headache < from warmth, > from touch or pressure.  
> after uninterrupted sleep.  
Ailments from abuse of salt or iodine.  
Predominantly worse in cold weather.

*Pulsatilla.*

Ulcers, copious discharge, > from cold.  
Wakes too late.  
Mental dulness. Melancholy.  
> from tight clothes.  
> from vinegar, sour things.  
< from radiate heat.  
Mood changeable; gentle; bold; placid; the calm sadness of mild dispositions.

*Rhus.*

Painless ulcers, with copious discharge (especially on dropsical legs with spontaneous constant exudation of "water," as in *Lycopodium*).  
Complaints on the calf.  
Satiety of life, fear of death.  
Transparent, gelatinous discharge with or after stool.

Watery nasal secretion.  
 Menses too short, scanty.  
 < from sun-heat.  
 > from cold diet.  
 > from coffee.

Thick nasal secretion.  
 Menses too profuse, long.  
 < from snowy air.  
 > from warm diet.  
 < from coffee.

*Lachesis.*

Varices, ulcers extremely sensitive to touch, > from warmth.  
 Chronic and periodic remedy.  
 < by touch and pressure.  
 Chiefly affects the blood and tissues (septic and zymotic conditions).

*Vipera.*

Phlebitis or varicosis, < on letting the affected limb hang down (feels as if it would burst with fulness).  
 Ditto.  
 Ditto.  
 Affects the blood and blood-vessels, (hæmorrhage and inflammation of veins).

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**MATERIA MEDICA NOTES.\***

By C. M. Boger, M. D.

**Scilla.**

Proceeding with a consideration of the catarrhal group of the *Liliaceæ* we now take up *Squilla*, a very ancient drug and one in which the general acridity of its class finds its highest expression; this property is so pronounced that it irritates any part with which it may chance to come in contact and has caused it to be classed with the acrid irritants. *Squills* also stimulates the heart, like *Digitalis*, and raises the blood pressure, thus by its excitation of the terminal nerve filaments as well as by the pressure from behind it increases secretion and exudation, the effect showing itself in two groups of symptoms according as the distribution of the blood pressure is determined either to the thoracic or abdominal viscera. In the former it characteristically causes free secretions from the bronchia, pleura or lungs, while in the latter diarrhœa, engorgement of the spleen, even ascites may appear.

These secretions are characteristically profuse and acrid; the eyes and nose run a biting, smarting water which irritates the parts, causes violent, persistent sneezing and in the case of children causes them to continually rub the parts. For the same reason there is much rattling in the chest and pleuritic effusions

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\*Lecture delivered before Pulte Medical College.

with stitching pains are of frequent occurrence; indeed we may say that for stitching pains it ranks next to *Bryonia* in importance. The pleurisies predominate on the left side and are accompanied by pains in the region of the spleen or below the short ribs. Quite in keeping with this the urine is profuse and the bladder overfull, while the sphincter control is so weak that every cough or sneeze forces out a spurt of urine or may even cause an involuntary stool, in this respect closely resembling its near relative, *Aloes* and also *Causticum*. The weakness is a more or less general symptom, for we have mental as well as physical languor.

The skin irritations end in eating eruptions, excoriations, blisters and pustules; at the same time it affects its nutrition so that the nails become brittle and split. Veterinarians unconsciously follow the law of similia and give it for cracked hoof. It is one of the remedies that cause black teeth. Lippe puts it thus: "Black, cracked lips and black teeth."

The following case shows this very nicely:

Lad, æt. 7. Third yearly attack of hay fever; former ones lasted several weeks; teeth show black marks, continually *rubs eyes* and *sneezes*, bloated about eyes and face, loose cough. From *Scilla* he obtained entire relief in two days without a relapse that season; I have never seen the patient since. Under *Squills* the respiration is often so short that the patient cannot drink for want of breath, like *Kali nitricum*, *Anacardium* and *Apis*. You see *Cepa* and *Squills* both are capable of curing hay fever, *when indicated*.

The black teeth should also call your attention to *Ignatia*, *Mercurius* and *Staphisagria*. Its pyrexial symptoms are important and distinctive. There is an icy coldness of the feet, an absolute lack of sweat and heat, with aversion to uncover, because he is chilly if uncovered ever so little.

Therefore, you will think of this remedy in loose coughs which end in a sneeze and are accompanied by involuntary evacuations, especially of urine; they are worse from cold drinks, just the reverse of *Causticum* and *Cuprum*.

We have then for review:

1. Secretions and exudations: Profuse and acrid. Children rub the eyes and nose.
2. Sticking sensations: With the cough; in pleurisy. Left hypochondrium, etc.
3. Involuntary evacuations: When coughing, sneezing, etc.

**Arum Triphyllum.**

Because of a botanical as well as a pathogenetic relationship we will digress long enough at this point to say a few words about the Araceæ in general and the Indian turnip in particular.

Many plants of this order are corms or tubers and also contain a volatile pungent or acrid, sometimes poisonous, watery juice which is dissipated by heat, a fact which the inhabitants of the tropics take advantage of in order to obtain the starch, of which they are largely composed. This is notably true of the South Sea Islands, where the taro or *Colocasia esculenta* is used in this way. In a like manner in Queen Elizabeth's time the corms of the *Arum maculatum* were used to make starch and arrowroot. *Arum* is derived from the Hebrew, *Jaron* "audant," an allusion to the shape of its leaves. The term arrowroot, although now referring mostly to a starch from *Maranta*, doubtless has the same origin, although it is said to be derived from the fact that the Indians used the root to counteract arrow-poisoning.

*Arum triphyllum* owes its intensely irritating action to this acrid principle, and only those of you that have in your boyhood tried to chew it in the green state can know how violently it inflames and excoriates the mucous membranes, at the same time causing a prickling and tingling severe enough to make the patient think a briar or nettles must be stuck in the part, causing him to continually pick thereat, even until it bleeds. I have seen infants pick as though plucking something away and then look at their fingers to see if they had found the offending object. The mucous surfaces become raw, very sore and swell, at the same time secreting large quantities of mucus almost as acrid as the plant juice itself. Every part touched by the discharge becomes raw and sore; the skin of the lips cracks and peels off, while the patient nervously picks at them. The angles of the mouth crack and scabs form on the affected spots; for this reason the patient is averse to opening the mouth or even drinking. The irritation may extend to the throat and larynx, causing a dry cough which hurts so much that he involuntarily limits the motion of throat muscles by grasping the larynx, very much like *Cepa* in two respects, as you see. In severe cases there is an almost indescribable nervous agitation; the patient cries out and throws himself into all sorts of positions, bores his fingers into his nose, throws his head back and is irritable; a true picture of a type of brain

irritation often seen in scarlet fever, diphtheria, etc. The tongue is swollen, denuded and sore, and the submaxillary glands are also swelled. The tendency to bore the fingers into the nose may be present in any brain disease. I once saw it occur in hydrocephalus, accompanied by the most intense grimacing distortions of the facial muscles, but *Arum* made a good cure. From its effect it is not strange that it should have found empirical use in the old school for bad cases of apthæ.

The juice of this plant may even blister a delicate skin. Homœopathically it is curative in pemphigus where the blisters contain an acrid fluid and the child picks at them or they are the seat of pricking pains. Excoriations which exude an acrid moisture and are more apt to appear in the folds of the skin are amenable to it.

Inability to control the voice, it is fatigued and changes its tone in a most irrational way, especially when there is much accumulation of mucus and it is rough and uncertain, sometimes low, again high. Such things happen to singers, speakers, etc.

Neuralgias and headaches aggravated by heat of all kinds, warm wraps, hot room, heat of sun, etc., have been cured.

It also has an irritative action on the kidneys, causing frequent urination, sometimes with a profuse at others with a scanty discharge. It is particularly useful in scarlet fever which, as you know, frequently presents a combination of throat, cutaneous and kidney symptoms.

As hinted above, *Cepa* has several very similar symptoms. *Iodide of Arsenic* also presents some. In a general way *Nit. ac.* is very similar.

We have for review then:

1. Irritation of any part, but especially of
2. The mucous membranes, skin, kidneys and nervous system.
3. Excoriating discharges and rawness.
4. The patient persistently picks at the affected part.

**A QUESTION OF POTENCY IN ACUTE DISEASES.**

By J. Fitz-Mathew.

I think Dr. C. Mohr is on record with the statement that he has found no difference between the actions of the low and the high potencies. Such has not been my experience and that of many others. I have verified the statement of Dr. Eidherr, Vienna, Raue's *Pathology*, page 176, that the average duration of pneumonia is shorter under treatment with the higher potencies than with the low. I seldom commence the treatment of pneumonia and other acute diseases with lower than the 30th. When a good action is established, as shown by temperature, pulse, etc., I stop medicine; or if necessary to repeat it by the indications presenting, it is given in a higher potency, because the first given has exhausted its power in that potency. In this way I have found the stages cut short and the mean duration for cases without grave complications about fifteen days.

Here are three cases; one with severe pleuritic complication convalescent by fifteenth day. One promising to be severe, temperature  $105^{\circ}$ , eleven days. One, temp. max.  $103.5^{\circ}$ , ten days, convalescent. In this last case the temperature did not reach its maximum because of the prompt action of *Belladonna*, which furnished the simillimum and cut short the first stage so that a dose or two of *Bryonia* and one of *Sulphur*, later, completed the case. It is important to make a correct R. at first. The forces of nature are being marshaled and an antitoxin prepared in her laboratory to repel the invaders. It is better to remain neutral until you are sure you can strike in the right direction. In this way typhoid fever, ordinary cases, are convalescent in about eighteen days. Such has been my experience and I may say that I have worked my way up from the lowest potencies. I once noticed a question from a gentleman on the opposition benches to one of our fraternity as to what was good for pneumonia. In answer some remedies were mentioned. Now, the only logical answer to such a question is: The remedy that covers the totality of the symptoms. The pathological condition will direct your attention to a group of remedies bearing on that condition and you will generally find one of them suited to the case, but you may not and the patient's symptoms in their totality must direct you in your selection.

*West Sound, Washington.*

**ACTEA RACEMOSA.****E. R. McIntyre, B. S., M. D.**

(*Cimicifuga racemosa*, *Macrotys*, Black cohosh, Squaw root, Black snake root.)

This plant is indigenous to almost all parts of the American continent, being found in some parts of Canada and almost throughout the United States. It is an active poison, large doses of which cause vomiting, diarrhoea and cardiac depression, even to faintness, according to allopathic authorities. Smaller doses, according to the same authors, produce the so-called tonic reaction, with increased appetite and digestion, and stronger cardiac action.

Some homœopathic authors tell us that "through the motor nerves this remedy acts as a depressing irritant, as shown by the nervous tremors resembling chorea." And they do not seem to realize that there is anything paradoxical in this statement. An irritant is diametrically opposed to a depressant. If a remedy depresses it is impossible for it to irritate at the same time.

*Actea racemosa* certainly produces a rheumatic condition in the entire muscular and articular systems, accompanied by muscular twitchings that are aggravated by pressure, while the pains are not aggravated, but rather ameliorated by pressure, like *Bryonia*, but unlike this drug the pains tend to change location frequently, and *Bryonia* has no muscular twitchings.

In view of the fact that the entire symptomatology of *Actea rac.* points to the rheumatic base, it may not be unprofitable to devote a little time to the study of rheumatism, in order to get a better understanding of the anatomical tissues involved in the action of the remedy. Authors have differed widely as to the real nature of this disease; but at present it is generally admitted that it is always associated with an excess of uric acid in the blood. But they have not seemed inclined to waste any protoplasm in attempting to ascertain the real source or reason for this uricacidæmia. The liver is the greatest chemical laboratory in the body, and in its normal condition there is scarcely a possibility of rheumatism, barring overeating. The liver is also an oxidizing agent, and when acting normally it oxidiles or burns up all of the nitrogenous matter that passes through it, perfectly converting the uric acid into urea so that it can be excreted by the kidneys, skin, etc.

But when from any cause the liver is disabled from complete work, or it receives more albuminous matter than it can oxidize perfectly, that which is not changed is not excreted, but thrown into the circulation to be deposited in the various muscles and articulations of the body as a poisonous irritant.

Since the liver has such a great variety of functions we would expect its nerve supply to show some variety. And in this we are not disappointed, since it receives nerve fibres from three different sources, the left pneumogastric, the phrenic and the sympathetic, in course of whose fibres, in the organ, we find numerous ganglia. These ganglia are not unimportant, as may be seen by a careful study of this wonderful gland. This nerve supply shows this gland to be in close relation to every other organ and function of the body. And we find that disorders of this organ manifest themselves in all parts of the body. And the cause of its disorders may be found almost any place in the body.

Since all involuntary action of the body is controlled by the ganglionic system we are justified in attributing the various functions of this organ largely to the same source, and in looking to remedies acting on this system for a cure. When we know the intimate nerve connection between this organ and the spleen, the kidneys, the gastro-intestinal tract and female generative organs, through the different plexuses of the sympathetic, and having learned that many of the morbid manifestations of *Actea rac.* may be traced to the liver, we are prepared to look for many hysterical symptoms in our *Actea* patients, and we are not disappointed, for we find "incessant talking, changing from one subject to another," like *Lach.* But, unlike this remedy, this is soon followed by the most terrible sadness and gloom, while the *Lach.* patient is constantly tormented by jealous rage and unfounded suspicions. Even her sadness is full of suspicions.

The *Actea* patient is characterized by constant change, both physical and mental, but the prevailing mental condition is this gloom and sadness, as if a cloud had settled over her or some terrible thing were going to happen. And this is no surprise when we consider its disturbing influence on the hepatic functions. All so-called "bilious" patients are gloomy.

When we consider all the elements that enter into what has already been said, we are prepared for the first line that makes the picture of the *Actea* patient, viz., *changeableness*. Like the red thread that runs throughout the rope of the British navy, this

changing runs all through the symptomatology of this drug. Mania followed by neuralgia; pain relieved by diarrhœa or other discharge; dry nose with severe pain in the head that is relieved by copious watery discharge from the nose. Even the location of the pains is constantly changing, like *Puls.*, *Ledum* and *Caul.* But the other symptoms of these drugs are so different from *Actea* that a mistake is hardly possible to him who attempts to make a careful prescription. Pain in every portion of the head, but more in the vertex and occiput, extending down the spine. The *Gels.* patient has pain in the occiput, but it extends up over the head to the eyebrows. The pain of *Nux vom.* might be confounded with that of *Actea* were it not for the fact that it begins in the forehead and extends over the head and down the spine.

Our *Actea* patient complains that the brain feels too large for the skull, or as if the top of the head would fly off. But all people who think that their brains are of marvelous dimensions do not need *Actea rac.* It may not be sickness, but a mistake. Heat in the back of the head; vertigo, with sense of fulness in the head. Pain, with soreness all through the brain; dull aching in the occiput, better in open air.

These symptoms all point to hyperæmia of the brain, from irritation of the superior cervical ganglion which controls the cerebral capillary vaso-motors, with resulting capillary contraction, which prevents the escape of the arterial blood into the veins and dams it up, so to speak, in the smaller vessels. When this hyperæmia extends to the angular gyrus we get the "dilated pupils, with dark spots before the eyes." The ciliary neuralgia and other pains may result from intra-cranial pressure or rheumatic hyperæsthesia of the trifacial, whose fibres furnish sensation to the eyeball. In the latter condition we would look to the floor of the fourth ventricle for the seat of the irritant. That the "fixed pain in the center of the eye" is not due to any change in the eye is proven by the completion of the symptom, "without redness."

As a further proof that this irritation is in the floor of the fourth ventricle, we read "nearly all the pains in the head extend to the eyeball, attended with faintness and sinking at the pit of the stomach. Nausea, eructations, headache and tremor. Nausea and vomiting due to cerebral sympathetic irritation." This group of symptoms could hardly all occur except through irritation to the root of the pneumogastric in the floor of the fourth ventricle.

The "sharp pains across the hypogastrium" and "neuralgic

pains in the abdomen" point to irritation of Auerbach's plexuses of the sympathetic, which causes irritation or spasm of peristalsis; and the alternate diarrhœa and constipation point to the same as the Bilroth-Meisner plexuses, which control intestinal secretion.

This alternation of constipation and diarrhœa reminds us of several remedies, prominent among which are *Nux vom.*, *Puls.*, *Sul.*, and *Ign.* But they all differ from the *Actea* patient so markedly in almost all other respects that a mistake need never occur because of this one symptom, which, because it belongs to so many remedies, should never be given a very prominent position in making up the individual picture of the case. This incoordinate action is but part and parcel of the tendency to constant change that marks the whole action of the drug; and it extends through the pelvic plexus to the female generative organs, especially the uterus and ovaries, where it manifests itself by rheumatic dysmenorrhœa, pains shooting from side to side or upward; spasmodic pains, now in the uterus and then in the hip or back, during labor. Hysterical spasms during menses; spasmodic neuralgia with rigid os during labor.

From the pelvic organs we may get, as a reflex symptom, burning in the mammary glands, infra-mammary pains, which may, in accordance with the general tendency to change, give place to pleurodynia or intercostal rheumatism, which is aggravated by motion; pain in the region of the heart with irregularity of heart beat. The action of the heart becomes "tumultuous, unexpected and strange," showing that it partakes of the general changeableness and irritability of all other organs and tissues. This condition of the heart results from the loss of balance between the cardiac acceleratory centre and cardiac inhibitory centre in the floor of the fourth ventricle, resulting from irritation at this point.

When this irritation extends down the cord it produces the "rheumatic pain in the muscles of the neck and back; a feeling of stiffness and retraction." That this results from spinal irritation is proven by the "sensitiveness of the spine, especially in the cervical and upper dorsal regions." Severe aching extends into the lumbar and sacral regions, like *Æsculus*, but *Actea* lacks the varicose veins and hæmorrhoids and other symptoms of venous engorgement of *Æsc.* The pain extends down the thighs, through the hips and shoots here and there in accordance with the general tendency to changes of the remedy. Rheumatism in the shoulder, hip, elbow, knee, wrist, ankle, hand or foot, first one and then

the other, now here, now there, accompanied or followed by soreness and a bruised feeling, like *Arnica*, but unlike this drug in that the *Actea* patient is relieved of pain by pressure, while the *Arnica* patient finds the bed too hard, and is constantly trying to find a softer place.

Trembling and twitching of the limbs, which are aggravated by pressure or lying on the part, while the pains are ameliorated by pressure. The sore bruised feeling extends to the whole body, with weakness and tremor, which causes uneasiness and restlessness. The trembling may increase to clonic or tonic spasms.

With the symptoms already given we would hardly expect to find the patient enjoying quiet, refreshing sleep; and she is sleepless, or if she falls into a light sleep it is disturbed by unpleasant dreams.

There is aggravation from motion, in a close room, notwithstanding the patient feels better when warm, he is better when out of doors if the air is not too cold. This is what we would expect in a case that depends so much on a lack of oxidation. Worse during menses. We are not surprised at this when we remember the terrible irritability of the patient at other times, and that the menstrual function adds to this condition.

70 State St., Chicago.

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## TREATMENT OF A CASE OF FIBROID TUMOR OF THE UTERUS, AND SOME MISTAKES IN DIAGNOSIS.

By Eli G. Jones, M. D.

In December, 1904, a lady came under my treatment; she was a blonde; age, forty-seven; at the menopause. She had been examined by a leading surgeon per vagina, and he had diagnosed her case to be "fibroid tumor of the uterus with *falling down of the bladder.*" I made a vaginal examination and found a double fibroid tumor of the uterus, with a polypus attached to the neck of the uterus. The surgeon had evidently mistaken the polypus for the bladder. It seems a curious fact that such mistake should be made in this enlightened medical age, with the four years' graded course in our medical colleges and our iron-clad medical laws. The above is only one of many such blunders that have

come to my notice since 1870. Only a few days ago I saw a case of cancer of the uterus where the doctors had examined it and could not diagnose the case. The whole of the uterus was involved and the disease had extended down into the vaginal canal. Another case I saw up in New York State, where her physician had been treating her for prolapsus uteri for a whole year and she was in the last stage of cancer of the uterus. Another case I saw in Baltimore had been diagnosed as an abscess in right side of the abdomen by three doctors of that city. They cut the man open and found a cancer attached to the stomach and bowels. All this goes to show that we are not turning out as practical men from the medical colleges as we did twenty-five or fifty years ago. A physician should have his eyes at his fingers' ends; leave your theories at home and use a little common sense. For the above patient I prescribed *Aurum mur. nat.* 3x, a 3-grain powder an hour after each meal. To the neck of the uterus I applied a tampon wet with

R. Ichthol.

Glycerine āā ʒjv.

Mix. Sig.—Apply once in twelve hours.

In a month from the time I began the treatment there was a decided improvement in the case. Appetite improved, less bloating and better digestion; in two months' time the polypus was gone, fibroid tumor growing smaller. In six months' time tumor about all gone. The patient was under my care a year; at the present time entirely free from tumor and polypus and no signs of any return of the trouble.

*New Brunswick, N. J.*

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## WANT TO BE AN ALKALOIDIST?

By A. F. Randall, M. D.

*The American Journal of Clinical Medicine*, néé *The Alkaloidal Clinic*, has several times intimated that it doesn't want any Homœopathy in his'n, and one high in authority says: "The proper treatment of Grippe is, roughly speaking, as follows: As early as may be administer a mild mercurial (*Blue mass* or *Calomel* gr. ⅓) every hour until four doses have been taken. The addition to each dose of *Leptandrin* and *Podophyllin* (gr. ⅓ of

each) will give better results. One hour after the last dose give a saline draught and repeat this in three hours. You will be astonished at the amount and character of the stools (I suppose it is proper to put a ! when astonished.—A. E. R.). From the first, exhibit hourly or oftener, according to symptoms, small doses of *Aconitine*, *Digitaline* and *Strychnine*, adding *Quinine salicylate*, gr.  $\frac{1}{6}$ , to each dose. As soon as the bowels have moved freely the hyperpyrexia will cease to be a feature and the *Aconitine* may be withdrawn. *Nuclein* in ten-drop doses should be given every four hours and (after the bowels have moved) at least fifteen grains of the *Sulphocarbolates* at the same intervals. Fever being reduced, bowels empty, and in the process of being rendered aseptic the *Digitalin* may be changed for *Cactin* one, *Quinine salicylate* one and *Strychnine* one (one gr. 1-67) every three hours.

At this stage the specific catarrhal and toxæmic conditions should receive attention. *Calcium sulphide*, gr.  $\frac{1}{6}$ , is given hourly, *Calcidin*, gr.  $\frac{1}{3}$ , being added to every other dose. This medication, with morning and evening saline draughts is continued till all distinctive symptoms have ceased, usually on the third day. If each night a dram of sweet spirits of niter is exhibited with a glass of cold water, results are better. Nourishment must be of concentrated and fluid form, a little being given often. The patient must remain in a room at 70 deg. F., and should receive a warm sponge bath daily. If an enema is given the first night, so much the better. The mouth and nares should be washed out frequently with a mild alkaline antiseptic solution and the nares swabbed with carbolated vaseline.

The acute stage over, place the patient upon *Calcidin* in tablet, *Hydrastin* one granule and *Quassin* two, these things being taken one hour before meals; after eating order two triple arsenates with nuclein, and morning and night ten drops of the latter absorbed from the buccal mucosa. Thrice weekly have a saline taken on rising and the night prior some mild cathartic, the *Aloin*, *Atropine* and *Cascara* compound is excellent. If there are signs of cardiac weakness *Cactin* may be added to the before-meals medication." I have been careful, and believe that none of the critters "exhibited" got away, for I want any fellow who has a hankering for this latest, up-to-date, "scientific accuracy" to get the full benefit of the whole twenty-four.

Sixteen years ago, when Russia lent us his influenzky with

such disastrous effect that thousands died, special sermons were preached to comfort the mourners. I listened to one by Dr. Collier, in New York, being at that time taking postgraduate studies. The homœopathists lost almost none, yet there be those that sneer at the most beneficent system of medicine in the world, a system that "exhibits" but one or two remedies, and cures "*Certo, cito, tuto et jucunde.*"

A writer in the *Medical World* asserts that you will be astonished if you will treat grippe with fifteen drops of *Rhus* and *Bry. θ* mixed, in a glass of water. Since one antidotes the other it is possible that he would be pleased at results if patient were given placebos and cold water, solely. Then when he had recovered from that astonishment he would be again astonished if he treated his patients to good Homœopathy.

*Port Huron, Mich.*

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## MORE ABOUT MOSQUITOES, WATER AND MALARIA.

Editor of HOMŒOPATHIC RECORDER.

I have read and re-read with a great deal of interest the paper from the pen of Dr. J. Hurley, in the RECORDER of January 15, 1906, page 38.

I have thought many times since the mosquito trial began that I would write my views and experience with malaria, covering a wide area and various climates, but the good doctor has gotten ahead of me.

That malaria is a water bred and born disease I am sure. But experience compels me to make a broader stand than Dr. Hurley does. I have evidence so strong that I must include, along *with* drinking water, fogs, miasms from damp soils, miasms arising from infected water, and even poor Anne Nopheles.

The good doctor tells us he has seen no positive evidence that the mosquito infects animals, including people, other than the finding of the plasmodium in her jaws. The Agricultural Department at Washington published a brochure, which proves that the mosquito does infect people, if we are to accept anything as proven.

I accept the mosquito theory as *one* of the means of infection, and *only* one. I think the doctor's experience at Fort Pike an

excellent illustration of the power of the mosquito to breed and produce malaria, for the cistern containing rain water is the heaven of the mosquito. "No water, no mosquito; no mosquito, no malaria," as per the mosquito theory.

Fort Brown, Texas, and Bakersfield, Kern county, California, are well selected and seem to prove the doctor's case conclusively, unless we can bring just as strong evidence to prove that people living in just as bad malarial districts have been cured while continuing their drinking water, but making other changes that proved effective.

This evidence I shall try to produce by the following data, gained from my experience and travels:

My first knowledge of malaria was in Van Wert county, Ohio, which is in the northwestern part of the State, in a low, swampy, woodland section, contributory to Lake Erie. It was a new country, full of mosquitoes and old-fashioned "fever and ague," chill, fever, sweat; excepting an occasional case of "dumb ague."

New Jersey can't compare with that section in its balmy days.

One preacher told his congregation that in one section where he had been the mosquitoes were so large that many of them would weigh a pound. They accused him of falsifying; but one good brother said he believed it was the truth, as he had been in the same section and had known them to climb up the trees and bark. Then another man stepped up and stated that they had no right to doubt what the gentleman had said, for he had an experience with one mosquito in that immediate neighborhood that satisfied him of their size, power and murderous proclivities. He said: "About a year ago this spring I was out in the woods girdling (deadening) trees and saplings; I heard a rushing sound as of a coming whirlwind; looking over my left shoulder I saw a large mosquito coming straight for me. I stood my ground between the sapling which I was girdling and the oncoming mosquito, until it reared back on its haunches to make the fatal strike with its impaler, when I dodged and let the sapling receive the blow intended for me. Well, sir, she ran her bill clear through the sapling and I clinched the end of it with my ax, and then left her to her fate. I had forgotten all about the occurrence when, last winter, I was out chopping wood I heard a rattle, rattle, rattle that was peculiar. In searching out the cause I found it was the wind blowing upon the bones of my would-be assassin and making them rattle together."

But as the country was cleared up and drained the pools disappeared, the miasm disappeared, the mosquito disappeared and ague disappeared, except isolated cases. But the people to this day are drinking out of the same wells used during the period when mosquitoes and ague reigned supreme.

In Kansas in the early settlement of Stafford county as soon as a new neighborhood was started and considerable sod turned over there was any amount of malaria. The well was often put down before the house was built. There were no mosquitoes. To-day there are no mosquitoes, no malaria, yet the same wells supplied in the quicksand that extends to the Arkansas River. In Neosho county I had malaria, when I was the only case I knew of. But I was frequently crossing the Neosho River and bottom, often at night when dense fogs were on. Winter season and no mosquitoes.

Now for the little state of Texas, where the doctor and I meet on a common ground. Near Fort Worth, Dr. Chambers told me that some seasons he could tell in the day time, by the location of his malarial patients, just how high the night fogs raised in a given section. The line of demarkation was so distinct, that he saw many cures result from moving patients from the first to the second floors of their dwellings. He did not mention having made any change in the drinking water.

The Brazos River in Texas is a great malarial section. The water is brackish. In fact, it seems that all brackish water not subjected to oceanic waves and currents is productive of malaria. There the disease must come from inhalations, the mosquito or the *Natrum mur.* laden atmosphere.

Speaking of moisture, leads me to consider here that hybrid, *Dengue*, spoken of by the doctor. A disease born of colds and malaria. It always occurs during or immediately following a thaw in winter. I did not see the epidemic in Chicago spoken of by Dr. Hurley, but I saw it in Fort Worth, Texas, and again in Washington. D. C., when the atmospheric conditions were such that you could sniff your nose and smell a stench anywhere. In Washington everybody residing within five blocks of a medical school thought it was the dissecting room. In fact injunctions were served on that ground. In Washington it was called La Grippe, though the history of this disease did not cover the prevailing epidemic. In Dengue in the North you will find more of the characteristics of the cold parent and less of the malarial,

while South you find all the family traits of malaria cropping out, while the cold is kept in the background. "Mosquitoes be hanged." It is a moisture developed disease.

In Washington there are very few mosquitoes, but plenty of malaria. They use the same water supply the year round, yet the physicians know when an epidemic of malaria is coming. One of the dominant societies has gone to the trouble of making up three officinal prescriptions, known by number and containing so-called anti-malarial ingredients

When you get a case of malaria you look it over and guess which prescription may possibly suppress the trouble and then write, R M. S. No. —, § iv., etc. Short, quick, convenient, as every druggist has the prescriptions made up and in stock

When is the epidemic coming? Whenever and wherever the streets are torn up to any extent to repair paving, lay sewers, gas or water mains, electric conduits, to build cable or underground trolley systems, or excavations for large buildings. Also when the water in the Potomac River in summer begins to have what the laity call a fishy odor: I will call it malarial miasm. So sensitive are some people to its influence, and I am one of them, that one excursion down to Marshall Hall, Mount Vernon or Indian Head after this condition develops will set up a genuine attack of dumb ague, and treatment must be instituted. The same is true to a slight extent here on Lake Chautauqua, 1,500 feet above sea level.

According to observation every place situated on what is known by geologists as made soil (I do not mean low places filled by debris), with any extent of watershed above it, is situated over a subterranean drain to the final outlet, which may be a river, lake or the ocean. Washington, D. C., is so situated. Hence the epidemic whenever the surface is torn open, permitting the confined miasm to escape and poison the surrounding atmosphere.

The good doctor locates abandoned Fort Brackenridge in just such a place. Fort Hancock is so situated, but he does not tell us that it has been taken out of the malarial list. Fort Ringgold is not so situated, and has been reclaimed. Bakersfield, California, is so situated, and can be reclaimed, according to Dr. Hurley, by boiling the water. His observations may be incomplete. The Mongolian may be immune.

Also boiling the water might suffice until extensive excavations were made and then fail. It seems that extensive excava-

tions were in progress at the time he made his observations, which would strengthen my evidence, unless immediately following his suggestions the population were put upon boiled water and it proved efficacious.

I am glad the doctor gave the profession the paper. I am glad to have had the pleasure of studying it. I am glad to add my mite to extenuate the crime of poor Anopheles, and have her sentence changed from deliberate murder to accidental homicide. The case seems to be "put up" on her by a few designing persons, who were "making out a case" for self vain glory, and who have admitted no evidence in defense.

I admit the mosquito is no saint. She must bear her share of condemnation, but no more.

Our drinking water is productive of many ills, including malaria.

Subtle moisture that cannot be called water in the ordinary sense is also productive of much malaria, much more in my opinion than drinking water.

Therefore, I think the doctor's prophylaxis will fail in the majority of cases, because it does not meet the majority of the conditions.

Yours for "truth, the whole truth and nothing but the truth," and fads put on the shelf.

A. JEROME ROBBINS, M. D.

*Jamestown and Chautauqua, New York,*

*Jan. 25, 1906.*

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**INTERNATIONAL HOMŒOPATHIC CONGRESS,  
SEPT. 10-15, 1906.**

CHICAGO, FEB. 9, 1906.

Editor of the HOMŒOPATHIC RECORDER.

At the meeting of the American Institute of Homœopathy, held in Chicago, June, 1905, it was decided to hold the International Homœopathic Congress at Atlantic City, New Jersey, in the month of September, 1906.

The Executive Committee of the Institute, in conjunction with the Special Committee on International Congress, met at the Hotel Manhattan, New York City, January 31st. At this meeting it was voted to hold the Congress in the week of September 10th to 15th.

The Institute will open its business sessions at three o'clock, Monday, Sept. 10th. The Congress will open 4:30 the same day. Daily sessions will be held throughout the week.

Monday evening will occur the usual public exercises and reception; Tuesday evening the memorial exercises; Wednesday and Thursday evenings will be given up to scientific sessions of the various bureaus and societies. Friday evening is reserved for the Local Committee to provide entertainment.

There is prospect that a large delegation from England will attend the Congress.

W. E. GREEN, *President.*

CH. GATCHELL, *Secretary.*

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#### FORTY-FOURTH ANNUAL MEETING OF THE HOMŒOPATHIC MEDICAL SOCIETY OF NEW YORK.

The Homœopathic Medical Society of the State of New York held its forty-fourth annual meeting in Albany, N. Y., on Tuesday and Wednesday, February 13th and 14th, 1906.

The headquarters of the society were in the Hotel Ten Eyck, and the sessions were held in the ball-room thereof. The meeting was one of the best attended in the history of the society. A particularly good programme of thirty-four papers was presented. The discussion was general and profitable, although the length of the programme precluded as full a discussion on some of the subjects as would have been desirable. This fact spoke eloquently for the proposed amendment giving the society a three days' session. This was, however, voted down for other reasons.

President DeWitt G. Wilcox, of Buffalo, occupied the chair during the sessions, and Treasurer Chas. T. Haines, of Utica, and Secretary H. Worthington Paige, of Oneonta, filled their respective positions.

The meeting opened at ten o'clock on Tuesday morning with an invocation by the Rev. Chas. S. Hager, of Albany.

The Treasurer's report showed a balance of about five hundred dollars on hand. The Necrologist, Dr. John Hutchinson, reported upon the deaths of Drs. Edwin N. Kellogg and E. S. Buell and a resolution of respect was tendered The Old School Society upon the death of Dr. George R. Fowler, of Brooklyn.

The Committee on Life Insurance Companies, Dr. George Parker Holden, chairman, presented an exhaustive report showing that in this State, at least, the leading companies did not discriminate against the homœopathic school to the extent generally supposed. The report was rather incredulously received. Resolutions of approval and endorsement were passed relative to the Stevens Senate (State) Bill, calling for the proper labelling and analysis of proprietary medicines, containing alcohol or narcotic drugs, and of the Heyburn Pure Food Bill, U. S. Senate, No. 88.

Amendments were adopted improving the present cumbersome method of nomination and election of officers for the society. The amendment to do away with the semi annual meeting and to hold the annual meeting in September was laid on the table.

The following were nominated to the Board of Regents as candidates from whom that board is to choose three to serve as State Medical Examiners: Drs. J. H. Lee, J. W. Candee, G. E. Gorham, F. W. Adriance, E. R. Fiske, H. S. Hathaway.

It was the sense of the society that the action of its Executive Committee, in conference with the old school, in taking the stand that the time was not ripe for the unification of the three Examining Boards be endorsed.

Election of officers resulted as follows: President, N. H. Collins; first vice-president, T. D. Buchanan; second vice-president, F. W. Seward, Jr.; third vice-president, O. S. Ritch; secretary, H. Worthington Paige; treasurer, F. M. Dearborn; necrologist, J. L. Moffat; counsel, F. E. Wadhams; censors, W. L. Love, W. G. Crump, C. E. Lane, A. B. Van Loon, J. I. Dowling, J. H. Hallock, A. R. Grant, R. B. Howland, G. H. Jenkins, S. W. Hurd, C. R. Summer, Joseph Reiger.

Tuesday evening the annual banquet was held. About two hundred were present. After an excellent dinner, the president, Dr. DeWitt G. Wilcox, in a witty speech, introduced Dr. John E. Wilson as toastmaster. The following were the speakers and their subjects: "The Practitioner," H. Worthington Paige; "His Rulers," Lieut. Governor Bruce; "His Responsibilities to the State," Health Commissioner Eugene H. Porter; "His Duty to His Patient," Rev. Geo. F. Whittemore.

Wednesday noon the retiring president read his address, filled with pertinent suggestions on living topics, an essay well worth perusal when and wherever published. It discussed amalgamation of the schools, patent medicines, certain forms of medical (?)

advertising as to proprietary medicines, the school methods with children, etc., etc. The paper by Dr. R. L. Copeland, of Ann Arbor, Mich., upon "The Infinitesimal Dose," and that by Dr. F. C. Curtis, of the State Department of Health, upon the "Erythematous Exanthemata," and the one by Dr. Herbert D. Pease, Director of the State Antitoxin Laboratory, upon "The Laboratory in Public Health Work," deserve special mention.

The scientific programme by bureaux was as follows:

*Materia Medica.*—P. W. Shedd, chairman; "The Infinitesimal Dose," R. S. Copeland, Ann Arbor, Mich. (by invitation); "Scilla Maritima," W. B. Gifford; "Pyrogen," Rudolph F. Rabe; "Echinacea," W. H. Nicholson; "The Present Status of the *Materia Medica*," Charles S. Winters.

*Clinical Medicine.*—Burt J. Maycock, chairman; "Actinomycosis of the Skin," F. M. Dearborn; "Some Thoughts on the Tuberculosis Problem," W. H. Van den Burg.

*Neurology.*—Clarence A. Potter, chairman; "The Influence of Heredity in Our Lives," C. Spencer Kinney, Easton, Pa. (by invitation); "Manic-Depressive Insanity with Illustrated Cases," Amos G. Givens, Stamford, Conn. (by invitation); "A Case of Traumatic Neuritis Cured by the Static Spark," Charles L. Bailey; "Mercury in Its Relation to Nervous Diseases," Clarence C. Howard; "The Relation of Climate to Diseases of the Nervous System," Frederick W. Seward, Jr.; "The Nature of Hysteria and Its Mental Relationships," Robert C. Woodman.

*Obstetrics.*—C. R. Summer, chairman; "The Toxæmia of Pregnancy," Frederick W. Hamlin; discussion opened by Edwin H. Wolcott; "A Few Obstetrical Abnormalities," Walter Gray Crump.

*Gynæcology.*—Arthur Rogers Grant, chairman; "Ventral Suspension and Ventral Fixation," Nathaniel W. Emerson, Boston, Mass. (by invitation); discussion opened by DeWitt G. Wilcox; "Carcinoma of the Breast," Wm. Francis Honan; discussion opened by W. L. Hartman; "Posture: Its Value in the Management of the Diseases of Women," Arthur Rogers Grant; discussion opened by George E. Gorham.

*Pædiatrics.*—John E. Wilson, chairman; "Important Points Regarding the Eyes of Children, Frequently Overlooked," A. B. Norton; "The Neglected Ear Conditions of Childhood," Herbert D. Schenck; "Phimosis, and Adherent Hood of the Clitoris: The Effects of the Condition on Children: The Method of Treat-

ment," Sidney F. Wilcox; "Dietetic Methods in the Nutritional and Gastro-Intestinal Diseases of Infancy and Early Childhood," J. T. Simonson; "How May a Constitutional Predisposition to Tuberculosis in a Child Be Best Overcome?" H. Worthington Paige.

Ophthalmology and Otolology.—George A. Shepard, chairman; "The Spread of Infection in Mastoiditis, with Specimens," Ralph J. Lloyd; discussion opened by Alton C. Warner; "Latent Weakness of the Ocular Muscles," George A. Shepard; discussion opened by George W. McDowell.

Laryngology and Rhinology.—Robert Mortimer Jones, chairman; "Some Clinical Reports of Tonsil Cases," L. W. Deen; "Tertiary Syphilis," Robert Mortimer Jones.

Public Health.—George E. Gorman, chairman; "The Erythematous Exanthemata," F. C. Curtis, M. D., State Department of Health; "The Laboratory in Public Health Work," Herbert D. Pease, M. D., Director Antitoxin Laboratory, State Department of Health; "Some Thoughts, Observations and Cases, Illustrating What Can Be Done in Apparently Hopeless Conditions," M. O. Terry.

Surgery.—William H. Hodge, chairman; "Scopolamine for Anæsthesia—A Fallacy," J. W. Hassler; "A Report of Some Clinical Cases," George T. Moseley; "Acute Suppurative Pancreatitis," George R. Critchlow.

H. WORTHINGTON PAIGE, *Secretary.*

*Oneonta, N. Y.*

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## NEW YORK STATE PROVING.

### An Open Letter.

The homœopathic physicians of Massachusetts have recently completed a valuable re-proving of *Belladonna*. It is proposed that New York State add its quota to *Materia Medica* by a drug-proving for 1906.

The drug chosen will be a plant of which some clinical account is given in homœopathic literature, but of which no scientific proving has been made. The drug will be supplied in tincture, 3d, 12th, 30th, 200th, 1000th.

Homœopathic physicians are requested to signify their willingness to prove the "unknown quantity" by sending a postal to

the Chairman of the Drug-Proving Committee (Hom. Med. Society, County of New York) and Bureau of Materia Medica (Hom. Med. Society, State of New York), address below, when the drug will be forwarded. Any of the laity whom physicians may enlist in this work, and who will be under their observation during the use of the drug, will also be supplied (through the physician).

Before such proving a careful anamnesis should be recorded (all records should be kept on or transferred to legal cap, one side of the sheet only); six ounces (including sediment) of a 24 hours' urine (add gtt X formalin) should be sent (with name, address, quantity in 24 hours, reaction when passed) to the official Pathologist, Dr. P. D. Saylor, 133-137 West 47th St., New York City, for examination. The blood count (before and after the proving) will also be taken by the Pathologist, Dr. Saylor, when it is possible; otherwise by the nearest physician with the apparatus; or disregarded if impossible to obtain.

Where it is possible, provers are requested to have examination made by specialists in the various branches that the proving may be of greater value.

It is desired that every practitioner enter, TO SOME EXTENT, into the proving. For example, a few doses of the tincture or potency may be taken until SOME disturbance of cellular or functional equilibrium is noted: Constipation, headache, insomnia, drowsiness, thirst, increased or lessened appetite, etc., etc. When the DIRECTION of this disturbance is thus indicated the drug may be stopped if the individual does not care to continue its study, and in this way a mass of confirmatory and valuable evidence from many sources will accumulate.

Furthermore, the preliminary knowledge thus gained by the physician will lend additional interest in and appreciation of the full proving of the drug.

In these self-provings, SS. 120-141 of *The Organon* should be consulted.

Physicians in other States than New York who would like to take part in the proving will be most welcome, will be supplied with the drug, and full credit will be given.

The proving will begin with each individual whenever he or she is ready, preferably before May 1st, that the results may be early tabulated for publication.

Fraternally,

P. W. SHEDD, M. D.,

113 West 71st St., New York City.

Chairman, Drug-Proving Committee, N. Y. County Society:

DR. G. DEWAYNE HALLETT, *Pres.*

Chairman, Materia Medica Bureau, N. Y. State Society:

DR. DEWITT G. WILCOX, *Pres.*

Drug-Proving Committee:

P. W. SHEDD, M. D., *Chairman*,

L. M. STANTON, M. D.,

W. H. DIEFFENBACH, M. D.,

J. B. GARRISON, M. D.,

SPENCER CARLETON, M. D.

### FOR L. E. R.

Editor of the HOMŒOPATHIC RECORDER.

In reply to L. E. R. in January RECORDER *His case* is the result of *vaccine miasm* that has got to be eradicated from the system before nature can resume normal function.

The woman is of a fine, delicate, nervous temperament, where a breath of air to the commonality is a gale to her.

The vaccine *stirred up a tornado* in the nervous system, showing itself in the outbreak of the skin; that not being properly treated (suppressed) it spread through the system with the present results.

*Thuja* is the remedy given, *high*. Start with the m, and not too often. If results are not satisfactory, next time 50 m. Pay *strict* attention to the diet, a great deal depends on that. Next keep up a good circulation of the skin by daily use of hand friction and the flesh brush. *Don't* be afraid of exposing the skin to the *air*.

DR. J. A. WHITMAN.

*Beaufort, S. C., Jan. 24, 1906.*

(Burnett, in his remarkable little book *Vaccinosis*, always prescribed *Thuja* 30 for constitutional ills following vaccination.—Editor of the HOMŒOPATHIC RECORDER.)

### U. S. PROVING.

Editor of the HOMŒOPATHIC RECORDER.

In view of the fact that the U. S. Government is conducting a series of experiments to determine the effects of various drug-substances, whether injurious or not; and,

In view of the fact that homœopathic medicine is therapeutically based upon the provings of each single drug-substance upon the healthy organism to determine its specific and exact action in disturbing cellular or functional equilibrium, and that, therefore, any government proving may be made of scientific value in the cure of disease, we, the members of the Homœopathic Medical Society of the County of New York, respectfully recommend that, in further experiments a homœopathic preparation of the drug-substance be administered to several of the provers, and that the effect, mental and physical, with careful regard to the character, location, aggravation or amelioration (as from heat, cold, pressure) of each symptom be noted in all cases (also in those taking crude doses), that the government commercial provings may be made of therapeutic value to the 15,000 homœopathic practitioners to the hundreds of thousands of taxpayers under homœopathic treatment, and to exact medical science in general.

*Adopted and ordered sent to every Homœopathic Journal and to the Secretary of Agriculture and Dr. H. W. Wiley.*

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## NEXT MEETING OF AMERICAN INSTITUTE OF HOMŒOPATHY.

BOSTON, Feb. 15, 1906.

*Dear Doctor:* At a meeting of the Executive Committee of the American Institute of Homœopathy and the Special Committee on the International Homœopathic Congress, held in New York January 31st and February 1st, it was decided to hold the Congress, beginning Monday the 10th of September, and ending Saturday the 15th. The Congress to be held in Atlantic City in accordance with the Institute's vote last June. It was also decided to open the Institute's session at three o'clock on Monday afternoon, September 10th; and to hold the preliminary meeting of the Congress on the same afternoon at 4:30; to have the formal opening of the Congress on Monday evening, this meeting to be of a somewhat popular nature, as is the case with the opening meetings of the Institute itself. The President of the Institute to have a conspicuous part in this meeting of the Congress. It was also decided to have the Institute's business sessions held daily from nine to ten; to give the time from ten to one o'clock daily

to the Congress; and to ask the special societies to hold their sessions during the afternoons and evenings of the week, the Congress also to have afternoon and evening sessions. It was decided to devote Tuesday to the discussion of the Principles and Propagandism of Homœopathy; Wednesday, to the study of *Materia Medica* (drug pathogenesis, provings, etc.); Thursday, to Clinical Medicine; Friday, to Pediatrics and Sanitary Science; Saturday, to be used for adjourned meetings and concluding exercises.

Dr. A. W. Bailey, of Atlantic City, representing the local committee of arrangements, attended the meeting and promised to give ample accommodations for all the various committee, societies, and Congress meetings, as well as to furnish ample accommodations for all guests.

The outlook is exceedingly bright for an enthusiastic and successful Congress. I do not know that it is anybody's special duty to inform you of these facts, but it seems to me that all our journals should be kept informed of the plans that are being made, in order that the widest publicity for these plans may be obtained, and in order that a widespread interest in the Congress may be aroused. I hope you will find it convenient to make such editorial use of these facts as seems to you expedient.

Very truly yours,

J. P. SUTHERLAND, M. D.

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## CHIPS.

“It is admitted by all the sect that Mrs. Eddy has grown enormously wealthy within a few years. She is the Rockefeller of the fakir crew. This wonderful woman has certainly established the strongest personal hold upon the minds of credulous people of anyone since the time of Mahomet.”—*Dr. M. M. Lively in Oklahoma Med. Jour.*

“The most expensive article we can buy is the cheap one. This axiom is especially true in the domain of medicine. The question should always be, is this the best? Health, and often life, depends upon the reliability of the drug prescribed, and good results are never obtained with inferior preparations.”—*Eclectic Medical Journal.*

"Not much is known about the substance (Radium), and, therefore, it has been conjectured that it might be good to cure disease."—*Medical Talk*.

"We have many Greek and Latin words in our onomatopoeia because our science originated in Greco-Roman antiquity. These classical languages in our onomatologia, etc., etc."—*Rose, Post-Graduate*.

"Onomatology furnishes the real instruments for the operation of the mind."—*Lavoisier*.

"The great majority of the profession merit the confidence reposed in them by their patients and by the public, but if this majority does nothing to prevent the growth of the system pursued by a few physicians for defrauding and betraying their patients, then all must suffer—all should suffer."—*Halstead, Syracuse Academy of Medicine*.

"Most sincerely to be pitied is the man who looks at his tongue every morning and keeps a clinical thermometer."—*Health*.

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## OBITUARY.

### Harrison.

Dr. William H. Harrison, the well known homœopathic physician, died at his home in Brunner Friday, January 19, at 9:25 P. M., of Bright's disease, from which he had been a sufferer for over a year.

Dr. Harrison was born at Alton, Ill., October 6, 1840. He received an early education at the district schools and later entered Rock River Seminary at Mount Morris, Ill., and afterwards graduated from Bellevue Hospital College of New York City. Immediately upon his graduating he was appointed assistant surgeon in the Fourth Wisconsin Volunteer Cavalry, which position he held throughout the Civil War. Dr. Harrison served during the yellow fever epidemic in Louisiana in 1878, at that time contracting the fever, and afterwards suffered a relapse, but owing to his very strong constitution overcame the disease, of which he was so successful in curing others. He came to Houston about thirteen years ago from Baton Rouge, La., where he had practiced for about fifteen years. He began the practice of Homœopathy

about twenty-five years ago. He was a member of the Southern Homœopathic Medical Association, also a post-graduate of Dunham Homœopathic College of Chicago, Ill. He has been married three times and is survived by a wife and one son, William R. Harrison, of this city. He was noted for his charitable acts to the poor, who were in need of his services. He was buried with Masonic honors from his late residence, corner Patterson and Wellsh streets, in Brunner. Interment in German cemetery.—*Houston Texas Chronicle.*

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#### DeWolf.

Dr. J. Harry DeWolf, aged 51 years, died at his home, 1,600 West Franklin street, Baltimore, Md., after an illness of one month, of diabetes, having been confined to his bed for the past ten days. He was born in Philadelphia, and was a son of Rev. Erastus DeWolf, an Episcopal clergyman. Dr. DeWolf was a graduate of the University of Pennsylvania, in medicine. After this he took up Homœopathy, and then went abroad to complete his studies. He had resided in Baltimore for the past twenty years, practicing his profession in the western section of the city.

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### CEREBRO-SPINAL MENINGITIS.

By Dr. Baurittel, Catania.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*

The article on this subject concludes as follows:

“I would make the following contribution to the discussion of this disease: As soon as we have been informed of the epidemic appearance of this malignant disease and of cases in the immediate neighborhood, we should treat every case of fever exclusively with *Belladonna* (but be sure not to take high potencies); we should at such times entirely drop *Aconite*, no matter how great the excellence of this remedy may be in other cases. The sooner *Belladonna* is given the more probable is the cure of that case and the easy course of the disease. Even at times when there is only headache (especially in the occiput), we should at once begin with *Belladonna* 4-6 D. When there is a shaking chill, be sure not to go higher than the third potency. Where the course of

the disease is very acute, we may in urgent cases go even as low as the second potency, but as soon as there is a sign of improvement we should go higher. Where there is an urgent call for medicine and there is only the 4, 5 or 6 potency at hand, we may help ourselves, in a rapid and severe aggravation, by giving cumulative doses, *i. e.*, three to five drops may be given every five to ten minutes in quick succession for an hour. Then we may continue with doses every hour or every two hours, when there are reasons for an alternating remedy. Among these *Zincum* is decidedly the best. But it should not be given too low, nor too often, nor too long. In this remedy we, therefore, have the opposite as to dosage from *Belladonna*. Three to four doses of the 12 D. given for a few days are sufficient. *Belladonna*, therefore, should be given several times before the turn arrives for *Zincum*. The latter, as all other metals has a much longer duration of action and remains much longer in the body than *Belladonna*, for it cannot be transmuted.

“I would not use *Tabacum* in cerebro-spinal meningitis, for it frequently does not act, and where it does act (especially with the female sex) it has more of a stimulating effect than a curative one.

“*Eupatorium*, *Baptisia*, *Veratrum*, *Arsenicum* and *Helleborus* are less indicated; rather *Gelsemium* and *Opium*, but just these remedies have the disadvantage that they will not act after *Belladonna*.

“But as a third remedy we have *Cicuta*, which acts well, especially with the female sex. *Cicuta* is given in the same potencies as *Belladonna* and will also act when following immediately upon it.

“Instead of the local venesections recommended by some, frequent diversions toward the feet by means of hot bottles are preferable. Some clysters (even up to five or six) to be retained in the body are of decided benefit. On the other hand, the ice-bag recommended by allopaths (and this not only on the head, but even on the spinal column) are veritable murder, as also the injections of *Morphium* recommended by the same school and intended to assuage the pains occurring during meningitis are similarly murderous. We should, therefore, remain as long as possible with *Belladonna*, for there are thousands of proofs of its brilliant effects on the brain and the spinal marrow, not only in meningitis, but also in convulsions and fevers; this remedy also

shows us by its other symptoms, such as throwing back the head, boring in the pillows. etc., that it exactly touches the points and the centers which are affected in meningitis. Only we must observe a great elasticity as to doses and potencies, in order that we may get the full action of *Belladonna*, since we are mainly dependent on it, and the body when we use it continuously in the same dose may accustom itself to it, or there may even be added a medicinal disease.''

## MODERN VACCINATION.

By W. J. Hawkes, M. D.

While I have vaccinated during all my professional life until within a few years, without observing in my own practice serious results other than very ugly sores, I must go on record as being opposed to the process as at present imposed by law upon school children.

Theoretically it can hardly be safe to inject into the blood matter procured in the manner the vaccine virus of commerce is, even where there is no possibility of its having been carelessly and improperly prepared. But it is a recognized fact that there are degrees of quality in that offered for sale. No physician knows, nor has any means of knowing, whether or not the stuff he buys is as represented.

The question of adulterated foods and medicines is an open and public one, and is at present being freely discussed in the public press. This discussion implies cupidity or carelessness on the part of manufacturers and dealers. But have we good reason to believe that the manufacturers and dealers in vaccine virus are more careful and honest? When there is so much concern and excitement upon the question of impurity in substances taken into the stomach where nature has provided such strong safeguards against innocuous matter, how much more should we be concerned about probably impure matter being injected into the blood circulation where absolutely no natural safeguards have been provided?

Theoretically, in these days of excellent and universal aseptic teaching and practice, the injection of the product of disease into the blood of the healthy with a notion of preventing possible dis-

ease seems, to say the least, absurd. Practically, we have the evidence of thousands that it is injurious. But what are the evidences that, even if harmless, it accomplishes what its advocates claim for it.

They are: First, that it prevents small-pox; and, second, that statistics show that small-pox has decreased wherever vaccination has been practiced.

In regard to the first claim, it is only necessary to review medical history to know that, if vaccination prevents small-pox at all it is for only a brief and very uncertain period.

In regard to the second claim that small pox has generally decreased wherever vaccination, has been practiced, because of vaccination, it is only necessary to call attention to the fact that all other contagious diseases have decreased to at least as great a degree during the same period.

To a reflecting and unprejudiced mind this recognized decrease in all such diseases may, therefore, as well be attributed to vaccination as it is in small-pox.

Yellow fever in Havana and Panama has been practically annihilated; Asiatic cholera, and the Plague likewise; but not by vaccination. Cleanliness is the watchword, the great and only preventive.

The prime and, I believe, the only cause of all these dread diseases is *filth*, internal and external. Clean and keep clean—by eternal vigilance and obedience to the physical laws of hygiene—the body, internally and externally, and its environments, then all afflictions—rather, *infections*—will disappear; and that with recourse to the worse than doubtful expedient of such measures as vaccination or serum-therapy in any form.

In the *Los Angeles Times* of September 15, 1905, appear the two following items which are pertinent to the question. They are from one issue of one newspaper among the thousands published. The facts therein portrayed should damn vaccination forever.

The explanation given by the officers of the Oakland School Board are puerile and ridiculous: "The boy must have scratched his sore arm with dirty fingers." As if every boy did not scratch his sores of all kinds with dirty fingers on all occasions. But that lame excuse will not clear them of responsibility for that boy's suffering and untimely death:

### Dies of Lockjaw—Vaccination the Cause.

SAN FRANCISCO, September 14th.—(Exclusive Dispatch). Lockjaw resulting from vaccination has proved fatal to Elmer Thomas Wise, a seven-year-old boy of Oakland.

"It was vaccination that killed this boy," said Dr. Herrick, when questioned to-day, "and it was not." You can see by my call book here that I vaccinated this boy on August 14th last. He had never been vaccinated before, and the vaccination was successful. The boy went right on to school after that. I was called to see him on September 7th. The arm had become infected with tetanus bacillus from some outside contamination.

"The parents brought him into my office here the night of September 6th, saying he seemed indisposed. You know that was nothing extraordinary following vaccination. But I told them to keep him out of school for a few days. The next morning, when they sent for me, the lad's jaws were already set and I explained it all to the parents.

"You cannot really tell what it was. He was certainly over the vaccination, but having an open sore, the scab having come off, it became infected, as I have said. Tetanus bacillus is usually found most frequently about stables and barns. He might have contracted infection in a dozen ways."

The Oakland school has rigidly enforced vaccination, and officers claim that the boy must have scratched his sore arm with dirty fingers to have become infected. They have vaccinated 105 children since the schools opened and all have recovered.

### Death After Vaccination.

SANTA BARBARA, September 14th.—Henry Bonn, young son of J. J. Bonn, of Los Angeles, died in this city Tuesday morning, as a result of a vaccination performed before the boy attended school and in compliance with the State School laws.

The boy went to school after the operation for several days, but later developed tetanus, from which lockjaw resulted, ending in his death. His guardians say that he was vaccinated upon the demand of the teacher, but the school authorities deny that they had anything to do with the vaccination, and say that it must have been done on account of last year's regulations in regard to vaccination.—*Medical Advance*.

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"*Camphor* is a remedy too frequently overlooked. Its action on the cerebro-spinal system should not be underestimated. Its use is more frequently indicated when spastic or convulsive symptoms predominate, and hence in hysterical and epileptoid tendencies it has a more telling effect. It has further a depressing action, and thus we find its clinical callings relate to a great depression of

the general nervous system; but this is always associated with irritations of mucous surfaces, as observed in enteritis and kindred affections, acute and chronic. In insomnia it is one of my favorite remedies. I have in mind a remarkable success in the case of a patient suffering with insomnia when the only indicative symptoms were the coldness of the limbs and cramps in the same at night. Subtultus and extreme restlessness almost always call for this remedy.—*V. H. Halbert, M. D.*

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## BOOK NOTICES.

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**Anatomy, Descriptive and Surgical.** By H. Henry Gray, F. R. S. New American Edition. Thoroughly revised and re-edited with additions. By John Chalmers DaCosta, M. D., Professor of Clinical Surgery Jefferson Medical College, etc. Illustrated with 1,132 elaborate illustrations, black and colored. Imperial octavo, 1,600 pages. Cloth, \$6.00. Leather, \$7.00. Lea Brothers & Co. Philadelphia and New York. 1905.

Gray has been not only the leading text-book on its own subject, but also the most important and best known work in all medical literature, in every language, for nearly fifty years.

In every English-speaking country the author's name has become so completely identified with the subject of his work that the names "Gray" and "Anatomy" are, to all intents and purposes, synonymous.

Henry Gray died young, but he left as his masterpiece this great work, showing not only his profound knowledge of the human structure, but also his marvellous skill in presenting this knowledge for ready assimilation by other minds. The rapid growth and progress of anatomical knowledge has been represented in the revision of Gray by leading anatomists on both sides of the Atlantic; none, however, has been so thorough, searching and critical as the present one by Dr. DaCosta, who combines in rare degree the qualifications of anatomist, surgeon and teacher. This revision has been so thoroughly done that the entire volume has been rewritten and reset in new type. Changes will be especially noted in the sections on the Brain, Spinal Cord, Nervous System, Abdominal Viscera, Lymphatics, etc. The new nomen-

clature (B. N. A.) is given in brackets following the current nomenclature, thus serving the needs of a far greater number of readers than if one system only were used. The superb illustrations in nearly every instance bear the names of the parts engraved directly upon them, whereby their position, extent and relations are obvious almost at a glance, thus saving the reader the trouble, delay and eye-strain caused by reference lines and letters. Different colors in the engravings show the muscle origins and insertions, veins, arteries, nerves and lymphatics. Of the 1,132 illustrations in this edition no fewer than 500 are new.

During the preparation of this work practically all the leading anatomists were consulted and their criticisms and suggestions have greatly added to the value of this great work. From the Preface we learn that all the best works on anatomy, American, English, French and German, have been freely consulted, credit being given for any matter used. Of the illustrations about 500 are new. The index is very full and satisfactory, covering fifty-two pages in three columns.

A truly noble volume that every physician should have in his library.

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**The Practice of Medicine.** By H. V. Halbert, M. D., Senior Professor of Clinical Medicine in Hahnemann Medical College, Chicago, and Attending Physician to the Cook County Hospital, Chicago, Ill. 1,110 pages. 8vo. Cloth, \$5 00.

We think that Dr. Halbert has written a fine work on the Practice of Medicine. He gives the indications for the homœopathic remedies in every disease, but does not ignore the often necessary adjuvant, treatment. Taken all in all the book is one that will be helpful to every physician in active practice. The only criticism we have to offer is, that the publishers should get a binder who knows his business. However, the contents are good enough to stand even a bad binding. It is a good book.

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**Diseases of the Skin, with Special Reference to Principles of Treatment, for the Use of Advanced Students and General Practitioners.** By Henry M. Dearborn, M. D. Second Edition. Revised, enlarged and edited by Frederick M. Dearborn, A. B.,

M. D. With 138 illustrations, including 98 full-page engravings. 655 pages. Cloth, \$6.00. Boericke & Runyon. New York. 1906.

A very excellent and up-to-date work and homœopathic, too. The illustrations are good, but printed on paper that is much too heavy.

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**A Short Sketch of the Past History of Homœopathy in India.** By Skree Hurry Ghose, Member of the Calcutta Hahnemann Society, 22 Burapuker Road, Kichderpore, Calcutta, India. Cloth, 25 pages.

This is a very interesting sketch of the rise and spread of Homœopathy in that vast country known as India. By whom it was introduced, about seventy years ago, is not known, but it seems to have been by missionaries and men of the Civil Service. Be that as it may, the advantages of the system caused it to be adopted by the natives. It was especially in the treatment of that scourge of India, Asiatic cholera, that Homœopathy commanded the attention of all who saw the wonderful cures wrought. Wrote Dr. Ghose in effect: 'The inhabitants of India in all its sections from the rich to the poor, who have the opportunity of tasting its treatment, will have no other.'

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**The Physical Examination of Infants and Young Children.**

By Theron Wendell Kilmer, M. D., Adjunct Attending Pediatricist to the Sydenham Hospital; Instructor in Pediatrics in the New York Polyclinic Medical School and Hospital, New York; Attending Physician to the Summer Home of St. Giles, Garden City, New York. Illustrated with 50 Half-tone Engravings. 12mo., 86 Pages. Bound in Extra Cloth. Price, 75 cents, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

Says the writer in his preface: "The physical examination of infants and young children is a subject in which nearly all the text-books on pediatrics are deficient. \* \* \* It has been the author's privilege to watch hundreds of students, chiefly in post-graduate schools examine infants and young children, and the deplorable ignorance of most physicians as to the methods of examination of babies has led the author to write the following little volume."

The work is well done and quite profusely illustrated, and it goes without saying, that physical examination is more important in the very young than in adults whose bodies are, as it were, fixed.

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**Practical Dietetics With Reference to Diet in Disease.**

By Alida Frances Pattee. Third edition. 311 pages. Cloth. A. F. Pattee, Publisher, 52 West 39th St., New York City.

We have no doubt but that this is a most excellent book on cooking, but we can only judge cooking when the results are on the table. A third edition is fine testimony of merit.

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**Christianity and Sex Problems.** By Hugh Northcote, M. A.

Crown Octavo, 257 Pages. Bound in Extra Cloth. Price \$2.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

This is one of those always interesting books on the sex problems, in this case the sex problems in relation to Christianity. The author has gleaned from many ancient and modern writers and has written an interesting book.

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**The British Homœopathic Congress, 1905.** London. E. Gould & Son.

We have received from Dr. Goldborough a copy of the official publication of the Proceedings of the British Homœopathic Congress, held at St. Leonards, England, on September, 1905. It has several fine half-tones that are very interesting, as is the whole volume.

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**BURNETT.**

"I am not criticising his [J. Compton Burnett's] work; how much of it will stand the test of time who can tell? But not to be familiar with his views argues a self-abnegation which is hardly commendable. Later writers will quote him, as Dr. Richard Hughes does, not so much to keep his memory green, as to provide for the therapeutic requirements of humanity."—*From Presidential Address of Alfred E. Hawkes, M. D., Brux, England, at opening meeting, 1905-6.*

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## EDITORIAL BREVITIES.

METCHNIKOFF.—Metchnikoff is sub-director of the Pasteur Institute, Paris, and has lately been written up in one of the popular magazines (*Pearson's* for February). To boil it down the gentleman in question, in the words of the one who writes him up, "is an atheist;" when man dies he ceases to exist. Now, Metchnikoff has made a startling discovery, namely, that by the aid of surgery man should live one hundred and twenty years and then want to die. Surely! He observed that parrots, who have no large intestine, live to very old ages and are as chipper at eighty as at five. *Therefore*, the large intestine in man is the habitat of the microbe who produces sclerosis, and this is the cause of old age. "Not only is the whole large intestine in man superfluous," says Metchnikoff, "but it is no longer rash to state that its removal would be attended with happy results." Think of that. now!

Thus is another mistake of the Creator run to earth by the Pasteur brand of scientists. And now remains the question: Which is wisest—Scientist or Creator? Mankind would have more faith in Metchnikoff if he would have his own "arch-enemies" removed, *i. e.*, his large intestine and his appendix, and note results.

In conclusion, we would suggest that a certain seat of science in Chicago and the Pasteur outfit ought to consolidate. Then life would be worth living and sensations would prevail galore!

Wasn't there a man some years ago who claimed to cure all ills by daily flushing out the large intestines? For a short time it was fine to the patient and then something would happen that was not very agreeable. Dome nature would revolt and patient, if he or she could, would get back to normal conditions in a hurry.

Now, who will be the first to undergo the operation that will enable him to live to be 120?

FREE ADVICE TO ADVERTISERS.—Never under any circumstance put your advertisement between the pages of reading matter. A short tempered man or a man with literary taste is reading an interesting paper when, perhaps, in the most interesting part he runs up against your advertisement and it affects both men just as if a vulgar salesman were to intrude into their private offices when deeply engaged and familiarly slap them on the back. We know of men who make it a point to tear out all such advertisements. Nearly all readers, when they have finished what interests them in the journal, turn to the advertising pages and glance through them and read many—when not set in eye-killing type. This trick is bad enough in magazines, but it is still worse in books like directories and similar publications. Man is in a hurry to find what he wants and butts into a page or two of colored paper bearing advertisements. If he owns the book the chances are he wrathfully tears them out. Advertisements are good and useful, but keep them in their own domain where they will be read and not excite anger.

WELL! WELL! WELL!—"The passing of bromism in epilepsy." The *N. Y. Medical Journal* says that the bromides are of suppressive value in epilepsy, "but suppression is not cure." True, most excellently true, O, *N. Y. M. J.* The homœopaths have always so contended. Epilepsy can be cured—in many cases, not all—but it must be cured by *homœopathic* medicines. Let us hope that in time the majority in the medical world will awake to the fact that Homœopathy is a *vital force*.

"ENTERPRISE."—A certain "enterprising" pharmacy is advertising *Cratægus "oxyacanthus,"* the mother tincture prepared from the fresh plant. Well, right here is another fruitful cause of therapeutic nihilism, for a mother tincture prepared from the fresh plant would resemble the true drug as much as a mother tincture prepared from grape vines would resemble the wine from the ripe grapes. Better prescribe colored water (it is still "cheaper") than *Cratægus* "made from the fresh plant." It makes one sad to see the antics of reckless "pharmacists" (?) who will sell you the true drug if they can get it, but will sell you something else when they cannot get the true drug. This sort of

thing is the most grievous burden the science of Hahnemann has to bear. Given true medicines and almost any doctor can work therapeutic wonders, but when his medicines are false, even the most brilliant prescriber is helpless.

We heard of one of these queer pharmacists who is selling the "tincture of *Nux vomica*" at the same price the alcohol costs in a true tincture. What manner of stuff it is only that particular "pharmacist" knows, but it *cannot* be a true tincture of that, as Hughes terms it, "precious drug" *Nux vomica*.

A NEW POINTER IN PROGNOSIS OF TYPHOID.—Simon (*British Medical Journal*, November 18, 1905) looks on the amount of urine passed in the later stages of typhoid fever as a guide of the utmost value in prognosis. Towards the beginning of the fourth week, seldom earlier, sometimes a little later, the urine increases in quantity from thirty ounces to sixty, eighty, or even one hundred ounces daily. The author's observations made during the last nine years show that polyuria occurs not only in every case that does well, but also in many cases of great severity in which no general improvement or amelioration of symptoms can be observed. But even in severe cases, if polyuria occurs, the patients recover. It is not necessary, in order to estimate the value of polyuria as a means of prognosis, that the patient should be in a state to voluntarily empty his bladder. In no case with polyuria has perforation been observed nor any hæmorrhage of any moment. Further, relapse is of the most extreme rarity, once polyuria has been established.—*New York and Philadelphia Medical Journal*.

LOMBROSO AND HOMŒOPATHY.—It is interesting to note in the *Allgemeine Homœopathische Zeitung* that Dr. Cesare Lombroso, professor of medical jurisprudence and psychiatry at the University of Turin (Italy) and well known for his anthropologic researches, is a militant homœopath. In a letter addressed to the *Revista Omiopatica* he says: "I am, of two hundred Italian instructors, the only one who, for forty years, has practiced homœopathy in the psychiatric clinics. . . . I understand how, a century ago, homœopathy was ridiculed, but to-day what has the old school of any value which is not based upon the homœopathic law? The study of micro-organisms and the development of cellular theories but emphasize the principle grasped long ago by the laity, that, the maximum of power goes with minimal volume.

Organo-therapy, serum-therapy prove that the most striking cures are made, not by antipathic but by homœopathic, even isopathic agents. Furthermore, consider metallo-therapy which demonstrates the curability of hysteria; radium, by which lupus, etc., is healed—all this not with gross mixtures but by agents which, in curing, lose nothing of their own substance or weight!"—*N. A. Jour. of Homœopathy.*

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## NEWS ITEMS.

### I. H. A. To Meet at Atlantic City in September.

Friends and members of the International Hahnemannian Association will please take notice that the time and place of the next meeting of the I. H. A. has been changed by a postal-card vote. Instead of meeting in Cleveland in June, selected at the last meeting in Chicago, it will meet at Atlantic City in September, so as to coincide sufficiently to allow those who desire to do so to attend the A. I. H. meeting and also the International Homœopathic Congress. The exact dates, hotels, etc., will appear later.

J. B. S. KING, M. D.,  
*Secretary I. H. A.*

North Baltimore, which has hitherto lacked hospital accommodations, is now supplied by the opening of the St. Luke's Hospital, located at 116 West North Ave. St. Luke's is a homœopathic hospital, but will open its doors to any reputable physician to treat his patients. We cannot have too many homœopathic hospitals and Baltimore is to be congratulated.

Dr. C. H. Evans has removed from 739 Noyne Ave. to 827 N. Leavett, Chicago, Ill.

The Metropolitan Hospital of the City of New York has now nearly 1,200 beds, and presents an unrivalled opportunity for the practical study of disease in every form: Surgery, gynæcology, genito-urinary diseases, neurology, dermatology, physical diagnosis and general medicine, and homœopathic therapeutics, as well as obstetrics and diseases of children, comprise the lines of experience gained by the internes of this institution.

Competitive examinations for the twelve services of eighteen months each, commencing June 1st and December 1st, 1906, will be conducted at the Hospital May 11th, 1906.

These examinations are open to all graduates in medicine, and all applications should be addressed to

EDWARD P. SWIFT, *Chairman Exam. Com.*,  
No. 170 W. 88th St., New York City, N. Y.

It would be interesting to know who are the publishers of the merged *Clinique*, *Medical Visitor* and *Medical Era*. One authority says the Homœopathic Medical Association and another that it is published by a Chicago homœopathic pharmacy. Be it either way, we wish it success under the new management.

A Resident Physician is needed at Montreal, P. Q., Canada. A good opportunity to build up a fine practice in the chief city of Canada. Address, Hugh Patton, 992 Sherbrook St., Montreal, P. Q., Canada.

Dr. Samuel Vandenburg, editor of the *Journal Belge de Homœopathie*, has removed from Brussels to Ghent, Belgium.

Dr. F. Brown has sold his practice at Elsie, Mich., and located at Fitchetts, Va.

The "Denver Homœopathic Hospital" has changed its name to "Park Avenue Hospital."

The following Resolutions were passed at the last meeting of the Germantown Society:

*Resolved.* That the Germantown Homœopathic Medical Society, of Philadelphia, places itself on record as opposed to the manufacture and sale of all patent medicines or nostrums of whatsoever sort, and requests all members of the medical fraternity to abstain from publishing their articles in any medical journal advertising patent medicines or nostrums.

This Society commends all medical journals and all newspapers which abstain from advertising patent medicines and nostrums for their campaign against the patent medicine and nostrum business.

The pure-food Commissioner of the State is commended for the work he is accomplishing in this direction, and this Society pledges him its support in all future efforts of the same kind.

The public is cautioned against the use of patent medicines and nostrums as unscientific and dangerous to the general health and welfare.

## PERSONAL.

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It is said that *Sanguinaria can.* is the best "cough" remedy extant.

The *New England Medical Gazette*, writing of Dr. Copeland's book on Refractions, says of him that he is "one well qualified to treat the subject." Correct.

**FOR SALE.**—A \$2,500 homœopathic practice in a Northern Ohio Town. Poor health the cause for selling. If taken before April 1st, a bargain. Address Bargain, P. O. Box 921, Philadelphia.

When the white physician asked the sick darkey if the colored physician "had taken her temperature," she answered, "only my watch."

Of course a swan must sing (if he does sing) before he dies, for a dead swan cannot ever croak—*T. L. Bartler.*

Memorandums to refresh the memory are good things if you can remember to look at them.

Mark Twain says never smoke more than one cigar at a time.

One of the weary burdens of humanity from which there is no escape is the fellow who whistles in street cars.

Success, and lawyers, cover much shady skulduggery.

U. S. steel goes from 54 to 8 and from 8 to 46. High Finance.

Centenarian—beg pardon *Century*—Dewey called a few days ago. Been to Atlantic City to secure beds for the Institute. Looked flourishing.

"This modest monograph is satisfactorily suggestive" is the review of *Mass. Med. Jour. of Elements of Homœopathy.*

She branded her butter the "Sara Bernhardt," because it never gets old.

There is one snake we wot of who goes at a rattling pace in his life.

True, Mary, they all promise to "love, honor and obey," but promises are easily broken, and generally the "obey" shifts to the other party to the contract.

"He fills his seat with more avordupois than dignity," is the way a newspaper put it.

A man is often unhorsed and then cowed.

After having 2,000 cases of small-pox all vaccinated, Austrian Dr. Keller lost faith and denounced the practice.

Optimist, "Nothing like hope;" Pessimist, "for disappointing one."

"Pop, what's the law of gravitation?" Pop: "Haven't time to keep up with all the laws passed by legislators."

You cannot find a neat rhyme for "Cupid." "Stupid" is nearest.

**FOR SALE.**—Second-hand set of Hering's *Guiding Symptoms*, cloth and in good condition. Address E. P. A., P. O. Box 921, Philadelphia, Pa.

# THE HOMŒOPATHIC RECORDER.

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No. 4

## MATERIA MEDICA JOTTINGS.

By Edward Fornias, M. D.

### Aconitum.

(*Monkshood—Ranunculaceæ.*)

#### Nervous System.

MIND AND SENSORIUM.—(1) *Inconsolable anxiety with fear of impending death* (ARS.) *Great inclination to be frightened*, especially in crowded places, in crossing busy streets; at night or in the dark, with fear of ghosts; *apprehensiveness*; sadness; variable humor. (2) *Vertigo*, on rising from the recumbent position (BRYO.), with *deathly pallor, fainting*, and *obscuration of sight*; nocturnal delirium, with great nervous excitability.

SPECIAL SENSES.—*Oversensitiveness*; cannot bear light, it dazzles the eyes; hyperacusis; *music is unbearable*, makes her sad; smell, acutely sensitive; taste perverted, everything tastes bitter (PUL.); will not be touched or uncovered; commencing and incomplete anæsthesia.

SENSATION AND MOTION.—(1) *Chill alternating with heat, or followed by dry burning heat; chilliness with shivering and shaking*; chilly if uncovered or touched; *intolerable, maddening, lancinating pains*, < at night, causing wailing and crying (COFFEA, CHAM.); *tingling, numbness, burning* (ARS.), *stinging* (APIS), or painful sensitiveness of the affected parts; *attacks of stabbing pain, radiating down the left arm*, with numbness and tingling in the fingers, and fear of death. (2) *Extreme agitation and agonized tossing about; nervous restlessness*, with all febrile inflammatory conditions (ARS., APIS, RHUS); twitching, jerking, spasms; *chattering of teeth and severe shaking*, with the chill.

## Vegetative System.

NUTRITION AND SECRETION.—Defective metabolism; *digestion impaired*; liver congested; *skin jaundiced*; *tongue coated and dry*; taste perverted; breath offensive; appetite lost, with nausea and vomiting of bile; *secretions diminished, often arrested*, from cold, fright, or vexation; *cutaneous and mucous surfaces, dry, hot and burning*; *mouth and throat dry and congested*; *thirst unquenchable* (BRYO., ARS.); bowels torpid, constipated; *stools small, clay-colored, slimy, or green, like chopped herbs* (CHAM., ARG. NIT.); *urine scanty, febrile*, depositing urates; *menses diminished*; *lochia suppressed*; *mamma hot, lax and empty*.

CIRCULATION.—Arterial system predominant; *blood disturbed in its distribution*, but not altered in quality; *arterial current excited, giving rise to acute congestion and inflammation of the various organs and tissues of the body* (brain, spinal cord, serous and mucous membranes, muscles and joints); *hæmorrhages of bright red, frothy blood*, which comes up easily (MILL., LED.); *heart, functionally disturbed*; violent palpitation, cardiac oppression, and *attacks of stabbing, radiating pains in the precordial region* (angina pectoris); tachycardia; *pulse hard, full, bounding*; *circulatory failure*, from insolation or severe pain; syncope.

RESPIRATION.—*Laborious, anxious breathing*; *dryness and constriction of the larynx*; spasm of the glottis (CUPR., SAMB., BROM.); *attacks of suffocation, especially at night*, awaking from first sleep, and causing child to sit up straight in agony; or to grasp its throat every time it coughs, *as if strangling* (SAMB.); every inspiration ends in a *hoarse, hacking cough*; *cough, dry, spasmodic, hoarse, ringing* (HEP., SPONG.), *painful* (PHOS.), and if there is expectoration it is tinged with bright-red blood; *stitching pains in the chest when coughing* (BRYO.).

CALORIFICATION.—Disturbed thermogenesis; hyperthermia; *fever of a sthenic, simple continued type* (low type: RHUS, ARS., APIS), without periodicity or blood-changes; *chill alternating with heat, or followed by a constant, dry, burning heat* (SULPH.), usually ending with a profuse sweat; *dry heat, with thirst, short breathing and quick, full pulse*; chilly again, if uncovered or touched; chilliness with shivering and shaking.

RELATIONSHIP.—ACONITE is antidoted by ACETIC ACID, PARIS and WINE, and by SULPHUR after its abuse. It is the antidote of BELLAD., CHAM., COFFEA, NUX V., PETROL., SEPIA, SULPH.

and VERAT. It is sometimes indicated, as an intercurrent remedy, after ARNICA and SULPHUR, and also after SPIGELIA, CACTUS and LEDUM, in the periodical *excitement of organic heart disease*, but I do not believe that it follows well any other remedies in acute inflammatory conditions of any kind. It is at the onset of such affections, before any changes take place, that it is indicated. On the other hand, a great many remedies do follow ACONITE well. After ACONITE we find the following remedies indicated: SULPHUR in *conjunctivitis*, due to irritation by foreign bodies, especially cinders. BELLAD. when the throat becomes affected or the brain involved, with tendency to *convulsions*. PULSATILLA in *colds*, when the discharges become thick and bland, and ARSENIC when they become thin and excoriating. BRYONIA, IPECAC., ANT. TART. and PHOSPH. in *broncho-pulmonary localizations*; SPONGIA and HEPAR in *croup*; PULSAT., DULC. and SEPIA in *menstrual difficulties*; MERCURIUS and COLOCYNTH in dysentery and abdominal disease; BELLAD. in fever, when the skin becomes moist and pungent and a wild delirium supervenes; SULPHUR, when the dry fever heat persists. the patient becomes dull and there is lack of reaction.

*Compare:* In fear of death: ARSENIC, COFFEA, GELSEM., APIS, ACTEA and PLATINA. In intolerance of pain: COFFEA, CHAMOM. In numbness after pain: RHUS TOX. and APIS. In heart disease, with numbness and tingling: RHUS TOX. and KALMIA. In nervous restlessness: ARSENIC., APIS, RHUS TOX. In hæmorrhages of bright red blood: MILLEF., LEDUM, IPECAC., RHUS, ACALYPH. In precordial pain, with anxiety and fear of death: ARSENIC., SPIGELIA, CACTUS, TABAC. In spasm of the glottis: SAMBUCUS, CUPRUM, BROMIUM, BELLAD. In croup (pseudo): SPONGIA, HEPAR, BROMIUM. In fevers: BELLAD., GELSEM., APIS, ARSENIC., RHUS TOX., VERAT. VIR., SULPHUR and FERRUM PHOS.

*Remarks:* Schüssler's proposition of FERRUM PHOS. as a substitute for ACONITE is inadmissible and contrary to the law of similars, for it lacks the *mental disturbance and active hyperthermia* which has made of the latter such a valuable remedy, at the onset of all *acute inflammatory affections*. FERRUM PHOS. is a non-sthenic remedy, deeper in action than ACONITE. The blood-tension is inferior under FERRUM PHOS., and so we find the pulse round and full, but yielding; not full and resisting as in ACONITE. The *general activity* of the latter is a systemic reaction under the

influence of mental impressions, and assumes the form of *exaltation*, with morbid fears of various kinds. In the former there is an opposite condition to *excitement*, a defect of expansion of the general activity, which translates itself externally by a kind of immobility and dullness of the intelligence, just, or very similar to GELSEMIUM. Dr. Farrington teaches that it stands midway between ACONITE and GELSEMIUM, but cannot take the place of either. To base its action on the combined effects of both drugs is absurd, for they are also deep acting remedies, with important tissue changes, PHOSPHORUS more so than FERRUM. Absurd is likewise to teach that the individual action of two substances can be like that of their combination. Homœopathy only considers well-proven remedies (single or compound), so, I think, the introduction of some of the Schüssler-tissue remedies in our practice has been a disadvantage to the student. Of course SILICA, NAT. MUR., CALC. PHOS. and even BARYT. PHOS. have been well proven and enjoy the best reputation as homœopathic remedies. A distinguished homœopathic physician told me in Baden Baden several years ago, that many of our confreres are led to the use of *Phosphate of Soda*, because the old school teaches the contra-indication of this drug in all inflammatory affections, congestions, plethora and in the sanguine temperament generally.

### Therapeutics.

Hahnemann gave us the key to the successful application of ACONITE when he asserted, we should, in studying this remedy, pay especial attention to the state of the mind and disposition. He further stated that it was the first and chief remedy for *acute inflammatory conditions of the trachea* (with suffocative spasms, as in false croup); as well as for *inflammations in other parts of the body*, especially when in conjunction with thirst and a frequent pulse there are present an *anxious impatience and a restlessness that nothing can appease*. He also observed that ACONITE produces all the morbid states exhibited by persons *whose mind has been disturbed by fear combined with indignation*, and that it is the best remedy to cure them speedily. And, in fact, there is no *mental state* translating itself by *morbid fears* of so many kinds as that found under ACONITE, and if we add to this the *exaltation* created under the influence of the mental disturbance we have in this drug a valuable therapeutic agent for those cases of *traumatic neurasthenia* giving expression to irritability, impressionability

and indecision, especially when *tachycardia*, *vertigo* and *morbid fear of place* (agoraphobia), or of spaces (clanstrophobia) are present.

The *nervous agitation* and *anxiety* with *fear of death* have led also to the successful employment of ACONITE in many *troubles of the female organism*, especially when brought about by fright and occurring *during pregnancy, labor* or *child bed*. Also in *acute delirium*, when the agitation makes its appearance, the tongue becomes dry, the fever quickens, the pulse is over 120, the temperature rises rapidly to 104° to 105° and the patient appears terrified, giving utterances to incessant cries and lamentations. It is particularly applicable to the periodical excitement of certain *manias* (delusions of persecution), certain forms of *melancholia*, and to *intellectual* and *moral hypochondriasis*.

Whether it acts or not upon the respiratory functions through the centre and peripheral branches of the vagus, or whether it has a direct action or not upon the heart or vaso motor system, the facts remain that it enhances the excitability of the motor nerves and column, and throws out of gear the nervous mechanism (*thermic centres*), which regulates the production and expenditure of heat, disturbing the barter existing between these two processes and giving rise to a *fever strictly erethistic*, of the *simple-continued type*, with a total absence of malignancy, tissue changes, periodicity and complications; such as we observe attending the vascular storm which always prevails before an *acute inflammatory affection* is fully developed. An *active vascular excitement*, accompanied by increased thermogenesis, pulse-rate and respiration, diminished secretions and painful congestive phenomena; the prelude of many *catarrhal affections*, especially those *attacking the mucous and serous membranes and the joints*, and which are traceable to such general agencies as exposure to cold or heat, sudden changes of temperature and suppressed perspiration (*laryngitis, bronchitis, pleuritis, pneumonia, enteritis, cystitis, articular rheumatism*, etc.). It is a precious remedy for those *ephemeral attacks of erethistic fever* frequently met with in *nervous children*, or occurring after the introduction of bougies (*urethral fever*); or due to *traumatism*, both accidental and surgical. The action of this remedy in reducing the pulse and lowering the temperature is to-day accepted by all schools of medicine; and its special indications in *all simple inflammatory fevers*, without organic lesions, has been the teaching of Homœopathy since the days of Hahnemann.

ACONITE will invariably afford relief in all *pains dependent upon acute congestion*; and even acute inflammation if attended by great nervous excitement and fever. The *pains* indicative of this remedy are of a *shooting, tearing character, intolerable, maddening*, with continual restlessness, wailing and crying, < in the evening and at night, and frequently associated with numbness and tingling. There is no drug that I know which, after severe pain, leaves the parts so numb as ACONITE—APIS and RHUS TOX. have this symptom, but not so characteristic—COFFEA often takes the place of ACONITE, when the *exquisite sensitiveness to pain* is associated with a marked morbid excitation of the special senses and this excitement keeps the patient wide awake. As in ACONITE, there is fear of death. The *pains of COFFEA*, then, may be summed up as follows: *Insupportable, driving to despair, with excessive mental and physical excitement and insomnia*. CHAMOMILLA has also extreme sensibility to pain, and *the pains are as intolerable*, often so atrocious as to result in fainting, but in *syncope, from pain* or from exposure to heat, no remedy can take the place of ACONITE. Both in CHAMOMILLA and ACONITE the disposition of the patient is a great deciding factor for the choice of either. *Apprehension and fear of death* point to ACONITE, *peevishness and capriciousness* to CHAMOMILLA. The *pains* of the latter are chiefly *tearing, drawing, even shooting*, recur in the evening and are worse at night and from hot applications (ARSENIC > by hot applications).

ACONITE has especially shown its curative powers in many *painful affections of a catarrhal or neuralgic character*. This has been particularly the case in *acute inflammation of the drum-head* (myringitis), a condition attended by a *great nervous and vascular excitement, deep-seated tearing or lancinating pains*, severe tinnitus, and *marked hyperacusis*, an exaltation of the auditory sense which occasionally occurs at the commencement of the attack and analogous to the photophobia of ophthalmic disease. In both *otalgia* and *otitis*, arising from cold, or produced by draughts of cold air from doors or windows of railway cars, this remedy has proved very efficient to relieve the severe pain attending these troubles; and it is especially valuable *in inflammatory conditions of the eye and its appendages*, caused by cinders, exposure to cold and gonorrhœal infection. It is the *chill* that has given to catarrhal affections the popular name of *colds*, and in the so-called *dry stage* of these colds is where ACONITE is particularly indicated. It

should be administered as soon as *dryness, tumefaction, heat, redness, and more or less pain* indicate the early congestion and advancing inflammation; but when the cold is fully developed and localized, and cell-proliferation and a flow of altered secretion from the debilitated vessels supervene, then ACONITE ceases to be the remedy and is usually replaced by ARSENIC, PULSATILLA, MERCURIUS, BRYONIA, PHOPHORUS, etc., according to localization and nature of the discharge. In *laryngismus stridulus* or *pseudocroup* this remedy has won a great reputation. The actual attack comes on suddenly at night, and the spasmodic constriction is such as to cause the child to sit up straight in agony and grasp its throat from fear of suffocation.

I have prescribed ACONITE with decided beneficial results in *uncomplicated neuralgia of the cardiac plexus* (pseudo-angina pectoris), especially when the retrosternal pain and radiations extended down the left arm and fingers and were attended by great agony and fear of impending death. In one case which appeared at the height of an attack of *acute articular rheumatism*, and in another occurring after *suppression of the menses*, from fright, I found it especially helpful. It is equally efficacious in *rheumatic pericarditis*, when the pain is agonizing, as in *angor pectoris*; and in *rheumatic endocarditis*, when the cardiac excitement is great, it may prove serviceable. Moreover, there is no doubt of its utility in *uncomplicated hypertrophy of the heart*, which in the growing child is often due to lack of parallelism between the development of the heart and the other organs.

ACONITE is very much neglected in *diseases of the digestive organs*, which in their initial stage of inflammation often present febrile and nervous phenomena not to be found so prominently under any other drug. In *gastric fever*, as well as in those *febrile attacks with predominant nervous and bilious manifestations*, which to-day are reckoned as mild typhoid, this remedy has been very much neglected. This has been also the case in *acute hepatitis* where the yellow tongue, the bitter taste and vomiting, the sensitiveness of the hepatic region, the icteroid color of the skin, the constipation or the scanty stools with tenesmus, etc., would be sufficient to remind us of ACONITE. The lancinating, burning pains, the anguish and fear of death, are also common attendants of the fever and agitation of *hepatic inflammation*.

It should be thought of in *abdominal disease* of an acute character, if the febrile and mucous symptoms correspond and sepsis

has not yet developed; also in *acute bowel trouble*, especially *cholera infantum*, when the stools are green and look like chopped spinach; or, in *inflammatory colic*, when the pains force the patient to bend double, and there is no relief in any position.

Wherever employed the *mental state* and the *nervous irritability* have always been the chief indications. The clinical record of this remedy further comprises some *ailments of children, developed during dentition*, or of the *female organism, brought about by fright* (hysteria, amenorrhœa, suppression of the lochia, etc.).

*Philadelphia, Pa., March, 1906.*

## EYE DISEASES TREATED HOMŒOPATHICALLY.

By John F. Edgar, M. D.

During 1877 and spring of 1878, I was in the special practice of abnormalities of eye and ear, but 78-79 and 1880 in Louisville, Ky., gradually went back into general practice, to avoid the ruts of a specialist (except in surgical necessities), treating the abnormalities of eye and ear, through the system, and made many wonderful cures *that could not have been attained by local and mechanical applications* (treatment).

I was able to recognize that the majority of cases of astigmatism in females came from mal positions of their uterus, flexions being the worst. The women who are termed "smart" being the most frequent complainers *Lilium tig.*, *Sepia*, *Belladonna*, *Murex* being the most frequently called for remedies in the order as named, *and perfect cures were made.* In 1880 one of our specialists published what he called "A Singular Condition," "the woman losing vision when eating at the table; could not recognize any object on the table, vision returning after digestion about completed in stomach." I wrote him, try *Calcarea ost.* in various potencies. His answer was scathing: "Did I expect to perform a miracle? or suppose he was a fool to not know that this condition was pathological, and could never be cured."

That illustrated what ruts a specialist may be narrowed into.

Obscured vision while eating: *Calcarea ostrearum.*

Obscured even while nauseated: *Kalmia.*

Double vision while eating: *Stramonium.*

As of a veil or flickering vision after siesta: *Lycopodium.*

In hordeola and chalazia, and especially upon the *lower* lids, the person afflicted generally has abnormal sexual thoughts, or abnormal gratification of sexual privileges, and calls for *Staphis-agria*, while in others it will probably call for *Graphites*; and from thermatic causes, or becoming wet in rain, etc., call for *Rhus tox.* I have for general indications the memorandums:

Hordeola, or general irritation of upper lids: *Ammon. carb.*, *Ferrum*, *Pulsatilla*; lower lids: *Graphites*, *Hyperic.*, *Rhus tox.*, *Staph.*, *Cypripedium*. Inner canthi: *Lycopodium*; outer canthi: *Graphites*, or the sensitive to touch brother, *Hepar s. c.*

The choice of the remedy from above, for a CURE depends upon the concomitant, and totality of the symptoms, and are hereby published in the HOMŒOPATHIC RECORDER as suggestions to aid the general practitioner, as well as the specialist, who can progress beyond his mechanical and palliative methods.

*El Paso, Texas.*

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#### “REGULAR” TREATMENT OF SCARLET FEVER.

The *Denver Medical Times* for February contains a symposium on the treatment of scarlet fever. It is very interesting, also very suggestive. The first writer prescribes for scarlet fever as follows:

- R. Tr. Digitalis (fresh), ʒss.
- Liq. Ammon. Acetat. (fresh), ʒiss.
- Spt. Aether. Nit., ʒii.
- Syr. Tolu, ʒss.
- Aquæ Cari, q. s. ad ʒiii.
- M. Sig. Teaspoonful every three hours.

Writer the second gives for local application the following prescription:

- R. Menthol, gr. x.
- Ung. zinci oxidi, ʒss.
- Lanolini, ad q. s., ʒss.
- M. Signa: Apply locally.

For internal medication number two puts the following in his patients:

- R. Tinct. Aconit, gtt. xxii.  
 Antipyrin, gr. xxxii.  
 Liq. Ammonia acetatis, ʒss.  
 Syrupum, q. s., ad ʒii.  
 M. Sig.: Teaspoonful every four hours for child six years old.

If arthritis appears the following prescription is applied:

- R. Tinc. Aconiti, ʒss.  
 Tinc. Opii.  
 Chloroformi, aa. ʒvi.  
 Lin. Saponis, q. s., ad ʒiv.  
 M. Signa: To be applied locally three or four times a day. It may be well to wrap the affected joints in absorbent cotton, following the above application. Although not a true rheumatic arthritis, small doses of Sodium salicylate have often given excellent results.

For the kidneys he gives the following:

- R. Potassii acetatis, ʒii.  
 Infusi digitalis, F. ʒiij.  
 M. Sig.: One teaspoonful every four hours.

Writer the third gives only one formal prescription, the following:

- R. Tr. Ferri chlorid, f. ʒii.  
 Pot. Chloratis, ʒi.  
 Glycerini.  
 Aquæ, aa. q. s. ad ʒiv.  
 M. Sig.: Take one teaspoonful every two hours.

But he gives many other drugs, *i. e.*, *Basham's Mixture*, *Antipyrin*, *Boric acid*, *Camphorated oil*, *Pilocarpine*, *Strychnine*, *Caffeine hydrochlorate* and *Whiskey*.

Writer four gives no prescription, but prescribes for the varying phases of the disease *Hydrarg. chloramite*, *Soda bicarb.*, *Seidlitz powder*, *Sodium sulphocarbolate*, *Dioxogen*, *Argyrol*, *Lithium benzoate*, *Strychnine arseniate*, *Digitalin*, *Carbolized vaseline*, *Calcium sulphide*, *Ichthyol. hydrarg. belladonna* (the latter is an ointment), with other drugs and bichlorides.

How the eager medical youth sitting at the feet of authority, after imbibing the foregoing, must scratch his head in his effort to

decide which of the four is right and which three wrong ! Each authority has his own treatment and does not, in hardly an instance use any of the drugs used by his fellow authority.

Yet this is (or is supposed to be) scientific and regular treatment !

These men could learn *so much* from Homœopathy if they would.

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## NOT AN ADVERTISEMENT.

Editor of HOMEOPATHIC RECORDER.

I do not know if anything coming from one belonging to what you usually term the "allopathic school" can find space in your columns. A few days ago, however, a marked copy of the January 15th number of the RECORDER was sent me, and in it I find my name in an article by Dr. E. D. McIntyre, entitled "When Doctors Disagree, Truth May Have a Chance."

In this article the gentleman refers to a statement made by me in a letter to a daily Chicago paper, in which I said what is no news to the average well-educated physician, namely, that tuberculosis is always caused by the tubercle bacillus. He contrasts this statement with one made by Dr. Loomis to the effect that the "presence of tubercle bacilli *in the sputum*" indicates an early development of the disease. I hardly think I need to call upon your readers to notice that the two statements are in no way contradicting each other, and that I fully agree to Dr. Loomis' statement, and am certain he agrees to mine.

But what I want to refer to particularly is Dr. McIntyre's insinuation that my communication to the newspaper "was probably a paid advertisement." To that I can but say, "Don't guess, Dr. McIntyre, but ask reputable physicians and the newspapers about my paying for advertisements, and then you will know and stop throwing bricks which may fall back on your own head."

ARNOLD C. KLEBS.

Chicago, Mar. 19, 1906.

## SEPIA IN FEVER.

By R. C. Mitter.

A student named Satab Chandra Dass, of High School Sahebgunge, had an attack of remittent fever. He was under the treatment of an allopathic doctor. On the 9th day of his treatment I was called in to take up the case as the student was getting worse. I observed the following symptoms:

Ninth day, morning, at 7 hours: Temperature, 102.7; pulse, 65; severe frontal headache; tickling cough disturbs sleep; right lung dull on percussion; dry heat without sweat; constant thirst for large quantities of water; pain on pressure on the right hypochondriac region; tongue lightly coated white; severe constipation; aggravation between 12 and 13 hours; anorexia; very uneasy and indifferent; dull aching in lower limbs.

I prescribed *Sepia* 30c., in drop doses, every three hours.

Tenth day, morning: Temperature normal; pulse, 80; no headache; the pain in the right hypochondriac region was greatly diminished; had a sound sleep the night previous, but the bowels had not moved; temperature was again taken at 13:40—no fever.

I saw him again at 18 hours. He was doing well.

Eleventh day, morning: No fever; diet, milk; no motion.  
*Sac lac.*

Twelfth day, morning: Bowels moved twice; discharged as cured.

If the case had been dragged on a few days longer by the old school prescriber his right lung, which was already dull, would have been affected and the case would have resulted in fatal termination.

*Sahebgunge, India.*

## VARICELLA.

A. W. K. Choudhury, M. D.

To occupy a space of such a valuable homœopathic medical journal as the HOMŒOPATHIC RECORDER of B. & T. with a subject like Varicella may well be considered at the first sight to fill up with the rubbish of the streets of Satkhira an iron safe intended to contain valuables of various descriptions and worth;

but, my dear reader, you cannot expect from a general practitioner of our scale matters which may come from specialists. In this disease neither the practitioner nor the sufferer need show any amount of special care for the disease, as it scarcely ever ends fatally, scarcely ever becomes complicated with grave disorders, and the patient often recovers naturally without any medication so to say. Notwithstanding all this smoothness of the disease there are circumstances which compel the patient to have recourse to medical aid. Hence we should be ready and prepared to fight the foe. However insignificant a disease may appear, it should not escape the searching eye of a homœopath; a blade of grass which we tread on every now and then may afford sufficient food for the brain of an observing naturalist for days, yea, years of his long life.

*Definition.*—Dr. J. Henry Allen, in his *Diseases and Therapeutics of the Skin*, published at Philadelphia, U. S. of America, by B. & T., 1902, defines the disease as follows: An acute contagious eruptive disease, affecting principally children, marked by the development of a vesicular eruption on the surface of the body, seldom seen after the tenth year. Dr. C. Sigmund Raue, in his *Diseases of Children*, states that it "is an acute infectious disease characterized by the eruption of discrete vesicles, which appear in crops and disappear in the course of a few days by desiccation." The above definitions, though they coincide in some principal points, differ in a grand one: One says that it is contagious, the other infectious; hence, we may consider it sometimes contagious and at other times infectious. It is always accompanied with more or less fever and ends favorably in a fortnight. This disease, as some say, is very rarely fatal.

Lately we had an epidemic of chicken-pox, as the disease is commonly known, in the metropolis, Calcutta. Living at a distance from Calcutta I chanced to get two cases of the disease to treat homœopathically. Let us see here what we can learn from the above two cases.

CASE I. A male relation of mine, L. A. K. Choudhury, a student of the B. A. Class, preparing for his examination, came under my medical treatment March 15, 1905, on the third day of his illness. Of brownish color; psoric; stoop-shouldered; does not like standing position; walks quickly, does everything quickly; has a chronic excoriation in one interdigital space one of his feet; aged about 23 years.

Since before commencement of the attack he had been residing in a room of a student-hostel, where there were many cases of chicken-pox in the hostel and two in the room where he had been dwelling just before the attack; he was the third patient of his room. He took leave of the hostel and under the cover of night fled away from the metropolis to reach his native home. There at his home he called me; I went there, stayed there, treated him and mixed with him till the 18th inst. Since before my arrival he selected the ground-floor of his house to live in, and, notwithstanding my forbidding it, he continued to dwell there. He was one of six or seven in the house, together with other members of the family and servants. They (the other inmates), neighboring dear relations and a friend relation visitor freely mixed with him, none receiving even an insignificant portion from the patient. This shadow of uncharitableness from the side of our patient, as we have often witnessed in numerous cases of other contagious and infectious diseases, as cholera, small-pox. etc., etc., may well do to contribute a mite against the theory of contagion and infection. Here I dare testify, as far as I know. not a single individual of them who came in contact freely with our patient has become ill of the disease. Two doses, two globules a dose, and one dose a day of a single homœopathic remedy got him back to health.

He first noticed the illness on the thirteenth day of the month. On the 12th inst., at about 9 A. M., he had an exposure, especially of the feet, in a shower of rain, and the same day he committed some indiscretion in taking food. Immediately after these he felt alternate chills and sweats till evening when he got a severe chill followed by burning heat the whole night, and this again was followed by profuse morning sweat. I found at 11 A. M., 15th inst., remission, dryness of mouth with no thirst; spitting of saliva; taste in mouth insipid; tongue, tip clean, other parts coated but colored with *Pâu-juice*; sleep latter part of heat, and found sweating when sleep ceased; face puffed up and reddish; eyes suffused; no coryza; cough since the 14th inst., with expectoration easy; sputa thick whitish, insipid in taste; occasionally hawks up mucous sputa; since the 14th inst., pain in the throat, on empty swallowing; 13th he had one formed, pale, muddy colored stool, no more stool; urine red without burning during urination; no pain anywhere else in body; hungry when I found him.

Eruptions first appeared on face and chest; I found eruptions all over head, face, beard, back, chest, abdomen, and upper and lower limbs, with slightly itching irritation; pain only in one eruption that situated on right hand on the space between the thumb and index finger; the eruption which first appeared on the face burst open, and a small quantity of watery contents oozed out; eruption on the chest subsiding. I am sorry that my case-book does not contain any particular description of the eruptions and their contents, but as I remember now the eruptions were rather large and vesicular and as to their contents there were some with watery fluid and others sero-purulent. The eruptions were mostly punctured, each with a fresh thorn of a certain plant, a custom prevalent here in this part of the country.

Dr. J. Henry Allen, in his book mentioned above, gives us a brief list of medicines for the disease: *Acon.*, *Ant. tart.*, *Bellad.*, *Bryon.*, *Gels.*, *Merc. sol.*, *Puls.*, *Rhus tox.* and *Variolin.*

Now, permit me, my dear reader, to ask you what medicine of the above list could have helped me in the treatment of the above case. Considering you and I would agree in prescribing for the patient, I crave the favor of our dear editor of the HOMŒOPATHIC RECORDER to publish my prescription in his next issue after the publication of this paper, together with any other prescriptions that may be had in the meantime. The medicine was administered in the 30th C. dilution.

Improvement followed the first dose. My case-book gives the following:

16-3-05, 10 A. M.: No more fever; no more stool; mouth dry but no thirst; had slight aching of lower parts of legs and front part of feet; urine red; tongue coated posterior; eruptions of head, face, and upper parts of chest drying up and some subsiding; new and small ones rather painful; those of face and head little itching; last night better sleep but disturbed with dreams.

A dose of the medicine repeated. To cut short the tale I tell you, my dear reader, that the patient required no more medicine; he gradually got up, passed one hard stool after the second dose; coat of tongue disappearing; eruptions gradually healing. He continued under *Sac. lac.* and recovered.

One may say there was no need of any medical aid in the case, so very mild it was. Undoubtedly it was a mild case, but the patient needed a speedy recovery, his examination being the next week. Urgency compelled him to ask medical aid. The first

dose was given on the third day of his illness and improvement found on the fourth. The improvement was, so to say, almost immediate, and the recovery early.\*

CASE II. Patient, a Hindu male adult, aged about forty years; color brownish, with good previous health; came under my treatment ninth of the next month. His complaint was *pain of back*.

History and symptoms (as in my case-book): About twenty days ago was attacked with chicken-pox when he was at Calcutta, the disease prevailing there in an epidemic form; immediately before this, was attacked with coryza and cough; eruptions continued for about seven days; turmeric application on the sixth and seventh days of the disease; all eruptions disappeared on the seventh day; had sore throat (pain in swallowing) during the eruptions; eruptions first broke out on the left side of chest; more eruptions appeared on the left side; a pain appeared on the left upper arm on disappearance of the eruptions; the pain shifted to back on the left side between the left scapula and spine; present state of pain is superficial, felt on being touched or by rotating the left upper limb, not felt in respiration; < lying on left side, > lying on right side; appetite good; sleep not good; daily two stools; stools knotty, difficult, not sufficient; no diarrhoea; threadworms in the commencement of eruptions; habitually gets threadworms now and then; tongue clean; taste in mouth normal; food tastes well; urine not colored, quantity not increased; whitish discharge (per urethra) with urination at stool when stool is hard and difficult; never ringworm; had eczema about thirteen or fourteen years past.

*Treatment.*—*Sulph.* 200.

*Result.*—Recovery.

*Remarks.*—This case, though not directly, but indirectly, is a case of *varicella*. By the history we learn that the eruptions of varicella in our present case were treated on the sixth and seventh days of the disease with an external application, on the last day—the seventh day—the eruptions disappeared and then there appeared a pain in the left upper limb; this pain again in time shifted to back between the left scapula and the spine. I call it a disease produced by the suppression of the varicella-eruptions. I do not remember any more cases of this nature—a disease produced after suppression of varicella eruptions, so it is a rare thing,

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\* The medicine used in the case was *Puls.* 30.

to me at least. I have witnessed many instances of disease, mild or severe, produced after suppression of eruptions of eczema, ringworm and measles, but never varicella. My patient is a brother of an allopathic doctor and living with him, and notwithstanding this, he had to seek safety and rest in the homoeopathic camp, so mild and insignificant the case was.

Here is another instance of a case of varicella needing medical aid.

*Satkhira P. O., Bengal, India.*

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“LEST WE FORGET.”

An Address Authorized by the Regular Homoeopathic Medical Society of Chicago.

Truth is unchangeable and uncompromising. Wherever found it is in perfect harmony with all other truth. Whenever and wherever you find discord you may rest assured that something has been allowed to creep in that is false, and *that* something must be removed before harmony can be restored. To just the degree that truth is made to yield to the demands of error will the results be unsatisfactory and real progress retarded.

Homoeopathy stands for a law of cure. It is founded upon a truth and has been demonstrated not only by means of its work, but by reason of its harmonious relation with all other established truths. To-day the homoeopathic profession is divided into two uncompromising factions. Either one is right or both are wrong. By their fruits shall we know them.

It is a specious plea that Homoeopathy is limited in its action, and that consequently our students must be taught everything in medicine; but, alas and alack, the time has been too short for everything, *so Homoeopathy is being crowded out.*

The public asks for Homoeopathy and it is given to understand that it is receiving the very best Homoeopathy in the market—a strictly modern, up-to-date, Twentieth Century inspiration. The public knows no better, and oftentimes the physician shows equally limited knowledge of the real truth, for his practice is *thoroughly consistent with much of the teachings received while attending a homoeopathic (?) college.*

The old cry against the “narrow,” “dogmatic,” “sectarian”

spirit of Homœopathy is heard no more. On the contrary, the old barriers are being removed and the door swings wide open to the "modern" homœopath—and why not when there has been such a complete surrender of everything that savors of Homœopathy? Mark this radical difference, however, between the recreant homœopath and the convert from the empirical teachings of the "old school"—the first departed from the faith because he was not willing to make the close application required of a faithful follower of Hahnemann, and, for the same reason, usually is content with the discarded practice of a past decade, while the convert to Homœopathy invariably insists upon the strictest application of the teachings of Hahnemann.

Were it a matter of individual opinion our lips would be closed, because it is the inalienable right of every thoughtful man or woman to act as his or her best judgment may dictate (provided the common rights of humanity are not encroached upon by such acts); but when these would-be leaders, these self-constituted moulders of medical thought, adopt the tactics of their erstwhile enemies by treating with ridicule the conscientious efforts of homœopathic practitioners, and, wherever possible, closing the door of opportunity in the face of those who would challenge their teaching, the time has come when the mass of homœopathic practitioners should rise up in their might and repudiate the leadership of such false teachers.

If we read the signs correctly, the time is right and the profession ready to begin an aggressive campaign for the restoration of Homœopathy to its logical place in the domain of medicine. This is to be no ephemeral movement, but the beginning of a struggle that will be most vigorously pushed until the banner of Homœopathy shall have been rescued from the hands of its traducers and restored to its former proud position as the synonym of law and truth. It bases its expectations of success upon the convincing power of its "law of cure" successfully applied, the comprehensive scope of its organization and the earnestness of its adherents.

To-day Chicago is recognized as the "Homœopathic Center of the World." It, therefore, seems natural that this new movement should find a focal center at this point; and the logical outgrowth of the protest which has been made for many years is found in the organization of

### The Regular Homœopathic Medical Society.

It is actuated by the single purpose of preserving and promoting the principles of Homœopathy and will co-operate with any individual or organization having a similar purpose. Its declaration of principles is broad enough for any honest follower of Hahnemann and at the same time simple enough to admit of no misunderstanding. No attempt is made to dictate the practical application of those principles. That is left to the judgment of the individual; but every known means will be employed to make the application of these principles so simple that the temptation to resort to doubtful expedients will be continually lessened.

About seventy-five responded to the first general call, February 6, 1906, when the following declaration of principles was adopted:

First.—The law of similars is the law of cure.

Second.—The single, *similar* remedy, is the only scientific prescription.

Third.—The proper dose is the minimum amount sufficient to cure (the potency being left to the discretion of the physician).

Fourth.—The indicated remedy is the remedy based upon the totality of the symptoms of each individual case (totality meaning the sum total of the deviation from the normal state).

NOTE.—This Society recognizes that there may be times in the practice of individual members when, not knowing what else to do, they may think it necessary to resort to palliative measures. While such treatment may seem justifiable, and will be tolerated, it is, nevertheless, *unhomœopathic and is not endorsed by this Society*.

The officers elected were:

President, A. C. Cowperthwaite.

1st Vice-President, H. C. Allen.

2d Vice-President, D. M. MacMullen.

Secretary, G. P. Waring.

Treasurer, H. H. Baker.

Executive Committee, President (*ex-officio*), E. A. Taylor, H. Farrington, J. B. S. King, J. W. Hingston, H. W. Pierson, G. P. Waring.

Regular meetings of this Society will be held on the first Tuesday night of each month at 8 o'clock. Stenographic reports of each meeting will be made, and a bound copy of the transactions for the year may become the property of each member. For the present the yearly dues have been placed at two dollars.

A cordial invitation is extended to all homœopathic physicians who can attend to become members. Other cities and localities are also urged to organize where the Regular Homœopaths desire to co-operate in the above plan to preserve and promote Homœopathy.

(Signed) GUERNSEY P. WARING,

*Secretary.*

*Dated Chicago. February 15, 1906.*

## CURE OF TOBACCO NARCOSIS.

Editor of the HOMŒOPATHIC RECORDER.

For a period of forty-one years I have made and dispensed a concentrated fresh plant tincture of *Nasturtium off.* as an antidote in tobacco narcosis and as a sedative in neurotic and kindred affections. Messrs. Boericke & Tafel now make the tincture for me better than I could prepare it. To me it is the only known antidote for the various forms and degrees of tobacco poisoning. *Nux.*, *Arsenic*, *Ignatia*, *Plantago*, *Lycopodium*, etc., have either afforded but partial relief for the effects of this complex poison or have miserably failed me in crucial tests—*Nasturtium off.* not once, in the absence of complications. The drug is also of marked efficacy in the many forms of neurasthenia, without lesion, and in hysteria, chorea minor, etc. If a "general sedative" were not an illusion—there is no general sedative but death—I might be tempted to apply that term to this drug.

Of the strong tincture five to ten minim doses should be ordered every one to four hours, *pro re nata*, until its effects are obtained, then suspend dosage. It may be found very unwise to push the drug, or any drug, beyond the point of relief. Let the profession use the remedy, compare results and approximate exact values.

P. M. C.

*New York, March 1, 1906.*

## SOMEWHAT RASPING.

Editor of the HOMŒOPATHIC RECORDER.

A new and wonderful discovery made by one of our profound thinkers occupying a Chair of Practice in a Homœopathic College: That all cases of malaria can be cured by *Quinine*.

All cases of anæmia by *Muriate of Iron* in good old-fashioned doses.

Syphilis by *Mercury*.

I am sure that not only the masters of Hahnemannian Homœopathy will shout Eureka, Eureka, but the old school brethren will be willing to join hands with us to sing "Auld Lang Syne," as they honestly claim to have many times failed. I consider this not only the greatest discovery ever made, but I feel tempted to go and strive to awake Samuel Hahnemann from his sleep to let him in on the ground floor of this medical wonder. Had he and his true followers only known this, what hours of toil might have been saved in seeking the simillimum. Does it surprise you to find that the Homœopathic School is leading the world in therapeutics when we have such profound men in our colleges instructing the student body. I am not surprised that we receive such rich things from the Board of Regents, Army, Navy, and City Board of Health when these wonderful and astonishing discoveries come to their notice, how can they help but admire such excellence of thought? Let us go on in this way until every college have these men to teach Homœopathy and we will have the old school arms of admiration so tightly around the neck of Homœopathy that we will have a long, restful sleep of reward and shall rest in the belief that we have been faithful to Samuel Hahnemann and the world.

A. EUGENE AUSTIN, M. D., H. M.

*New York.*

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## A CONTRIBUTION TO EPISTOLARY TREATMENT.

By Dr. Gouillon.

Translated for the HOMŒOPATHIC RECORDER from *Leipsiger Pop. Z. f. Hom.*

Mr. N., fifty-six years of age, was taken sick on September 8 of renal colic, and had to keep to his bed with renal catarrh. As the physician stated, there was excreted much mucus, also some albumen, but no blood was found in the urine. He received three injections of *Morphine* and also *Morphine* internally. On the eighth day he noticed that there was a change in his eyes. He saw everything double when both eyes were open; when he shut

the left eye (the pain was also in the abdomen towards the left side) he could read with the right eye. This double vision is not now to be noticed. The eye specialist whom he consulted in E. called the slight turbidity of the lens a cataract, but supposed with an improvement of the nutrition this trouble might again disappear.

Mrs. N. writes me: "I now turn to you in a great trouble. My husband has become very nervous, he hopes from day to day that he will again be able to return to his business."

The stomach is not very strong, there is a tendency to diarrhoea. Mrs. N. doubts that nature alone can restore him to health. She adds that her husband is stocky and so has a tendency to corpulence-hæmorrhoids. It might be of importance to state that there was much insomina during the disease. Also before this he did not sleep very soundly. There is no fever.

Now, as to the further development of the case. On November 12th Mr. N. was able to write to me himself: "I have taken the new powders sent to me, according to your direction, and now since the last two weeks I am rid of my trouble, which had been caused by the paralysis of the muscle of the eye. That the remedies prescribed for me hit the bull's eye is indubitable in my mind and that of my wife." I had prescribed *Sulphur*, *Rhus* and *Causticum*.

I may add yet, that the first words in the letter were as follows: "As I see from the 'Popular,' you are not opposed to treatment by letter, therefore I would ask you for your kind advice, etc." Such an experience warns us against the prejudice of refusing to treat patients whom we cannot see. Why should a careful and objective account by the patient not lead us to select the correct remedy as, *e. g.*, in this case and in many others?

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## FACTS FROM PRACTICE.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*

Mrs. F., seventy years old, after eating over-ripe cherries, was seized with stubborn diarrhoea, which would not stop in spite of *Ipecacuanha*. The reason of this was that this fault in diet was only the accidental cause of a periodical intestinal catarrh, appear-

ing every summer during the hot season. A peculiar symptom was, that immediately after every meal, even after soups, oat-meal soup, etc., the urging to diarrhœa appeared with an almost watery discharge. I lately saw *Bromium* recommended in diarrhœa immediately after eating. I do not know on what this recommendation is founded; I did not, therefore, give any heed to it. (Analogous hints often leave us in the lurch, *e. g.*, Schuessler's indication: *Ferrum phos.* in the vomiting of food.) An important remedy in stubborn diarrhœa is, however, *Mercurius cor.*, especially where the diarrhœa resembles dysentery. These diarrhœas had at least formerly resembled dysentery, *i. e.*, they had mingled with blood. On one occasion *Arsenicum* had effected a cure. So I gave Mrs. F. *Mercur. cor.* D. 12, every four hours (more exactly, four drops in sixty grammes of water in doses of one teaspoonful). Even the strictest diet had no effect. While *Ipecacuanha* did not avail anything and *Mercurius sol.* had also been given in vain, as also *Bryonia*, which is wont to be so warmly recommended in books for diarrhœa combined with bilious disturbances; now after *Mercurius cor.* the character of the evacuations changed, more consistent stools appeared; the appearance of the tongue, which had been horrid three days before, now only showed a slight white coating in the posterior part.

The taste in the mouth, which before had been bitter and in the latter days like pap, now gave way to a normal taste. The great weariness of my patient shows me, however, that my patient had passed through a severe case; for this could not be explained by the heat alone, or at least only in conjunction with the fasting which had followed as a consequence.

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## THE SIMPLEST AND SAFEST TREATMENT OF WHOOPING-COUGH.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*

There is a specific against whooping-cough, and that is *Belladonna*. With this we can do an immeasurable amount of good. *Belladonna* as a remedy for cramp is no stranger even to allopathy; but it appears to me as if only the small doses of this, great narcotic are able to combat whooping-cough. Of this I

have convinced myself on innumerable occasions. Besides this the typical whooping-cough is so characteristic, and can also be recognized by laymen, so that the latter may safely make use of this remedy. Frequently I have seen whole villages seized by this dreaded children's disease and regularly and almost exclusively seen it cured or at least shortened by the use of *Belladonna*.

Much is said about quackery, when anyone dares to undertake the treatment of patients whom the physician has not seen and examined. But it would be really a sin not to use this simple remedy, or to prescribe it if needs be, even by letter.

There may indeed arise complications, especially in cases that have been procrastinated or erroneously treated, with children who were sickly before or who were weighed down with dyscrasies. In such cases *Belladonna* is not always sufficient, and medical assistance and a more careful examination should not be rejected. At times *Ipecacuanha* is a good assistant remedy, but it can never take the place of *Belladonna*; the latter, therefore, is to be preferred to *Ipecacuanha*.

I give *Belladonna* in the 9 D., one drop three or four times a day; usually I send some powders of sugar of milk, moistened with *Belladonna*, and direct their solution in fifty to sixty grammes of water, giving two teaspoonfuls every three hours.

Besides this I forbid all sweets, bonbons and chocolates and the like, also fruit, at least in the raw state.

The treatment of whooping-cough in the manner described, *i. e.*, in homœopathic doses (and still large in comparison with the earlier minimal doses that have been ridiculed so much and which may be styled infinitesimal), is so pleasant that this offers an excellent opportunity to convince allopaths, I mean honest and unprejudiced allopaths, of the power and ability of Homœopathy. The Homœopathic League should here coöperate, and should send the preparations gratis to the home of the opposing colleagues. "The trouble is small, the reward great."

It may of course easily happen that from one reason and another a lack of success may occur. But these cases will be few and far between and will have to be accounted for by a peculiarly malign internal constitution, so-called atypical cases of whooping-cough. If we consider the enormous apparatus of remedies of all kinds which are continually making their appearance, and often to the torture of the little patients, being of themselves aimless, and without prospect of success, the value of our simple and yet

so specific treatment stands revealed in its greatness. And how small is the expense of this therapy. Suppose a village is visited with an epidemic of whooping-cough, fifty grammes of the ninth to twelfth decimal potency will suffice to supply to many dozens of cases the blessing of this mildest of all imaginable treatments. I will not conceal the fact, that praises such as: "Our best thanks! we shall recommend you in whooping-cough," or "Send me, please, your remedy for whooping-cough," have ever been the result of my method of treatment which is now here published for the use of all, and is just what I have been practicing for the last year and many years before.

Besides the sweets and fruits to be avoided, we should avoid soggy and sour rye-bread and also any other dietary articles known as hurtful.

Finally, we would not deny that, in the course of the disease, one and another remedy indicated homœopathically may be needed. Among these are *Cuprum*, *Veratrum* and *Drosera*, which latter is apt to be praised too much, and others. But the main end of these lines is to lay special stress on the decided superiority of *Belladonna*. But I must warn against neglecting any complications. In cases that are procrastinated occasionally pneumonia or some other disease may be added to whooping-cough, and their treatment should always be entrusted to a physician.

But in case of a relapse we should again give *Belladonna*. If the symptom of vomiting is prominent, I interpose a dose of *Ipecacuanha*, also in the 9th to the 12th dilutions.

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## URINE AS A THERAPEUTICAL INDICATION.

By Dr. Bergmann, Berlin.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, February 1, 1906.

In older medicine the urine played a more important part than at this day. Even in the first half of the last century there was hardly any disease in which the conscientious physician would have neglected to carefully examine the urine of the patient, and it is undeniable that the older physicians were well advanced in the art of not only diagnosing all the morbid conditions of the human

body as to all the particulars, but also of predicting the probable course of the disease with great certainty.

In modern medicine other aids and methods have, however, been so perfectly developed for diagnosing disease that the examination of the urine for diagnostic purposes seems to be superfluous, and if we except the diseases of the ureters, diabetes and gout, a physician nowadays hardly thinks of gathering any information as to the case from the urine. Nor can we blame the physician of the old school, for the mere diagnosis of the disease may be established with far more certainty by a personal examination of the patient than by examining his urine. But in Homœopathy the urine has a far more important significance than merely as a diagnostic aid. We homœopathic physicians occupy quite a different position as to the symptoms of the disease. We recognize not only in the symptoms that appear visibly, but also in the complaints as expressed in the sensations of the patient, *i. e.*, in the objective as well as in the subjective symptoms not mere indications of the cause of the disease, but these symptoms also give us the most important, yea, the only indications for the similimums showing us *the only suitable remedy for the disease*. But for this purpose, as an indication of the similimum there is no more valuable aid than the urine; yea, basing my view on thousands of provings of the urine, I can affirm that the urine alone is sufficient to teach us the proper remedy.

The complete demonstration of this assertion can, of course, be brought only by *practical experience*. But before I enter on this I would adduce some theoretical considerations which would indicate the high importance of urine in the homœopathic practice. We need only consider the position of the kidneys in the human body, their anatomical construction and their use, in order to comprehend at once *that every morbid change within our organism necessarily must have a reaction on the kidneys and on their product, the urine*.

What we call urine is excreted in the kidneys, and the material for this product is furnished by *the blood of the whole body*. As is well known, the blood on its circuit passes through all the organs and all the parts of these organs and takes up all that has been left behind there as scoriæ during metabolism. As soon as a morbid process takes place in any of the organs the abnormally metamorphosed products of this changed condition necessarily pass into the blood and are brought into the kidneys and thus into the

urine. From this it naturally follows that all the morbid processes throughout the body *must be mirrored forth in the urine in some way and find their expression there.* One of the old physicians, Dr. Kortum, therefore says in his work, *Urine as an Indication in Disease*: "In morbid conditions the blood is varied in many ways in its circulation and in its composition, and this change must be communicated to the urine, since this was just before a part and companion of the latter. It is, therefore, a natural consequence that in abnormal conditions of the body the urine must also be abnormal."

But it does not even require abnormal or morbid conditions in order to change the urine in a corresponding manner, but there is a whole series of the most harmless nutriments and spices which exercise a well defined and unmistakable influence on the urine. Thus, after eating peas, the urine will be turbid; crabs' eyes make the urine turbid and thick. After eating food that is strongly salted, the urine becomes sharp. After eating something containing turmeric or rhubarb, the urine has a deep-yellow color; after eating green vegetables, especially after eating them raw as lettuce, it becomes greenish; after taking cassia, it becomes blackish; after a number of sour and acrid substances, as after opuntia, and also after several kinds of vegetables, as after red beets, it takes a red color. When onions or garlic are eaten this is at once manifested in the urine by a smell like that of onions. After eating asparagus the urine becomes very foetid and turbid. So also the smell of mace passes over into the urine. After substances like balsam, and especially after a few drops of spirits of turpentine, the urine has a strong odor of violets.

Now, if all these and many other harmless substances change the urine in quite a peculiar fashion, who would doubt that the heavy influx of morbid substances must be followed by definite and characteristic changes in the urine?

These indications in the urine may not, indeed, be intelligible to everyone, yea, they may not even be noticed at once, except by those who devote much care and attention to this exploration. It requires a practiced eye, and, even more, a well practiced nose, to discover the characteristics of the various images of urine. The indications furnished by urine are so numerous that it is almost impossible in the space of a brief article to specially name and describe them, and I must therefore here content myself with enumerating them collected in groups.

1. The *color* of the urine shows in general two chief differences, being either light colored or dark, but between these two limits there are at least twenty different shades, each one of which has its own particular significance in the doctrine of urine. The natural color of urine, which is especially seen in healthy persons after sleeping, is lemon-yellow with penetrating aromatic strong smell.

2. The contents of the urine embrace all its undissolved seemingly foreign constituents; these appear only rarely immediately after its discharge, generally a considerable time afterwards, frequently not before twenty-four hours later. These constituents either cover the whole surface, and are then denominated the scum, or they are found only on the sides of the surface, like a wreath, or they may gather below the surface as flaky clouds, which again are distinguished according to their varied appearance and subsequent changes, into a number of varieties. After standing for a period of sufficient length the whole contents of the urine sink to the bottom and appear as:

3. *Sediment*, which, according to its quantity, appearance and its chemical constitution and physical changes, may give the connoisseur important information.

4. The *smell* of the urine is of especial importance for the finding out of the simile; and I would assert, from my experience after examining many thousands of examples of urine, that a highly developed olfactory perception enables the examiner to determine the simile alone with a great deal of certainty. Still the olfactory characteristics are so much a matter of subjective perception that it is impossible to describe them. We can only say so much, that some samples of urine have a smell of *Hydrastis*, others of *Pulsatilla* or of *Phosphorus*; still others a smell of *Ipecacuanha* or of *Arsenic*, *i. e.*, *the smell of the patient has the same smell as the urine of a healthy person after using for a sufficient length of time the corresponding medicine.*

As before said, for the allopathic physician the examination of the urine has only a limited significance and need only be considered in a few forms of disease. *But for us homœopaths there cannot be a more important symptom of disease than that of urine.* For the indications appearing in this show a much greater agreement with the symptoms produced in the healthy urine than exists otherwise between the symptoms of medicine and of disease.

Homœopaths should therefore give the greatest attention to the

urine of the patient, and in order to enable us to find out the simile homœopathic manuals ought not to sum up the urinary symptoms in a few words, but they ought in every image of disease of every single remedy describe the urinary symptoms most exactly.

I would in conclusion confirm the truth of the principles given above by some clinical cases, which more than any theoretical dissertations will prove the correctness of my position:

I. *Cure of a Severe Case of rheumatism.* D. H., a woman, fifty-two years of age. In consequence of a case of articular rheumatism, through which she passed six years ago, there had set in a stiffness of the muscles and the joints in various parts of the body, increasing with every year. The right leg especially almost completely refused to do service. The patient was never quite free from pain and in wet, windy weather, as also after bodily exertions, the pains, especially in the right leg and in the back, became almost unendurable. She had great trouble in moving alone with the help of a cane and when dressing and undressing she required assistance. The patient had been treated at first by allopathic doctors with various embrocations, with electricity and salt-water baths, all without result. Later she had turned to a homœopath and had received *Rhus*, *Dulcamara* and *Bryonia*, but these had only given her a momentary relief.

When she came under my treatment I could perceive that the urine discharged by her of a morning early, after about twenty-four hours, took a smell reminding me of the *urinary smell characteristic of Pulsatilla*. Also the external visible indications agreed with the image of *Pulsatilla*. So I gave this remedy in the 30th decimal, and after three days the pains were considerably relieved. After using the remedy for three weeks the patient was completely restored; she could stretch out her back, which before had been bent, and this without any trouble; she could dress and undress without any assistance and the stiffness had so totally disappeared from her right leg that she can now walk without her cane, and even take long walks without feeling the exertion.

II. The second case was that of a man, seventy years of age, suffering from a tedious rheumatism; here the urine symptoms so completely coincided with the image of the urine from *Sulphur* that I gave him *Sulphur* 6. D., which in a short time effected a complete cure.

III. *Cure of a Chronic Catarrh of the Stomach.* C. R., thirty-

five years of age, some ten years ago suffered from disturbances in his digestion, consisting in a *nausea, frequent eructation* and in a very troublesome *sensation of pressure in the region of the stomach*. In the last year there were added very painful *cramps in the stomach*. So also her *appetite* was so low that the patient ate only with repugnance and had lost twenty pounds in weight in the last year. The stool also was very indolent, and the *evacuations* were mostly hard and dry. All these symptoms so accurately point to *Bryonia* that I thought I could promise the patient full relief through this remedy.

But it soon appeared that no complete cure could be attained through *Bryonia*. The trouble was, indeed, very much alleviated, especially when I gave him this remedy in alternation with *Chamomilla*, but the patient continued to have no appetite, the stomach continued irritable, and the digestion had to be helped along with frequent clysters.

Then I examined the urine of the patient, and found an image of symptoms which neither agreed with *Chamomilla* nor with *Bryonia*. On the other hand, the *dark color* of the urine, its *putrid odor*, its surface covered with an *iridescent scum*, and its copious *bright white sediment*, led me to *Calcarea carb.*, which has exactly such an image of urine. This remedy then also in a very short time brought a complete cure, and in three months the patient's weight increased by almost thirty pounds.

IV. *Cure of Anæmia and Nervous Weakness.* S. R., a seamstress, nineteen years of age, has been using various preparations of iron to cure her pronounced anæmia, but this had only resulted in ruining her teeth. *Headache, insomnia, lack of appetite, palpitation of the heart, vertigo and weakness of the legs* were her chief trouble.

The patient applied to me by letter, as she could not get homœopathic treatment in any other way. My treatment of this patient could, therefore, only be viewed as an experiment, but it was brilliantly successful. And through what means? As the description of her condition was given by the patient in a very unsatisfactory way I confined myself for the finding of the simile merely to the sample of urine transmitted to me. Its image agreed with the joint indications of the images of the urine of *Cuprum* and of *Sepia*. These two remedies, given in alternation, completely restored the patient in less than four weeks and made her able to work again.

## PUERPERAL FEVER.

By C. Assema, Prior.

Translated for the HOMŒOPATHIC RECORDER from the *Leipzig. Pop. Z. f. Hom.*, Dec. 1.

A pastor of my acquaintance wrote me on Nov. 12, 1904: "I have several times already made up my mind not to trouble you with any more of my patients; but in this case the misery is too great not to take compassion on it. The wife of our tavern-keeper has now been lying abed for seven weeks with puerperal fever; she is in a very wretched condition; no appetite, she can only take liquid nourishment and this with aversion; no stool, in spite of various purgatives, a tormenting flatulence; according to the last examination of the physician, there is inflammation of the uterus and exudation by the side of it; constant fever, perspiration, sleepless nights; then again for several days somnolence from weakness, and in the last time great pains in the abdomen, which was not the case at first. The physician has prescribed the usual fever remedies, *Quinine*, *Antipyrine*, and for the stomach the favorite medicine in violet-colored bottles, but all without effect. The patient is emaciated, and it does not seem to me that she will ever get up again. She said that a few days after the birth of her child she had taken cold, after which the lochia stopped. The woman is of weakly constitution and is in the middle of the thirties; eight children look weeping up to their mother! The poor woman has not either the requisite care, no rest, an awkward husband, but little cleanliness. If there is any remedy yet in Homœopathy for such a condition, I therefore entreat you for this patient. I promised her that I would write to you."

I was not hard-hearted enough to give a negative answer to this entreaty; I thought that the physician of the neighboring town showed by his actions that he was at his wits' end, and therefore that nothing would be risked by yielding to the philanthropic entreaty in this urgent case, and sent the patient a homœopathic remedy, so as to make an attempt in her favor and also for the comfort of the anxious family. I needed not any lengthy consideration, for in the last two years I had met with three cases of puerperal fever, all of which were cured in a short time with *Kalium chloratum*, without my having seen the patients at all,

and one of these had been treated by an allopathic physician for ten weeks without success; though none of these cases had come to as low an ebb as the woman of W——. So I sent to the pastor for the patient *Kalium chloratum* (6 in pellets), and I added *Bryonia* and *Aconitum*, directing that the first medicine should be given dissolved in water every hour a teaspoonful; but *Bryonia* should be given, if the constipation continued, and *Aconitum* if the pulse rose to more than 100 beats. On the 20th of November I received a letter from the pastor in which he said: "Hurrah for Homœopathy! the tavern-keeper's wife is saved! the fever has almost disappeared, the appetite is grand, though there is a slight eruption on the upper part of the body. The physician was here to-day, examined the patient and found hardly anything more the matter and permitted her to get up 'in a week,' *i. e.*, he would not come back unless he should be called back. The family is full of jubilee, thankfulness and joy." The patient continued taking *Kalium chloratum* as long as the supply of pellets lasted, and in the middle of January the clergyman brought me the news in person that the patient had fully recovered. This was a non-medical obligatory treatment *in absentia* and a brilliant effect of *Kalium chloratum*.

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## CONTRIBUTION TO THE ACTION OF IODOFORM.

By Dr Stauffer, Munich.

In the present age of aseptics the cases of poisoning with *Iodoform* have become more rare. It was otherwise when antiseptics were flourishing; and we can all recall the severe cases of poisoning with *Iodoform* in earlier years, when the celebrated disinfecting and granulating remedy was frequently strewed by the spoonfuls into the fresh wounds caused by surgical operations; in those days also it was by no means a rare thing to see those lately operated on jump down from the windows of surgical hospitals in their delirium after an operation.

I lately had an occasion to refresh my memory as to the symptoms of poisoning from this disinfecting remedy. At a late hour in the evening I was called to a patient who was being treated by a specialist for a chronic catarrh of the bladder with occasional hæmaturia. His bladder had been occasionally rinsed out for about three weeks. The patient was about seventy years of age,

and I found him in a high degree of nervous excitement; he cannot sit quietly in a chair for a minute, but will jump up and race around the room; he talks much and is extremely impatient, and he desired to get at once an anodyne and a soporific, as he had not closed his eyes for a week, being even more restless at night time than during the day. He would go to bed, turning from one side to the other; he will strike a light and read, then he will put it out again, get up and race about; in short, he is in a state of the greatest excitation and restlessness. He complains that he cannot take up his mental work by day, because he cannot concentrate his mind. In conversation he jumps from one subject to another. This is attended with violent headache all over the head; he cannot recall things; his memory is defective, he is out of humor, thinks of dying and is at times very melancholy. His appetite is quite gone; there is much fœtor from the mouth, the tongue is dry, there is a pappy taste and violent thirst; frequent, small mucous stools. The action of the heart is very much excited, the pulse is 120; the sounds of the heart are clear.

The specialist had prescribed quite a heavy dose of *Codeine* as a soporific, but without success; and now a homœopathic remedy should bring everything quickly into the desired order. I saw at once that it would be useless for me to seek for such a remedy, as it was plain that the trouble was due to poisoning. On inquiring further, I found that after rinsing out the bladder there followed a daily injection of *Iodoform*; I was led to this inquiry by the smell of the urine; there was thus no doubt that there was a poisoning of slight degree from this use of *Iodoform*. The patient was therefore instructed, and was directed to refuse the injection of *Iodoform*; this of course led to a contest with the specialist, who insisted on the harmlessness of the remedy. Besides that I prescribed an antidote, viz.: *Arsenic. album*, and Vichy-water. This distressing state continued for three nights more, and during this whole time the urine still smelled strongly of *Iodoform*; the fourth night it became better and the symptoms of poisoning then quickly disappeared, a sign that my diagnosis was correct. Even the specialist acknowledged that there must be in this case an idiosyncrasy in opposition to *Iodoform*. I cannot, however, join in this opinion; since it is well known that old persons of low vitality are always much more easily affected by *Iodoform*, and sufficient of this poison had been taken to cause the effects, since this poison also acts cumulatively. There is no doubt that

if the poison had been continued, severe symptoms of poisoning would presently have appeared.

*Iodoform* acts specially on the nervous system; in very acute internal poisoning there appear vomiting, diarrhœa, hallucinations, delirium, raving, and finally death in a coma. In subacute poisoning, the symptoms described in the case in question appear, also the idea of being pursued, with raving or melancholia; a characteristic symptom is the fetor from the mouth, as also palpitation of the heart and insomnia. The most severe cases of poisoning present the symptoms of meningitis with fever even as high as 104° F., or with the symptoms of an acute psychosis.

With such an image of symptoms, the thought suggests itself of using the remedy in meningitis. I have made a trial of it in basilar meningitis, but these were not followed by satisfactory results; perhaps we might get more satisfactory results in an epidemic of cerebro-spinal meningitis; we would therefore suggest *Iodoform* in such cases.

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## TWO CASES ILLUSTRATING THE THERAPEUTIC VALUE OF PYROGENIUM.

By Dr. Boeckh, of Stuttgart.

CASE I is that of Rosa K—, aged 9 years, and whom I have known for the past three years. On October 18th, 1905, she was suddenly attacked with high fever and pain on swallowing. About eighteen months previously suffered from an attack of diphtheria, since which time there has been a tendency towards enlarged cervical glands and chronic purulent middle-ear catarrh (left ear), the latter giving rise to an unusually foetid discharge, and the power of hearing having almost entirely disappeared. Beyond this the child had appeared well nourished, intelligent and rosy.

On October 18th I found her in a state of high fever (temp. 40° C., pulse 120) which had come on suddenly. She complained of intense pain on swallowing, which seemed localized in the left side of the neck. The fauces showed merely slight redness, but no deposit. On more careful investigation I found that the painful area followed very closely the course of the sterno-cleido-mastoideus from the clavicle to the mastoid process. On inquiry I was informed by the mother that the ear-discharge had dimin-

ished very much of late. Superficial examination of the aural region revealed no pain on pressure over the well-known spots. The child did not complain of earache, but only of a moderate general headache. I ordered *Acon.* 3 and a compress. On October 19th and 20th the fever remained at the same height, and frequent rigors supervened. The acute pain on swallowing made feeding almost impossible; and in addition severe diarrhoea and diffuse bronchitis came on. The condition was all the more serious as the pulse rose at times to 140 in the minute.

On October 18th I expressed to the parents my fear that we had to deal with a serious ailment connected with the chronic middle-ear catarrh, and which under certain circumstances would need surgical help in order to give egress to the pus which was present; now, that I was sure of the state of matters, I strongly urged that the child should be taken to the private hospital of a well-known aurist. The parents acceded to my wish, although very unwillingly, and the child was operated upon the same day (October 21st) by the radical operation. At the end of eight days, however, in spite of the evacuation of large quantities of fœtid pus from the petrosa and the transverse sinus matters were very much *in statu quo* and the aurist decided upon emptying the internal jugular vein as far down as the vena innominata; this was done, and the vein was found completely blocked by purulent thrombi. This second operation also brought no amelioration of the condition; on the contrary, matters daily became worse, so that at last my colleague, the specialist, held out no hope of saving the child. He wrote to me as follows: "After the second operation there followed for weeks rigor, abscess of the lung, with terribly fœtid expectoration, and abscess of the liver, perforating apparently into the bowel."

In order that the child might at least die at home she was removed from the clinic; and I was summoned on December 6th. I found the child no longer recognizable; she was terribly emaciated and pale, with bluish tint of lips. In the sick room there was a penetrating, putrid odor, which made it impossible to remain without open windows and turpentine sprayed about in the room. The smell arose from the expectoration, which was still very copious. On examining the chest I found over the whole of the left lung, front and back, loud rales, increasing in intensity towards the base, allowing one to hear the respiratory murmur above, but quite overpowering it below. In the lower part there

was also diminished resonance. Temperature oscillated daily between  $38.5^{\circ}$  C., the pulse between 100 and 120. Appetite was nil, but there was constant thirst. She was quite apathetic, and took no notice of my visits or examinations. In these circumstances I prescribed the most nourishing diet possible, with moderate doses of strong wine (Samos, Tokay, and Malaga); wet-packs to the trunk once or twice a day; and lastly *Lachesis* 6 Mv at first alone, and then, after a few days, in alternation with *Pyrogenium* 10, each twice a day.

For a variety of reasons I did not see the patient again for a fortnight, and when I called heard, to my great astonishment, that she had just gone out. My surprise was even greater when, after a few minutes, the child returned with fresh happy face and full round cheeks. On examining further I found a wonderful change in her condition; the emaciation had disappeared and she was as plump as before. There had been no fever for fourteen days; the pulse beat 80 in the minute. The operation-wound, which at the the time of my last visit was discharging pus freely, was cicatrized. Cough and expectoration had ceased, and examination of the lung revealed only a small strip of the left lower lobe where there were scanty feeble rales but no dullness.

The remedies, at first both, and latterly only the *Pyrogenium*, had been regularly administered. The appetite had gradually returned and was now quite "famous."

I think we are fully entitled to attribute this sudden change for the better to the remedies exhibited, especially to the *Pyrogenium*; and in so doing we need not undervalue the undoubted help rendered by the able specialist, who by his technical skill first rendered it *possible* to save the child's life; he did all he could. The rescue from the pyæmic condition, however, was reserved for Homœopathy; here the allopathic treatment, if, indeed, one can speak of it as such, completely failed. The operator's instruments reached but a small fragment of the disease-products present in the body, whilst our remedies pervaded the whole system and helped its own defensive organism to triumph over the blood-intoxication.

The happy effects of *Pyrogenium* in the above case led me to experiment with it in the following one:

CASE II. Frau X—during her six years of married life had one still-born child, and, later, an abortion accompanied by severe hæmorrhage, following which she suddenly sickened with symp-

toms of severe peritonitis (rigors, fluttering pulse of 130-140; temp. 40.5° C., excessive tenderness of abdomen to lightest touch), the most acute stage of which was overcome with *Bryonia* 3. The temperature fell gradually to 38.5° to 39° C. As a result of this first attack there could be felt in Douglas's pouch and the right parametrium an abundant doughy exudation about the size of a child's head, a swelling of the left ovary, and a slight (septic) endocarditis (mitral). The condition remained much the same for some weeks; about six weeks from the beginning of the illness unusually severe rheumatic pain in the right sciatic supervened, accompanied by unconquerable restlessness, although Frau X—was usually most patient; immediately afterwards an unusually profuse menorrhagia occurred, with evacuation of coagula as large as the fist (the menses had occurred four weeks previously, but flow was of the very slightest and lasted a few hours only).

I now gave *Pyrogen.* 10 gtt. v morning and evening, and obtained not only speedy fall of temperature to normal and a pulse-rate to 80, but a diminution in the size of the pelvic exudate from the size of a child's head to that of a small apple, all in the space of three weeks, and without resorting to any remedy other than the *Pyrogen.* (with the exception of hydropathic compresses, which latter could hardly have accomplished so much in so short a time).

It appears to me that we have in *Pyrogen.* an isopathic remedy, a most valuable weapon against severe sepsis, either in the shape of a pure septicæmia and sapræmia or of sepsis complicating with other severe ailments, such as typhoid, phthisis in its last stages, gonorrhœal metritis, and pelvi-peritonitis, etc. The action in both my cases was so striking that the successful effects of *Pyrogen.* could not be held in doubt. Perhaps my short communication may lead other colleagues to publish their experiences with the above remedy.—*Allgem. Homöop. Zeitung*, Feb. 8, 1906, p. 33.

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#### OBITUARY.

Dr. W. D. Norwood, of Shreveport, La., was on Feb. 14th thrown from his buggy, on account of his horse running away, and only lived for ten minutes after the accident. The cause of the runaway was the horse becoming frightened at a noisy automobile. Dr. Norwood was graduated from the Hering Medical College, Chicago, in the year 1895. He was very popular with his class and was one of the best liked and most popular citizen and physician in Shreveport.

## THE NEGLECT OF BURNETT BY PRESENT-DAY HOMŒOPATHS A PERIL TO HOMŒOPATHY.

By M. L. Tyler, M. D.

“The quick are more dead and the dead more quick than we commonly think.”—SAMUEL BUTLER.

The question of *curative* homœopathic work is no mere academic question, but one which presses, and which is absolutely vital to the future of Homœopathy. Thanks in a great measure to the genius of Burnett (who, if he did not originate, seized upon and elaborated an idea which dates back to Hahnemann and *Psorin.*), we have had a great start in the use of *preparations of the virus of diseases for the cure of disease*—a grand start—years and years ahead of the rest of the profession!—and we have deliberately, with a few exceptions, “made the great refusal.” And, already, what do we see? Why, the very men who for the last fifteen years have scouted Burnett’s “Eight Years’ Experience in the Cure of Consumption by *Bacillinum*,” who have regarded the new departure with evil eye, are now engaged in laboriously demonstrating, to an audience that snaps the finger at dull historical detail, that one Burnett—a homœopath—used *Tuberculinum* under a different name years before Koch began to experiment therewith. And by and by the same belated process will have to be gone through, equally vainly, in regard to *Syphillinum*, *Medorrhinum*, and all the rest of the group; for the winged seeds of a great truth have gone forth upon the winds, and are already bearing fruit; there are scientists among the allopaths—big ones—geniuses—hot upon the trail, working absolutely on Burnett’s lines, and outdistancing the most advanced amongst us (we are not allowed to particularize, but we *know!*)—and, this being so, how long shall we homœopaths be able to claim a monopoly in scientific medicine?—honorably ours for more than a century. The writing is already on the wall—TEKEL—UPHARSIN—and it is passing from us.

“*This patient has never been well since measles—since enteric—since small-pox—since vaccination—since syphilis—since gonorrhœa—since diphtheria; his present illness has, apparently, no connection with the old malady, and yet you can never cure him, can never make a healthy man of him, unless you treat him with a preparation of the virus of that ancient disease, or with medicines homœo-*

*pathic thereto—the former being infinitely more powerful for good.*” Thus urged Burnett, with ever-growing insistence, as his experience ripened; and thus did Burnett cure conditions that we should never, probably, even seriously attempt to treat.

And now that the allopaths are hot on the trail (there is no question of the fact!) with other Nosodes besides that of consumption, quite in the old Burnettian style!—with ever-dwindling doses before alarming aggravations (quite in the old Hahnemannian style!)—now that they are proving Homœopathy up to the hilt, infinitesimals and all, and are *about to supersede it*, what is the outlook for us? They have only to make one more discovery, viz., that potentized tinctures taken by the mouth are more powerful as curative agents, and are infinitely safer than their (often) dangerous and (constantly) uncertain injections, and we are pretty well done—for *they will do better work*. The Homœopathy that arbitrarily limits itself to poisonous mineral and poisonous plant, to snake-venom and toad-venom and virus of bee and spider, to “sarcodes” from healthy tissues—gland, nerve, or skin—but refuses furiously to have any traffic with the most swift-acting, the most potent and violent poisons of all—those prepared from diseased tissues and from the germs of disease—that Homœopathy is doomed; and rightly so, for it is blocking the path of progress. The allopaths we smugly despise for their ignorance of the Law of Healing are attaining, by patient work and painstaking experiment, what has been ours all along by *knowledge of law*—ours, who would none of it—who “*knew and did not.*”

The septic material or product of a disease (years before its nature has been determined, or its organism established according to Koch's Postulates) can be taken—pus from small-pox pustule—from anthrax—from abscess—from glanders; the sputum of phthisis—of pneumonia—of influenza; the substance of a lymphadenomatous gland—the gonococcic discharge—what you will!—can be taken, and ground down with sugar-of-milk, and boiled up with alcohol, till no live germ, or possibility of propagating the actual disease, remains, and till the toxins are liberated from the most resistant bacterial envelope, and from this tinctures of ever-augmenting potency (where disease is concerned) can be prepared, and proved, and used *according to the Law of Similars*. And the indications for the use of these tinctures are clear enough, and known to the meanest homœopath—absolutely the

same as for plant-poison, or serpent-venom. They may be used (first) as ORGAN REMEDIES affecting particular tissues. What affects the cornea more frightfully than the poison of syphilis?—though the primary sore was certainly not in corneal tissue!—and what medicine does such extraordinarily brilliant work in keratitis and in ulcerations of the cornea as *Syphilinum*? If any one doubts, let him make experiment, and be converted at once to Homœopathy, to high potencies, and to nosodes!

Again, they may be used as “LIKE” medicines, as when we cure old rheumatic subjects, or treat acute rheumatism, or help the rheumatic hearts of children with the virus of gonorrhœa, generally not knowing at all whether the patient has ever had the disease, or has been infected, perhaps, at birth, or has inherited a gonorrhœal taint. (It would be interesting and important to ascertain whether some of these almost doomed children may not have been infected, through the eyes, at birth?) Anyway, we know that the gonorrhœal poison *can* cause acute arthritis, and is, at least, *homœopathic* to acute rheumatism. Or again, when using it as a “like” medicine, you cure psoriasis with a few doses of *Syphilinum*, though you have no suspicion of the patient’s ever having had the disease. You know that the syphilitic poison is *a* cause of psoriasis; that it produces a rash more like psoriasis than any other poison—plant or mineral—known, and you know that Hahnemann’s Law says “*similia similibus curentur*,” so that, of sheer necessity, you are bound to place *Syphilinum* at the very head of your remedies for psoriasis. Then, of course, the nosodes may present themselves to your consideration by their MASS OF SYMPTOMS, observed during a series of cases of the disease from which they are derived, or elicited by provings—and many of them have been proved; or they may vehemently suggest themselves by means of PECULIAR SYMPTOMS, such as the *terrible nightly aggravation of sufferings, mental and physical*, of *Syphilinum*; or the “*will lie on his face*” of *Medorrhinum*. “Use any peg you can find on which to hang a *homœopathic* prescription,” only never say, or, rather, let us try never to say, if we would call ourselves homœopaths, “These cases generally do well on *Bryonia*,” and proceed to keep a writhing victim from week’s end to week’s end on that drug, when it is absolutely contraindicated by the symptoms.

One question!—are you satisfied with Homœopathy as you practice it? Go back to Hahnemann’s *Chronic Diseases*, and see

whether he was satisfied that *he* had gauged, in all its length and breadth and depth and height, what he calls "God's great gift, Homœopathy," though he certainly must have made fine play therewith. He urges that we require to know and treat, in *chronic diseases*, more than the immediate but ever-changing symptoms and ailments presented by the patient—"we must discover all the ailments and symptoms inherent in the unknown primitive malady," in order "to be able to cover and completely extinguish the whole disease, together with its successively-appearing groups of symptoms." And, near the end of vol. i., occurs this suggestive phrase: "In the subsequent list of antipsoric remedies, *no isopathic remedies are mentioned, for the reason that their effects on the healthy organism have not been sufficiently ascertained; even the itch-miasm (Psorin) in its various degrees of potency, comes under this objection.*" One would like to know what were the other *isopathic remedies, besides Psorinum!* But Hahnemann, in his glory in his Law, and in his glorious discontent with his own limited application thereof in *chronic diseases*, and in his beginnings with *the isopathic remedies and Psorinum*, was already on the war-path, and we have been slow indeed to catch up his hints. Let us now forward! Let us follow after Hahnemann, and after his faithful follower, Burnett! Let us hasten to secure to "the Founder of Homœopathy" that which is now for the first time seriously imperilled—his crown.

(The foregoing is condensed from a nine-page paper in *Homœopathic World* of March. The great Burnett's numerous little books are still very much alive, and there is not one of them that an intelligent practitioner cannot read and re-read with the utmost profit.—Editor of the HOMŒOPATHIC RECORDER.)

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### CHIPS.

"I say to all, heed what the ignorant people say. It may help us to make new discoveries."—*Silas Hubbard, M. D.*

"It is not so far back since the professions of pharmacy, of medicine and surgery, and of law, were exclusively licensed in and by 'the Church;' and were exclusively operated by members of the same priestly fraternity, lay or clerical. The evidence of this is still seen among us in the symbolic sign for the name of the ancient goddess 'Khora—R,' which sign we modern disciples

of Esculapius still (ignorantly) prefix to our prescriptions. The ancient medicos thus sought to win the favor of the then 'thea,' or goddess-divinity.—*Geo. F. C. Morgan, M. D.*

"If we relinquish Homœopathy, if we shut up our hospitals, we close our colleges, wipe out our journals, disband our societies, burn our books and destroy our *Materia Medica*, and affiliation may then be tolerated."—*Helmuth.*

"People of to-day, yea, especially physicians, tire of the eternal prancing stud-hossism in the medical pages."—*Kraft.*

"In no department of medicine is the unreliability of the literature more noticeable than in that pertaining to the medical uses of electricity. We had a merry chase after Apostolli, the enthusiastic Frenchman who made so many astonishing cures of uterine fibroma with the galvanic current. He was among the most prominent in the International Medical Congress at Washington in 1876, leading the crusade against surgical treatment of these tumors. Many batteries were installed in many offices in consequence, and much miserably disappointing work was done."—*Church Ec. Med. Jour.*

"What does it profit, except in an academic way, to invent refinements of diagnosis, to disclose the pathology of tissues, to reveal the existence of pathogenic micro-organisms, if curative means and measures are not forthcoming as the result of all these discoveries. And confessedly our therapeutics are by far the weakest part of the whole structure of medical science which we and our forbears have been building throughout the centuries."—*N. Y. Medical Times.*

"Report comes from the laboratories of the University of Chicago that an oyster may be used for developing electricity." Wow! Whoop!!

"When we read, another person thinks for us; we merely repeat his mental process. In reading, the mind is in fact only the playground of another's thoughts."—*Schopenhauer.*

"The author put his finger on the cause of the "nostrum evil"—to adopt the term of the least judicious of the advocates of pharmaceutical reform—which is the therapeutic nihilism of Osler and others who are looked up to as guides in medical practice."—*Medical Record.*

## BOOK NOTICES.

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**The Eclectic Practice of Medicine.** By Rolla L. Thomas, M. D., Professor of the Principles and Practice of Medicine in the Eclectic Medical Institute, Cincinnati, O.; Ex-President of the National Eclectic Medical Association; Consulting Physician to the Seton Hospital. Illustrated with 2 lithographs in colors, 6 color prints and 57 figures in black. 8vo., 1033 pages.

Price: Cloth, \$6.00; sheep, \$7.00. The Scudder Brothers Company, Publishers, 1009 Plum Street, Cincinnati, Ohio.

Here is the latest and best practice of eclectic medicine, well printed, on good paper, well bound and well illustrated. There are a number of good points to be found in an eclectic practice, the eclectics, if we mistake not, being the lineal descendants of the old herbalists, from whom so many good remedies have come. And these old herbalists in turn got many of their ideas (if not all of them) from the aborigines of each country. *Hydrastis* and *Hamamelis*, not to mention many others, are due to the medical lore of what we are wont to term "the savages." There are no more real book "reviews" in these days—"book notices" is all there is, so we can well say that if any of THE RECORDER'S readers want an *Eclectic Practice* this is the best book to buy.

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**The World's Anatomists.** Concise Biographies of Anatomic Masters from 300 B. C. to present time, whose names have adorned the Literature of the Medical Profession. By G. W. H. Kemper, M. D. Revised and enlarged. With eleven illustrations. 79 pages. Paper, 50 cents. Philadelphia. P. Blakiston's Son & Co. 1906.

This little book gives the names of all the known anatomists, when they were born, when they died, their native place and for what the profession is indebted to them. Opening at random we read:

"Baillarger, Jules Gabriel Francis. A French physician. Born 1806; died — . The band of Baillarger in the brain is named for this physician."

Other notices are much fuller, but this gives an idea of the scope of this interesting little booklet.

# Homœopathic Recorder.

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## EDITORIAL BREVITIES.

“DESERVE SOME CREDIT.”—After giving the therapeutics of *Sepia* quite accurately in the *Eclectic Review*, Dr. H. P. Webster concludes as follows:

“Though Hahnemann was the first to employ the juice of the cuttle-fish in medicine, the idea was not original with him, as the ancients used the mollusc itself in the form of decoction for affections of the generative organs, urine and skin—the same departments in which the homœopaths now employ it. It, therefore, is not a homœopathic remedy, any more than it is an eclectic agent, nor quite as much for that matter, because the eclectic employ it for its specific action, a method as old, at least, as the time of Paracelsus. The homœopaths, however, have kept us in mind of the old practice, and deserve some credit” .

Yes, Hahnemann deserves “some credit,” for, as Lombroso remarked recently, “what has the old school of any value which is not based on the homœopathic law.” Hahnemann’s provings have “kept us in mind” of many things, and there are many more things to which we will awake and loftily toss his memory a crumb for keeping us in mind.

SOME POINTERS.—We recently met a number of homœopathic doctors informally. The talk turned on small-pox. Dr. F. Preston, of Chester, Pa., who has seen more small-pox than most men, having been through the Civil War, said that a hot bath, two or three times a day, is one of the best therapeutic measures possible, as the patient afterwards nearly always falls into a refreshing sleep. Be sure to include the face in the bath. During the war, in 1863, Dr. Preston, then a young private, was detailed with a squad to bury the dead from small-pox, amounting to about fifty

a day, mostly negroes. The dead negroes were carried by the burying-squad and put in trenches and covered up with the earth. One peculiarity noticed was that when a negro down with small-pox neared death he would arise, go out of his hut or tent and sit on a log. Those who did this never recovered. Dr. Preston makes use of *Variolinum* in his very successful practice against small-pox.

Dr. A. D. Pierce, of Philadelphia, said that in his experience a solution of *Permanganate of Potash* was the best deodorizer in small-pox and also prevented pitting. He also said that a strong solution of the same drug in a pan set on a bed smelling of urine would take away the urinous odor. Do not let the liquid touch the mattress or bedclothes, but simply set it on the bed.

THE "REGULAR" EDITOR AND HOMŒOPATHIC BOOKS.—“The rank and file of our ‘regular’ friends may have the latch string out for the erring homœopathic brother,” remarked a publisher of homœopathic books, the other day, “but they certainly do not extend a similar welcome to homœopathic books. We have often taken little fliers in the way of sending out our books to their journals for review, but, with rare exceptions, we waited but the reviews never came, though sometimes the book, like the cat, ‘came back’ ‘refused.’ So we infer that if a homœopath wants to affiliate with the ‘regular’ he must leave his homœopathic books behind him. On our last attempt we sent out nearly fifty copies to representative old school journals all over the United States, result—three short notices. These are Gadgrind facts, sir.” So spake the publisher. “It is but fair, however, to state” he added, “that very many on the other side of the therapeutic fence are liberal buyers of homœopathic books and are using them intelligently and successfully in their practice.”

DING-DONG.—A Western preacher writing to his favorite religious weekly broadly asserts that all medical students are “infidels” and a bad lot generally. Per contra it is replied that no one to-day enters a divinity school but “hayseeds.” All rot! There isn’t a class in any school that is not made up of dross and the pure metal and only the fire of experience can bring out what is in each. There is no good in slamwhanging any particular profession—there are sane men and fools in all of them (even, it may be, in the editorial prof.).

TICK FEVER.—Dr. Louis Howe, of Cody, Wyoming, writes the *Medical Record* (Feb. 24) as follows: "In the *Medical Record* of January 20 I find mention of 'spotted fever,' 'tick fever,' or 'mountain typhus.' In all cases I have treated during the months of February, March, April, and May (I have not seen it during other months) in the past three years there has been distinct evidence of tick infection. In all cases there has been an inflamed area of about two inches in diameter, and some sloughing. In some I found the heads of the ticks. I have had about twelve typical cases."

KANSAS WHISKEY.—According to Dr. R. V. Pearce (*Oklahoma Medical Journal*) the whiskey of the great prohibition state is pretty poor and dangerous stuff. He writes: "I have noticed in at least four different medical journals a published laboratory analysis of samples of our Kansas whiskey. The analysis says the whiskey is made from cologne spirits (cheap high wines), rain water, *Hyoscyamus*, and *Cannabis Indica*. The last named ingredient is Indian hemp, from which the celebrated hash-heesh of India is made. This drug when used continually for a few months will produce insanity. In India the insanity is homicidal and the hash-heesh lunatic runs "amuck" with a knife, killing every one he meets until he is shot down like a mad dog. In this country the hemp produces suicidal insanity, and the poor victim kills only himself. A so-called "drunk" on this hemp made whiskey is not simple intoxication but a temporary insane delirium. Seven whiskey suicides in the last four years in this county."

A PRETTY FIGHT.—The *Medical Record*, of March 10, after intimating that it is the "therapeutic nihilism" of Osler and his ilk that is responsible for the "nostrum evil," says: "If medical men will refuse to prescribe remedies the composition of which is unknown, the 'nostrum evil' will be at an end. But the physicians of this country are, as we have said before, not babies to be guided by a certain coterie of pharmacologists and therapeutic nihilists—a queer combination—whose slogan is, Back to the Pharmacopœia! and who seem to think the way to reform the manufacturers of proprietary remedies is to class them with the makers of quack medicines. The sentiment expressed in the couplet, 'It is a sin to steal a pin,' has made many a professional

thief, and the same principle adopted by the intemperate organ of the American Medical Association and its State satellites will assuredly drive some of the weaker and less honorable manufacturing chemists into the ranks of the avowed 'patent medicine' men."

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### NEWS ITEMS.

Dr. Frank L. Newton has removed to the Newbury Building, Boston, Mass. Residence, 147 Highland Ave., Somerville. Surgery.

Dr. F. V. Bryant has removed from Burmah, Okl., to Ardmore, Ind. T.

Dr. A. Eugene Austin has resumed practice at 673 Madison Ave., New York.

Send the RECORDER news items.

NEW YORK STATE HOMŒOPATHIC SOCIETY.—At the annual meeting of the Society held in Albany on February 14 the following were elected as officers: President, Dr. Newton W. Collins, Rochester; First Vice-President, Dr. T. Drysdall Buchanan, New York; Second Vice-President, Dr. Frederick W. Seward, Jr., Goshen; Third Vice-President, Dr. O. S. Ritch, Brooklyn; Secretary, Dr. H. Worthington Paige, Oneonta; Treasurer, Dr. F. M. Dearborn, New York; Necrologist, Dr. John L. Moffatt, Brooklyn.

There is an opening for a homœopathic physician at Bartow, Fla. You can address Mr. F. Kunze.

San Francisco knows a good man when he comes its way, videlicet, the reappointment recently of the great homœopathic surgeon, Dr. James W. Ward, to the Health Board of that city and his further re-election as the Board's President.

Prof. Behring, of Berlin, has invented "Tuberculase," which is to play havoc with the fiendish coma bacilli. It is receiving bully free ads. At earliest will not be on sale before next autumn. Maraglians also has a dead sure serum cure for consumption.

Dr. P. W. Shedd has removed from 247 W. 44th St. to 113 W. 71st St., New York City. Dr. Shedd is a well-known contributor to the various homœopathic journals.

Dr. Louis René Kaufman has removed from 247 W. 44th St. to "The Rutland," 256 W. 57th St. Pathological examinations a specialty.

## PERSONAL.

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A sarcastic exchange remarks that the chief use of coal tar derivatives is that they enable the patient to die with normal temperature.

Some critics say the Mephistopheles is the most manly character in *Faust*.

When the pure food officers arrest the manufacturer instead of the little retail corner grocer they will be doing something to earn their salaries.

No, Mary, even the best musician cannot cultivate the voice of conscience by his art. It is a curious voice.

A man may take a seat in a furniture store and still not be a shoplifter.

The telephone, like the woman next door to Mrs. Gossip, is well talked over.

Why will not our foreign correspondents write their names and addresses in a legible manner?

So shape your affairs that you may attend the meetings of the three great bodies of Homœopathy next September at Atlantic City—the A. I. H., the I. A. H. and the International!

Yes, Johnny, a "trust" is a little money entirely surrounded by water.

We all revile the trusts excepting when we have stock in them.

"You cannot afford to do without it," writes the editor of a journal that not one doctor in a hundred has ever seen. Hard lines for the ninety and nine.

Man rapidly runs in debt and then slowly crawls out of it—a few at least.

De Wolf Hopper says it gives the window pane to see the weather strip.

Peroxide of Hydrogen offers all—save front row men—golden opportunities.

The tea merchant's book-keeper is certainly a tea totaller.

The span of life's abutments are birth and death; how near we are to the second, no engineer can tell, or where it is located.

Even the oldest wolf may become a lamb in "market."

Revivalist wanted list of "unsaved" in Louisville Ky. Louisvillian replied, "take the directory."

Miners get yearly increase; ditto coal operator, and the public yearly gets it in the neck.

Science, or a Frenchman, has discovered that sun-light is a disease producer. Next!

Binks says that some book-lovers love so ardently that they never return a borrowed book.

And the duffer remarked, "coal oil is light material!"

# THE HOMŒOPATHIC RECORDER.

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## “GET THE ABBOTT HABIT.”

By T. L. Bradford, M. D.

“Get the Abbott Habit, you will never want to break it.” This is the remarkable legend that I saw upon opening one of the seductive and business looking envelopes peculiar to the great benefactors of man known commonly as Pharmaceutical Chemists. Ken ye what the Abbott Habit is? It is, I judge, that the up-to-date, twentieth century, scientific, worshipper of the Mighty Microbe, Physician is expected by the patrons of the Abbott Habit to use exclusively the remedies that the Abbott people promulgate. To quote from the green-visaged March calendered blotter that bears the “Get the Abbott Habit” title: “We carry a full line of the high-grade, ready to dispense, active-principle (“Alkaloidal”) granules and tablets, and other success making Specialties of the Abbott Alkaloidal Company, Chicago, and we earnestly request your business.”

Now why, oh, why is it any longer necessary to go to college and study the ologies? Why not get the Abbott Habit, buy a line of high-grade tablets, and follow the directions given in the ample circulars sent to the doctor broadcast, and cure everybody? But, no, for there are many minds with many men. And there are many benefactors and each one says his medicines are the only ones. What is a poor benighted doctor who wishes for the calm delight of a routine practice to do? For each pharmacist claims His Habit to be best.

Such is the problem confronting Modern Medicine this day.

There was a time when the great medical monthlies were wont to kindly mention the proprietary medicine; when pamphlets were

written in its favor; when patients were told to buy it under certain circumstances. It was about or before the period when the School Doctor told his patients that if they got the grippe to take *Quinine*. That, my masters, is now a thousand years ago. Now the great medical magazines are very busy condemning patent and proprietary medicines. And the proprietary men adore each other and are wont to hold love feasts. The circulars and pamphlets that come as an escort to the sample are rich with analyses; each preparation is asserted to be the only one that is pure; the others are all mistakes, innocent mistakes, no doubt, but mistakes. Each fellow chemist thinks he controls the proper Medicine Habit.

And the regular monthlies and weeklies—one finds very rich reading in each number concerning the dreadfulness of the different proprietary compounds. With what charming nonchalance the *Critic and Guide* of May–June, 1905, printed the following: “Ovofakin. Prepared from stale eggs, rusty nails and the refuse collected about hills and barns. Contains one grain of iron in each tablespoonful or five grains in each teaspoonful. The method of the manufacture is none of your business. It is our secret which we learned in a Kneipe in Heidelberg. The Ovofakin Manufacturing Company.”

Editor Robinson of the *Critic and Guide* says also regarding the manufacturers of Ovofakin (see *Critic and Guide*, September, 1905): “I have a right to feel bitter towards Barnes and Hille, for, I repeat, they have acted towards me like blackguards and not like respectable scientific men. They are smooth, glib-tongued drummers, who succeeded by peculiar methods in gaining the confidence of the medical profession, but in many respects they are not superior to the Phenalgin and Antikamnia manufacturers. I repeat, I have no use for them.”

The witty editor of the *American Medical Journalist*, the “medical editors’ forum,” is having lots of fun with the various conflicts of the proprietary men and their friends and foes. He hits on all sides both with pen and pencil. In re-antitoxin, he quotes from an advertisement in the *London Lancet*,\* by Parke, Davis & Co., as follows:

“Compensation: A gradual attenuation occurs in all antidiphtheritic serums. To compensate for this we include in each

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\* Also see *Amer. Medical Journalist*, Jan., 1906.

bulb what should be sufficient excess to ensure under usual conditions, the presence of the labelled number of antitoxin units for at least one year from the date of certification.' ” Editor *Journalist* after commenting upon the scholarly certainty of all this says: “ And this is accurate science? Bah! It smells to heaven of empiricism, if not of quackery. And yet those who prate the loudest of accuracy in medication never raise a question concerning the indefinite unscientific standardization and dosage of antitoxin! Even that fetish of the ultra ethical, that Koran of the Faithful-Who-Bray-With-Their-Faces-Turned-Toward-Chicago, the U. S. Pharmacopœia, in its latest edition, perpetuates a degree of indefiniteness that should be the shame of a progressive science.

“ The following appears on page 393: Antidiphthericum. Antidiphtheric serum. Diphtheria Antitoxin. A fluid separated from the coagulated blood of a horse, *Equus caballus* Linne, immunized through the inoculation of diphtheria toxin. It should be kept in sealed glass containers, in a dark place at temperatures between 4.5 and 15 C. (40 and 59 F). A yellowish or yellowish brown, transparent or slightly turbid liquid, odorless or having a slight odor due to the presence of the antiseptic used as a preservative. Specific gravity: 1.025 to 1.040 at 25 C. (77 F.).

“ Antidiphtheric serum gradually loses its power, the loss in one year varying between 10 per cent. and 30 per cent. Each container should be furnished with a label or statement giving the strength of the antidiphtheric serum, expressed in antitoxic units, the name and percentage by volume of the antiseptic used for the preservation of the liquid (if such be used), the date beyond which it will not have the strength indicated on the label or statement. The standard of strength, expressed in units of antitoxic power, should be that approved by the U. S. Public Health and Marine Hospital Service. Average dose—3,000 units. Immunizing dose for well persons—500 units.’ ”

“ How long will the intelligent profession stand for this? Nine or ten years ago antitoxin represented an advance in the treatment of diphtheria, but there has been little or no progress since. The advances of yesterday are usually prophetic of the greater improvements of today, but there has been no change in the crude, indefinite methods of preparing, standardizing and estimating the dose of antitoxin. In view of the great progress that has been made in organic chemistry it is surprising that the manufacturers

and their scientists have neither isolated the active substances in antitoxin, nor evolved salts with definite chemical formulas that would represent all of the specific antitoxin properties, and permit of accurate scientific dosage. The reason undoubtedly lies in the capital tied up in antitoxin plants and the seductive profits offered by present methods of production and marketing. Sooner or later, however, a thunder bolt in the shape of a discovery of some synthetic compound that will do all that antitoxin will—and more—will strike the manufacturers of sera. Then the elaborate establishments for making antitoxin will become about as valuable as an artificial ice plant in the Frigid Zone."

Thus Mr. Editor discourses and condemns. Of course to us, who believe that whatever virtue there may be in antitoxin is due to its homœopathicity, all this is funny. But there is a serious side, for there be men who would, if possible, make it legally obligatory that antitoxin should always be used in diphtheria. Suppose the doctor gave a dose of antitoxin without waiting for the *excess of units to become eliminated* and suppose the dose were thirty per cent. too strong, would that make any difference, my masters, to the poor patient?

I, for one, will take my chances with *Lachesis* and *Mercurius cyanide* or whatever other homœopathic remedy is indicated.

But, to get back to our sheep: In the *American Medical Journalist* is a cartoon. A tight rope is extended across a chasm, the chasm of Trustees Investigation. Tied as a label to the tight rope is a card, "J. A. M. A. Machine Whitewash." (Journal of American Medical Association.) Editor Abbott is crossing this chasm holding a balance pole; on one end is "Balance of Power," on the other, "J. A. M. A." Editor Robinson is mounted upon the fat shoulders of Editor Abbott and holds himself by his (Abbott's) head, his legs twined about his neck. From Robinson's pocket depends a card: "*Critic and Guide, Wm. T. Robinson, Editor.* All frauds and humbugs fearlessly exposed. What I know (?) about Ovocikin." At top of this picture is: "Abbott—I'll save you." At the bottom: "Will he?" Another cartoon has Abbott jumping over the "Candlestick of Council of Pharmacy and Chemistry," from a "No" on one side to a "Yes" on the other, with: "Abb be nimble, Abb be quick, Abb jumped over the candlestick."

Why go on? One has but to read the great (and little) allopathic journals to see how the "Regular" profession are warring

with each other, and how the patent medicine men are fighting with each other and with the profession, and how the pot is calling the kettle black. And is it to join this array in motley that we who believe in the Law of Cure—Homœopathy—are asked to “Get the Abbott Habit?”

But there is also a class who are trying to introduce compound prescriptions into our school; who are chasing about after shadows with substance right in their hands. It is but a few days since a circular was received of “Homœopathic Medicines in Combination,” and under it the name of a firm of homœopathic pharmacists, one of the oldest and considered orthodox. The introduction states: “The province of the pharmacist is to supply the physician with the drugs the latter considers requisite in the practice of his profession.” There is more to this preface and an analysis of these compounds of presumably homœopathic medicines will prove very entertaining and instructive to the man who is old fashioned enough to believe in the attractions and antagonisms of medicines. But that is another story, to be told later.

The issue before us is: Are we as a school to allow ourselves to get this *Abbott Habit*? Are we to cast aside all the certainties and the facts for which our medical forefathers fought and sacrificed so much, and garbing ourselves in the toga of laziness fill our pockets with the “full line of alkaloidal granules and tablets,” and stalk forth in a manner mildly dignified and professional, and with the watchword, “We are way beyond Hahnemann,” assure our patients that we at last represent truly scientific medicine? And we might quote from this Abbott blotter: “This is unquestionably the choicest, truest and most convenient line of medicinal agents offered to the medical profession.”

Just fancy Hering, or Lilienthal, or Lippe, or Raue, or Farington, or Dunham, or any other of the worthy scholars and thinkers of our school getting the *Abbott Habit*! And yet, the man who dabbles in the combination tablet, held out by whatever hand professedly it be, is taking the first step toward the slovenly, unscientific, unsatisfactory and uncertain Abbott Habit. Go to, my masters of the homœopathic school. Let us none of it.

## MATERIA MEDICA NOTES.\*

By C. M. Boger, M. D.

## Aloe.

This is the dried juice of *Aloe socotrina* and in one form or another has found use as a purgative in the dominant school from time immemorial. The weakness of the sphincter vesicæ which we have seen *Scilla* cause is but a faint intimation of the general relaxation which *Aloe* is capable of producing. This effect is more pronounced upon the sphincters than anywhere else. *Scilla* selects the bladder and *Aloe* the rectum for its particular seat of activity in this direction, although the latter drug has a much stronger action than the former. Its relaxent action is most pronounced on the lower colon, although it also stimulates the liver and increases the flow of bile.

The provings are not complete by any means and cannot be until a supply of the fresh juice becomes available.

Relaxation is the word that expresses the *Aloes* condition. There is a loss of tone and a letting down in every part, the dependent ones naturally feeling it most. "Heaviness in the abdomen, like a stone, which falls to the side upon which he lies," is a very expressive symptom. This relaxation especially involves the sphincters and the patient feels a sense of insecurity which makes the retention of their contents a treacherous business; whenever there is a call to stool he is in a great hurry for fear of soiling his linen, or if he urinates or passes flatus he finds it difficult to retain the stool while doing so. Sometimes the action is one large mass of gelatinous mucus, at others he finds a large, hard ball of fæces as his bedfellow on awaking, having passed it all unconsciously during sleep. This is more apt to occur in infants; then you will wonder how such a thing could happen without awaking the patient, but it is due to partial loss of sensibility in the rectum which allows the fæces to escape without much sensation.

It is a remedy to be thought of in diarrhœa from beer drinking; another is *Kali bichromicum*.

The hurrying diarrhœa of *Aloe* is generally preceded or accompanied by gurgling sounds like water running from a bung

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\* Notes from lectures delivered before the Pulte Medical College.

hole. The gurgling which precedes the stool necessitates a comparison with *Gamboge*, which has the same symptom, but its stool makes the anus sore. Also, with *Croton tig.*, where the stool is apt to be colorless and comes with one great gush after every drink. With *Phosphorus*, when the anus seems to stand open. With *Jatropha*, when accompanied by terrific cramps in the calves, sometimes drawing them flat. With *Podophyllum*, when pain is absent, the action being very profuse and of a putrid odor.

Prolapsing piles due to partial stasis and an atonic condition of the hæmorrhoidal vessels, as well as the sphincter ani, need *Aloe* oftener than any other remedy, especially if cold bathing eases them. Of course, the concomitants and conditions must coincide in the choice. Rarely will more than one dose of the ʒm. be necessary, but you will need to wait patiently on its action, for *Aloe* is sometimes a tardy remedy; it is particularly useful in cases following child birth.

This relaxation is frequently expressed by the patient as a heaviness. She speaks of a heavy headache, like a pressure on the vertex or down into the nose, compelling her to make the eyes small; or she mentions a weakness and a feeling as if a plug were wedged in the pelvis between the symphysis pubis and the coccyx, a symptom which will lead you to think of falling of the womb, for which it is one of the best remedies, when indicated.

*Aloe* has been looked upon as a liver remedy; it has caused engorgement of that organ with consequent mental torpor or jaundice. The portal vessels are relaxed and overfull of blood, hence a sense of distension, uneasiness and fulness, even extending over the lower abdomen, is present; as you will readily understand, this is a great but not exclusive factor in the production of diarrhoea, piles, etc. Sometimes there is an alternation of abdominal and head symptoms like *Podophyllum*.

In a general way this is a hot remedy, many sensations are those of heat; the skin feels hot, hot flatus is passed, and the piles have a sense of heat in them. Nearly all the symptoms are like those of its relative, *Sulphur*, better from cold.

Gelatinous secretions predominate, not only in the stool, but also in the expectoration. Its nearest analogue is *Cascara sagrada* or *Rhamnus purshiana*, one of our Western buckthorns; then comes *Podophyllum* and *Sulphur* in the order named. The family relationship includes *Cepa* and *Yucca filamentosa*.

Farrington speaks highly of *Yucca* for biliousness when there

is a bad odor from the mouth; the tongue takes the imprint of the teeth and the pain goes through the upper portion of the liver to the back; at the same time the stools are diarrhœic, containing an excess of bile, and much flatus is passed.

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## NUX VOMICA : A PRACTICAL STUDY.

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

The keynote of the *Nux vomica* patient prescribed for homœopathically is *oversensitivity*—hyper-irritability, exaggerated neural response, mind and body set to a hair-trigger. This oversensitivity permeates, dominates, and imperiously sways the *Nux* individuality. Even when outwardly placid, a contradiction, an interruption, a trifling hindrance will detonate the ready dynamite and the blast goes off. Such is the effect of *Strychnos nux vomica* when administered for a certain time to persons in health, and thereby is established its homœopathic pathogenesis. In other words, homœopathic medicines correspond to the primary drug action, and not to the secondary effect which, in a pathogenesis, develops as the vital reaction or nature's effort to return (with the aid of time) to an equilibrium. *Nux* illustrates this perfectly. The primary effect is a torturing of neural tissue into hypersensitivity; the secondary effect is the paretic rest, the atony, the relaxation, the slumber of tissue which follows a strenuous day.

We shall develop the logic of these contrasted states as exhibited in the therapy of the two dominant schools, the eclectic-anti-pathic and the homœopathic. The term, "physiologic medicine," in modern nomenclature *relates* invariably (with the seeming exception of the narcotics, as *Opium*) to a state corresponding to the *secondary* effect of the drug. The eclectic or old school prescription of *Nux vomica* is directed against atony, relaxation, paresis of tissue, not against hypersensitivity; *i. e.*, drug primary action (excitant) is correlated with a condition correspondent with the paretic, atonic secondary action, and the exhausted organism is whipped and spurred into renewed effort; and vitality instead of being conserved and repaired is further expended. Whether this be always rational or irrational, let the gods decide!

Thus, quoting at random from Stephen (*American Medical Journal*) we observe: "A large number of ill-defined diseases

affecting the digestive apparatus respond very quickly to *Nux*. The stomach is made the receptacle for almost every abomination and the one thing which it resents is to be crowded, and so after a time it gets balky and refuses to do much else than complain. It feels heavy and inactive; the breakfast has a tendency to wait for dinner to accompany it on its way. Sour belching tells of improper digestion. Dull, heavy headache is complained of, and the bowels seem to have concluded to join in a general strike. The skin is of bad color. If we pinch it, the wrinkles slowly disappear. Everything lacks tone and energy. \* \* \* *Nux* is indicated in cardiac debility and functional irregularity. \* \* \* In nervous diseases it is of great value, but it is in those cases of lowered vital reaction. Care must be used not to administer it where there is exalted action of nervous force, for the effect of the medicine is to increase this function. \* \* \* Lack of tone, irregular and subnormal function of involuntary muscular tissue, *indicating an exhausted nerve force*, are the indications for *Nux*."

Quoting from the eclectics, we have: "Indigestion and headache caused by sluggish action of the liver, stomach and bowels. \* \* \* Local paralysis or numbness, when the patient cannot put the tongue straight out, but it will go to one side. \* \* \* A weak heart will frequently respond to small, frequent (*physiologic*).doses of *Nux*. \* \* \* It will do splendid work where the mucous membrane is pale and the appetite poor."—Brecount (*Annual of Eclectic Medicine and Surgery*). "As specific *Ipecac* was the remedy for irritation of the gastro-intestinal canal, *Nux* is the remedy for atony."—Mundy (*Eclectic Medical Journal*.)

These excerpts clearly show the palliative range of the drug as classically used by the eclectic and old school. With them hypersensitivity is a cogent contra-indication for the use of *Nux vomica*, and correctly so. Their pharmaco-dynamics withholds from their therapy the major value of every drug, namely, its primary (homœopathic and curative) action. They recognize a primary action, but are unable to use it in a scientifically curative manner, because not keen enough, not broad enough, not scientific enough to accept and avail themselves of the natural law developed by Hahnemann and the method of instrumentation employed by him.

However, there is still hope, for such phrases as "The totality of symptoms," "Individualize the case," "Treat the patient, not the disease," etc., etc., are increasingly numerous in high-

class old school literature, while mono-pharmacy and small, often nearly infinitesimal doses, show a healthy tendency. When Robin, the French Academician, brings the insoluble metals into solution (done by Hahnemann decades ago), there is a possibility, a probability that even the insoluble old school mind may finally adapt itself to osmosis

To show where *Nux vomica* is used homœopathically and non-homœopathically, two cases may be taken where constipation is dominant in one of which *Nux* will cure the totality; in the other, will possibly remove the constipation (temporarily) if given in large dosage:

## CASE I.

Obstinate constipation.  
Fidgety, hypersensitive temperament; abnormal reflex excitability.  
Falsely plethoric; red cheeks on a yellow background.  
Dull frontal, supra-orbital headache, worse in the A. M. on waking.  
Stomach sensitive to pressure, dyspepsia preceded by anorexia or bulimia, painful bitter or sour eructations, nausea, vain desire to vomit.  
Frequent, ineffectual urging to stool.

## CASE II.

Obstinate constipation.  
Paralytic weakness, atony, of the individual; reflex excitability gone.  
Emaciated, sickly, sallow, cachectic, low-spirited, poor memory.  
Cerebral congestion; pressure, tense pain, sensation of bruise or of an abscess on the brain; ptosis.  
Sensation as if lime were being slaked in stomach; greasy taste; pressure in stomach after eating bread.  
Rectal paralysis.

Case I is clearly *Nux*, case II is clearly *Causticum*; case I is clearly hypersensitive, case II is undoubtedly atonic. Case I would very likely be cured by *Nux vomica* 30th; case II might have its constipation temporarily relieved by repeated physiologic doses of *Nux*, but would probably be cured in a reasonable time by *Causticum* 6, 30, or 200. Case II could be palliated only by the eclectic or old school prescriber, for neither of them knows there is such a remedy as *Causticum*.

Thus we observe two distinct and sharply defined lines of therapy—an eclectic-antipathic therapy which palliates, and not infrequently cures, if the patient has a good store of vital force, good heredity, good environment, good food and hygiene; and homœopathic therapy which also cures under these conditions, and not rarely cures under the most adverse conditions of vitality, heredity, environment, nutrition and hygiene, and which is the last,

and too often late, resource for those borne down by the ancestral or acquired chronic miasmata, termed by Hahnemann psora, syphilis, sycosis.

When the question is seriously discussed in modern medicine whether Koch's bacillus is, after all, the *prima causa* of tuberculosis, or merely flourishes (like most plants) because it finds a suitable soil (often being absent, bacteriologically, for months after the tubercular tendency is fully manifest in a clinical sense), we are rather more impressed with the acumen of the *magister medicinæ*, Samuel Hahnemann.

To return to *Nux*. Hypersensitivity is its keynote in a homœopathic prescription.

The drug's modalities are:

- < in the morning.
- < from exertion, mental or physical.
- < from cold.
- < in dry weather.
  - > from rest; lying down.
  - > immediately after a stool.
  - > in wet weather.

Suitable homœopathic potencies range from the 3 to the 1,000. The *quæstio asinorum* as to whether *Nux* should ever be used physiologically may be safely left to the outraged banquet-stomach and jammed-full bowels of the individual who disregards the rule of the single, minimal, unrepeatd dose.

### Index Clinicus.

*Aphthæ buccalis*. Canker-sores, gums inflamed, putrid odor from the mouth. Constipation.

*Asthma*. In persons who drink much coffee or liquor, and who are very irritable. Constipation.

*Bronchitis*. After the previous use of "cough mixtures." Cough worse in the morning, nose stopped, headache, fever—*with chilliness from the slightest motion*.

*Cephalalgia*. Pressive, boring pain (frontal, supra-orbital) beginning in the morning, increasing through the day, milder at night, with dim vision, sour or bitter vomit, constipation. Worse in the open air. From onanism; hysteria with profuse menses; disturbances of the ganglionic system.

*Constipation*. Frequent, ineffectual urging. Large, hard fæces,

piles, headache, unrefreshing sleep. High livers; sedentary individuals; irascible disposition.

*Cystitis.* Painful, ineffectual urging, or, discharge *guttatim*, with burning and searing. Pale urine followed by thick, white purulent discharge; spasmodic retention. Constipation with ineffectual urging (for this last and quite characteristic concomitant symptom of *Nux compare also: Ambra, Belladonna, Causticum, Conium, Lac defloratum, Natrum mur.* and *Pulsatilla*).

*Dysentery.* After the copious ingestion of "diarrhœa mixtures." Abdominal pain with tenesmus, > after stool (*Mercurius*—no better after stool). Pressive pain in the back as if broken.

*Dysmenorrhœa.* Twisting abdominal pains, with sick stomach; crampy, stitching pain in the pelvic region, soreness across pubes, cramp in the bladder; constant unsuccessful urging to defecate.

*Enteralgia.* Flatulent distension of abdomen with pressure upward into chest and downward upon rectum and bladder, with irritability of both rectum and bladder. Hæmorrhoidal, renal, lead and wind colic.

*Gastralgia.* Pressive, constricting, clawing pain, extending into chest or towards the lumbar region to arms, which is drawn in. Worse after eating and drinking, better bending forward and rubbing the stomach, and after vomiting (which is often difficult); patients say that if they could only vomit, they would be relieved. Hæmorrhoids. Constipation. Hyperæsthesia.

*Gastritis.* After "tonics," etc. Especially in sedentary, hot-tempered hypochondriacs. Sour taste, sour belching. Fulness in stomach a half hour after meals. All symptoms worse in the morning, in the open air, after eating.

*Hæmorrhoids.* With the constipation syndrome. Anal fissures with great sensitiveness of the rectum.

*Intermittent fever.* Great prostration and paralytic weakness from the beginning. Hard chill (A. M.), with bluish face and blue nails. Heat great, yet the patient must be covered because uncovering or *the slightest motion makes him chilly*. During the sweat the painful symptoms gradually abate, and during the apyrexia the usual *Nux* syndrome presents itself. Spleen and liver swollen; soreness of the spine.

- Nephralgia.* Pain especially in the right kidney, extending to genitals and right leg. Constant urging to urinate; ineffectual urging to stool. Followed well by *Lycopodium*.
- Neuralgia facialis.* Tearing pain in the trigeminus (infra-orbital and middle branch), with redness and watering of the eye, flow of clear water from the nostril, numbness of the affected side. Also in intermittent prosopalgia.
- Paralysis.* Incomplete—of face or arms or legs, with vertigo. Especially in drunkards.
- Rheumatism.* Particularly of the trunk (limbs may be implicated). Constipation. Scanty, dark urine. Heat, mixed with chilliness from the slightest motion of the parts.
- Typhoid.* In the early stages. with chilliness from the slightest motion. Thirst with aversion to water. Strong desire to lie down, which relieves. Hyperæsthesia of the special senses.
- Uterine displacements.* Prolapse from straining, lifting, after miscarriage. Pressive pain in the lumbar region, worse when turning in bed. Constant desire to urinate, to defecate.

### Comparisons.

<i>Nux vomica.</i>	<i>Arsenicum.</i>
Increased bodily irritability. Pulse hard.	Want of irritability. Pulse soft.
Salivation.	Saliva generally lessened.
Appetite for fats or sweets.	Aversion to fats or sweets.
Cough generally dry.	Cough generally with expectoration.
Ailments from <i>Arsenic</i> or <i>Sulphur</i> .	Ailments from <i>Strychnia</i> or <i>Digitalis</i> .
Better during rest.	Worse during rest.
Worse in dry weather.	Worse in wet weather.
<i>Nux.</i>	<i>Bryonia.</i>
Pulse quick in the morning, slower evenings.	Pulse quick at night, slow in day.
Drinks often but little. Loquacious.	Drinks seldom but much. Taciturn.
Aversion to sour things.	Appetite for sour things.
Stiffness from lame muscle.	Stiffness from lame joints.
< in the morning.	< in the evening.
Complaints from mental exertion.	Complaints from bodily exertion.
< from cold diet.	> from cold diet.

*Nux.*

Aversion to open air.  
 Upper right, lower left side.  
 Dropsy, or cold sensation in internal parts.  
 Fixed acute rheumatism (especially of the trunk).  
 Tetanic affections of single muscles.  
 Sleepless after midnight.  
 Sanguine, choleric temperament.  
 Malicious, irritable.  
 Aversion to sour things.  
 Constipation.  
 < out doors, from cold, from uncovering, from motion (which causes chilliness), from drinking cold water.

*Nux.*

Upper right, lower left side.  
 Dark hair.  
 Complaint in internal parts (pressive, cutting pain, etc.).  
 Sleepless after midnight.  
 Inguinal hernia, especially if large and of long standing.  
 Ailments from mental exertion.  
 < in dry weather.  
 > during rest.  
 Irritable, irascible.

*Nux.*

Right-sided.  
 Increased irritability.  
 Apoplectic.  
 Thirst during chill.  
 Pupils dilated.  
 Desire for fats.  
 Menses too soon, profuse, long.  
 < when idle.  
 < dry weather.

*Pulsatilla.*

Inclination for open air.  
 Upper left, lower right side.  
 Dropsy, or cold sensation in external parts.  
 Shifting rheumatic pains in the joints.  
 Rheumatic stiffness of limbs.  
 Sleepless before midnight.  
 Sanguine temperament ; good-natured, sometimes petulant.  
 Appetite for sour things.  
 Diarrhœa.  
 Predominantly better from all these modalities.

*Rhus.*

Upper left, lower right (*Puls.*).  
 Light hair (*Puls.*).  
 Complaints in external parts (*Puls.*).  
 Sleepless before midnight.  
 Inguinal hernia, small and recent.  
 Ailments from bodily exertion.  
 < in wet weather.  
 > during motion.  
 Sad and dejected.

*Sulphur.*

Left-sided.  
 Want of bodily irritability.  
 Rarely apoplexy.  
 Thirst during heat.  
 Pupils contracted.  
 Aversion to fats.  
 Menses too late, scanty, short.  
 < from being overhurried.  
 < wet weather.

## AN APPRECIATIVE LETTER.

(Extract.)

Find enclosed \$1.00, one year's subscription to the HOMŒOPATHIC RECORDER. I have thoroughly tested the efficacy of the homœopathic treatment and remedies for the last twenty years, and have with interest and concern watched the struggles of some of the homœopathic practitioners in the South, and feel sure that if the RECORDER could be read by many who are now taking home and drinking gallon after gallon of allopathic swill that some of them would cease to be foolish and learn to be wise and enjoy better health. I suppose that the publication is intended especially for the Doctor, however, but it is so plain and common sense that it must benefit any and all who read it. I have been borrowing a few copies and reading eagerly, and like it so well that I want to read and keep it on file. But for the homœopathic remedies members of my family whose presence I am now enjoying would have been long since in their graves. I therefore send the dollar and ask you to send the RECORDER for one year to

Yours truly,

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*Pensacola, Fla., Feb. 20, 1906.*

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## A QUESTION OF CORRECT WORDS.

Editor of HOMŒOPATHIC RECORDER.

*Sir*: In the issue for March 15th of your esteemed journal you point out, without comment, the use of the synonyms onomatopoesis, onomatologia and the latter word anglicized onomatology, which happens in a paragraph and at different parts of my paper "On Medical Language." [*Post-Graduate*]. Can there be any objection to the employment of these synonyms: onomatopoesis (or onomatopoesy), onomatologia (or onomatology) nomenclature? If there existed an English word I would have availed myself of the opportunity to give even more variety. The term terminology being a barbarism is, naturally enough, out of question when I am writing against barbarisms in our onomatopoesis.

A. ROSE.

*New York, March 28, 1906.*

## THE APPLICATION AND EFFECT OF COLD IN TYPHUS ABDOMINALIS.

By Dr. Sieffert, Paris.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*,  
November 23, 1905.

The artificial depression of the temperature during typhus abdominalis by the use of cooling baths, which was so highly extolled some years ago, has been very much contested of late. We must first of all remark, that it exposes the patient to all the consequences of taking a cold, especially in the respiratory organs. This enables us to understand the gradual waning of the former enthusiasm. On the other hand it must also be observed that these antithermal measures, although they bring back life into the moribund anatomical elements, and thus cause apparently an unexpected improvement have only a very brief effect, which in order to prove of use must be repeated several times a day. This causes an extreme exhaustion through this harsh procedure, as well as by the quick and considerable change of the bodily temperature, when entering the bath and when leaving it, and, lastly, through the violent effect of the pressure of the blood. This method, which requires great care even in appropriate hospitals, is hardly applicable in private practice, and, we repeat it, is very troublesome and not without danger. Nevertheless some practitioners call it successful and Eichhorst, *e g.*, declares that he has saved many a life by this treatment which would seem to him to have otherwise been lost.

Now, let us hear what Professor von Bakody has to say: "In claiming a chief role in all inflammatory processes for the phagocytes and since we know besides that amœboid cells are very sensitive to temperature, we must first of all think of the biological reaction existing between the activity of the phagocytes and the degrees of temperature. Since the experiments of Max. Schulze teach us that the white blood corpuscles are brought into a greater activity by being heated from 45 to 46° C. we must conclude that fever temperatures must produce an increase in the activity of the phagocytes. But all this leads us to conclude that feverish temperatures in infectious diseases assist the conflict of the phagocytes against the fomenters of disease. The doctrine as to the use of the fever temperature is therefore based on the fact, that

the increase of temperature through its action on the increased activity of the phagocytes has in so far a beneficial effect, as the phagocytes can better perform their task at a higher temperature than they can when the temperature is artificially depressed, which weakens their functional energy."\*

This opinion surely declares against the artificial depression of the temperature, if not absolutely in practice at least theoretically, in the case under consideration, and when we at the same time consider the practical difficulties in the application of cooling baths we are justified in rejecting this treatment, at least as one that is useless.

Writers who take the view of Bakody, in fact do view the increase of temperature, *i. e.*, the fever, as a defensive reaction of the organisms, which ought therefore to be furthered, and we actually find it curative in some cases. But, on the other hand, an increase of temperature is generally hurtful and essentially dangerous. No physician would state that fever with tuberculous patients acts favorably, and it is generally accepted that the rise in temperature is an unfavorable sign, while a lowering of the same is viewed with satisfaction.

An increase of temperature is especially fatal where it continues unchanged without intermission, in the so-called "*Fievres a plateau*," when the line representing the temperature is a straight line, running parallel with the axis of the abscissas.

Pathological anatomy goes much further than we have hitherto been able to fathom; especially are there quite a number of unimportant lesions which till now have entirely escaped us, and these are the changes in the protoplasms of the anatomical elements. These plasms are fluid and coagulable. Until this time they have only been examined after they had already coagulated, and we hardly know anything about the changes to which they are subject during the transition from their fluid living state to the coagulated, *i. e.*, dead state. And yet between these two states lies the interstice between life and death. In order to pass from the one to the other it only requires a rise of temperature of a few degrees. Dr. Stephane Leduc, Professor of the Medical School in Nantes, has called our attention to this process.†

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\* Professor Dr. Theodore Bakody on Dr. Koch's Curative Method (*Allg. Hom. Zeit.*, 1891, Nos. 5, 6, 7 and 8).

† "*Frigotherapie precordiale dans le fièvre typhoïde*" in the *Journal de Physiotherapie*, January 15, 1904.

He there says: Most patients who succumb to abdominal typhoid fever die in consequence of paralysis of the heart. This paralysis is usually ascribed to changes in the nerve-center. But the death is more probably caused by a change in the myocardium, by a coagulation of the muscular fibre of the heart, since such consequences are never observed in diseases exclusively localized in the nervous centers. This paralysis of the heart is always a consequence of a regular and continuous hyperthermia and it is sometimes observed without any change in the functions of the nervous centers occurring with it. In most cases of typhus abdominalis the prognosis depends especially on the pulse and the functions of the heart; the prognosis becomes fatal as soon as the pulse becomes small and weak, and we count more than 120 in the pulse. From this we see that this danger is a consequence of the regular and continuous effect of high temperatures on the heart; and from this may conclude on this accurate indication: *The effect of high temperatures on the heart must be prevented.*

We have above mentioned the objections to the use of cooling baths. Prof. Leduc has endeavored to obviate these difficulties and he has succeeded in this by the application of an ice-bag to the precordial region. Also in this matter Prof. Leduc does not proceed by routine, he describes his procedure as follows:

“In all cases of typhus abdominalis, where the temperature does not within twenty-four hours sink to below 102° F., and especially if the frequency of the pulse rises to 120, with a small and weak pulse, an ice-bag should constantly be laid on the precordial region; one or more folds of flannel are placed between the skin and the ice-bag, according as the action is to be more or less energetical, and according to the sensitiveness of the patient. A broad, well-closed bag of india-rubber is used, so as to avoid all moisture and this is kept uninterruptedly lying in its place; it is best to use two bags, one taking the place of the other as soon as the ice has melted. The bag is kept in place with a bandage, so that the patient has to keep only moderately immovable without any other discomfort.”

When the temperature rises above 103° and the pulse to between 120 and 130 then within two hours by means of this process the temperature will sink below 100.4° and the pulse to about 100; and it will be strong and good; all the functions improve, especially those of the nerve centers, and we witness the same signs of resurrection which had caused the enthusiasm for cold

baths. Only in this case the treatment is quite simple and easy, without exhausting the patient, and without pain or danger or discomfort. The patients treated with cool baths shrink back from them and entreat that they may be spared; but the patients treated with the ice-bag express their comfort from it and at once feel the desired improvement. The application of the ice-bag should be continually kept up. The fluctuations of the temperature which before were between  $102^{\circ}$  and  $105^{\circ}$  now remain between  $100.4^{\circ}$  and  $101.8^{\circ}$ . The effect in this case may also be moderated by the thickness of the flannel, and we can thus avoid all excessive or harsh action. Frequently after using the ice-bag for six or eight days, and having obtained the end sought, the treatment was interrupted, but the temperature at once rose again to  $100^{\circ}$ , or even from that up to  $104^{\circ}$  F., but on resuming the ice-bag it would again quickly fall back to  $100^{\circ}$ . Therefore the ice-bag should never be given up suddenly; its effect should only be gradually diminished by increasing the thickness of the interposed flannel. So long as the temperature remains below  $102^{\circ}$  the pulse will never be more than 110 and will remain strong and regular.

In order to get satisfactory results from the use of cold we must not wait until the albumen of the muscles is coagulated; the coagulation of the albumen caused by an increase of temperature cannot be again reduced; that is as impossible as to change back a hard boiled egg into a raw one. The ice should therefore be used as soon as the temperature ceases to sink below  $102^{\circ}$ , or as soon as the action of the heart is diminished. We should not wait until the lesion has become incurable.

This method owes its admirable effects to the way in which the ice is applied. An ice-bag on any part of the body causes, indeed, a depression of the temperature that may be measured in the axilla; so, *e. g.*, ice laid on the abdomen to combat tympanism always produces a diminution of several tenths of a degree in the temperature. But we have seen that the danger of hyperthermy consists mainly in its effect on the muscle of the heart; it is in that region, therefore, that it is chiefly to be combatted, and in abdominal typhus there is no better means of defence against the inflammation of the muscle of the heart and against paralysis of the heart than an ice-bag laid on the precordiàl region.

At the same time this is also an excellent method for combatting general hyperthermy. All the blood passes through the heart

where in this way it will be cooled; thus it comes in a refreshed state into all the organs and brings to all the anatomical elements the quickening coolness. If we consider at the same time that the regulation of this process is very easy, that no foreign matter is brought into the organism, so that the excretory organs, which are already overburdened, have no additional work to perform, it will not be necessary to add anything more in praise of this physiotherapeutical method.

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### A REMARKABLE ABROTANUM CASE.

By Dr. Schlegel, Tuebingen.

Translated for the HOMŒOPATHIC RECORDER from the *Allgem. Hom. Zeit.*, November 23, 1905.

From an address of Dr. Schlegel, delivered at the annual meeting of the homœopathic physicians of Wurtemberg, on October 29th of this year in Stuttgart, we excerpt the following interesting case:

The daughter of weaver H., in B., fifteen and a half years of age, was brought to me on July 7, 1904. She was extremely emaciated, but her abdomen was of enormous dimensions. She was taken to the clinic to-day and an operation was proposed. Owing to the great weakness and nervousness of the patient the mother was unwilling to risk the operation, especially also as her daughter had spent several nights without sleep owing to her dread of the operation. So she desired to make a trial of internal medication. The disease had begun in January with violent lancinating pains in the abdomen, which keep coming periodically, especially on both sides of the abdomen. The stool is normal; she has not yet menstruated. The patient is very delicate, a blonde and blue-eyed, and impresses one like one in the last stages of pregnancy. To this her abdomen also corresponds.

She received *Abrotanum* 3 from the pharmacy here (not the preparation of Deventer); three drops morning and evening brought a rapid improvement. On the 2d of August her dresses were much too wide, and on October 14th she had come back to her normal staté. The patient, to my regret, did not continue the treatment, but she came back on April 11, 1905, with a moderate relapse, having menstruated for the first time nine weeks

ago. The abdomen was increased in size; walking was difficult, weariness, chilliness; when in bed there was heat. *Abrotanum 2* brought a quick relief. By June 24th there could be felt in the right lower quadrant of the abdomen, nearly on a line with the navel, a swelling which was painful on pressure. The fluid exudation had entirely disappeared. On continuing the use of *Abrotanum*, no swelling could be found any more on August 10th; there was everywhere the tympanitic sound; the skin was very dry.

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## CONTRIBUTION TO THE ACTION OF PYROGENIUM.

By Dr. G. Boeckh, Cannstatt.

Translated for the HOMŒOPATHIC RECORDER from the *Hom. Allgem. Zeit.*, Feb. 8, 1906.

I. Rosa K., in C., whom I had known for three years, and who now is nine years old, was taken sick on October 18 last with high fever and pains while swallowing. Of her earlier history I may mention, that when a year and a half old, she passed through diphtheria, after which there remained a tendency to scrofulous diseases, which showed itself in catarrhs of the eyelids, swellings of the glands and chronic suppurative catarrh of the middle ear on the left side. The latter was characterized by a continual very foetid discharge; the power of hearing was almost destroyed, since I have known the child. Else the child made a very good impression; she was well nourished and had even a somewhat abundant cushion of fat, was intelligent and had a fresh, blooming appearance.

On October 18, 1905, I found the little girl who had been suddenly taken very ill, in a high fever (104° F.), and a pulse of 120, and I at once examined the fauces on account of the intense pain in swallowing, though this pain was located not indeed in the fauces, but in the left side of the throat. There was to be seen at most a slight redness of the fauces, no exudation. I then established the exact limitation of the painful region and found that this corresponded in general to the sternocleido and the subjacent vessels, and could be followed from the collar-bone to about the mastoid process. I asked as to the state of the ailment in the ear

and heard from the mother that the discharge was at present diminished. A superficial examination of the ear showed no pain from pressure on the parts known to me as affected. There was a defect in the conduction of air and of the bones. The child did not complain of earache, at most of a diffusive pain in the head, but only moderate in extent. Prescription: *Aconite* 3, and a bandage. On the 19th and 20th of October the fever remained at the same height, and there were frequent chills. The intensive pain at swallowing made nutrition almost impossible. The child also had a most violent diarrhœa and a diffuse bronchitis. Its condition was quite serious, especially as there were 140 heart-beats a minute.

After having expressed my fears to the parents already on the 18th of October, that the disease was in connection with the chronic catarrh of the ear, which might make a surgical operation necessary, when this fact was established with certainty, I urged the necessity of taking the child to the clinic of an ear-specialist well known to me. The parents yielded to my request unwillingly and reluctantly. The child was on the same day operated on (a radical operation on Oct. 21); and when in the week following the operation no turn for the better appeared, although great masses of foetid pus had been discharged from the petrous portion of the temporal bone and from the sinus transversus, the specialist determined to clear out the V jugularis down to the truncus anonymus; he found this completely stopped up with suppurative trombi. But also this second operation caused no diminution in the fever, but on the contrary her state was aggravated daily so that the specialist would give the parents no hope of saving the child; he said she would surely die. To me he wrote: "For a week after the second operation there followed shaking chills, abscesses of the lungs, with expectoration of fearful foetor, and an abscess of the liver, which seems to have perforated the intestine." Since according to the specialist there was no hope of saving the child, and in order that she might die at home, the parents took her home, where I called on her on the 6th of December. The child could scarcely be recognized; she was quite emaciated with bluish lips; in the room there was a penetrating, putrid smell, which made it impossible to remain in the room except with open windows, and by atomizing turpentine in the room. The source of this foetor was the copious expectoration from the lungs which still existed. On examining

the respiratory organs I found all over the left lung anteriorly and posteriorly a loud rattling, increasing in loudness downward; in the upper part the respiratory noise was still audible, but below it was drowned by the rattling; in the lower part the sound was also shortened. The temperature had a daily variation between  $101.3^{\circ}$  and  $102.3^{\circ}$  F., and the pulse varied from 100 to 120. There was no appetite at all. But the girl had a violent thirst. As to the rest, she was apathetic and hardly took any notice of my visit and my examination.

I prescribed the most nourishing diet possible under the circumstances, with moderate doses of strong wine (of Samos, Tokay and Malaga); I had her body packed once or twice a day, and gave her internally for some days *Lachesis* 6, and then *Pyrogenium* 10, of each five drops twice a day. I had told the specialist that with his permission I would call now and then to see the girl, to observe the further course of the disease. On this account and also because I did not wish to cause any unnecessary expense to the parents, who were only in moderate circumstances and had to bear the expenses of almost ten weeks' treatment by the specialist, I allowed two weeks to pass before I again called on this patient, when I heard to my great astonishment that she had just gone down stairs to the baker to get bread. They said that she was making such good progress that they could not keep her from going on this little errand. My astonishment was still greater when a few minutes later I saw my patient come in at the door with a fresh and blooming face and full, well-rounded cheeks. When I first heard of her going out I was somewhat indignant that the parents had allowed her to go out, or even to get out of bed. But when I carefully examined her, I convinced myself that an immense change had taken place in the patient; the emaciation had vanished, and she had attained to her former bodily fullness. There had been no fever for the last two weeks, the pulse was at 80, the wounds of the operation, which at my last visit were still suppurating copiously, had formed a cicatrice; the cough and the expectoration had ceased and an examination of the lungs showed only a narrow strip with a sparing weak noise of rattling, without any dulness; this was on the left side below. The remedies I had left had been punctually administered, at last only *Pyrogenium*. The appetite had developed well, and the child was evidently taking a new hold on life.

I can hardly make a mistake in ascribing the whole of this sud-

den turn for the better to the homœopathic prescription of *Lachesis* 6, and especially to that of *Pyrogenium* 10. I am not denying the indubitable merit of the experienced specialist; for the child no doubt owed her first salvation to his operation; he had done all that lay in his power. But her salvation from her pyæmic condition was the merit of Homœopathy; here the allopathic treatment, if such a one can be said to have existed, entirely failed. The instruments of the operator reached only a small fraction of the morbid product contained in the body; but our remedies penetrated the whole of the diseased body and enabled its defensive forces to obtain the victory over this blood-poisoning.

This favorable action of *Pyrogenium* caused me to try it also in the following case:

#### Another Striking Case.

II. A woman twenty-nine years of age, who had been married for six years, and had one still-born child, and later on, with severe hæmorrhages, had an abortion in the third month, was suddenly taken sick with stormy symptoms of peritonitis: a shaking chill, a flying pulse of 130 to 140, a temperature of 105°, an enormous sensitiveness of the abdomen to the slightest touch. The first acute stage was overcome with *Bryonia* 3. The temperature gradually descended to 102° to 103°. As a consequence of the first attack there was to be felt an exudation in the Douglas and the right parametrium, a slight swelling of the left ovary and a slight septic endocarditis (mitralis). The condition remained the same for weeks; about six weeks after the beginning of the disease, there were unusually violent rheumatic pains in the right ischiadic, accompanied with an uncontrollable restlessness and soon afterwards an extraordinarily profuse menorrhagia with discharge of coagula as large as a fist; her last menstruation four weeks previously had shown itself merely in a trace for a few hours.

I now gave *Pyrogenium* 10 D., five drops morning and evening, and from that time I could notice not only a sudden fall in the temperature to its normal, and a quick diminution of the frequency of the pulse from 110 to 80, but also a wonderful diminution in the size of the exudation in the pelvis, from the size of a child's head to that of a small apple within three weeks, while no other therapeutical measure was taken except the giving of *Pyrogenium*, with the exception of hydropathic packings, which could

not, however, have caused such a mighty absorption and liberation from sepsis in so short a time.

In the homœopathic literature at my disposal I find comparatively few reports or papers on *Pyrogenium*, excepting some eight articles in the last ten volumes of the *Allg. Hom. Zeit.* It would seem to me that in *Pyrogenium* we have an isopathic, a very valuable remedy in cases of sepsis, not only in pure septicæmia and sapræmia, but also for complicated septicæmia in other severe diseases, as in typhoid fever, in phthisis of a later stage (cavernæ!) in gonorrhœic metritis and pelveo-peritonitis, etc. The effect in both the above cases was so manifest, striking and undeniable that the successful action of *Pyrogenium* cannot well be drawn in doubt. I hope that one and another of my colleagues may be induced by my short notice to make known his experience with the remedy.

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## CAMPHOR.

William Boericke, M. D., San Francisco.

In a letter to Stapf, his most favored disciple, written in 1813, Hahnemann says: "I wish you to try the effect of *Camphor*; it is a divine remedy."

This appreciation of *Camphor* was in harmony with the popularity the drug enjoyed at that time among physicians generally, who, however, employed it on theoretical grounds either as a sedative or stimulant—that delusive method as a basis of therapeutics against which Hahnemann made such titanic onslaught. In studying the symptomatology of *Camphor* we enter upon a veritable storm center of homœopathic *Materia Medica*; we are plunged *nolens volens* into the ever illusive primary and secondary and alternating effects as well as palliative and curative uses which this drug illustrates. At the very outset we meet with this not very reassuring prefatory statement by Hering:

"All our progress as a school depends on the right view of the symptoms obtained by proving with *Camphor* or with *Opium*."

What does Hering mean by this dogmatic assertion? An appeal to one of his ablest pupils, Prof. August Korndoerfer, brought the suggestion that Hering's assertion was but a somewhat inaccurate generalization of what Hahnemann said in his prefatory remarks to *Camphor* and *Opium* in the *Materia Medica Pura*.

Of *Camphor* Hahnemann says: "The action of this substance is very puzzling and difficult of investigation, even in the healthy organism, because its *primary action*, more frequently than with any other medicine, alternates and becomes intermixed with the vital reactions of the organism. On this account it often is difficult to determine what belongs to the vital reactions of the body and *what to the alternating effects due to the primary action of Camphor.*" It seems to me that this statement of Hahnemann has invested the symptomatology of *Camphor* with some of the difficulties that it is credited with. There are some drugs that certainly do show an opposite action in large and small doses like *Camphor* and *Opium*, but this is by no means a constant thing, or very generally applicable, or even true unexceptionally in these two drugs. Hahnemann's attempt, as he did at first and throughout the *Materia Medica Pura*, to utilize homœopathically only the so-called primary symptoms, soon led into difficulties and in the case of *Camphor* to palpable limitations of its homœopathic employment, and later to the *practical*, if not avowed abandonment of this division of drug action. The right view of drug symptomatology is, of course, all important to us as a school, and in the very outset we must discriminate between the palliative and truly curative drug symptoms and uses; between the direct, so-called physiological action *by means of a definite dosage* on the one hand and the homœopathic employment of these symptoms with the necessary *sub-physiological dosage* on the other; the homœopathic dose ranging anywhere from this sub-physiological base to the highest potency. The other condition for a right view, I judge, is in accepting *all* pathogenetic symptoms, whether so-called primary or secondary, early or late, such as are produced by large and poisonous doses, and such as are produced by attenuations, including also, although tentatively, curative symptoms, *accepting all as legitimate symptoms for homœopathic prescribing.* This attitude, it seems to me, alone assures continuous progress; it discriminates with things homœopathic and non-homœopathic, and while it limits our domain, it enlarges our view within that domain.

Says Hahnemann in regard to the use of *Camphor* in influenza: "When the hot stage has already commenced *Camphor* is of service *only as a palliative*, but an invaluable palliative, seeing that the disease is one of short duration. It should be given in frequent but ever increasing doses. It does not shorten the duration of the

disease, but renders it much milder, and hence it conducts the disease innocuously to its termination. On the other hand, *Nux* in a single dose, and that the smallest possible, will often remove the disease *homœopathically* in a few hours." Here Hahnemann clearly differentiates between the palliative or antipathic and the truly curative or homœopathic uses of the drugs; one, *Camphor*, is here recommended for its palliative action, and for this purpose the dosage and frequency of administration seem to be important factors, and the other—*Nux*—a clearly homœopathic use of a drug by means of a potentized preparation.

*Camphor* is an example of medicine whose practical employment has been limited to some extent by the very brilliancy of Hahnemann's clear-cut delineation. Ever since cholera first invaded Europe his recommendation of *Camphor* and his cameo-like indications for it still form the guiding symptoms for its use by homœopathists in collapsed states whenever the vital powers are depressed with great coldness of surface. Chill and depression, then, are its most prominent effects, refrigeration its most characteristic state. This is seen in Dr. Cullen's case, that of a lady who took forty grains, became insensible, pulse very weak and small, breathing hardly observable, *whole body pale and cold*. In another case, it brought on such *extreme coldness* over the whole body that resembled death and which could hardly be removed by the aid of heat and wine. From these and many similar cases we are justified in making coldness and collapse with the restricting modalities, of course, the central guiding states for the selection of *Camphor* homœopathically, but this represents only one feature of its effects. These indications have served us well in the use of *Camphor* in the treatment of cholera and in any state attended by collapse. Besides this, the relation to early stages of colds, influenza and the undoubtable antidotal powers offer about the whole field for the clinical application of this remedy.

A further study of the provings show many other symptoms that can be made the basis for homœopathic prescribing, to some of which I would like to call attention.

First, its stimulant action much like that of *Alcohol*, and here it is distinguished by its rapid, durable and widespread action on the nervous system and is thus of certain benefit in the extremest states of debility of an acute type. Here it is at times successful when all other remedies fail. Given in the material doses of Rubini's tincture, it brings about reaction quickly. It is an open

question whether such use is palliative only (though, of course, wholly justifiable), or truly a homœopathic procedure. If the latter, ought the curative response not come from a more minute dosage?

The *convulsive symptoms* of *Camphor* are very prominent in proving and poisoning. Thus to quote from Christison on poisons:

“A gentleman took forty grains of *Camphor*. In twenty minutes he was listless and languid; in an hour he became giddy, confused and forgetful. All objects quivered before his eyes and a tumult of undigested ideas floated through his mind. At length he passed into total unconsciousness, and in that state was attacked with *strong convulsions*, frothing at the mouth and maniacal frenzy. After most of the *Camphor* had been expelled by an emetic the graver symptoms disappeared, but a variety of singular mental affections continued for some time.”

Again: “A young woman, after swallowing a piece of *Camphor*, was rendered speechless and powerless and soon had a *violent convulsion*, lasting two minutes, after which she went into a state of stupor for about half an hour. In the morning, pain in the head and chest remained.”

“A child from a fragment of *Camphor* had *strong convulsions*, with hot head and cold extremities.”

There are numerous similar cases on record proving this marked feature of *Camphor* action. Only a few months ago one of my patients, a boy of sixteen, who had never had any illness to speak of except colds, and who always took as a preventive measure a drop of tincture of *Camphor* when he returned from his riding lesson, being then drenched with perspiration. On this occasion his teacher, thinking one drop too minute a dose, administered half a dozen. On their way home in a car the young man was seized with a *violent convulsion* that fellow-passengers thought an epileptic fit. In a few minutes he recovered sufficiently to be taken home, where I found him exhausted but conscious and with no after effects of any kind. There is no doubt that the overdose of *Camphor* was the only cause of this convulsion.

Homœopathically, *Camphor* would be indicated in convulsions brought on by repercussed eruptions in the course of acute disease, such a state seeming to correspond most closely to the general effects of *Camphor*. Dr. Goullon gives several cases where *Camphor* is given for erysipelas neonatorum where convulsive symptoms were prominent, and they all were cured by *Camphor* in the

third potency. Spasms, generally in children, in the new-born with asphyxia; hysterical convulsions with much nervous excitement, even frenzy.

As a contra-distinction of the refrigeration of *Camphor* we have heat and redness of the head and face, epistaxis, delirium, startings and jerkings, temporal beating, prominent jugulars, tinnitus and other symptoms of a congestive type. Tongue and mouth dry like parchment, with increased pulse. Such symptoms are not usually associated with *Camphor*, or at least we have not utilized them therapeutically; nevertheless they are equally guiding, especially if *Camphor* be given in potencies. The provings are full of these congestive symptoms of the drug, in some respects like *Glonoïn*, and, indeed, like *Glonoïn*, it has been of service in sunstroke, especially when there is a constrictive pain in the optical region and over the root of the nose, with unconsciousness, delirium, spasms, drawing the head to one side. So for other effects of sunstroke, unconquerable drowsiness, tonic spasms, cerebral congestion, as well as erythema, for which latter it is specific locally and internally.

Throughout Joerg's provings no indications of the characteristic *Camphor* refrigeration was noticed, its action on the brain being that of *Alcohol*, and, as pointed out by that discriminating observer, similar, too, in the wide difference of receptivity of its effects in different persons and also in the subsequent reaction of depression and deep, prolonged sleep. A very marked feature, and one I have repeatedly verified in proving with the thirtieth potency consists in the *fleeting stitches in the temporal region and orbits*, but also elsewhere. Joerg emphasizes the same symptoms produced in his experiments. When these were produced with the thirtieth potency I was not aware of this action of *Camphor* and only subsequently read the symptomatology in confirmation. So suggestion is out of the question. Another type of headache produced by the thirtieth potency is a *general soreness of the head* at night, so that it awakened the experimenter. This, too, was experienced by Joerg on himself, being awakened by the pain. The brain was excited with increased rush of blood to the head and increased warmth of the face.

Again, another type of the *Camphor* action is an occipital pain *throbbing and synchronous with the pulse*, also associated with red, hot face. This symptom seems to be characteristic and has been verified clinically repeatedly. With it we may have vertigo; he

feels as if intoxicated; is uncertain in his gait; *feels as if lighter*, not touching the ground. The delirium and nervous excitement have also been verified in the treatment of the puerperal mania and in typhoid. Exhaustion and intolerable prostration and collapse, from which the mind sometimes rises to great maniacal excitement.

The effects of the drug on the sexual sphere are interesting. In Herrmann's proving we find it seriously depressed the function for the first few days, followed by reactionary excitement. In my observation with the thirtieth the experimenter, whose sexual function had been depressed for a year, showed, together with the headache and pain in the left eyeball, considerable excitement, with erections and erotic dreams ending in emission, the latter an event that had not happened in years. The same prover also experienced rectal irritation as of piles, better sitting on something hard, and distinct symptoms of coryza, nasal mucous membrane much irritated, *feels* as if there were a constant discharge, but none was there. Nasal and rectal symptoms returned in the afternoon about five o'clock. I think these most probable effects of the thirtieth potency, every symptom a true *Camphor* symptom according to earlier provings with material doses, are interesting and prove that *Camphor* is no exception to the homœopathic method of drug attenuations. So the dogmatic statement of Hughes that "*Camphor* does not bear attenuation" and Jaeger's assertion that "potentized *Camphor* is nonsense" cannot be accepted. Later in his professional life Bœnninghausen, that most distinguished disciple of Hahnemann, escaped from the thralldom of this limited view and thereafter used the remedy in high dynamization with results, as he says, that only then "enabled him to recognize the full measure of its important curative possibilities."

I see no reason for making an exception of *Camphor*, either in regard to its *whole* symptomatology as a basis for homœopathic prescribing or in being confined and limited to a comparative material dosage. The very opposite of the classical coldness and collapse symptoms group will prove to be invaluable guiding symptoms and a range of potencies, from the lowest to the highest, proven by the pathogenetic effects and curative response of the thirtieth potency, ought to be adapted to different degrees of susceptibility in patients.

*Camphor* has wide relationship to other drugs, inhibiting the action of nearly every vegetable medicine. Just what this anti-

dotal action consists in it is difficult to say. Prof. Jaeger considers it a chemical action and explains it by the fact that *Camphor*, being a powerful deodorizer, its volatile particles form an antitoxin chemically to all toxins that have invaded the organism or been produced within it. It causes chemical destruction of these and therefore a larger dose is required with frequent repetition. And the procedure is harmless because in its action the *Camphor* itself is destroyed and thus out of harm's range, differing thus from modern antiseptics, which, though they destroy bacteria, have no effect on their toxins, which, by their presence, continue the poisonous action. *Camphor* does not kill bacilli directly, but destroys their nutritive soil and the toxic substances, both of elimination and decomposition. Be this as it may, before accepting any theory of drug action, remember Hahnemann's caution. His words on this subject are interesting:

“In the results achieved *Camphor* is as puzzling and wonderful as in its pathogenesis for it antidotes the violent action of very many, greatly differing vegetable medicines (even the animal drug *Cantharis*) and it must therefore possess some general pathological action, which, however, we may never be able to designate by any general term and we better not try to do so lest we enter into the realm of shadows where knowledge and perception cease and imagination offers dreams as truths. In one word, we then leave the guidance of experience, grope in the dark and as a result of our desire to enter the inner essence of things we reap but hurtful error and self-deception. We dwell then in the midst of hyperphysical speculation with which the presumption of small natures so readily provides itself.”—*Transactions A. I. H.*

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## HYDRANGEA.

The literature of this plant, so far as we are enabled to judge, is rather meager. Possibly because its action is limited. Personally, we find it very positive in its action within this sphere.

We use the root of the *Hydrangea aborescens*. Nat. ord., Saxifragaceæ. Its common names are, seven barks, wild hydrangea. The plant grows abundantly from New Jersey to Georgia.

The remedy was introduced as a cure for gravel. It will not dissolve stone in the bladder or kidney; but for that condition of the system known as gravel, for the uric acid diathesis or for

lithæmia, we value it highly. In fact, we know of no better or more certain remedy.

In those conditions when there is a deposit of the urates or uric acid salts in the urine, or a red, brick-dust deposit, combined with one of the lithia salts, it is certain to relieve.

Backache or lumbago is very quickly relieved by it.

The specific indications for this remedy are: Irritation of the bladder and urethra, with gravelly deposits. Deep-seated pain in the back, with or without the deposit of urates or uric acid.

Dose: Gtt. x to ʒ ss.; preferably given in hot water.—*Mundy in Eclectic Medical Journal.*

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## ECHINACEA ANGUSTIFOLIA, ITS USE IN DIPHTHERIA.\*

By W. H. Nickelson, M. D., New York.

In November, 1903, I was called to see a four-year-old boy sick for two days, found him suffering with diphtheria, used *Antitoxine* at my second visit, and he died in thirty-six hours from the time I was called. The father of the child was taken ill with diphtheria a week later; used *Antitoxine* at first visit two thousand units, also one thousand units next day. I never saw a case of diphtheria which seemed to grow worse and membranes increase faster than in this case. On the third day when it seemed that the case was malignant, I gave *Echinacea tincture* ten drop doses, every two hours, and continued giving *Mercurius biniod.* ʒx, which I was giving with the *Antitoxine*. In less than twelve hours there was a slight improvement, and in twenty-four hours a marked improvement, and the patient made a quick recovery.

Last fall I was called into an adjoining county to see in consultation a woman, about forty years old, suffering from diphtheria, whose daughter had died some few days before from the same disease. Continued the use of *Mercurius biniod.* and gave *Echinacea tincture*. She began to improve in a few hours and made a fine recovery. I left two tubes of *Antitoxine* to be used if the patient did not improve, which were returned to me unused, with the remark that *Echinacea* was ahead of *Antitoxine* in diphtheria. The husband cut his hand, and had diphtheria, with the mem-

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\* Read before the Homœo. Med. Society of the State of N. Y.

branes first forming in the cut. The attending physician wrote me that the case was malignant, and that he only gave *Echinacea*, and that the patient recovered nicely. The reason why I left *Antitoxine* was simply to protect the attending physician and myself. There is so much claimed for *Antitoxine* by some of the profession in both schools of medicine, and such a popular clamor for its use by the laymen, that the physician who loses a case of diphtheria without its use is liable to be criticised unjustly, especially if he practices in the country, when every one knows all that is being done. If I had used *Echinacea* instead of *Antitoxine* in the case that died, I think that the result might have been far different. I saw this child two hours before he died, and from the condition that the child was in at the time, I should have expected that he would have lived eighteen to twenty hours, if the system had not been saturated with *Antitoxine*.—*North American Journal of Homœopathy*.

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### STRATAGEM OF MCKINLEY.

A year or two after the late President McKinley had begun the practice of law he distinguished himself in a humorous fashion in one of his first successful cases.

As often happens in court, the humor was not merely for the sake of a joke, but for serious purposes.

The case was brought against a surgeon whom the plaintiff charged with having set his leg so badly that it was bowed. McKinley defended the surgeon, and found himself pitted against one of the most brilliant lawyers of the American bar.

The latter brought his client into court and made him expose the injured limb to the jury. It was very crooked, and the case looked bad for the surgeon. But McKinley had both his eyes open as usual, and fixed them keenly on the man's other leg. As soon as the plaintiff was under cross-examination by him he asked that the other leg should also be bared.

The plaintiff and his counsel objected vigorously, but unavailing. Then it appeared that the plaintiff's second leg was still more crooked than that which the surgeon had set.

"My client seems to have done better by this man than nature herself did," said McKinley, "and I move that the case be dismissed, with a recommendation to the plaintiff that he have the other leg broken and then set by the surgeon who set the first one."—*Medico Legal Bulletin*.

## OBITUARY.

## Hasbrouck.

Dr. Everat Hasbrouck, of Brooklyn, Ex-President of the State Society, Ex-President Kings County Society, departed this life on March 15, and was buried from Greenwood Baptist church on March 18. The cause of Dr. Hasbrouck's death was chronic Bright's disease. He was graduated from the New York Homœopathic Medical College in 1865.

## CHIPS.

“Medicine as a part of education will universally become a State concern, as assuredly as the education of the child from the kindergarten to the university under our present system.”—*California Medical Journal*.

“But, my boy, don't think for a minute when you come round to work in the morning after a night out that you can fool the man you are working for. The chances are that in his day he used cardamon seed by the barrel and cloves were often in his pocket.”—*D. C. Washington in Optical Journal*.

Names: Skiascopy, Retinoscopy, Keratoscopy, Pantoscopy, Pupiloscopy, Retinoskiascopy, Umbrascopy, Koroscopy, and many others thought of but not yet in print.—*Dr. Thompson*.

“It is judgment that distinguishes the seasoned man from the novice, and it cannot be acquired from a study of text-books and formulas.”—*Dr. Felix Adler*.

“And, really, we need care little about a licensee's therapeutical predilections, provided the State assures us that he is well educated.”—*N. Y. Medical Journal*.

“Plant principles used medicinally consist chiefly of catabolic products, which serve the purpose of self-protection against bacteria, fungi, insects, worms and larger animals.”—*Dr. E. C. Hill, Denver*.

“The seeking after employment, the club life, the college, the artistic life, and so-called broader life, the mission in life of females who could get more real enjoyment and benefit scrubbing floors all tend to disfranchise the sex and make nursing a farce.—*Dr. Geo. Dow Scott*.”

**A HISTORICAL SKETCH.**

Some thousand years ago, we're told,  
A silly goose grew very bold;  
Leaving mother goose's home,  
He wandered far away alone.  
He found the feed was very good  
Until he reached a boundless wood;  
And then he turned him round about  
To find a way he could get out,  
Because he saw 'twas nearing night,  
And he was trembling in his fright.  
He walked about until he found  
That he was walking round and round;  
That in a circle he had tread,  
And he was filled with awful dread.  
Now near his home, in a deep glen,  
A sly old fox came from her den,  
And telling cubs she'd soon be back,  
She started out on goosie's track.  
As she was tracking round and round  
She was scented by a hound,  
That with some doctors had that day  
Come out for a little stay.  
And so the hound went for a race,  
To give that fox a little chase.  
And as they ran around the ring  
That silly goosie took to wing.  
Then the doctors and the hound  
Kept chasing that old fox around,  
Until their trail became a rut  
From which they never have got out.  
And like a rope upon a reel,  
They still are walking round that wheel,  
Whose hub, we find's a man who's sick,  
Into whom, as spokes, they stick  
Their fads of varying tint and hue,  
Of black or white or green or blue,  
Of anti-this or anti-that,  
Of anti-lean or anti-fat;  
Until the bedding and the bed  
Had changed from white to scarlet red,  
By blood that's running to the floor,  
As doctors cut and saw and bore.  
Thus science(?) comes to aid of Death,  
And helps him snatch the patient's breath,  
Now he's dead, the doctors pause  
To try to ascertain the cause.  
As they explore they find a worm,

Micrococcus or a germ.  
 And so they tell the friends "'tis plain;  
 The germ's the cause, as we'll explain.  
 For as we took the man apart,  
 We found a germ quite near his heart.  
 And so we think the cause of death  
 Must have been the lack of breath."  
 And still the doctors walk around  
 The goose's circle that they found,  
 Without the sense that goosie had,  
 To fly from every foolish fad.

E. R. McINTYER.

*70 State Street, Chicago.*


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## INDEPENDENT JOURNALISM.

The future progress of medicine lies entirely in the hands of the independent medical journals. The signs of the times indicate that there is a movement on foot to perfect an organization which is intended to give exclusive control of this great body to a few men. All progress, as the world well knows, always has been and always will be made by the independent man, the independent thinker. The independent medical journals give each man a chance to have his say, and to hear what others think.

The rule of machinism is universally bad. Policy and expediency are the principal considerations. Everything is done to strengthen the party in power. The governed have practically no say in things that most intimately concern them.

You say: How can a few govern a majority? But they *do*. That reminds us of the fellow who was put in jail, and sent for a lawyer. The lawyer came, and told him they could not put him in jail on any such charge. But, says the man, "I *am* in jail."

We must look at facts. Give a machine control, and it is all the time planning and scheming to strengthen itself. The great body of physicians, occupied with their daily affairs, do not have the time or the means to fight these encroachments. If it were not for the independent medical journals the doctor would soon find his hands tied. He would have to look out for his own rights, then, and the individual can accomplish little without some medium to air his views.

In every department of life the independent worker and thinker should be encouraged, and the effort of machines to establish control, fought. There is trouble ahead whenever people want to

legislate or think for you. Certain slavery, the subordination of your own rights and powers, is the alternative to individual, independent action.—*Medical Brief.*

## PARISIAN MEDICAL CHIT-CHAT.

Translated by T. C. Minor, M. D., Cincinnati.

They have now discovered biothecanthropes (?) in Java. We recommend these little humbugs to Metschnikoff, the immortal medical bunkoist, who cures *old age*. A man who can discover the cure for a green old age needs no eulogist.

The cure is easy. Metschnikoff takes curdled milk three times a day, and has followed this practice for ten years. He has even made a convert of his patron and High-Munky Protiff, Roux. To see Metschnikoff and Roux drink curdled milk in order to live to be one thousand years old is one of the grand sights of Paris.

Rest easy, my medical confreres, and chant "*In manus tuns, Dominie.*" Dear Doctor, into thy hands we will not commend our spirits, which might be, after all, only Bourbon added to the milk, with the addition of a little sugar and a couple of eggs, not the nourishment of any fine apostle of microbiology.

In Metschnikoff and his school there are good and bad germs. Who in the Devil cares? It is necessary to find some good microbes, since so many bad ones have been discovered. Ah, these bad microbes, that perform more than eight hours' labor a day, no wonder they tend to destroy humanity! Metschnikoff, the good professor, gives the first prize to the microbes that live in the intestinal tube and secrete lactic acid, the effect of which is to prevent intestinal putrefaction, and thus act as antiseptics. The old American buttermilk cure for intestinal dyspepsia was what first called attention of French savants to lactic acid in bowel complaints, and it is, in fact, a wonderful remedy, without regard to the question of microbes. •

But, my gentle Metschnikoff, why is it that babies that secrete lactic acid (one can see the cheese they produce on their diapers) are so often very sick? Is it possible that the lovely microbes put too much zeal into the manufacture of this lactic acid? But this excess is a fault, says the Wisdom of the Ages.

But to be able to drink curdled milk eternally is to be capable of performing the work of Hercules. One would profoundly

modify his alimentation to take this diet. How? Judge, then, my medical brother! In order to be old, one should never eat artichokes, radishes, salads. No fruits nor wines should be taken, not even the festive and salutary highball. As for beer, hard cider, absinthe or champagne, let them be forever forsworn. *Drink only boiled water, free from typhoid germs*, following the rule laid down by Health Officers the world over, who were never known to even taste—*boiled water*.

What an ideal existence! Curdled milk and boiled water! Still there are lunatic asylums open, even for astute sanitarians.

But this is not all. Curdled milk cannot be obtained everywhere. *The kind of milk* Metschnikoff calls for is from Bulgarian cows. The cows in Bulgaria are said to all live for fifty years. That is the reason the Bulgarians are so tough. \* \* \*

Serums have had their day. Even the famous (in the opinion of its followers) Doyer serum, that was to cure cancer, has been pronounced a humbug. Its discoverer is now being sued by an American, who was charged \$20,000 for the injection for his wife. The patient died, and the lawsuit is now the sensation of Paris and New York. One hundred thousand francs for the serum used on an American wife (and death thereafter)! Barnum was right when he said the greatest fools were among Americans.

“Where is the anti-strephylococcine serum now?

Ask the lump of lupus that sat on a German brow.”

The iodurated staphylasis that cured all maladies, from coryza to furuncle, from impetigo to osteomyelitis, influenza, and the charlatans who indorsed such remedies, mostly Americans, having a living in the service of proprietary men, emulators of Fontanarose, of the magic philters, that cured everything, from professional jealousy to piles and bad teeth. Verily the nineteenth century overcapped all others for medical humbug, dignified by the name of science.

Better to laugh, however, than shed tears, said the good Cure of Mendon. Why discuss microbes more, or even pay attention to the pseudo-scientists who extol their virtues? How many microbes manufacture intestinal poisons? It appears that there are exactly 2,807,290 generated every twenty-four hours. On days of great heat the number reaches sixty-six millions, so we are told by medical scientists, and they should know, for have they not counted them, and should not all the medical world then

accept this record, rather than go over them with the count again? Did you ever verify their scientific statements by count, gentle reader? We think not. In this number, we are told, are many good microbes. It is to be hoped so, for in that little intestinal world the saints must be numbered among the sinners.

“Let us see,” as Rabelais remarked. “Would you say it were a fact, logically inferred from the above, that all the world had turned fools, or that it has become wise?”—*Eclectic Medical Journal*.

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## BOOK NOTICES.

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**A Manual of Materia Medica, Therapeutics and Pharmacology.** With Clinical Index. By A. L. Blackwood, M. D., Professor of Materia Medica and Clinical Medicine in the Hahnemann Medical College, Chicago. 592 pages. Flexible leather, gilt edges, round corners, \$3.50. Postage, 6 cents. Philadelphia. Boericke & Tafel. 1906.

Here is about as complete a pocket book as anyone could desire on subjects covered. After a chapter on homœopathic pharmacopœias comes a chapter on prescription writing, very useful and tersely but clearly put. Following this is a very thorough section on the management of cases of poison, embracing practically every poison known. Having disposed of these topics, Dr. Blackwood takes up the main subject of his book and we doubt if there is a drug that has escaped him. There are seven hundred in the book. The drugs follow in alphabetical order. First comes “description,” then the “preparation” or pharmacy, and dosage, including the official dosage. Next is given the physiological action of the drug, then the therapeutics, and, finally, “comparisons.” Nearly 75 pages of “Clinical Index” are followed by a General Index, which concludes the book. Needless to say such a book will not take the place of a *Materia Medica Pura* or Allen’s *Handbook*, but it has in modern medicine a most useful place, for gathered into its covers is a vast amount of information that to accumulate has required months of research and access to big libraries. It is a useful book to the strictest homœopath as well as to any other physician. We take the following section at random as a specimen of the book—of course, many other drugs are dealt with in far more detail:

### IODIFORMUM.

**Description.**—*Common Name*, Iodoform. It comes in small, lemon-yellow crystals. **Preparations.**—*Homæo.*, Triturations. *U. S. P.*, Iodoformum. **Dosage.**—Triturations, 2x to 6x.

**Physiological Action.**—This agent produces lassitude, nausea, vomiting, headaches, insomnia and rapid pulse. The temperature is elevated; there is an eruption upon the skin; the liver and kidneys show fatty degeneration.

### THERAPEUTICS.

This remedy has an extensive application when applied directly to the diseased portion. It is employed in tubercular *meningitis*, both locally and internally. In chronic pulmonary *tuberculosis* it is of service when there is a distress in the apex of the right lung as if it were sore and ulcerated. There is a tendency to hæmorrhages, and a pain that interferes with the expansion of the part.

**Hæmorrhoids and Habitual Constipation; Their Constitutional Cure.** With Chapters on Fissure and Fistula. By John Clarke, M. D., Consulting Physician to the London Homœopathic Hospital. Second Edition. Revised and Enlarged. 177 pages. Cloth. London, England. James Epps & Co. Limited. 48 Threadneedle St. 1906.

Dr. Burnett's mantle seems to have worthily fallen on the shoulders of Dr. Clarke; the style, the type, the arrangement of the book reminds one forcibly of Burnett's famous series, and, best of all, the text matter is a worthy successor to that of the great Burnett. These are the men who do not write "incurable" after any case; they try to *cure* and very often succeed. There are tremendous therapeutical possibilities in the path blazed by J. Compton Burnett and room for all in that great, unexplored region.

**The American Homœopathic Pharmacopœia.** Eighth edition. 549 pages. Cloth, \$2.50. Half morocco, \$3.50. Postage, 25 cents. Philadelphia. Boericke & Tafel. 1906.

The seventh edition, published in 1904, contained thirty-two new remedies; to this edition the eighth have been added twenty-four new remedies, thus bringing the book right up to date. It is a work of wonderful vitality, and the secret of this is simply the fact that it gives the preparation of the drugs as the men who

proved them gave them. To depart from this rule would be a pharmaceutical error and hurtful to the physician who depends on his *Materia Medica* for guidance.

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**International Homœopathic Medical Directory.** 1906. New Series. Twelfth Year of Publication. London. Homœopathic Publishing Company, 12 Warwick Lane, E. C. Price, 2 shillings, net.

A very handy and useful directory of homœopathic physicians of Europe, Asia, South America and the British colonies. Every one intending to visit Europe or foreign countries should get a copy.

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**A Compend of Obstetrics.** Especially Adapted to the Use of Medical Students and Physicians. By Henry G. Landis, A. M., M. D. Revised and edited by William H. Wells, M. D. Eighth edition. Illustrated. 227 pages. Cloth. Philadelphia. P. Blakiston's Son & Co. 1906.

Many publishers have the bad habit of sending their books for review without copies of the title and without stating the price. Presumably this book sells for \$1.00. It is in the familiar question and answer form and as it has gone through seven editions and entered its eighth it must have met with high approval. Books of this class give one the official and sanctioned information on the subjects treated—and stop there. They are not pioneers—that goes without saying, but useful to the student who has to pass his exams. before the omnivorous “boards.”

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**The Examination of the Function of the Intestines by Means of the Test-Diet.** Its Application in Medical Practice and its Diagnostic and Therapeutic Value. By Prof. Dr. Adolf Schmidt, Physician-in-chief of the City Hospital Friedrichstadt in Dresden. Authorized Translation from the latest German Edition, by Charles D. Aaron, M. D., Professor of Diseases of the Stomach and Intestines in the Detroit Post-Graduate School of Medicine; Clinical Professor of Gastro-enterology in the Detroit College of Medicine; Consulting Gastro-enterologist to Harper Hospital, etc. With a frontispiece Plate in Colors. Crown

Octavo, 91 Pages, Extra Cloth. Price, \$1 00. *net.* F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

Such is the explanatory title of Dr. Schmidt's thorough little book—thorough, for the "Bibliography" contains 75 references. It can be made a very useful work to patients if they can be induced to follow its directions.

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**The Philosophy of Fasting.** A Message for Sufferers and Sinners. By Edward Earle Purinton. 130 pages. Cloth. Edward Lust, 124 E. 59th St., New York City. 1906.

Here is a book that it is hard for the average Philistine to take seriously. It is something *new* and the Philistine naturally clings to the old, to what he knows—or thinks he knows. As, for instance, "the bad human habit of running for a doctor when ill instead of running from him"; or of "attending weddings and funerals." To be sure, the average man, when he decently can, shirks funerals and weddings, but to be bluntly told that he is avoiding a "bad habit" when he does so gives him pause, for in his innermost mind he has a conviction that he has dodged his duty. "Exalt love—and you have reached the very heart of religion," says the author. What love? queries the Philistine—and, there you are.

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The latest homœopathic journal to start on its career is *El Amigo del Hogar*, published at Bogotá, United States of Colombia, S. A. We wish the new journal success.

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The days of genuine book reviews have passed; the days when a man sat down, carefully read his book and then (generally) flayed the author. There are too many books today for the poor reviewer to do more than give price, general trend and all that sort of thing. Once in a while, however, a book comes along that even the hack does not fail to recognize as being something at least new. In this class are the Burnett books, concerning which we quoted a paper from the *Homœopathic World*, see RECORDER for April. Like all strong men, Burnett had little respect for "Authority" Because the powers that be said so and so that was no reason why he should accept it, and he did not—unless results proved it. Men of this sort are not infallible—no man is—but men of this sort are the ones who give us new ideas—FACTS. Their books are worth cherishing.

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## EDITORIAL BREVITIES.

HAVING A TIME.—The *Journal of the American Medical Association*, with its satellites, and the big proprietary medicine houses are having a “monkey and a parrot” of a time. Apparently everything from coal tar that enters into proprietary medicine and nearly all the big sellers of this class is being scalped by the “big chief”—big in his imagination. A bill has been introduced into Congress to compel the wicked proprietors to put the exact working formulæ on each label; *per contra* the other side has put in a bill compelling each doctor to write his prescriptions in plain terms so that any one can understand them. Probably the best thing that could happen to the public would be the taking away the power to “protect” it in every respect, save in sanitary matters, and let it use its own sweet will whether to take its ills to the proprietaries, the Christian scientist, the rough osteopath, the gentle homœopath or the big Bow-wow school.

The proprietary men assert that very, very many more persons are poisoned by doctors prescriptions than by their patent stuff.

“The coal-tar preparations are not poisons, as that term is usually understood and every person familiar with medical literature knows, though all may not publicly admit it, that there are more cases of poisoning by almost every other potent drug than by all the various coal-tar preparations combined. This, in spite of the fact that there are probably more doses of the coal-tar pain relievers taken every day than are taken of any other five drugs.”

Personally we would prefer trusting the proprietaries to the prescriptions of the “heroic pusher” of drugs, but will stick to Homœopathy in preference to either.

SUGAR OF MILK.—We have seen copies of two certificates of analysis from the Lederle Laboratories of New York, showing that of two leading makes of powdered milk sugar one contained 48 per cent. of glucose and the other 88 per cent. A trituration made from this stuff would be bad enough, but when it comes to using it in infants' food, it is positively dangerous. Every pharmacist should have a sugar mill and grind his milk sugar from the cobs, thus assuring a genuine article.

PROVING OF FERRUM PHOSPHORICUM.—The April number of the *Hahnemannian Monthly* contains the report of a proving of *Ferrum phos.* conducted under the auspices of Dr. John Hutchinson, of New York City. The drug used was the 30th centesimal potency (B. & T.). The feeling generated were such that the prover asks himself, "Have I taken a bad cold all at once?" Mucous membranes felt sore and catarrhal. Throat sore, shifting from right to left, no thirst. Twelve doses were taken in all and symptoms steadily grew in intensity. The third day after discontinuing the drug, all symptoms caused by it had disappeared. During a second proving there was marked pain in Eustachian tubes, among other symptoms, and this was the last symptom to leave on discontinuing the drug.

OF WHAT AVAIL?—The *New York Medical Times* for April contains a communication from some one severely scoring several journals for "piracy." This is most laudable, but of what avail is it when no names are mentioned, not even that of the writer of the article in question? If a journal persistently steals from its neighbors post it!

AN OLD CUSTOM DOWNED.—Dr. Thomas E. Satterwaite, of New York City, sued the estate of the late Dr. Egbert Guernsey for medical services. The defence offered the clause in the code of ethics reading: "All practitioners of medicine, their wives and children, while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them when assistance may be desired." A Dr. Neesen testified that "the code of ethics was abolished some years ago by the New York Medical Society," and also that it was never binding on specialists, who charged doctors the same as laymen. The jury promptly brought in a verdict for full amount claimed.

AN AID TO PROGNOSIS IN TYPHOID FEVER.—By Dr. R. M. Simon. The author bases his experience from the result of observation in cases of typhoid during the period of fifteen years, and the sign which indicates a favorable or unfavorable termination is the amount of urine voided in the later stages of the disease. He points out that at the beginning of the fourth week the urine increases in quantity from 30 ounces to 60, 80, or even 100 ounces daily. From daily observations made during the last nine years it was found, even in severe cases, that if polyuria occurred the patients all recovered. He quotes two cases which graphically illustrate his theory, which one can scarcely doubt as being proved, seeing the long period of time over which his careful observations have been made.—*Post-Graduate*.

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### NEWS ITEMS.

Dr. F. V. Bryant has lately located at Ardmore, I. T. From all accounts Indian Territory and Oklahoma are wonderful regions.

Dr. Morrison, formerly of Norristown, Pa., is now located at Elkton, Md.

The Regular Homœopathic Medical Society had a dinner on Hahnemann's birthday. There were forty-five present and the speakers for the regular toasts were Drs. Cheeseman, Cowperthwaite, Delamater, Waring, Bloomstingston and White. Dr. J. B. S. King acted as toastmaster.

“Dr. Fewster was up from Wichita last Sunday to see his old friend, Dr. Barrows, who has been confined to his bed for some time. Dr. Barrows is ninety-one years old, but still retains his mental powers and is able to think clearly and to diagnose and prescribe from his bed. He is probably the oldest practitioner of Homœopathy in the United States, having been a practicing physician for over sixty years.”—*Marion (Kansas) Recorder*.

### FROM SAN FRANCISCO.

(The following letter from the veteran physician, author and editor, Dr. H. R. Arndt, will, we know, possess so much of interest to his professional brethren that we take the liberty of publishing it in full.—Editor of the HOMŒOPATHIC RECORDER.)

ALAMEDA CITY, April 23d, 1906.

MESSRS. BOERICKE & TAFEL,  
Philadelphia, Pa.

GENTLEMEN:—I have escaped, a veritable refugee, to my daughter at this place, from the inferno on the other side. The earthquake (God grant you nor anybody else may ever pass through one like it), and the destruction of nearly the entire city by fire have left me shaken and dazed, and absolutely and unconditionally penniless. My offices, library and apparatus were among the best on the coast, and are all gone without a dollar of insurance on them, the very agent, a friend and patient, telling me ten days ago, that fire insurance where I was, had no value. My hotel was, of course, destroyed, and there went with it a lot of books, bric-a-brac the which cannot be replaced. Yet, thank God! I have a temporary shelter, a suit of clothing in a safe place in S. F., half-a-change of underwear, and four dollars in cash; my wife has an extra hat and a dress in a safe place. A small balance in bank will buy some food after we need it again.

To live I shall have to work, and that means offices and tools, *i. e.*, books, apparatus and medicines. Will you kindly help me so far as lies in your power, by sending me a few recent books on "Practice," with a few standard books on "Nervous Diseases." I want my own "Practice," for all of which you must give me ample time. Can you suggest a way in which I can get proper electric apparatus on time (I need, on account of my special work, static, galvanic and faradic outfit of modern make). If you could see the desolation here and the thoroughness with which one brief minute changed happiness and prosperity into absolute devastation, and in a way which no one who passed through it will or can ever forget, you'd be willing enough to help—and you will anyway. My business was getting into good shape; what I can do now I cannot tell, but am only a youngster of 58, and think I'll be all right once more. I want a few of Wm. Wood & Co.'s publications and W. B. Saunders', and presume I'd better write to them directly.

As you know, Dr. Wm. Boericke is in Europe, and I presume is nearly crazed with grief and fright. An hour after the earthquake I was at his house, which stood all right, but beyond doubt badly damaged inside. No one was within and I was told soon after that Mrs. B. and the children were at Mill Valley. But there is no way of communicating with Boericke, at least I have

not found any. Cable here is gone up, so far as we at this minute are concerned. I *think* Parr's Bank, London, E. C., can find him, and it would be nice were you to make the attempt. Of course you realize that I have not even the money to wire if I could have the opportunity; furthermore I have not *seen* Mrs. B., but have no doubt she is actually in Mill Valley, as told.

No city ever met such frightful disaster more bravely, nor ever was more generously helped. I have lived years since then. Of the profession, there is nothing startling, at least not any of our men were killed or seriously hurt. Naturally enough, the *Pacific Coast Journal* went up in smoke as did everything else. Yet there is a State in the Union, called California, and its metropolis still lies by the Golden Gate, and she will be more beautiful than ever; for "Der alte Gott lebt noch," and He helps the courageous.

Please let me know at your very earliest opportunity to what extent you can afford to help me (and perhaps others). Letters will reach me if addressed to me at

2051 Eagle Avenue, Alameda, Cal.

Very truly yours,

H. R. ARNDT.

You know on the 10th inst. we had formally opened our new hospital, the "Hahnemann." It is badly damaged, but will in time be made useful.

Dr. E. B. Nash, author of *Leaders in Homœopathic Therapeutics*, *Leaders in Typhoid* and *Regional Leaders*, has removed from Cortland, N. Y., to Fort Dickinson, N. Y., a suburb of Binghampton. The doctor has given up general practice and will in future confine himself to office work—consultations and chronic diseases—and to literary work. Messrs. Boericke & Tafel have accepted the manuscript of a new book from his pen entitled, *Leaders in Sulphur with Comparisons*.

The Annual Reunion of the Alumni Association of New York Homœopathic Medical College and Hospital will be held on Thursday, May 17th. J. Wilford Allen, M. D., Secretary 117 W. 12th St., New York City.

Dr. J. F. Valentine has removed from 20 Locust Street to 23 Elm Street, Danvers, Mass.

Dr. A. Berghaus has removed from 138 E. 65th Street to 160 W. 99th Street, New York City.

## PERSONAL.

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The next morning many a respectable citizen has quoted "The Raven's," "never more."

Well, Mary, presumably you are right, the dude of the kitchen furniture is the Potato Masher.

Said the gander, "I love autos; they make the noise that mother used to make!"

"Senior" would like to take charge of a practice during summer months. Address, 129 W. 42d St., New York City.

"Superstition" is what the other fellow believes and we don't.

A Montreal doctor tells the world that cancer is contagious. We wish money were also.

This is from England: "Who has been waiting the longest?" asked the doctor of a room full of patients. "I have," replied the tailor, "three years."

She agreed to cut down her extravagant opinion of him, when he complained of her expenses.

Thackery says, "If a man's foot is in your road, step on it, and he will take it away." Binks tried it and says the foot was taken away, but he got a black-eye. So with many sayings!

**FOR SALE**—Standard Medical Works, from library of the late Edward P. Scales, M. D.; also two papier maché human figures—the bones—the muscles—made in France; also mahogany secretary are for sale. For further particulars address, Luther D. Scales, 475 Centre Street, Newton, Mass.

"Pay as you go, of course," said Binks, "but don't go too often."

The "painless" dentist doesn't suffer, but his victim does.

"If a pretty girl"—said she. "Oh, I don't care for pretty girls," said he, and then she pouted and he wondered why.

"Have you read my last speech?" was the query, and "I hope so," was the answer.

"Scientific opinions of the nose," was a recent heading we struck.

"Domestic poisons," is another.

"Let us be broad-minded," is another.

When science solves "What is life," science will be different.

Well, Mary, a "Virginia creeper" may be the *Ampelopsis quinquefolia*, or it may be a kid.

The busy-bee loafs the biggest end of the year, notwithstanding his brag about industry.

THE  
HOMŒOPATHIC RECORDER.

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A CASE OF DIPHTHERIA (?).\*

By A. C. Cowperthwaite, M. D.

About 11 A. M., January 4th, 1906, I received a telephone call at my down town office to make a call as soon as possible on the west side. I did not reach the house until nearly 3 P. M. Found the patient to be Phyllis S., aged nine years, a full-blooded typical *Belladonna* patient for whom I had prescribed many times previously. The parents reported that she had been perfectly well up to 8 A. M., when she complained of sore throat while eating breakfast. She grew rapidly worse and was about as I found her by 11 A. M., as far as they could judge. I found her unconscious, with more or less wild delirium, face flushed, carotids throbbing, pupils dilated, temperature 106, pulse 120, full and strong, external throat greatly swollen on left side and bright red. Examination revealed a grayish diphtheritic-like membrane entirely covering the left tonsil and left side of fauces and uvula. The teeth, lips and tongue were covered with sordes. There were several cases of diphtheria in the immediate vicinity, so I had no hesitation in making a diagnosis of diphtheria, and also gave an unfavorable prognosis. Please bear in mind that all these symptoms had developed within three hours. The question of the use of antitoxine was taken up. I said I would use it only as a protection to myself and if the parents so desired. They decided in the negative and I said we would at least wait until evening. Except that it was left-sided, the general indications were for *Belladonna*, but with the presence of the extensive membrane and the sordes I did not feel that *Belladonna* covered the case, though its

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\*Read before The Regular Homœopathic Medical Society, Chicago, May 1, 1906.

use seemed imperative. I, therefore, felt justified in alternating it with *Merc. bin.* 3x every half hour, using the *Belladonna* in the same potency. I do not believe in alternation theoretically, but I have often seen cases where it was beyond my power to judge whether the time for *Belladonna* had passed and that for *Mercurius* had begun, and I have often proved to my own satisfaction that while *Mercurius* frequently follows *Belladonna* well and is complementary to it that they do not antagonize each other and act well in alternation where the symptoms of both are present. In another class of cases the same holds true in my experience with *Aconite* and *Bryonia*, though the so common routine alternation of either of this pair of remedies is often inexcusable. This case was developing with such startling rapidity that I felt I dare not wait to give *Belladonna* alone and then follow with *Mercurius* if it be found necessary. I called again at 8 P. M. and found the patient conscious, no delirium, swelling somewhat abated, sordes gone, temperature 104, pulse 116. No change in the membrane. Decided not to use antitoxine. Continued to use the remedies and promised to call early the next morning, which I did. The mother answered the door bell and said Phyllis was in the dining room eating her breakfast. I was astonished and incredulous, but I soon heard her feet pattering on the floor as she ran for the bedroom trying to get into bed before I could see her. I found her temperature normal, pulse 90, membrane and swelling had entirely disappeared. The child was well and remained well.

Queries:

1. Was it a case of diphtheria? Probably not, though I was so sure of my diagnosis that I had no culture made. I haven't absolute confidence in culture diagnoses, anyway.
2. If it was a case of follicular tonsillitis, was it not remarkable for its rapidity of onset, its violence and the widespread membrane and sordes?
3. Was not the rapid and complete recovery equally remarkable?
4. Was I not justified in alternating *Belladonna* and *Mercurius bin.*? Could they have acted any more promptly and efficiently if given singly and in a higher potency?
5. If I was wrong, what single remedy covered the totality of the symptoms, and would it have been possible for such a remedy to have acted more promptly and efficiently than did the remedies I gave in alternation?

6. When otherwise indicated, should a remedy be not prescribed when the side of the body affected does not correspond with that characteristic of the remedy?

7. If I had administered antitoxine, would it not have been generally conceded as a most convincing argument as to the wonderful efficiency of the serum treatment? No doubt many such cases are included in antitoxine statements.

*Discussion.*—All agreed the case was one of diphtheria. Dr. Taylor thought that such a paper, when remedies had been alternated, ought not to have been presented to this society. Dr. H. C. Allen thought *Apis* was the indicated remedy and that it might have cured the case in seven hours instead of sixteen. Dr. Ingersol and others sustained the paper and thought Dr. Cowperthwaite had acted wisely, that both remedies were indicated, and that, under the circumstances, he was justified in giving them in alternation.

(If any of the RECORDER'S circle have any comments to make on this interesting paper our pages are open for them.—Editor of HOMŒOPATHIC RECORDER.)

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## MAL-DEPOSITS.

By G. W. Bowen, M. D

I have been requested to prepare a paper concerning the material that has been left in the system and is, or may be, detrimental to it.

I regret this task, fearing that I cannot prepare a paper that may be a credit to myself, or of benefit to you. Our books and journals have so far failed to give us anything of specific benefit, so perhaps my observation and experience may be of some use to others.

Mal-deposits are material left by the venous circulation, rarely ever by the arterial. There are many places in which these objectionable material substances can be found, but only a few of these give serious trouble. They may be found in the head, generally external to the Dura Mater (due to an outward injury) and rarely in any other part of the brain. They occur in the eye in the form of cataract; in the nose, as rhinitis; in the throat it takes the form of indurated tonsils, while that in the thyroid glands we call goitre. Mal-deposits forming in the lungs cause abscesses or hepatization of them in the pleura costalis.

Mal-deposits of the heart cause hypertrophy, or fatty deposits, or they may assume the form of dropsy. Those forming in the female breast cause tumors generally benign in nature.

Mal-deposits do not form in the spleen, are very rare in the liver or stomach and never occur in the peritoneum, but are very often found in the ovaries and uterus.

They may appear in a bone, are then called exostosis.

Calcareous deposits left in the gall-duct, liver, kidneys and the bladder are all due to the lack of use of acids in the system, acetic or citric acid. Acids will always prevent their formation or dissolve them after they have formed. Fibroid tumors are indurations of the uterus or its walls, generally external to the endometrium.

Probably one-half of these physical defects are due to defective nutrition. The Jews in Egypt could not make bricks without straw; so if the food does not make good blood the veins will fail to carry away the defective fibrine and some is left to cause an obstruction at some place.

The duty of a physician is thus to prevent these mal-deposits, or remove them when formed.

Cancers, however, are not caused by a mal-deposit or obstruction of the circulation of the blood. They, like polypoids, are due to a peculiar ferment and have a cause of their own. The means of preventing either is not known.

In the removal of a mal-deposit two things must be considered, first, to prevent any addition to them and then to dissolve them and cause their expulsion or absorption.

More than 75 per cent. of such mal-deposits occur in females, and it is rarely ever found to occur in those who use meat as an article of diet.

Deposits forming in the thyroid glands can be easily absorbed by *Spongia*, after the menstrual defects have been remedied. All deposits in the ovaries or uterus can be carried away by the use of the four remedies, no others being of any value in their treatment, these are *Belladonna*, *Bryonia*, *Silicea* and *Iodine*.

*Fort Wayne, Ind.*

## A DRUG TREASURY.

By T. L. Bradford, M. D.

The evident aim of Dr. Blackwood in his new treatise upon *Materia Medica*, *Therapeutics* and *Pharmacology* has been to present a book to the profession and the medical student that shall appeal to and be of practical service, not only to the avowed homœopathic physician, but to the great number of other fair minded men who are becoming disgusted with the fallacies and uncertainties of polypharmacy and who are seeking for a more definite knowledge of the use of drugs from the standpoint of the law of similars. This late issue from the oldest homœopathic press in the country is a handsome duodecimo of 592 pages, but four by six inches in size and readily adapted for the pocket. It has a flexible cover of substantial leather and will probably prove to be one of the handy books for the busy doctor.

Dr. Blackwood, in the preface, tells us that his desire has been to place before the medical profession in a condensed form a résumé of all remedies in use up to date, their pharmacy and their therapeutics. And he has accomplished that purpose. From *Abies Canadensis* to *Zizea aurea* the list of medicines extends, and in it are embraced the names of about 700 drugs, including all those based upon homœopathic provings, and also the names of certain of the new remedies that are more or less in use by the modern schools of medicine. In this list of remedies we notice that the names are cross indexed, as the bibliographers say; that is, a remedy is given both by its botanical and popular name. In the index, *Alstonia scholaris* refers to page 96; under *Dita bark* we again are referred to page 96, where we find that the common name of the *Alstonia* is *Dita bark*. There are few physicians who have not been perplexed by imperfect indices, where before the subject desired could be found it became necessary to think of certain synonyms. How many a time one has looked for the name of a disease in an index only to find it wanting even when the description of the disease was in the body of the book. In this book it is not necessary to solve any problems to find a remedy; if one can only think at the time of the common name, there it is in the index, and if the botanical name is in mind, again the index points to the same page. We look up our *Alstonia scholaris* and find first given its Natural Order, Apocy-

naceæ; its Synonym, *Echites scholaris*; its common name, Dita bark; its habitat, India; that it is obtained mostly from the Philippines; that its preparations are from the mother tincture from the dried bark, and dilutions. Its alkaloids, ditamine and ditaine are then mentioned and that they are obtained from the bark. The dosage is then given. And following this are to be found its therapeutics. This in a small compass. This remedy is recommended for diarrhœas among other things, and now turning to the very valuable Clinical Index that includes fifty pages of this useful book we find under the heading Diarrhœa in the remedies given, *Alstonia*, page 96.

In the well-known polychrests the therapeutic indications include the characteristic symptomatology of the remedies quite fully given. Thus, under *Aconitum napellus* we find the botanical description, habitat, alkaloid, homœopathic preparation, and that of the U. S. Pharmacopœia. To quote: "Preparations, Homœo., Mother tincture from the entire plant except the root, and dilutions. U. S. P., *Extractum Aconiti*. *Fluidextractum Aconiti*. *Tinctura Aconiti*. Dosage., Homœo., Tincture, 1 to 30 m. Care should be taken not to confound this tincture with that prepared from the root, which is very much more poisonous. U. S. P., *Extract gr.*  $\frac{1}{6}$ – $\frac{1}{8}$ . *Fluid Extract*, 1 to 2 m. *Tincture*,  $\frac{1}{2}$  to 2 m. Dose of Aconitine, gr.  $\frac{1}{200}$  to  $\frac{1}{50}$ ." The physiological action is then given, followed by the therapeutics, after which the names of other remedies with which it is to be compared appear.

This order is used in the remedial make-up of the book. And in addition to the homœopathic proven remedies there are others given that are in use on an eclectic basis. We find among these, *Fell bovis*, *Ferri et Strychninæ citras*, *Damiana*; *Methylene Blue*, *Naphthalinum*, *Oleum santali*, *Ozonum*, etc. The remedies that were exploited by Dr. Swan are also mentioned, as *Lac caninum*, *Lac defloratum*, *Malandrinum*, *Medorrhinum*, *Saccharum officinarum*, and others of the same medicinal group.

In short, it may be stated that Dr. Blackwood in a brief and lucid manner has included within the covers of this compend nearly if not quite all the remedies that are in use by the high dilutionist, the low potency man, the purist, the more liberal practitioner, and the physician who accepts his remedies from all and every source. To the knowledge of the writer there is no other book that embraces so extended a scope of condensed advice upon the action and usage of modern medicinal substances.

It is a book that will probably become of use to the medical student whose need is to understand thoroughly both the remedies of his own school and those of the other medical faiths.

Not the least of its values are the chapters on Homœopathic Pharmaceutics, Prescription Writing, and the Management of Cases of Poisoning.

After mentioning the names of the American Homœopathic Pharmacopœia, the British Homœopathic Pharmacopœia, the Pharmacopœia Polyglottica, and the American Institute of Homœopathy Pharmacopœia, the rules followed in the preparation of homœopathic medicines are concisely given, with strengths, potencies, and all the other secret things of pharmacology. Under Prescription Writing the maximum dose of some of the principal poisons is given, and following that a list of the symbols and their abbreviations used in making a prescription mysterious to the credulous layman, with which every physician ought to be thoroughly conversant.

The Apothecary's Table and the Avoirdupois Table and the Metric System of Weights and Measures are included. There is a practical chapter on the diagnosis of poisoning. This includes the name of the poison, its fatal dose, and the smallest dose of it that has proven lethal; the symptoms it produces in acute and chronic poisoning and lastly the treatment.

Dr. Blackwood is to be congratulated upon his success in compiling a book whose contents verify in every particular its title as a Manual of Materia Medica, Therapeutics, and Pharmacology, with Clinical Index, and he has done this in a broad and liberal way, including in a condensed form pretty much all that is known about each remedy. Whatever may be the convictions of the individual practitioner, it is certain that this book will take a place of practical value upon the desk of each one and will become a vade mecum for daily practice.

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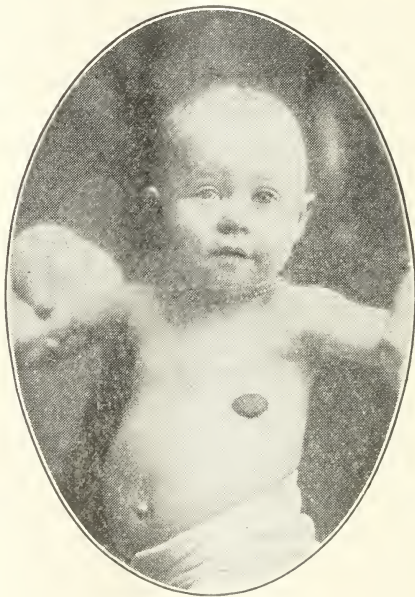
## A DEMONSTRATION OF THE CURATIVE POWER OF THE HOMŒOPATHIC REMEDY.

By A. A. Pompe, M. D.

The fact that so few homœopathic physicians really realize the wonderful curative powers of their own remedies and that Homœopathy rightly applied can cure many abnormal conditions com-

monly supposed purely surgical leads me to present this visible proof to the profession.

This patient came under my care about two years ago, and was brought by its parents in order to have the angioma removed surgically. On my explanation that the mechanical work would not cure the little girl and would leave the cause behind, and might next involve probably one of the mammary glands (a supposition which was very rational, because already several bloodvessels extended from the tumor to the nipple) and lead to its amputation

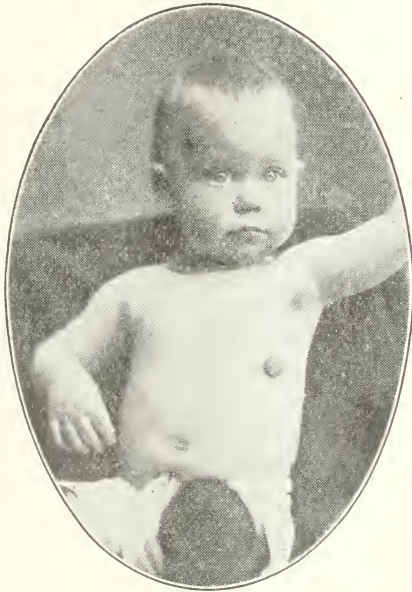


and consequent disfigurement, etc., of the woman to be, the parents consented to my trial with the little pills medicinally.

*Acetic acid* was prescribed first, not for the patient, but tumor, hence failed as all such prescriptions do. It was persisted in one month, during which period the tumor steadily increased in size. Right here I must state the child was fourteen months old and the tumor developed when she was about ten months old.

My next prescription was *Calc. carb.*, which was prescribed for the patient instead of tumor, but evidently did not fit, as it made no impression in the low or high potency. Then followed *Lyc-*

*podium* and *Carbo veg.*, each remedy given several weeks' trial. The tumor kept enlarging all the time, but still I persisted, and told the parents that some remedy must exist that would cure this condition. After these failures the constitution of the mother was taken into consideration, the father being apparently perfectly sound, and the next remedy administered was *Phos. c.c.* Inside one week the mother wrote to notice a decided improvement, and the tumor kept diminishing in size, as well as the whole child underwent a change for the next ensuing four months. During these four months she received four doses of *Phos.*, two in the



cc. and two in the cm.; and no doubt through the unskillful administration, or too frequent repetition, or inability to select the following remedy required, the patient made no further improvement while she remained under my observation for several months after the *Phos.* failed to continue its action.

This failure after partial success, as well as other failures, induced me to take a post-graduate course for a full term at the Hering College of Chicago, now just completed, and on my return home I will endeavor to get the patient under treatment again, even if I have to pay them and do the work gratis.

Let me add that already the visible proof of the power and truth of Homœopathy presented to several old school men at the Cook County Clinics during leisure moments has induced three or four to ask of me a list of homœopathic textbooks.

*Vancouver, Wash.*

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## AN ONOSMODIUM AND A BACILLINUM CASE.

By Dr. A. C. Mukerjee.

Let me, my readers, first admit that with *The New, Old and Forgotten Remedies* of Dr. E. P. Anshutz I have started a new homœopathic life, to do more good to my patients.

In last June, 1905, H. B. M., a man of Alipur Bar, came to me with the very characteristic "Drowsiness of mind, confusion of thought, dullness of intelligence and a dazed feeling of the mind" of *Onosmodium*. So I prescribed *Onosmodium* in water, and a teaspoonful from that to be taken every morning. The gentleman returned to me after a month; this time he showed me a tumor, ten years old and as big as a palm fruit, in his left gluteal region, which was inflamed after a week's *Onosmodium* use. I pressed it a little then and found a small aperture just in the middle oozing out a small quantity of thin matter. I asked him to continue the medicine and to apply *Pulsatilla* lotion externally. To my amazement the patient appeared before me after a week and the tumor had disappeared. The sore was healed up within a fortnight, and his *Onosmodium* drowsiness had given place to a very jolly mood. He sees me now and then and says he has got a new start of life. More things there are in the dark still to be lighted upon by the experiences of the future.

Herewith I am giving you another case of *Bacillinum*: A young man with an abscess beneath the armpit below the pleura was being treated for pleurisy by the eminent doctors here. I attended the patient when that internal abscess was mature, and explained the fact to his guardians that the bursting of the abscess and evacuation of its matter into the lungs might endanger the life at once. The patient was too weak and there was no time for operation. I administered *Merc. sol.* 200. After six hours the abscess burst inwardly and made the patient cry out for a piece of rag to wipe away the pus coming down, the internal sensation was so deep. After a while he hawked up blood and pus. Now, as there was

every chance of his getting phthisis, I gave him a dose of *Bacillinum* 30 on the third day. This cleared up the cough and healed the internal sore by stopping the expectorant, pus and blood gradually, within a month.

*Cratægus* is also acting well upon heart disorders, and *Passiflora* on sleeplessness.

I can but entreat all of my brother practitioners to have a copy of the said valuable compilation of Dr. E. P. Anshutz to give a good start to their practical lives.

Calcutta, India.

## ACIDUM NITRICUM—A PRACTICAL STUDY.

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

The  $\text{HNO}_3$  patient is of excessive psychical and physical irritability not at all commensurate with his (or her) strength. In scrambling for an errant collar-button he will cuss and raise Cain generally, and demolition is apt to follow his researches. The algebraic collar-button may, in the unsatisfied equation, stand for any imaginable X or vexation. A *Nitric acid* individual and a *Nux vomica* let loose in a circumscribed space, each with a trifling grievance, would present a vitascopic vista of hell, purgatory and chaos, with the odds in favor of *Nux vomica*. If *Anacardium*, *Chamomilla*, *Ignatia*, *Lilium tig.*, *Platina*, *Staphisagria* and *Sulphur* were to drop in, the fixed stars of heaven would reel in their places.

Sadness, despondency, indifference characterize the unvexed *Nitric acid* subject. He is joyless. Springtime and summer are out of his category; winter chills him to the bone. The melancholy days of autumn best correspond to his humor.

The great concordant remedies of *Nitric acid* are, according to Von Bœnninghausen, *Calcarea*,<sup>1</sup> *Carbo veg.*,<sup>1</sup> *Mercurius*,<sup>2</sup> *Phosphorus*,<sup>2</sup> *Pulsatilla*,<sup>3</sup> *Sepia*,<sup>1</sup> *Sulphur*,<sup>7</sup> *Sulphur* having the most intimate relationship.

The lesser concordants are *Anacardium*,<sup>1</sup> *Belladonna*,<sup>3</sup> *Bryonia*,<sup>4</sup> *Calcarea*,<sup>1</sup> *Carbo veg.*,<sup>1</sup> *China*,<sup>1</sup> *Hepar*,<sup>2</sup> *Lycopodium*,<sup>4</sup> *Nux vomica*,<sup>1</sup> *Phosphorus*,<sup>3</sup> *Pulsatilla*,<sup>3</sup> *Rhus*,<sup>3</sup> *Sepia*,<sup>3</sup> *Silica*,<sup>2</sup> *Sulphur*<sup>1</sup>—the indices representing relative values.

*Nitric acid* is peculiarly adapted to individuals of irritable, vindictive disposition (as before mentioned); of a dry, dirty, dark

skin (typical, but blondes, particularly bleached blondes—because of possible complications—are not excluded); rigid in fibre or cachectically lax. It is indicated in each of the three chronic miasmata. Seniles (natural or premature) often call for *Nitric acid*—with a tendency to diarrhœa; physically and mentally debilitated, but irritable; cachexias, mercurial cachexia.

The patient is always anxious about his illness and is always thinking of his troubles. In a model cure by Haynel the following syndrome was presented: Continued loss of sleep, night after night; long-lasting anxiety; overexertion of mind and body from nursing the sick, and great anguish of mind over the loss of his dearest friend.

(Cf.: *Cuprum*—after most violent emotions of mind, with great mental and bodily exertion, and loss of sleep. *Opium*—after suffering losses or shock; used up; heart-broken; sleepless. *Sulphur*—anxiety and watchfulness at the sick-bed; cannot sleep for a week or more; cannot sleep at all.)

$\text{HNO}_3$  is a potent oxidant, readily yielding up a portion of its O to oxidizable material, and it has a strong affinity for  $\text{H}_2\text{O}$ .

Strong *Nitric acid* carefully applied to a felon and confined thereto will at once allay the terrible pain (Hirsch).

Some peculiarities or keynotes of the drug are:

The scalp is painfully sensitive.

Marked and continued burning in single parts or over the whole body.

Sweat after eating, acrid, ill-smelling, like horse urine, with cold hands and blue nails.

Violently vexed at the least contradiction.

Flow of fetid, green leucorrhœa every morning.

The jaws crack when masticating.

Menses too early, profuse, malodorous.

Leucorrhœa acrid, dirty-brown.

Urine acrid, equine.

So weak that it is difficult to speak or even breathe (*Calcarea*, *Stannum*), yet very irritable and with hyperæsthetic senses.

Cannot bear the pressure of the hat.

Yellow, pale, miserable countenance.

Tendency to rhagades and cracks, especially where epiderm and mucosa join.

Sore mouth, cracks in the tongue.

Hæmorrhagic tendency (*Kreosote*, *Ustilago*, *Ferrum*, *Erigeron*); skin addicted to frostbites, chilblains.

All erosions, ulcerations, mucosal surfaces bleed easily.

Epistaxis, particularly at night.

MODALITIES:—

< from cold, always chilly, always taking cold; yet the cough is aggravated in a warm room or on becoming warm.

< at night.

< from sensory disturbances, from jar, from noise, from light, from touch—combing the hair, from pressure—the headache.

< in the morning—the general weakness.

Ameliorations are few for the *Nitric acid* patient:—

> from lying down, or *from riding over a smooth road*, especially the mental symptoms.

> from heat—the head-pains or the deafness.

*Nitric acid* is especially effective after *Kali carbonicum*, both suiting cachectic seniles or prematurely senile patients. It and *Hepar* are remedies for the neural and tissue imbalance of hydrar-gyrism; when there is a luetico-mercurial condition *Nitric acid* is preëminent.

An excerpt from a reliable eclectic source (Felter, *Eclectic Medical Journal*) differentiating acid and alkali tongues affords an interesting theme for deep thinking. The tongues look “homœopathic.” If the physiologic (eclectic) dose be indicated, also the homœopathic preparation 3x, 30, 200, *how* does the 200th cause amelioration or produce cure? Possibly by a catalyptic action, precipitating, so to speak, the suspended action of the organism, which we term a morbidity. Here is the eclectic excerpt:

“Simple *deep redness* of mucous membranes or the skin when it shows the blood freely, and the condition accompanying it, is corrected by acids, as *Acetic acid* (vinegar), sour whey, buttermilk, *Citric acid* (lemonade or orange juice) and hard cider, but usually the acid most beneficial is *Hydrochloric acid*. In the opposite condition, *pallor*, with white coating, yields more or less well to *Sodium bicarbonate*, *Borax* and similar salts, but usually *Sodium sulphite* is the agent selected, particularly if pronounced and dirty. *Hydrochloric acid* and *Sodium sulphite* constitute the therapy of “acids” and “alkalies” with the majority of prescribers. Note below the contrasts that should be observed in indications:

“HYDROCHLORIC ACID.—Tongue *deep red*, contracted, elongated, with *brownish coating*, inclined to become darker as disease advances. The redness is of angry type, looking as if the blood

would burst through. *Sordes* upon the teeth and bright, shining redness of the skin are additional indications. Make a pleasantly sour drink and give freely.

“NITRIC ACID.—Here is also the *deep red* tongue, but with the addition of *violaceous tint*. The blood shows freely underneath, whether it be skin or membrane, and the best marked instances show an apparent film of pale purple or a *violet haze*, through which one can look to the underlying redness, which is either deep red or pale rose. The color and tongue are *dirty* coated, and the body secretions and excretions are likewise foul in odor and dirty in appearance.

“SODIUM BICARBONATE.—*Pallor* is the direct indication for this salt. There may or may not be much coating upon the tongue. If there is, it is whitish or yellowish, not dirty nor foul in smell, but generally giving off a decidedly sour odor.

“SODIUM SULPHITE takes the lead among the so-called “alkalies,” *pallor* here being conspicuous, with a *sticky, heavy white or dirty white coating*, with foul or mawkish odor. Once encountered, these cases are never forgotten. A tendency to slow sepsis (zymosis) is present, and this, together with the general guide for alkaline salts, makes it one of our strongest specific agents.”

### Index Clinicus.

*Aphthæ*. Canker-sores; saliva fetid and acrid, causing new sores on lips, chin, cheeks. Pustulas with red areolæ here and there on the body.

*Carcinoma uteri*. Irregular menses, and during the intervals a profuse, brownish, offensive leucorrhœa; great debility, nervousness, mental depression; hæmorrhoidal; rectal pain after stool, lasting for hours, and < *after a loose stool*; urine malodorous.

*Constipation*. Long pressing when at stool; stools hard and scanty. Painful rectal burning after micturition; urine malodorous.

*Diphtheria*. Offensive odor; ulcers on the mouth with sticking pains; corroding nasal discharge. *Intermitting pulse*. Renal complications, with hæmaturia.

*Cystitis* (Pyelitis and dropsy). Contractive pain from kidney toward bladder. Lumbar pain. Burning in the bladder. *Urging after micturition* with shuddering along the spine. Incontinence in old, broken down men. Urine offensive,

purulent, mucous, ammoniacal, equine; the urine is *cold* when passed; hæmaturia.

*Dysentery.* Profuse hæmorrhage. Colic before stool; spasmodic anal contraction during stool, with sticking pains; after stool, anal burning, soreness, colic, anxiety and general uneasiness, exhaustion.

*Fissura ani.* Cutting pain during and after stool; constipated—very hard fæcal masses. (Cf. *Graphites*, *Æsculus*, *Ratanhia*.) Extensive anal ulceration, blood coming in gushes, with anal throbbing, burning, itching.

*Hæmaturia.* Considered a specific in active hæmorrhage; hæmaturia after Hg.; in diphtheria; with nephritic complications and dropsy.

*Hæmorrhoids.* Bleeding, and protruding after every stool. The sharp, cutting rectal pain lasts for hours after stool and is *worse after a loose stool*.

*Leucorrhœa.* Post-menstrual—flesh-colored, green, dark brown, fœtid. Violent genitalic itching toward evening. Takes cold easily, which < the leucorrhœa and the itching. Mucoid leucorrhœa—may be drawn out.

*Ophthalmia.* Purulent, with hard and painful swelling of the lids; chemosis. Corneal ulceration, with lachrymation and photophobia. The yellow pus runs down over swollen and painful cheeks, < at night.

*Pleurisy.* In seniles, when the pain leaves, *but the pulse quickens*. Great weakness and diarrhœa.

*Pneumonia.* In protracted cases; in weak, cachectic individuals. The pains may suddenly abate, but the pulse becomes smaller and quicker.

*Syphilis.* In old cases after the abuse of Hg. Painless, gray, everted, bleeding ulcers, or ulcers dirty and bluish, ichorous or fungoid. Tonsils red, swollen, uneven, covered with little ulcers. On the scalp, single, sore, moist, burning sores. On the face, suppurating pustules, with blood-red areolæ; soft crusted protuberance on the alæ nasi. Small, brown spots on the glans, peeling off; psoriatic eruptions; little, hard, brownish knots on scrotum and perineum, which suppurate. Phagedenic tibial ulceration. Cracks and fissures around the commissures of the lips. Fœtid breath. Mucous patches, covered with well-marked, white deposit. Ulcers and gummata of mouth, uvula,

pharynx and fauces. Ulcers in the rectum, with constipation. Ulcerative stadium—the stools are green, viscid, malodorous, sometimes purulent, with hæmorrhages of bright blood—*Nitric acid* seems to liquefy rather than coagulate the blood—accompanied by syncope from the least movement. Tongue deep, velvety red, ulcerated and fissured (Cf. The eclectic description of the *Nitric acid* tongue) or white and studded with vesicles, excoriated, or dry and gray. On the skin are hæmorrhagic petechiæ; the skin is hot, of a pungent odor. Pneumonic complications, with brownish, bloody expectoration and irregular pulse. After *Calomel*.

### Comparisons.

Farrington develops a characteristic common to the numeral acids, namely, a pathogenetic irritability of fibre, together with weakness and prostration—an irritable weakness, pulse weak and irritable, whereas vegetable acids produce weakness without irritability.

#### *Nitric acid.*

Follows *Kali carb.* well.  
 < from cold.  
 Bleeding, fungoid ulcers with sticking pains.  
 > during rest.  
 No appetite.  
 Thirstless.  
 Absence of sexual desire.  
 A senile remedy.  
 Ailments from *Calcarea*, Hg., lues, *Digitalis*.

#### *Nitric acid.*

Fungoid hæmorrhagic ulcers with sticking pains.  
 Liquefies the blood; hæmorrhagic.  
 Little paralysis.  
 Despondent, but irritable.  
 After a loose stool, distress for hours  
 Last stage of hæmorrhagic typhoid.

#### *Fluoric acid.*

Follows *Silica* well.  
 > from cold.  
 Old cicatrices redden, are covered or surrounded by itching vesicles, or they itch violently.  
 < when at rest.  
 Hunger predominates.  
 Craves drink.  
 Desire increased (especially in old men) with violent erections.  
 Ditto.  
 Ailments from *Silica*; followed well by *Nitric acid*.

#### *Muriatic acid.*

Putrid, painful ulcers, with burning at the margins.  
 Putrefies tissues; no hæmorrhage.  
 A paretic, paralytic remedy.  
 Sad and taciturn.  
 Cannot urinate with moving the bowels at the same time.  
 Last stage of paretic typhoid.

*Nitric acid.*

Angry at the least contradiction.  
 Hæmorrhagic.  
 < from cold.  
 Fungoid ulceration.  
 Acid sweat like horse's urine.  
 Mercurial syphilitics.  
 Follows well after *Carbo an.* in  
 bubo; *Kali carb.* in phthisis.

*Sulphuric acid.*

Angry because things move so  
 slowly.  
 Hæmorrhagic.  
 < from cold.  
 Gangrenous ulcerations.  
 Sour sweat; the body odor is sour  
 and cannot be washed off.  
 Alcoholics.  
 Follows well after *Arnica, Conium,*  
*Ruta* in trauma.

Other remedies for comparison are *Arum triphyllum* (the vegetable complementary of *Nitric acid*), *Hydrastis*, *Kreosote*, *Mercurius*, *Natrum mur.* and *Stannum*.

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**A LITTLE KNOWN TUBERCULIN PREPARATION.  
 SERUM ANTITUBERCULOSIS (MARMOREK).**

By Dr. A. Nebel, Davos, Switzerland. Trans-  
 lated by C. M. Boger, M. D.

While the strife for and against *Tuberculin* rages in the allopathic camp and the greatest of the great endeavor to discover the philosopher's stone—indeed, they have announced that it will be exhibited to us next summer,—Koch's *Tuberculin* and *Bacillin*, the true *phthisin*, introduced as such by Hering in 1833, have gained a foothold.

Their indications, adduced partly from pathogenetic grounds and partly from the standpoint of clinical observation, have proven their value to the unprejudiced and discriminating. Doubtless the newer preparations of T. R. Klebs' *Tuberculocidin*, Koch's bacteria emulsion, Deny's *Tuberculin*, etc., have been studied by individual colleagues of our camp, but without much having been made public. In what follows, some of them will be discussed.

**Serum Antituberculosum (Marmorek).**

In the "Archives generales de Medicine, No. 47 (Nov. 24, 1903) Dr. A. Marmorek published an article, entitled *Serum et Vaccin Antituberculeux*, in which he states his ideas as applied in the production of his serums.

He grows the bacilli on leucotoxic serum, which he mixes with

liver bouillon, adding *Glycerin*. With the filtrate of a culture prepared thus he immunized horses from which he derives his serum.

It is not my intention to venture a criticism of the Marmorek idea; it *is*, however, a fact that the tubercle serum of Marmorek, is, just as little as the diphtheritic serum of von Behring, a pure antitoxic serum, but that it also contains free uncombined toxin. Hence, it must elicit a tuberculin-like reaction. On the other hand, it is just a step to infer that the potentized antitoxin also acts specifically in the Hahnemannian sense

I do not possess any great experience with this remedy, which up to the present I have used exclusively in the 30 centesimal. But it seems to me to have a very characteristic field of action and seems more than any other preparation to influence the antitoxic supplying factors of the organism and to be mainly indicated where antitoxic formation is weak and insufficient, and it may be used there to fill a breach, which, no doubt, everyone who has busied himself with the tubercle therapie must have found.

The potentized tubercular serum of Marmorek has a significant action upon the fever of the tuberculous.

In all cases observed thus far, *sweat*, sometimes profuse, at others scanty, broke out as one of its earliest effects. *Its excellent action is particularly evident in the acute exacerbations of fever during the course of phthisis* (similar to *Ferrum phosphoricum*—B).

A Russian, aet. 32, had been treated for nine months with the miliary tubercle bacilli filtrate (C. Spengler), notwithstanding which the sputum contained abundant tubercle bacilli. The injections were discontinued because of violent pains in the ankle, knee and hip; the left ankle was swollen and painful (toxic action). The entire body of the patient sweated profusely (Spec. tubercle sweat). *Lachesis* 30 and 200 relieved greatly the pains. For eight weeks the patient could not lie in bed a moment, he was compelled to move about and only obtained rest by letting his leg hang down over the lounge; in this position he would pass almost the whole night, or until the pains compelled him to move again.

*Rhus* and *Ferrum* helped but little. On the 10th of November a violent fever supervened, skin very dry, appetite failing and urine scant.

On the afternoon of November 11, *one dose of Serum antituberculosum, Marmorek*, 30 centesimal, was administered. A slight sweat came on and the pains disappeared.

The examination of November 20 only showed some isolated, degenerated bacilli. Sputum barely a teaspoonful in two days.

CASE II.—A sanitarium patient, who repeatedly had a high fever throughout the whole summer, was very emaciated, had profuse expectoration with numerous bacilli and a cavity, as large as one's fist, in the left upper lobe. Three doses of *Phosphorus* at intervals of ten days brought the fever below 37 (98.6) with relief of all the symptoms.

Owing to the various circumstances the temperature suddenly rose, with headache, general bad feeling, and vomiting. On the 26th of October, in the afternoon, he received one dose of *Anti-tuberculosum* 30. A speedy change for the better and profuse sweat followed. The patient gained six pounds from the 23d of October to the 18th of November, when only solitary bacilli remained in the sputum.

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## BE FISH, FLESH, FOWL OR GOOD RED HERRING.

Under the heading, "A Teapot Tempest," Dewey, in his *Medical Century* for May, among other things writes, concerning "The Crusade"—deploring its personalities:

"Cook County Hospital is one of the institutions which have homœopathic, allopathic and, we believe, eclectic wards. Where could there be a better place to compare our results than right here? We cannot, however, believe that the treatment presented in these exhibits represents Homœopathy in any shape, form or fashion. That our readers may judge, we reproduce briefly a resumé of the diseases and the drugs employed in the [homœopathic] treatment, and leave the decision to them. The number of exhibits that have come to our notice is fifteen:

"1. Gastritis.—*Castor oil, Calomel, Sodium carbonate.*

"2. Diabetes.—*Sulphate of Magnesia, Codeine, Calomel, Sodium bicarbonate.*

"3. Typhoid Fever.—*Sulphate of Magnesia, Methylene blue, Castor oil, Sodium salicylate, Oleum gaultheria* (for rheumatism).

"4. Cephalalgia and Hæmorrhoids.—*Phenacetin, Caffeine citrate, Potassium iodide, Codeine, Sulphate of Magnesia.*

"5. Rheumatism.—*Sulphate of Magnesia, Salicylate of Sodium.*

"6. Pleurisy.—*Sulphate of Magnesia, Citrate of Potash, Infusion of Digitalis, Sulphate of Strychnia, Croton oil.*

"7. Typhoid Fever and Abscess.—*Castor oil, Guaiacol carbonate, Morphine sulphate, Elixir of Iron, Quinine and Strychnine, Cascara sagrada.*

"8. Mitral Regurgitation and Abscess.—*Potassium citrate, Sulphate of Magnesia, Atropine, Strychnia sulphate.*

"9. Pleurisy, Heart and Kidney Lesions.—*Sulphate of Magnesia, Potassium iodide, Sodium phosphate, Codeine, Infusion of Digitalis.*

"10. Tonsillitis.—*Dobell's solution, Elixir of Wine and Iron and Strychnia, Potash crystals, Castor oil.*

"11. Scarlet Fever.—*Dobell's solution, Calomel, Elixir of Iron, Quinine and Strychnine.*

"12. Gonorrhœa.—*Pulv. Glycerryza comp., Magnesia sulphate.*

"13. Syphilis.—*Chlorate of Potash, Sulphur ointment, Cascara sagrada.*

"14. Syphilis.—*Boric acid, Silver nitrate, Calomel, Bichloride of Mercury, Protoiodide of Mercury, Binioidide of Mercury.*

"15. Abscess of Liver.—*Guaiacol, Trional, Hyoscyamine hydrobromate, Castor oil and Charcoal, Strychnia sulphate, Elixir Iron, Quinine and Strychnine, Morphine sulphate."*

From Editor Dewey's comments we clip the following: "It is not homœopathic, it is not even the best allopathic, and any self-respecting eclectic would repudiate it. We can compare it with nothing we can think of in the medical line. It is not as good as the allopathy of Hahnemann's time, and we desire to enter protest against such treatment, for it is not in any way connected with Homœopathy. Fancy a student of medicine being initiated into clinical Homœopathy with this mess of cases set before him. Would he not be nauseated and seek other pastures? No, gentlemen, let us have in our institutions, where we are working side by side with our allopathic confreres, something that is homœopathic, and the more ultra-homœopathic it is the greater the contrast. We would not be afraid to have a comparative test made. The results would prove that we have a solid bottom on which to stand.

"Quite naturally in this connection comes a discussion of the regular homœopathic medical society formed recently in Chicago. We say quite naturally because the secretary of the society and presumptively the active spirit in its organization and management is the author of the letters which have been quoted above."

It is a safe assumption that 99 per cent. of physicians, regard-

less of school or pathy, prescribe that which they believe will be best for the patient. But the public—the patient—have also some rights. If a man goes to a homœopathic physician for homœopathic treatment, he is entitled to receive it, and if the homœopathic physician does not believe in Homœopathy and thinks that the “scientific” treatment is better, he should honestly say so and not under the flag of Homœopathy give allopathic treatment. No one, we think, can dispute the soundness of this proposition. If a man asks his shopkeeper for smoked herring, the shopkeeper has no moral right to give him some other smoked fish simply because he believes it to be a better fish. If the smoked fish buyer asks the advice of the shopkeeper, then the latter has the right to give his advice, but to give the other fish when herring is asked for is—“substitution.” So also in teaching.

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### HOW THE CAT JUMPS.

Dr. Thomas S. Blair, of Harrisburg, Pa., has a paper in the April number of *The Medical Summary* on *Graphites* that is interesting to homœopaths:

“It is quite an interesting study to work out physiological indications for the drugs employed by the advocates of the so-called ‘law of similars.’ It might be difficult to prove the proposition, but there is very considerable basis for the belief that the instances wherein the homœopaths have demonstrated the real utility of small doses of generally considered inert drugs are not really instances of the truth of their law, but rather that these substances possess physiological actions not yet worked out by the pharmacologists.”

“Be this as it may, the fact that such substances as *Graphite*, *Lycopodium*, *Silica* and *Sepia* do possess undoubted remedial qualities is proven, and it behooves regular therapeutics to give some study to the matter in a rational and unbiased manner.”

Most assuredly! And the best means of discovering the physiological action of a drug is to “prove” it on the human body, as Hahnemann did, and not on cats, dogs, frogs and other small deer. After stating that the drug should be very thoroughly triturated with milk sugar and for several hours, and also giving a history of the drug, etc., he writes:

“In small and non-irritant doses, it is probably a powerful

alterative most markedly influencing the secreting surfaces and being rapidly eliminated by them. Small doses appear to improve a feeble cutaneous circulation by an action upon the skin itself and not by any influence upon the heart."

"If I am correct in this, and quite considerable clinical experience makes me believe I am, the lower triturations of *Graphite* should *physiologically* influence moist eczemas and cracked and encrusted skin lesions due to defective circulation in the parts. Such conditions exist in obese and irritable persons. Women of this type usually have copious leucorrhœal discharges. *Graphite* seems to check unhealthy secretions from both the skin and mucous membranes and appears to influence uterine secretions as well as those from the nose and throat. To a less degree, it influences the mucous surfaces of the bowels and lungs."

"The remedy is of real value in many chronic skin lesions, especially those inclined to fissure or to exude sticky discharges."

Precisely! Very good Homœopathy and you can find much more about the uses of the drug in Allen's *Hand-Book* and also much of great value concerning the other drugs mentioned and many others utterly unknown to those who assert that the drug must act "physiologically." *Graphites* in its provings developed all those conditions on the provers that Dr. Blair says it will cure. Was not that "physiological action?" And since, as Dr. Blair admits, *Graphites* will cure those conditions, is not that a pretty conclusive demonstration of the Law of Similia?

Finally, Doctor, you need not wait for the tardy investigation of the other drugs you name, for you will find it all in the homœopathic books, their physiological action, as in the case of *Graphites*, and also their therapeutic range that has been repeatedly verified by the test at the bedside. As a concluding hint, don't get these, to you, practically unknown drugs from your druggist, but from a homœopathic pharmacy.

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## THE REGULAR HOMŒOPATHIC MEDICAL SOCIETY OF CHICAGO.

Editor of the HOMŒOPATHIC RECORDER.

From your issue of 15th inst. I quote the first two items of the declaration of principles of the society above named:

"First.—The Law of Similars is the law of cure.

“Second.—The single, *similar* remedy is the only scientific prescription.”

These gentlemen are certainly making a mistake. *Similia similibus curantur* is the law of an immediate change from what is abnormal to what is normal (or approximately so) in vital processes. The word “immediate” in this definition has no reference to time, but means that this change is the first effect of the medicine—that there is no change mediate to it. This cure transcends the possibilities of what is usually meant by the technical term “rational medicine,” for any cure effected in what is technically called “rational medicine” is characterized by a change *in itself knowable*, as a specified change in vital processes is not; it can be known only *in its effects*. Were there no other reason for one’s identifying himself by name with Homœopathy he might well feel in duty bound so to do in order to make known his position upon what is far and away the most important issue in medicine today, viz., whether what is technically called “rational practice” is the *ne plus ultra* in medicine or whether there is a cure which transcends the possibilities of that practice—a cure of which *similia similibus curantur* is the law. Is the declaration that “the law of similars is the law of cure,” without definition of the particular cure of which it is the law, adequate? I think not. Hippocrates believed in *similia similibus curantur* as a law of cure. The crying need today is that the following question be considered and answered: Of what particular cure is *similia similibus curantur* the law?

From these gentlemen when they say “The single, *similar* remedy is the only scientific prescription,” I dissent. The use of asepticon or any other non-toxic, non-irritant destroyer of a proximate cause of disease is scientific. The proper use of mydriatics or of local or systemic anodynes or analgesics is scientific. What is technically called “rational medicine” is no less scientific than is Homœopathy. The point we homœopaths have failed to make sufficiently clear is that however useful various practices in what is technically called “rational medicine” they can never effect the particular cure of which *similia similibus curantur* is the law—that cure transcends their possibilities. This point made, the reason for distinctness of us as a body is patent, as is also our catholicity toward all that is good in medicine; and the eternal, immovable rock HOMŒOPATHY stands out clearly defined. Then, too, the particular cure of which *similia similibus curantur* is the

law being defined, the universality of the law becomes intelligible. The law is seen to obtain throughout the universe—in the world of thought and feeling no less than in the world of flesh and blood—for it is under this same law of similars that an immediate change from what is abnormal to what is normal (or approximately so) in one's feelings or thoughts may result from his seeing in another some error of feeling or thought similar to his own.

I have no doubt that the Regular Homœopathic Medical Society of Chicago will prove useful; it has my best wishes, my most friendly interest. The foregoing strictures are from a conviction that the height, depth and breadth of Homœopathy—its scope, its universality, its beauty—can be best considered only in the light of definition of the particular cure of which *similia similibus curantur* is the law—a conviction that such definition vastly strengthens and powerfully advances the cause so dear to our hearts—the cause of HOMŒOPATHY.

CHAS S. MACK, M. D.

*La Porte, Indiana, April 23, 1906.*

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### THE BRICK STRUCK HIM.

Editor of the HOMŒOPATHIC RECORDER.

In the April number of THE RECORDER I find that one Arnold C. Klebs, M. D., seems to have been "hit" by my article in the January RECORDER. He says: "In this article the gentleman refers to a statement made by me in a letter to a Chicago paper, in which I said what is no news to the average well educated physician, namely, that tuberculosis is always caused by the tubercle bacillus." He contrasts this statement with one made by Dr. Loomis, to the effect that the "presence of tubercle bacilli *in the sputum* indicates an early development of the disease."

Let us contrast this garbled statement with what Dr. Loomis really said as quoted by me. And if any one doubts that my quotation is correct, the journal and page were given in the article to which he refers. Dr. Loomis said, as quoted by me: "The analysis also showed that three and one-third months was the average time that elapsed from the actual beginning of the disease, as estimated from the history of physical examination, and the first time tubercle bacilli were found in the sputum. The presence in the sputum of tubercle bacilli is *not* by any means an early development in my estimation." Italics mine.

Dr. Klebs says, "To the effect that the 'presence of tubercle bacilli in the sputum' indicates an early development of the disease." Now, I submit to my intelligent reader, whether this expresses what Dr. Loomis really said, as quoted above and in the January RECORDER, page 13. And, since it does not, I would ask in all candor, how Dr. Klebs can hope to strengthen his position by thus garbling any statement in order to force it to agree with his pet theories?

In the article to which he refers I asked several questions, which he failed even to attempt to answer. Lest he overlooked them before, I will repeat them, and request that he give the readers of THE RECORDER intelligent answers to them. Of course, I do not want that stereotyped reply that I have received hundreds of times to the same questions, that the conditions must be favorable, etc., because that makes the conditions the ultimate cause and spoils a very beautiful theory. If the bacillus is the cause, *per se*, of tuberculosis, why do not all contract the disease, since all are daily inhaling the germs?

If they are not present until "three and one-third months" after the disease develops, who shall say they are not scavengers, and, hence, rather conservers of life, than otherwise?

Dr. Loomis says they are not present in the sputum until the patient has had the disease three and one-third months. What other mode has he of ascertaining their presence? And if they cannot be discovered, why should anyone maintain that they are present? And if they are not present prior to the appearance of the disease, how can they be the cause of the disease?

One more question, Doctor. Assuming that you have an average knowledge of the English language: How do you make it appear that Dr. Loomis' statements agree with yours, or "to" yours, as you express it?

In your garbled statement of what Dr. Loomis said, you say it is "to the effect that the 'presence of tubercle bacilli in the sputum' indicates an early development of the disease." Early with reference to what? To the birth of the patient? his death? or from what date is the development early? Or do you mean early with reference to the time the bacilli are present?

E. MCINTYRE, M. D., Chicago, Ill.

## DR. KLEBS AGAIN CORRECTED.

Editor of HOMŒOPATHIC RECORDER.

After an absence of five months I returned to New York and find your journal awaiting me. On page 155 I find a letter from Dr. Arnold C. Klebs. With the personal matter therein treated of I have nothing to do, but I think it of some importance to correct Dr. Klebs' error as to the tubercle bacillus. He writes, referring to a statement made by him, "What is no news to the average well-educated physician, namely, that tuberculosis is always caused by the tubercle bacillus."

This is one of the many things which allopathic, and too often homœopathic, M. D.'s *know are not so*. The bacillus, so-called, is the *result* not the cause of tuberculosis.

If Dr. Klebs would study the too-neglected researches and discoveries of illustrious Béchamps, he would learn much "the schools" have failed to teach, and among them the grandest discovery in biology yet made.

Very respectfully,

M. R. LEVERSON.

*New York.*

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 BŒNNINGHAUSEN'S RELATIONSHIP OF  
 REMEDIES.

Editor of HOMŒOPATHIC RECORDER.

During the last ten years I have used the "Handbook" daily, found it a great help, but for some reason or other I fail to get as much out of the seventh section as I fancy other students of *materia medica* do. Some years ago at an informal reception I requested Prof. J. T. Kent to elucidate this subject, and he admitted it ought to be written up. So far I have failed to find anything in our literature to clear up the difficulty. To illustrate, let me cite a case or two: Mrs. L. N., at 25, mother of one child, had her ovaries removed, this being the only scientific treatment that would cure her—of what? Her condition today, a year and a half after said operation, is as bad and intolerable as ever; yet her surgeon and his assistants claim they can do no more for her, and Homœopathy is invoked as a last resort. Her discharge very offensive, inability to be on her feet, headache, backache, etc., ac-

ording to Eggerd and Bœnninghausen, call for *Ars. alb.* and *Sepia, Puls.* followed by *Lachesis* having improved her somewhat. But we want *the* remedy that above all others will bring about a cure, and not lose time and have her develop uterine cancer, and here the relationships ought to help us out. Case II.—A. R., at 31, teamster, presented symptoms that to one surgeon appeared to be hernia; to another, carcinoma. Both advised an operation. I thought I found fluctuation, and prescribed *Carbo veg.*, followed by *Lachesis*; and a few days ago another surgeon opened an abscess in the region of the supposed hernia and cancer. Had I found the right succession or relation of remedies in time, might not the operation have been avoided? For I feel I was as ignorant of the treatment as the first two surgeons of the diagnosis. But, then, when do doctors agree? Just one more—a non-surgical case: F. B., at 20, bankclerk, has been under my care for deficient nervous development, due to too rapid growth, too close application to work, being too ambitious. To satisfy the mother of this bright and noble youth I took him to Prof. C., one of our best *Materia Medica* men in the West, who admitted I had prescribed the proper remedy, *Phosphorus*, but suggested *Phos. acid* and *Zinc. phos.* to be taken alternately(?), that is, a dose A. M. and one P. M. of the former; of the other, three doses daily. Now how the Professor gets the relationship of the last named two remedies is what I am anxious to learn.

In the hope that one or the other of the Masters of our school may make known their way of using and applying the seventh section of Bœnninghausen's Repertory, this appeal is made.

ALOIS ROSMUSSEN, M. D.

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## A DEFENCE OF MRS. EDDY.

Editor of HOMEOPATHIC RECORDER.

In a recent issue of your periodical you quoted the following from Dr. M. M. Lively: "It is admitted by all the sect that Mrs. Eddy has grown enormously wealthy within a few years," and she has "certainly established the strongest hold upon the minds of credulous people of anyone since the time of Mahomet."

Since our critic voluntarily places himself upon the witness stand he ought to have observed the just rule which governs a witness when in court, namely, he should have spoken the whole

truth; he should have stated that Mrs. Eddy has never accepted any legacies or tribute money, that the moderate—not enormous—fortune which she has saved has been solely from the legitimate profits on her books and the hard-earned wage from her teaching; that her books are sold at the usual price for works of the same character, and that when she received students she made it possible for all to enter her classes whether they had money or not, accepting a full fee from those who had it to pay, while she gave discounts and free tuition to those who were not able to pay. It should also be stated that she has already given away a large percentage of what she made, and is still contributing to charities and public enterprises.

In conclusion, we would add that if the ability to know a good thing when one sees it is a mark of credulity, the Christian Scientists are glad to be included under the name of the credulous, and it would be a great blessing to the human race if all could be included in this class and thereby get rid of their distress and reach a higher degree of health and happiness. It cannot be denied that Mrs. Eddy has contributed more toward the health, morality and general well-being of mankind than any other person in the history of the world has been able to accomplish in the same length of time.

Sincerely yours,

ALFRED FARLOW.

*Boston, Mass., April 17, 1906.*

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### KEEP A LOOKOUT FOR HIM.

Editor of HOMŒOPATHIC RECORDER.

A person calling himself Dr. Ernst Bergholz and giving his address as 419 Louise Strasse, Stuttgart, Germany, called on me in the early part of March of this year. He said he had been trying to make a practice in the West, but had decided to return to Stuttgart, and was to take passage as ship's physician on a German liner from New York with his family in a week. Said he was in need of enough to keep him in food for this week. He said he knew Dr. Richard Haehl, of Stuttgart, Germany, and had with him a copy of the *Monatsblätter*, of which Dr. Haehl is editor. Said he was a homœopathic physician, and promised to send me the money as soon as he reached Stuttgart. I loaned him some

money. Since then I have written to Dr. Haehl, and quote from his reply:

“Dr. Ernst Bergholz seems to be a great swindler. I have never heard of his name, and he has never practiced in Stuttgart. You would oblige me by publishing an earnest protest in the HOMŒOPATHIC RECORDER warning its readers not to give anything to the individual who misuses my name. If he should come again have him arrested.”

Needless to say, he has not yet come, and I write this so that the army of Easy Marks be not increased.

T. L. BRADFORD, M. D.

*Philadelphia, May 11, 1906.*

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## PAGE 235 WAS A PLEA FOR MEDICAL FREEDOM.

Editor of the HOMŒOPATHIC RECORDER.

That is very interesting reading in your May 15th number, page 235, and I assure you that in setting forth the merits of the fight on proprietaries, in this plain and unvarnished manner, will meet with the approval of all concerned. Individually, I wish to thank you for it and I am sure you will receive the commendation of all for your straightforward statement.

Sincerely yours,

FRANK A. RUF.

*St. Louis, May 22, 1906.*

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## OBITUARY.

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### DR. J. W. WOODS.

Dr. J. W. Woods died at No. 8 Park Street, New Haven, Conn., April 1st, 7:20 P. M. Born in Augusta, Me., 1843. Colby University, 1843; Hahnemann Medical College, Philadelphia, Pa., 1868. He practiced in Holyoke, Mass., 1869 to 1894, and in New Haven from 1894 to death. Was a member of the staff of Grace Hospital, Member of the Connecticut Homœopathic Society, West Massachusetts Homœopathic Society, American Institute of Homœopathy, and others. Buried in Holyoke, Mass.

## DR. R. S. FINLEY.

Dr. R. S. Finley, long and widely known as the leading homœopathic physician of Xenia, Ohio, died at his home on East Main Street, March 22d, of asthenia, aged seventy-nine years.

Dr. Finley's active practice covered a period of fifty-two years, but during the four years of confinement to his home he still prescribed for many of his old patrons, some of whom had employed him his entire professional life. To his skill as a physician were united the virtues of a courteous Christian gentleman. As a citizen his influence in civic life was ever found on the side of all that meant progress, truth and right living. His long and useful life is ended, and it is well with this strong, true man.

## FRAXINUS AMERICANUS.

"*Fraxinus Americanus* is invaluable to any physician who is doing a general practice, and to one doing gynæcological work it is indispensable. Taking those cases of subinvolution which we so often meet, there is no remedy known to me that will meet the conditions so readily as *Fraxinus*. The indications I would give for the remedy are as follows: Heavy dragging sensation in lower part of abdomen, feeling as if the womb would fall out, pain extending down the thighs, pain in top of head. More frequent there is but a hot sensation about the size of a silver half dollar on crown of head; by placing hand on head there is a noticeable hardness or stiffness of the hair over the spot, with some warmth to the touch. Where I find the above symptoms I know *Fraxinus* will relieve. Where the following conditions are present it is of service: Large, heavy womb, which is soft or doughy to the touch, and any slight touch causes sharp pain. It must be given in, at least, thirty-minim doses every three to four hours. I have found in those cases of enlarged womb where there is a marked hardness it does not act so well."—*Chicago Medical Times*.

This remedy was especially dwelt on by Dr. J. Compton Burnett in his book, a wonderfully useful one, *Organ Diseases of Women*. He intimated that its use would obviate many surgical operations. His dose was five drops of the tincture.—ED.

## FADS IN DIETETICS.

What with the vegetarians who eat no meat, and the rheumatic sufferers who eat no fruit, and the gouty who take no nitrogen if they know it, and the dyspeptics who eat only foodless foods, life stands to lose one of its chief joys, a square meal. And is it not quite true that instinct rises superior to theory, and that after all people eat what is good for them. Readers and thinkers are deeply influenced by chemical symbols, and it is not rare for a pallid dyspeptic of tuberculous tendencies to endeavor to practice the economies of metabolism ingeniously set forth by some of the physiological chemists. It is high time somebody raised a voice in protest, for surely no people stand in so little need of this counsel as ours do. Our hustling population requires a great deal of nutriment, and are suffering from lack rather than repletion.

As a race, possibly we have not lived long enough in America to be thoroughly acclimated. Few of our families have been on this side of the Atlantic for over a hundred years, and those that have enrolled themselves in societies to emphasize their own regrettable scarcity. To judge by a certain assumed standard, perhaps we have not yet learned to thrive physically, for we do not yet reproduce ourselves in great numbers under the new and trying conditions. And to this race, struggling to establish a *modus vivendi* amid a new environment and a climate of vastly greater vicissitudes of heat and cold than that to which our ancestors had become accustomed by residence of thousands of years, theorists are preaching the debilitating doctrine of a restricted diet.

We speak of the "effete" populations of Europe, but no one who had seen them would ever call the European peoples effete; and the impression is ineffaceable that what we need here is better cooked food and more of it rather than the diet fads that now captivate our nervous countrymen. It would certainly be difficult to construct any scheme of diet on which the profession would agree. There is scarcely an article but finds condemnation somewhere among us. The banana, dear to childhood, is denounced by the pædiatrist as unwholesome, though whole populations live upon it; while no printed diet list would include pork and bacon, which Dr. Woods Hutchinson insists are the keystone of our national greatness. Even in the dietetics of disease—this rather than health being our chosen realm—utter confusion and

disagreement reign. Chemical formulas of horrifying elaboration lead one to condemn red meat in gout, another to pronounce it a nutriment readily assimilable and easily disposed of. And the quarrels over food stuffs permissible to the rheumatic are equalled only by those over carbohydrates in grave diabetes. It is a crying need of the time that the profession reach a concensus of conviction and teaching on the basic facts of nutrition in health and disease before they attack the more venial superstitions and absurdities of a much beset laity. First of all, brethren, shall we not cast out the beam that is in our own eye?—*N. Y. Medical Journal.*

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## ADULTERATED MILK SUGAR.

By E. H. Gane, Ph. C.

Milk sugar, whether of domestic or foreign origin, is usually of good quality and has rarely been subject to adulteration. Recently, however, a product has been offered to the trade as pure milk sugar, which is grossly adulterated. The adulterant is a fine grade of glucose, known commercially as confectioner's grape sugar, or starch sugar. The same firm that offers the mixture of glucose and milk sugar also offers a product under the name of "Pure Lactose Sugar," which consists wholly of grape sugar or glucose.

The adulterated article is offered at a price somewhat under the market price of pure milk sugar, although worth considerably less, and its detection is fortunately easy for the retail druggist, who is most likely to be imposed upon by this sophistication.

The simplest test is based upon the solubility of the substance in water. Pure milk sugar is only soluble in six to seven parts of water at ordinary temperatures, while the adulterated article is much more soluble, the glucose or grape sugar being easily soluble in an equal quantity of water. This furnishes a ready means of distinguishing between the pure lactose and the so-called "lactose sugar." Further, the adulterated article is easily recognized by its taste, which is characteristic of the commercial glucose and lacks the "sandy" feel on the tongue of pure milk sugar.

The adulteration is a particularly mean one, when we consider

the fact that one of the principal uses of milk sugar is as an ingredient of infants' food.—*American Druggist, Feb. 26.*

(This just criticism applies to powdered milk sugar only. Buy that which has been reduced to powder from cobs and you will get the genuine and pure article.—Editor of the HOMŒOPATHIC RECORDER).

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## ANOTHER CASE OF APPENDICITIS.

By C. Assem, Prior.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, December 1, 1905.

In the Fall of 1903 a young clergyman of the neighborhood was seized with appendicitis, and his physicians urgently recommended him to be operated. I was also asked for advice, when I, of course, agreed with the physician; but at the same time I sent the patient some homœopathic pellets of *Aconitum* and *Arnica* to use after the operation.

He travelled to Vienna in November, and Prof. Dr. Ullmann performed the operation, excerpting, according to the statement of the patient, the whole of the appendix, as this was also ulcerated and full of pus, which was declared to be a very unfavorable symptom. The patient, who was enjoying the best of care in a cloister of the Sisters of Mercy, now used the homœopathic remedies I had given him, *Aconitum* and *Arnica*, and later he also received *Silicea*, after which he gradually recovered, so that he could come back by New Year. Owing to his anæmic appearance I gave him *Calcarea carb.*, and in the summer he was so far restored that he could again perform the duties of his office. But preaching in a large church seemed too much for him, for in the Fall he commenced to complain of pains in the place which had been operated on, and he had to take to his bed.

Now Homœopathy had again come to his assistance. The leading trouble of the patient was an intense feeling of soreness in the place operated on; a hard, knotty stool, with pain when the contents of the intestines passed that place, as also the anus on account of the piles there; also rolling and grumbling in the abdomen; loss of appetite and insomnia and great irritability; the pulse rose to above 100. I gave him now, according to the symptoms, *Arnica*, on account of the soreness; *Graphites*, on account

of the irritation of the scars and the troubles in the stool; and *Phosphorus*, on account of the gases which could not find a way out, since the point where the appendix terminated seemed to be closed. These three remedies the patient was to take in alternation, dissolved in water, every hour a teaspoonful. This prescription was not, indeed, according to the rules of art, according to Hahnemann, but I was afraid the spot might become gangrenous. The result was good, and in a week the patient went again to take the air, and he is at present filling the place of a lecturer in the school.

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### CRUVEILHIER'S DISEASE.

By Dr. Lowinski, Bad Nauheim.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*  
April 19, 1905.

A prominent clinic practitioner of internal medicine, Professor Senator, delivered on January 1, of this year, a remarkable address before the Society of Internal Medicine, in Berlin, as to the dietetic treatment of ulceration of the stomach, acknowledging thereby in his last days, according to my opinion, the bankruptcy of allopathic medical treatment of this disease. Riegel (see *Special-Pathologie* by Nothnagel XVI, Vol. 2, page 724, 1897) already gave a quite depreciating opinion as to the medicinal treatment of this disease, stating that "Medicines alone can do much less and are, in my opinion, to be considered only as a make-shift."

It is well-known that ulceration of the stomach is found most frequently in the female sex, and between the twentieth and thirtieth years. It is, on the other hand, noticeable that lesions of the mucous membrane of the stomach with healthy persons are cured very easily and quickly, while ulcerations of the stomach, according to allopathic experience, are cured very slowly or not at all, being generally handed over to the ever eager hands of the surgeon. The explanation is usually made that there is an abnormal irritability of the nerves controlling the secretions, thereby leading to an excess of *Hydrochloric acid*, which interferes with the cure. They do not tell us that this is due to the excessive erosions with lunar caustic, followed by a disfiguring argyria, and

to the rinsing with *Bismuthum subnitricum*, or the treatment with *Chloroform*.

Senator rejects the rest-cure (hunger-cure), recommended by Leube and Ziemssen, since the stomach is not quieted thereby, and the organism is only weakened by it, thus delaying the cure. On the other hand, he recommends a diet, which, though sparing, should, nevertheless, be as strengthening as possible and which should consist mainly of fat, sugar and gelatine; the latter he recommends especially on account of its local effect on hæmorrhages. These three substances may be given in the most varied ways and combinations, so that the body may easily absorb 200 to 500 calorics without encumbering the stomach. The gelatine is prescribed by Senator in recent and bleeding ulcerations in the following way:

Dec. Gelatinæ alb. purissim., . . . . .	15,0-20,0.
Aqua destill., . . . . .	150,0-200,0.
Elæosacch. Citri, . . . . .	50,0.

MDS.—Before using, this is to be warmed and a teaspoonful should be given every one to two hours; in urgent cases, every half or quarter hour.

It may be doubted whether this prescription should be approved of in view of the very varying sources from which the Gelatine is derived. In Rabow's Prescriptions the word "precaution" is used. E. Merck, of Darmstadt, having noticed several cases of tetanus from the subcutaneous injection of Gelatine has seen reason for procuring a most carefully sterilized Gelatine from fresh calves' feet. We need not, however, in such cases, depend on the drug-shop. In any kitchen the most dainty dishes of jelly may be provided from fresh calves' feet and chickens, with the addition of the juices of fruits. Besides this, Senator prescribes every twenty-four hours thirty grams of fresh butter and a half pint of cream. The butter he prefers to give in little frozen bullets and where these are not borne he substitutes therefore fine olive oil or almond milk; the cream is best given beaten up. As soon as the vomiting of blood ceases, he gradually increases the quantity of food, and adds milk, eggs beaten up and scraped meat. Ewald favors adding Peginin to the milk, a ferment made with rennet, by the addition of which to the milk commonly used for babies the caseine is precipitated minutely subdivided. By this process the cow milk is made more like the

mother's milk and will then only coagulate in the stomach in very fine flakes.

This address of Dr. Senator recalled to my mind a very interesting case, which I experienced as an allopathic physician in Rawitsch about eight years ago, and which I will here adduce quite briefly.

A chamber-maid, about twenty-six years of age, was taken sick in the country with very copious hæmorrhages from the stomach. I treated her very carefully according to the allopathic manner as given in Boas' Manual. The treatment consisted chiefly in a rest-cure, with nourishing clysters; of course, I cannot now adduce all the particulars. After two weeks' confinement to bed, there was positively no improvement at all; the pains and the hæmorrhages were continually repeated, and the patient became very weak. Then the lady of the house approached me with the following words: "Doctor, I hope you will not take it ill, but there is no improvement at all with the girl; perhaps you would apply for aid to a homœopathic physician, as my husband has very great confidence in Homœopathy in such cases of disease." I had been the domestic physician of the family now for eight years and they had never asked me to do such a thing, although I had treated the whole family in various diseases. At first I was somewhat dumfounded and replied: Dear lady, I cannot conceive how a homœopathic minimal remedy could help in such violent hæmorrhages of the stomach, but finally I promised Lady von M. to apply to a homœopathic physician. I then applied to Sanitary Councillor Dr. Weidner, of Breslau, whom I did not know at that time and he most obligingly furnished me *Atropinum sulph.*, trit. D. 5, for which I still am thankful to him. The effect was most striking. In a few days the pains and the hæmorrhages ceased and it was not long before the girl was again bright and merry. Two years later the girl married and moved away.

It was this case that brought me into the homœopathic camp.

The severe repeated hæmorrhages in this case showed most plainly that there was an erosion of one of the larger blood-vessels of the mucous membrane of the stomach. I would especially emphasize this fact, as striking therapeutical successes are so frequently pushed aside with the favorite phrases, "suggestion and hysteria." Riegel (l. c., page 425) especially emphasizes the fact that hysterical hæmorrhages are usually slight and in no way change the general state of health.

Baehr (Therapy According to Homœopathic Principles, Vol. I, page 405), as early as 1862, recommended in *ulcus perforans ventriculi*, called after the discoverer, Cruveilhier's Disease, first of all: *Atropinum sulphur.*, saying: "It may appear strange that *Atropinum* is here mentioned first, a medicine which has been but little proved, but I am forced to do this, owing to the strikingly favorable effects of this remedy in the present disease. No medicine will so powerfully oppose the fearful cardialgic pains of ulcers in the stomach as *Sulphate of Atropinum*; this has been proved by manifold experience. The lowest trituration in which it is advisable to prescribe the remedy is the fourth; the third is still apt to produce medicinal symptoms."

Riegel takes the following notice of the action of *Atropinum*: "According to Gerhardt, *Atropinum* is in many cases more effective than *Morphine*."

Concerning the diet to be observed, Baehr, briefly, but very correctly, observes on page 408: "It is a matter, of course, that the stomach must be spared as much as possible. All overloading in general, but also the use of food of difficult digestion or food that is very stimulating or such as causes an excess of acid in the stomach, as *e. g.*, fat, must be entirely avoided. But that does not mean that it would be useful to confine the patient to a very sparing diet; that would be neither useful for the cure nor for the patient."

In short, we shall never be able to keep to a ready-made scheme of diet, but we must always carefully consider the case before us and wisely have reference to all the individual peculiarities.

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## CAUSTICUM.

Translated for the HOMŒOPATHIC RECORDER from the *Allgem. Hom. Zeit.*, April 5, 1906.

There are a few points as to this medicine that ought always to be kept in mind. *Causticum* is especially suitable with old people whose health is broken. Their morbid symptoms have generally a progressive character and they develop slowly. There is a gradual decrease of the muscular strength; a shortening of the tendon, leading to contraction. The patient is usually melancholy, hopeless and full of anxiety. The secretion of the mucous membranes is thick, tough and glutinous. The patient sits down to his meals hungry, but as soon as he sees food his appetite vanishes.

## HERPES.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*, April 1, 1906.

Herpes and herpetic ailments are often of a very obstinate nature, and even external drastic remedies, which, when used, always inflict a final injury on the patient, frequently fail to act. In such a case there are generally dyscrasic relations to blame. The greater is the pleasure, if in such cases we, nevertheless, succeed in a forbearing manner, *i. e.*, by means of internal homœopathic medicines.

On the 24th of October last, Mrs. T. reported:

“The four powders which you sent me last (Sept. 25) and of which I was to take one every week, have all been used.” The reader will note this method of giving antipsoric remedies in such chronic affections. The late Dr. Kunkel in Kiel owed his most brilliant cures to his rare doses; of course, these then were given in higher potencies. We, as an average, use the twelfth decimal. We proceed in the report; Mrs. T. continues:

“To my great joy I can this time report a result which is considerably better. The herpes is now in decided decrease, though it has not healed completely as yet. The violent itching has diminished and now shows itself especially in the morning on waking up. I am not combing out many scabs as yet; in the neck it still looks somewhat red and inflamed, but no more as fiery as before. Yet I am already happy and am heartily thankful to you, honored Doctor, that you have procured for me so considerable an improvement.”

The four powders contained in sugar of milk, each one three drops, respectively, of *Sulphur*, *Silicea*, *Sepia* and *Graphites*. Of these medicines, there were taken, as mentioned above, one each week. As I did not get to see this patient, I will give another fragment from her epistolary reports:

On September 6, she wrote: “It is a very obstinate and tedious matter and causes me much anxiety. It is a great, good fortune that it has not spread any farther (*Arsenicum*), which in itself is a great satisfaction. There is hardly any more humidity; in the beginning it was a great deal more moist. It seems strange that new scales continue to appear; when I comb them nearly all out in the evening, they are always back next day. The hair

has become quite thin in that place and the place looks still red and inflamed. I showed it to the physician and he also diagnosed it as herpes (salt-rheum), and prescribed rubbing it with *Lead ointment*, but I did not use his prescription."

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### CHIPS.

"Ever since the graduation prerequisite star appeared above the horizon the *Western Druggist* has been throwing cobbles at it."—*Bulletin of Pharmacy*.

"It is a pity that modern technic cannot as yet eliminate these accidents; but it is a greater pity that certain patients cannot appreciate the labor and pains expended by their surgeons, while they are ever ready to single out his rare mistakes for attack."—*Detroit Medical Journal*.

"Hence we must look upon intestinal disinfection as a chimera."—*New York Medical Journal*.

"Ten righteous men would have saved Sodom, than which the Pharmacopœia is less sinful in that most of its inhabitants are negative characters, like Kipling's Tomlinson—neither fit for heaven nor ripe for hell."—*Dr. F. C. Shattuck*.

"Verily the 'sun do move,' and the bugs are on the run."—*Oklahoma Medical Journal*.

"Dr. Bertenshaw was an able man and enjoyed a large practice, but his heart was unable to withstand the jolts incident to his profession."—*Obituary, Far West*.

"—a man, author and teacher, who is almost old enough to be loving-cupped and thereafter carefully embalmed and shelved as an 'Emeritus,' or, anglicé, 'has been.'"—*Dr. Frank Kraft*.

"All that remains is for each member of the Institute to 'set his house in order.'"—*Dewey, Medical Century*. But he adds, those so doing should go to Atlantic City next Fall.

"There is little doubt but that the now vulgarism, 'the pneumonic fever,' was once classic."—*W. B. Birchmore, M. D., New York City*.

"Blest is the doctor who has the nerve to say frankly, 'I don't know'—if such a one exists."—*Am. Jour. Clin. Med.* Same everywhere.

“Exhaled breath is practically germ-free even in those suffering from communicable infectious diseases.”—*Prudden, Med. Record.*

“Exhaled breath very contagious.”—*Many Practices.*

“I have never found a single health officer, but who privately laughed and ridiculed the whole subject [contagion] as a farce, but publicly would defend it with stubborn resistance. They dare not say anything, because if they did they would lose their job.”—*Rodermund, Medical Brief.*

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## BOOK NOTICES.

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**Transactions of the American Roentgen Ray Society.**  
Sixth Annual Meeting, Johns Hopkins Hospital, Baltimore, September, 1905. Cloth: 224 pages.

Anyone interested in the mysterious X-rays, or Roentgen rays, should procure a copy of this book, for it is full of lore on the subject and fine half-tone reproductions of the Roentgen ray photographs. The society seems to be a growing one, for the list of members covers nearly six pages.

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**Practical Observations Upon the Chemistry of Food and Dietetics.** By J. B. S. King, M. D., Professor of Chemistry in the Hering Medical College, etc. 140 pages. Cloth, \$1.00. Postage, 6 cents. Blakely Printing Co. 1906.

Dr. King's book is a very timely one, for the importance of a knowledge of the chemistry and, so to speak, the life-giving power of various foods is worthy of the closest study. This is especially true as regards the physician, who should be an expert on foods—what a patient should eat and what is to be prohibited. Dr. King's book covers the general principles of nutrition, the chemistry of all foods and drinks, nuts, fruit; in fact, practically all that is eaten by the normal man. This is followed by diets for special conditions, including diets for the various diseases. The physician who cannot get his full money's worth out of this volume will be hard to find. No publisher's address is given, but the book may be obtained at the various homœopathic pharmacies.

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## EDITORIAL BREVITIES.

“SIDE LIGHTS.”—The RECORDER has not taken part in the “Crusade” mix-up—and does not intend to do so. Its pages are open to them all, and offers from the D. M. man or higher on down to the cuffed and derided combination tablet man, provided the papers are written in good faith. This is not because this journal has not decided opinions, but because part of its mission is to provide a medium through which all may have an opportunity to address the medical world, *and through the RECORDER you undoubtedly do so.* But this is not to the present point, but an introduction to the relation of a few incidents from “real life” from which you can draw your own conclusions.

A merchant who travels a great deal and is an enthusiastic homœopath, related the following: He was in a city where there are but few homœopathic physicians. A friend complained of the great amount of money he expended on doctors’ bills. “Why don’t you go to a homœopath? Call in Dr. Blank.” Six months later he saw this friend again.

“Well, what do you think of Dr. Blank?” he asked.

“I think he is a d—— fool,” was the startling reply.

The enthusiastic homœopath looked blank and asked what was the trouble.

“Why, I call him in, or call on him, he gives me some little pills, charges me a dollar, and that’s the end of it.”

“The pills cure the patient?”

“Every time, so far. He will never get rich practicing that way.” That is one side light.

Here is another point of view. Larry was and, begorra, *is* an Irishman. He had a malady of some sort. He consulted many

physicians who impressed him with their instruments and the methods they used in examining him. But Larry got no better. Finally, he was induced to consult an old-time homœopathic physician. When asked the result, Larry very indignantly replied that he had not, and would not take, his "dom stuff." He said the doctor made him do most of the talking, merely asking him questions, "and he niver used an instrument or looked me over. He's no doctor!" That's another.

Another case: A patient had been under allopathic treatment for several weeks and was not improving, but getting worse. The family finally determined to call in a homœopath. The homœopath was called and came. He wrote a prescription and his prescription was for the same drug that the allopath had been prescribing, but *the dose was double*. The family said they did not care for Homœopathy. That's another.

The moral?

ARE THERE TWO NATURAL LAWS FOR THE SAME END?—Dr. Harry B. Dale, one time editor of the defunct *Medical Visitor*, contributes a well written—Dr. Dale knows how to write—paper to *The Critique* for April, under the title of "Twentieth Century Homœopathic Medicine." Of Hahnemann and the early homœopaths, he writes:

"For instance, when they found the law of similars to be a practical, reliable, usable principle in the treatment of disease, they promptly assumed that it was the only therapeutic law, the only rule that was of the slightest value in prescribing for the sick, and they calmly consigned all others and all else to outer darkness. There was no more sense in this than there would have been in the assumption by Sir Isaac Newton that all other laws governing the properties and movements of matter were false and valueless, because he had discovered the law of gravitation."

The query arises here: Has any other Law of gravitation been discovered?

Has any other *Law of Therapeutics* been discovered?

A thousand and one therapeutic measures have blazed up, have been heralded as the millennium in medicine and then gone out in "outer darkness." The world has been enriched since Hahnemann's days, with many palliatives, "pain killers," drugs that "slow down" the heart, drugs that will "lower the tempera-

ture" and drugs that will do many other things, but where is the new therapeutic law governing them? These things have their uses, but stopping pain is not curing disease.

There may be other therapeutic laws, but Nature, or God, has, in other things, but one law. If anyone knows of another Law the RECORDER will gladly welcome a paper on it.

Finally, it should be remembered that Hahnemann and the early homœopaths not only revolutionized therapeutics, or, to be more exact, discovered the law of therapeutics, but they also revolutionized the care of the sick, their diet, and many other things—even though they had no breakfast foods!

What puzzles one in Dr. Dale's scholarly paper is to see how a firm belief in, and a practice of, Homœopathy can be read "stagnation?" Or how any man can "progress" beyond a truth? 2 plus 2 equals 4 and you cannot improve on it or go beyond it.

SERUM ANTITUBERCULOSUM (MARMOREK).—We call attention to the article translated from the German by Dr. C. M. Boger, concerning this new remedy, which is making considerable stir in Europe at present. At Davos, Switzerland, it is being successfully used in the treatment of tuberculosis, as is shown in Dr. Boger's translation, published in this issue. The Serum sent to Dr. Boger by Dr. Nebel, of Davos, Switzerland, has been potentized with alcohol, according to the Hahnemannian rule, to the 200th centesimal, by Boericke & Tafel at the request of Dr. Boger. The remedy has, of course, not been proved.

A NEW NEW YORK MEDICAL PRACTICE BILL.—"The committee on public health of the assembly introduced a bill on March 22, 1906, 'to regulate the practice of medicine,' which repeals the law of 1893, and acts amendatory thereof—that is to say, the law under which we are now governed.

"This new bill, No. 1715, proposes some radical changes in the present methods of organization and administration, the chiefest of which we will point out. In the first place the bill abrogates the present tripartite system of medical examining boards, and creates instead a single board consisting of nine members. The appointing power remains with the regents, but nominations by the several state medical societies are not required. In other words, the regents are vested with absolute power of appointment,

independently of the medical profession. A secretary is to be appointed by the regents, to hold office during their pleasure, who is to receive a salary of \$4,000 a year.

“The topics for examination prescribed by the bill are anatomy, physiology and hygiene, chemistry, surgery, obstetrics, gynæcology, pathology and diagnosis, bacteriology, and medical jurisprudence. It will be observed that this schedule of topics eliminates practice, materia medica and therapeutics from the list as given in the present law.”—*N. Y. Medical Journal*.

If our Solons keep piling more on to the backs of medical students, some of them may develop like Mr. Toots did. One would think that the present requirements were severe enough. It also should be known that the homœopaths had a “gentlemen’s agreement” that, though not so stated in the Act, they were to have a representative on the Pharmaceutical Examining Board, Pa. The agreement was broken—the politicians wanted the place. In every State where there is medical tinkering the homœopaths should see to it that their rights are explicitly set forth in the letter of the law. But isn’t it curious that practice, materia medica and therapeutics are omitted from the would-be law?

LOOKS A BIT LIKE HOMŒOPATHY.—The following squib is clipped from the *Courier of Medicine*, St. Louis: “We have been studying the physiological action and therapy of light in the cure of skin cancer for several years, and the X-ray has many cures to its credit. Now, an investigator, Hyde (*Am. Jour. Med. Sci.*), after a careful inquiry found that the skin of the human body in a certain proportion of individuals, and in those only, is hypersensitive to the actinic rays, and this sensitiveness may show itself in the production of all kinds of skin diseases, even cancer.”

GERM FADDISTS AND TUBERCULOSIS.—“Outsides the lines of our visionary ‘germ’ faddists, who are yet infatuated with the exploits of drug and serum antidotes to twiddle-dee victims through the degeneration of the great white plague, wiser and sensible minds are discerning that a previous environment, through the villainies of abusive breathing air, lays the substrata defects of outworn and wasting lungs. The advanced thought apprehends that lungs have to deal with aeration and the competent repair of the blood for healthful nutrition, instead of battling with the blanch of pungent carbolic acid, or chloride of lime, or

formaldehyde fumigations. Are we doctors? Shall we parade with placards of falsehoods? Shall we actively compass the conditions that lead or lapse into physical conflagration, or shall we content ourselves with learnedly formulating theorems for squirting antidotes at the consuming flames after they are kindled?"—*Geo. B. H. Swayze, M. D., in N. Y. Medical Times.*

CHIONANTHUS VIR.—“ In all conditions which cause the skin to resemble copper in color, but shading a little more on green, it is the most certain remedy in our *Materia Medica*, whether the cause be one of jaundice, the formation and passing of gall-stones, bilious colic, acute dyspepsia, acute or chronic inflammation of the liver, or the irritable liver of the drunkard. Its influence over the glandular system is of an unmistakable character. A sallow skin and a yellowness of the conjunctiva are good enough indications for *Chionanthus*, regardless of the location or name of the patient's affliction.”—*Dr. Tyfe, Los Angeles Jour. of Ec. Med.*

(See proving of *Chionanthus* in *New, Old and Forgotten Remedies.*)

PNEUMONIA.—“ The remedies best adapted to the early stage of pneumonic fever are those advocated by Goodno, namely, *Ferrum phos.*, *Aconite*, *Bryonia*, and *Veratrum viride*. Of these, it seems to me that *Ferrum phos.* is the one which will be found most frequently of use. In those cases in which the fever is ushered in with a well-defined chill, and the history of exposure to cold is clear, *Aconite* is the remedy, especially when associated with the characteristic mental and nervous state of that remedy. At this stage, it is rare for the objective symptoms to be such as to show the patient is suffering from pneumonia. *Ferrum phos.* is called for in such cases in which the chill is poorly defined; the patient is usually one whose constitutional condition is more or less undermined by anæmia. The indicating symptoms include, blood-streaked expectoration, dyspnoea, dry cough, and fever. If, as is usually the case, this remedy succeeds in modifying the symptoms, it is wise to continue it throughout the course of the illness, or until symptoms appear clearly calling for another remedy.—*Dr. Clarence Bartlett in Hahnemannian Monthly.*

## NEWS ITEMS.

Dr. B. H. Lawson has removed from 20 Erskine St. to 860 Trumbull avenue, Detroit, Mich.

Dr. A. B. Norton, author of the standard homœopathic textbook on diseases of the eye, will start on June 6th for a tour around the world, to return on October 20th. During his absence Dr. William McLean, who has been associated with Dr. Norton for the past two years, will be at his office, 16 W. 45th St., New York, daily.

Dr. George Gould's *American Medicine* has dropped from the weeklies to the rank of the monthlies. Effect follows cause.

Dr. J. Allen Harrison has removed to 512 Erie avenue, Philadelphia.

Dr. C. McV. Tobey, of North Granville, N. Y., is to remove, and writes that he will be glad to introduce a successor—beautiful country, good roads, etc. Good chance for a homœopathic physician wishing to locate.

An esteemed subscriber at Dallas, Texas, writes: "After looking at the 'stuff' in most of the medical periodicals of these days it is a relief, rest and satisfaction to take up the RECORDER and find pure, old-time Homœopathy and to be able to get so much good out of each number."

Dr. Jos. Jones and daughter, of Stockbridge, Mass., will take an outing the latter part of June, visiting the Grand Canyon of Arizona, the Pacific coast, Banff in the Canadian Rockies, returning by Yellowstone Park.

Dr. E. B. Nash's new address is Port Dickinson, not Fort Dickinson, as given in last RECORDER.

Dr. H. M. Engle has established his office and residence at the Macden Apartments, No. 91 Central avenue, San Francisco, Cal.

Undaunted by the great disaster, all, or nearly all, the San Francisco homœopathic physicians are "stocking up" and preparing to resume practice. Everyone wishes them success!

The *Homœopathic World*, under Dr. John H. Clarke's guidance, is "of age"—21 years old. A good journal.

Dr. James T. Kent reports that he is again enjoying excellent health. May he live long and write many more books, for in truth his books are valuable.

Dr. Frank Kraft's illness, whatever it may have amounted to, did not reach his editorial "gray goose quill," which is as trenchant as ever.

Dr. Dean T. Smith's book on *Before and After Surgical Operations* will make its appearance very soon and will be a welcome addition to many libraries, for it contains not only the preparation of patients for operations, but their care afterwards, including full homœopathic therapeutics.

Dr. G. E. Dienst's book on *What to Do for the Head* is nearly off press. It will occupy an unfilled niche in homœopathic literature.

The late Dr. W. A. D. Pierce, of Philadelphia, was president of a little club of homœopathic physicians, "The Medical Counsel," which met monthly. He will be missed by many.

Get a "sub." and go to Atlantic City next September and if you cannot get one—go anyway.

Subscribe for the RECORDER—cannot supply back numbers of the year, but begin with next number.

Dr. Stanley Wilson Pallister, of Brooklyn, was married to Miss Elizabeth May Jackson, on June 6th, at the Church of St. John the Evangelist, Toronto, Canada.

## PERSONAL.

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The "wall-flower" can dance all she pleases at a masked ball.

No, Mary, a grasswidow is not a lady whose husband died of hay fever.

"Sleep not less than eight hours" is fine advice—if you can follow it.

A little girl defined man and brute as follows: "A brute is an imperfect beast. Man is a perfect beast."

"Why that crape?" "Crape, nothing!" replied the printer, "that's our office towel."

Binks says he lost control of his auto when the sheriff seized it.

Now they say that lying is a disease—it is a very prevalent one.

The "dermapaths" are the last to want an examining board. The corn doctors and barbers have them in New York.

"Doctor, my wife don't like baby's look." "Sorry, but I can't add beauty."

"108 nox a cold" is the latest proprietary.

When a bill runs a long time someone—not the bill—gets tired.

Gertrude Atherton has "no morbid love for earthquakes." Here, too, Gertie!

Binks is also of the opinion that the "refrain" from a song is the best feature with many singers.

Man may faithfully keep a diary, but he never reads it in after years.

The ear of corn listened to the bean-stalk. Biff!

A sleeping juror during a long-winded lawyer's summing-up replied to the judge's reprimand that he thought he was to be guided by evidence and not by lawyer's "gab." The judge became thoughtful.

The Rochester Homœopathic Hospital has a Belladonna sewing circle. We wager they are active and bright-eyed.

Raue's chapter on infant feeding is alone worth the price of his book. To know it will save many babes.

# THE HOMŒOPATHIC RECORDER.

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No 7

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## ANALYTIC STUDY OF *ÆSCULUS HIPPOCASTANUM*.

(*Horse-chestnut—Sapindacæa.*)

By Edwardo Fornias, M. D.

### Nervous System.

1. MIND AND SENSORIUM.—1. *Dejection, low-spirited.* Melancholy. Hypochondriasis. Irritability. 2. Confusion of ideas. *Confused feeling, with giddiness.* *Vertigo*, with sensation of balancing in the head. Sensation as if intoxicated. Dull stupefying pain in the head.

2. SPECIAL SENSES.—*Burning and stinging in the eyes; deep in the orbit.* *Burning in the internal canthi.* Weight and heat in the eyes. Flickering before the eyes. Lachrymation *Burning in the ears, with stinging in posterior nares and soft palate.* *Burning in the ears and pharynx*, with pressure and noises, especially in the right ear. *Sensitiveness to inhaled air.* *Coryza*, fluent with frontal headache. Formication in the nose.

3. DISORDERS OF SENSATION.—Flying neuralgic pains through the temples. *Dull pressure in the forehead*, with nausea and stitches in the hepatic region. *Dull pain in the occiput*, with disturbed circulation and radiating flushes of heat, especially to neck and shoulders *Dryness, pricking, burning and constriction in the fauces.* Raw feeling in chest. *Aching, cutting and burning distress* in the stomach. Fluttering sensation with faintness in the pit of the stomach. *Burning and dryness in stomach and abdomen.* *Heat, dryness and constriction in the anus.* Aching, extending from the pit of the stomach to the lower lobe of the liver. Knife-like pain in the anus. *Sensation of fulness and bearing*

down in the lower abdomen. *Hepatic distress.* Tenderness and pinching pain in the region of the liver. *Burning, soreness and aching at the navel.* Cutting in the right inguinal region. *Aching lameness in the back.* Lameness and paralytic feeling from the neck down to the small of the back. Aching between the shoulders, or in the right scapula. Sore feeling in the muscles. *Sensation as if sticks were in the rectum;* as though folds of mucous membranes obstructed the anal passage; as if the rectum would protrude. *Chilliness.* creeping up and down the back (GELS.).

4. DISORDERS OF MOTION.—Faint and weak, can hardly give a step. *When walking, sacro-iliac symphysis gives out, must sit down, is still better lying.* On stooping and when walking the dull backache in lumbo-sacral region becomes worse. *Can hardly walk on account of weakness in back and legs, must lie down.* *Paralytic feeling in the arms, legs and spine.* Right arm feels paralyzed, cannot be raised. *Neurasthenia, can hardly walk, must lie down.* Lassitude.\* When moving the muscles feel sore. Cannot control the tongue so as to form words rightly. Almost complete paralysis of the lower extremities (tabes).

### Vegetative System.

5. NUTRITION AND SECRETION.—1. Disturbed metabolism. *Bilious temperament. Hæmorrhoidal habitus. Venous stasis.* White or yellow coated tongue. *Bitter, metallic taste. Sour, bitter eructations, tasting of food.* Heartburn, waterbrash, empty eructations. Empty eructations or bringing up thick phlegm. Nausea, vomituration, or vomiting. *Violent retching and vomiting, of food or bile.* Gnawing and emptiness, in the stomach, early in the morning. *Fluttering and faintness in the stomach, with much distress and burning.* Catarrhal irritation of the gastrointestinal mucosa. *Congestion of the liver and portal system. Abdominal plethora.* Throbbing in the abdomen and pelvic cavity. *Hæmorrhoids. Constipation. Flatulence. Prolapsus ani.* 2. *Secretions, usually diminished, occasionally increased.* *Dryness of the mucous membranes. Dryness of posterior nares and throat. Dryness and constriction of the fauces. Dryness and stiffness of the glottis.* Dry, hacking cough. *Dry or fluent coryza. Lachrymation. Dryness, heat and constriction of the rectum, as if obstructed. Stools dry, hard, knotty, difficult; dark or whitish, from excess or lack of bile.* Urine, scanty, dark brown, muddy, passed with scalding pain, or hot, with dark brown sediment. *Amenia. Leucor-*

*rhœal discharge, dark yellow, thick, sticky; corroding* (KREOSOT), worse after the menses. Sweat, profuse, hot, with fever.

6. DIGESTION.—Gastric disorders, with general malaise, coated tongue and constipation. *Catarrhal irritation of the gastro-intestinal mucosa, with abdominal plethora and hæmorrhoids.* Gastric and intestinal dyspepsia. *Sour, bitter eractations, tasting of food.* Nausea, and vomiting, sometimes violent retching. *Fluttering and faintness in the pit of stomach, or a burning aching distress.* Burning or aching pain several hours after eating, which continues till food is taken. *Aching, cutting, or burning distress in the stomach.* *Hepatic derangements.* *Tenderness or pinching pain in the region of the liver.* Pain between the shoulders and whole length of the spine. *Constant dull aching distress in the right lower lobe and region of the gall-bladder.* Colic around the navel. *Constant ineffectual efforts to evacuate the bowel, with a feeling of painful constriction.* *Hæmorrhoidal distention, with a distressing feeling as if sticks were in the rectum, or as though folds of the mucosa obstructed the anal passage, or as if the rectum would protrude.* *Dryness, heat and constriction of the rectum.* *Blind piles, with painful burning sensation.* *Stools large, dry, crammed, difficult, of a light brown, black, or whitish color.* Knife-like pain in the anus. *Incessant desire to defecate, provoked by pressure behind, with pruritus and ulcerative feeling in the anus.*

7. CIRCULATION. — Venous system predominates. *Venous stasis.* *Abdominal plethora.* Congestion of the liver and pelvic viscera. *Hæmorrhoids.* *Fulness of the lower bowel.* *Thobbing in the abdomen and pelvic cavities.* Flashes of heat over occiput, face, neck and shoulders (SEPIA). *Blue nails* (NUX VOM., CARBO VEG.). Chilliness, creeping up and down the back. *Fever* (evening), *with hot, dry skin* (ACONITE), *bursting headache* (BRYONIA), *and burning palms and soles* (SULPHUR). Heart action full and heavy. *Darting in the region of the heart.* *Can feel the pulsations all over the body.* Palpitations. Dull, aching burning in the cardiac regions. *Pulse quick, soft and weak.*

8. RESPIRATION.—*Breathing, rapid, laborious, with pain in the right lung.* *Constricted sensation, with disposition to hawk.* Raw feeling in the chest. *Dry, short cough, increased by swallowing and deep breathing.* *Dry, hacking cough, from irritative constriction of the epiglottis.* Hoarseness. *Sensitiveness to inhaled air.* *Dry coryza, with dull frontal headache and constipation.* *Fluent coryza, with thin, watery discharge; or acrid, causing burning and*

*rawness. Hepatic cough*, with tenderness and pinching in the region of the liver. Pleuritic stitching pains, going from left to right side. Lungs feel engorged and heavy.

9. RELATIONSHIP.—Its relation with other drugs is almost limited to *abdomiaal plethora*, especially with *paralytic weakness of the spine*. Hering gives ÆSCULUS GLAB., as collateral, and ALOES, COLLINSONIA, MERCURIUS, NUX VOMICA, PODOPHYLLUM and SULPHUR as concordants. Both the bark and fruit of ÆSCULUS HIPP. are astringent, and the bark was once advised as a substitute for CINCHONA. Externally it has been employed, by the old school, like CINCHONA, in gangrene. In the shape of a cerate or suppository is used by us, as a local application against *fissure and fistula of the anus, proctitis, inflamed hæmorrhoids and ulceration of the rectum*. Compare ÆSCULUS HIPP.—in *hæmorrhoids* with NUX VOM. and then with ALOES, which is a remedy with abdominal plethora and flatulence like NUX VOM. and SULPHUR, and *hæmorrhoids* like NUX VOM, SULPHUR and ÆSCULUS,—with COLLINSONIA, when the hæmorrhoids are attended by a feeling as of sticks in the rectum,—with PODOPHYLLUM, in torpid or congested liver or *prolapsus ani*—with IRIS and LEPTANDRA. in other *hepatic derangements*,—with KALI BICHROMICUM, in *pharyngitis* (follicular or not), when there is a dry, rough, burning feeling and yet no swelling or stringy mucus— with ARGENTUM NITRICUM, in the *paralytic weakness* of the sacroiliac symphysis—with ARSENICUM, SULPHUR, CARBO VEG. and CANTHARIS, in the *burning pains*, and with APIS MEL. in *stinging*.

### • Therapeutics.

The most pronounced action of ÆSCULUS seems to be centered in the *lower spine and portal system*. *Venous stasis*, however, is probably its leading feature, the results of which are too well known to require special mention; it suffices to say that *the retardation and diversion of the venous flow*, not reaching the lungs at the proper time to be duly arterialized, hematosis must necessarily become imperfect and consequently nutrition improperly carried on. This is the lesson to explain some of the important changes we encounter in those conditions in which this remedy has proved so serviceable. *A sluggish circulation, with dejection, deep abdominal throbbing, hepatic distress, hæmorrhoidal distention, constipation, heat in the palms and soles, and dark, brown lithates*

in the urine, which are due to incomplete transformation of proteids into urea, form a syndrome that has placed this drug among the the tried ones for *intestinal disorders attended with abdominal plethora*. But we should bear in mind that torpidity or inactivity of the liver often appears to be nothing but a *liver dyspepsia*, which like *gastric weakness* consists in defective activity of the functions, the protoplasm not performing its work properly. We must neither forget that in *many diseases of the liver* the initial step is either *active and passive congestion*, which in some cases may be corrected by this remedy.

In all the *digestive and as well as respiratory troubles* in which *ÆSCULUS* is indicated disturbed metabolism translates itself by a *constant dryness, constriction and burning* of the affected parts. In *catarrhal nasitis*, for instance, by the continuity of tissue, through the lachrymal canal, there is *burning and stinging constriction in the eyes*, even when there is lachrymation; and the same symptoms and connection appear to exist between the pharynx and the ear, for in *catarrhal pharyngitis*, this time through the Eustachian tubes, the ears feel burning and constricted. *Dryness, burning and constriction* are felt, likewise, in the fauces, soft palate, tongue, and in the whole digestive canal. from the mouth down to the very anus. It is at and about the *anal extremity*, however, where we observe some of the most characteristic symptoms of *ÆSCULUS*. Besides the *heat and dryness* there is *extreme constriction, a feeling as if the rectum were full of small sticks*, and then come the *hæmorrhoids, the constipation, and the prolapsus ani*, which usually occurs after stool and is attended by *backache* and often by *weakness of the sacro-iliac symphysis*. Let us digress a while, in order to explain the origin of the *backache and weakness*. Most probably the *fulness and dryness*, on the one hand, and the *ineffectual efforts to evacuate the bowels*, on the other, are the causes at work, for during the repeated straining effort, similar to that of parturition, the pressure exerted by the abdominal walls is powerful enough to have an effect directly upon the pelvic viscera and indirectly upon the motor and sensory nerves of the parts. Of course, the effect of the voluntary effort and the amount of abdominal pressure required in a condition such as we find under the pathogenesis of *ÆSCULUS* depend in a great measure on the consistence and quantity of the feces, on any existing hæmorrhoidal obstruction, and even on the weakness of the parts involved in the expulsive act, which, no doubt, is also responsible

for the *protrusion of the anus*. Then, again, it may be asked—are the *backache and weakness of the small of the back* produced under the influence of the reflecting power of the spinal cord? We know that segments of the cord may act as distinctive nervous centres and excite motions in the parts supplied with nerves given off from them, and the analogy of certain cases in which the muscular movements of single organs are under the control of certain circumscribed portions of the cord prove that the collection of nerve centres unite in a continuous column, which can be influenced in any of its sections. For the *act of defecation* there is the controlling *ano-spinal centre*. The afferent nerves lie in the hæmorrhoidal and inferior mesenteric plexuses; the centres, according to Landois, are at the 5th (dog) or 6th to 7th (rabbit) lumbar vertebra; the efferent fibres arise from the pudendal plexus and pass to the sphincter muscle. Now, though somewhat influenced by voluntary efforts, the act of expulsion of the feces is primarily reflex, but under abnormal conditions (irritation, inflammation, inertia, etc.) the sphincter muscles governing the anal orifice cease to contract or relax, either reflexly by rectal impressions, or directly by volitional impulses from the brain, and the result is abdominal retention or evacuation of the rectal contents, with all what such troubles imply. Under *ÆSCULUS retention of feces* is the usual event, but when the evacuation of the feces takes place and *diarrhœa* may be said to exist, this is attended by *distress and lumbar and sacral pains*.

The syndrome which indicates this remedy in *constipation* comprises not only the above mentioned *heat, dryness and constriction*, but *urging and ineffectual efforts to stool* (NUX VOM.), which are frequently followed by *prolapsus ani* and *backache*. If the *constipation is complicated with hæmorrhoids*, there may be abdominal and pelvic throbbing, fulness and weight in the rectum and probably passage of offensive flatus. A peculiarity of *ÆSCULUS* is that if the passage of large, dry, hard, difficult feces (*BRYONIA*) by a stool of about natural consistency, this is followed by a *long-lasting burning and constriction*. Besides the *lumbo-sacral backache*, there may be felt by the patient, especially if a woman, *throbbing and dull pains in the lower pelvic viscera*, perhaps from venous repletion, and these pains may be attended by a *painful passage of dark, brown, muddy urine*. *ÆSCULUS* is also recommend for *chronic diarrhœa* of debilitated individuals, with mushy, white, papescent stools, if accompanied by *severe*

*lumbar and sacral bairns*, some tenesmus or very unpleasant sensation of fulness in the rectum and anus. It is also applicable to *dysentery, if caused by hæmorrhoidal irritation*, and confined to the rectum, especially if there is constant *distress and pain at the caudal and of the spine*.

The *hæmorrhoids* calling for *ÆSCULUS* are painful and distressing, principally on account of the unnatural dryness and constriction of the rectal mucosa, which create various feelings—a *feeling as if sticks were there; a feeling as though folds of mucous membranes obstructed the passage, or feelings of protrusion, fulness and bearing down*. No remedy can take its place in *blind piles, which protrude, become purple*, and are attended by any of the above feelings and a persistent dull backache, affecting sacrum and hips, and worse when stooping forward and when walking. The *soreness, burning, shooting and cutting up the anus* have suggested this drug not only in *inflamed hæmorrhoids*, but in *fissure, proctitis and ulceration of the rectum*.

Scattered over our literature we find clear evidences of the efforts of our best prescribers to utilize the neglected symptoms of this drug and extend its sphere of usefulness, but even in those efforts we notice the inclusion of those symptoms generally accepted as characteristic, namely, the *paralytic lameness of the lower spine, the venous plethora, and the dryness and constriction of the intestinal mucosa*. As an illustration, let us take some of the affections in which this remedy has been rarely employed, though well recommended. Among the female disorders, it could never be indicated in *leucorrhœa*, unless attended by *lameness across the sacro-iliac symphysis*, with inability to walk without great fatigue, or by *constant backache*, especially in the hips or sacrum. The thick, dark yellow, sticky, corroding discharge (*KREOSOT*), the dull occipital headache, the flashes of heat, and even the hæmorrhoids of constipation are not of the exclusive domain of *ÆSCULUS*. A foreign journal, not long ago, recommended this remedy in *leucorrhœa from venous congestion*, the result of liver disease and constipation. I think that even when due to vaginitis, gonorrhœa, or cervical endometritis this drug will prove beneficial, if the *sacro-spinal symptoms* are present. It is held as efficacious in *amenorrhœa*, when the stoppage of the menses is followed by general prostration and malaise and associated with hæmorrhoids and constipation, but particularly so *when the back across the hip gives out while standing or walking*.

Also in *ovaritis* when the *burning, stinging pain* (APIS) starts in the right ovary and runs through the hip to the back. In *inflamed cervix uteri* attended with retroversion, as well as in *prolapsus, ulceration, enlargement and induration of the womb*, when there is great tenderness, heat and throbbing, *bloodless hæmorrhoidal knobs and lame feeling in the coccyx*, ÆSCULUS should receive due consideration. It is a remedy which should be studied clinically with more zeal than is shown in the reports. Nothing, however, is the source of more error in clinics than localized pain, and those who prescribe exclusively on pathological bases are bound to fall in more than one pit, and then run down the remedies. *Pain in the iliac region*, extending from the iliac fossa, particularly of the left side, to the hypogastric and lumbar region, is probably due to tension on the broad ligament. *Lumbar pain*, usually of a dull dragging character, felt in the renal region and extending down over the sacrum, is generally due to uterine contraction, set up by retained secretion, but it is most often found in *cervical disease and uterine displacements*. *Anal pain* is a symptom of retro uterine tumor or retroflexion and sometimes of hypertrophy of the cervix. *Pelvic pain* usually points to inflammation about the uterus, or of the tubes or chronic disease or abscess of the ovaries. The location of the parts affected, in such cases, may be ascertained by the character of the discharge. If thin and watery, it is vaginal; if thick and tenacious, or yellow corroding or decidedly whitish in color, it is apt to be of *cervical or uterine*. Thick, yellow, copious pus indicates *acute gonorrhæal vaginitis*. In *pregnancy*, vaginitis and cervical endometritis are frequent, and are especially troublesome to treat. All this the student should know in order to apply the proper remedy and not meet with disappointment.

The *symptoms of the spine* also indicate this drug in *neurasthenia* with loss of power, especially when there is lameness and paralytic feeling from the neck to the caudal end of the spine, the right arm cannot be raised, and the back and legs are so weak that the patient is unable to walk and must lie down. It has cured *coccygodynia*, with weakness, weariness and lameness, or with tearing pains in the small of the back. It has likewise proved curative in *sore throat*, with constricted sensation and disposition to hawk, or with stinging-burning in the soft palate and posterior nares. In *hepatic derangement*, with constant dull aching distress in the right lower lobe of the liver and region of the

gall-bladder, and in *hepatic cough*, with tenderness and pinching pain in the region of the liver, its employment has been followed by good results.

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## “REGULAR” IRREGULARITIES.

By X. Q. T.

Some years ago a paper appeared in the *Nineteenth Century*, written by Dr. Kenneth Millican, of London. The cause for the writing of the paper is immaterial now, but the paper itself bears on the question of “amalgamation,” which is as much to the fore today as it has been in the past.

The “regulars” say today: “Drop your sectarianism, your trade mark, and all will be forgiven; become simply physicians, using all that in your judgment is good for your patients.” All this, and more, in effect.

This implies that homœopathic physicians deliberately seceded, set up a “school” and adopted the “trade mark” Homœopathy. The facts are all the other way. Hahnemann’s first paper on what afterwards became known as Homœopathy was published in the leading medical journal of Europe, and for some years it was accepted, as any discovery would be today, by the medical profession. But it was too revolutionary—and too good. In those days the authorities sanctioned the use of *Calomel* in huge doses for pretty much everything; they bled their patients, and if the patient got no better they bled him some more, and so on until sometimes there was no blood left; they refused the fever patients water and fresh air, and did many other queer things.

Now appeared Homœopathy. Many physicians took it up and found it very good. So did the patients. But it hurt the business of the apothecaries, whose prescription trade sadly diminished. So a cry was raised, the homœopaths were expelled from the physicians’ societies and the persecution began. Being no longer in good standing they became in the “regular’s” parlance “quacks,” though holding degrees, and they in turn adopted the title of homœopathic physicians. That, in broad lines, is history.

Here are a few clippings from Dr. Millican’s paper which are of general interest, though they are mostly quotations by him. The following is from the progenitor of the present British Medical Association. It was resolved that:

“There are three classes of practitioners who ought not to be members of this association, viz.: 1st, Real homœopathic practitioners; 2d, Those who practice Homœopathy in combination with other systems of treatment; 3d, Those who, under various pretences, meet in consultation, or hold professional intercourse with those who practice Homœopathy.”

This looks like bigotry in a national medical association and probably had any member remonstrated he would have been expelled.

This is from Dr. Lauder Brunton:

“As a medical man is bound to do his utmost for the good of the patient, it is obvious that although he may employ baths or packs as a mode of treatment, he cannot, without becoming untrue to his profession, throw aside all other means of treatment and become a hydropath; nor can he consult on equal terms with those who, either through ignorance or wilful blindness, deny the use of other means of cure, and limit themselves to the application of water. What is true of hydropathy is true of Homœopathy.”

The old Machevellian refrain: “Homœopaths give *nothing* but little pills. Only that and nothing more.”

Who introduced cleanliness, fresh air, pure water into the sick-room, regulated the diet of the patients, reformed the treatment of the insane, and generally brought sanity into the practice of medicine? The early homœopaths, of course. Wonderful improvements since certainly, but the initiative was from them.

Again, Brunton:

“Yet we hear some leading homœopaths say: ‘We do not claim any exclusiveness for our method,’ and then complain that they are excommunicated by the medical profession. If they have renounced the errors of Hahnemann’s system they ought not to retain its name, but frankly acknowledge their error and return to rational medicine.”

Not many “complain,” do they? Also let any read Hahnemann’s “errors” and then read Brunton’s book and he will find what Wackford Squeers was wont to term “richness.” But the other day Professor Lombroso, of the Italian University, asserted that everything of drug therapeutic value in medicine today is taken from Homœopathy.

Here is one from *The Hospital*:

“The truth is that so-called ‘homœopaths’ cut themselves off from the great body of scientific practitioners by a voluntary and useless act of schism. If they were content to be medical men, like others, they could practice according to any principle they pleased and nobody would say a word.”

“Cut themselves off” is good. And that they could practice as they please! Let Dr. Millican answer:

“And how stands the case now? Is there any justification, any excuse, for the maintenance of a designation of special organizations at the present time? We are told that if those whose practice is more or less based upon the ‘law of similars’ will only abstain from calling themselves ‘homœopaths,’ give up their special organizations, directories, and societies, and dismantle their hospitals, the hand of professional fellowship shall be once more extended to them. Individuals have tried it, and with what result? Why, that they are immediately accused of dishonorable conduct. Call yourself a homœopath and you are ‘trading on a name’ that is derogatory to the profession. Do not call yourself one and you are sailing under false colors. ‘Heads I win, tails you lose!’”

“What was the case with Dr. Kidd at the deathbed of Lord Beaconsfield? He had, I believe, discarded the appellation of ‘homœopath,’ and removed his name from the homœopathic directory, and he notoriously did not admit the universal application of the ‘law of similars’ or the necessity for infinitesimal dosage. Yet Sir William Jenner felt it his duty to refuse to meet him.”

The humor of this last paragraph is that Sir William Jenner, “M. D.,” bought his diploma for fifteen pounds and never studied medicine at all, whereas Dr. Kidd was a physician and a good one.

A final quotation from Dr. Millican’s paper—the doctor is a regular himself:

“That all those who admit the truth of and apply in practice—to what extent—the ‘law of similars,’ are to that extent *ipso facto* practising ‘Homœopathy,’ and are therefore ‘homœopaths.’ No exception can, therefore, be justly taken to this appellation, unless it be held also to imply the rejection of all other rules and methods, which it is shown not to do; that the name was conferred, not assumed, at a time when even the partial truth and application of the ‘law’ were scouted as absurd and denied, and that the separate organizations were originated at the same time and solely as a means of self-defense; and, finally, that their present maintenance is excusable when we consider the fact, of which ample evidence has been supplied, that even now, in spite of liberal professions and acknowledgment of the partial truth of the homœopathic law by the leaders of the profession, there is still on the part of the rank-and-file a disposition to make its acceptance and application—nay, *even to make association with those who accept or apply it*—a ground of professional ostracism.”

The “regulars” always have been welcomed to the homœopathic ranks, and, as a rule, when they do take up Homœopathy become most excellent homœopathic prescribers. Carrol Dunham is an example.

The pinch seems to come when the claim is made that *Similia Similibus Curantur* is the “ONLY law of cure.” Probably Carrol

Dunham's famous definition is better: Homœopathy is "The Science of Therapeutics" and therapeutics is "That part of medicine the object of which is the treatment of disease," and science—a sadly abused word—is "*scire*," *i. e.*, "to know." The homœopath who has faithfully practiced Homœopathy *knows* that given a certain marked train of symptoms a certain potentized drug will *cure* them—if cure be possible—and hence he has drifted into the seemingly arrogant assertion that "Homœopathy is the Law of Cure"—and there cannot be two natural laws for a similar purpose. Drug giving is only a part of therapeutics and no homœopath excludes the other parts of the treatment of disease. He knows what will follow if he gives a purgative, but that is an adjuvant measure, and it is only when he gets a clear cut line of symptoms that he *knows* a cure will follow—if cure be possible.

It may seem to some that this is rather far fetched, for deaths occur under homœopathic treatment. It may be that "Homœopathy is the science of drug therapeutics" would be a better definition.

From all the foregoing it would seem that a union of the two schools is impossible until the "regular" brother in national assembly will declare that Homœopathy is a legitimate part of therapeutics and will faithfully teach it in his colleges and universities.

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## WHAT TO DO FOR COUGHS.

By G. E. Dienst, Ph. D., M. D.

We are so prone to drift into routine prescribing, not only in coughs, but in everything. To avoid this, and to stimulate greater accuracy in prescribing, the following is written. There is no experimentation here, *every remedy is proven*, and will do just what it is reputed to do if given in the proper potency and not too frequently repeated.

Before we specialize, let us generalize. Our leading cough remedies are the following: *Acon.*, *Arg. n.*, *Ars.*, *Bry.*, *Calc.*, *Coc. c.*, *Dros.*, *Hyosc.*, *Iod.*, *Phos.*, *Puls.*, *Rhus tox.*, *Rumex*, *Sang.*, *Sep.*, *Stann.*, *Stram.*, and *Sulph.* I say these are *leaders*, but they do not cover every kind of cough we find in practice. Nor do we gain time by wasting time in frequent useless bacteriological examinations or pathological speculations. Most fre-

quently your patient has a cough without pathological lesions, and it is the DUTY—imperative DUTY—of every physician to study the totality of symptoms and select the remedy curative of those symptoms. Anything short of this is a disgrace.

### Daytime.

Following our study a little further we find these remedies indicated in a day cough, viz.: *Am. c.*, *Euphr.*, *Lach.*, *Nat. s.*, and *Phos.*

But here we meet a problem. Which one of these shall be given in a day cough? Shall we alternate, mix up, or dump them all altogether with a faint hope that *one* of them will meet the conditions and cure the case?

NOTICE.—The day cough of *Am. c.* is a dry, asthmatic cough, with much dyspnoea during cough, and with a bloody or thin foamy sputa. The cough of *Euphr.* is accompanied with severe symptoms of coryza, and profuse watery expectoration. The *Euphr.* cough is intensely aggravated by tobacco smoke. The *Lach.* cough is a dry, hacking cough, aggravated by touching the throat, aggravated by sleep; accompanying cardiac affections; sometimes causing stitching pains in hæmorrhoidal tumors, and the patient must cough long and hard to raise even a small bit of mucus. The *Nat. s.* cough is a dry cough, producing soreness in the chest, a rough feeling in the throat, with frequent stitching pains in the left chest. When there is expectoration, it is usually thick, ropy, greenish or purulent. The *Phos.* cough is doubtless familiar to all—a dry, harsh, rasping, tight, exhausting cough produced by constant tickling in the throat.

Here you have the substance, and there is no excuse for mistakes or misunderstandings. These are *daily* coughs. Should the cough be worse every other day, then you will give *Anac.* or *Nux vom.* Why? Because *Anac.* and *Nux v.* have each an affinity for coughs that came on every other day. If the cough is preceded in the morning by a profuse, greenish, salty or sweetish expectoration and dry (comparatively) the balance of the day, then you will think of *Stann.*, which will, in most instances, cover and cure your case. Should the cough be hoarse and creepy by night just as by day, give *Spongia*. If the cough is by day only, with the profuse watery expectoration already mentioned, you will give *Euph.* This remedy has no night cough.

**Morning.**

The principal remedies in a *morning* cough are: *Alum.*, *Ars.*, *Chin.*, *Euphr.*, *Kali bi.*, *Mosch.*, *Nux v.* and *Puls.* If neither of these covers the totality of symptoms, you must study for another remedy. Shall I differentiate?

NOTICE. — An *Alumen* cough is especially adapted to the chronic morning cough of old people. Give it high and at lengthened intervals.

The morning cough of *Ars.* is a dry, hacking cough, with burning in the chest and a tendency to hæmorrhage of the lungs.

A *China* cough is a troublesome moist cough in malarious subjects, that distressing cough found in those who have the "chills" in which *China* is the indicated remedy.

The *Euphr.* cough we have defined.

The *Kali bi.* cough has a tough stringy mucus, is relieved by lying down and has a pain that extends from mid-sternum through to back—often a "wheezy" croupy cough.

The *Moschus* is peculiar. The patient hawks and expectorates until he gets his throat almost clear of mucus, when he is suddenly taken with a dry cough which is so frequently accompanied with a pain under the left breast.

The *Nux vom.* cough is a moist cough in the morning, usually before getting out of bed, causes a splitting headache, and found most frequently in hard drinkers and persons leading sedentary lives.

The morning cough of *Puls.* is moist, accompanied with expectoration of large yellow lumps of mucus, tasting "nasty"—in old cases of catarrh and in suppressed menses.

Let us study this morning cough a little further. A cough that comes on when rising, that is, assuming an upright position, is most frequently cured by *Cina* or *Ferr.*, when the symptoms agree, though *Ars.*, *Euphr.*, *Caust.* and *Phos.* may be called into use by other symptoms. Is it not strange how the different positions of the body and the varied activities of the mind change the symptoms of disease?

Here is a cough on waking—on opening the eyes—on coming to consciousness after a reasonably quiet sleep, and two remedies strongly indicated in its cure, viz.: *Rumex* and *Silicea*. *Cac. cacti.* and *Ign.* have a similar symptom, but not so clearly marked as we find in *Rumex* and *Sil.*

These provings are true and tried, and, though impossible of explanation by pathological reasoning, they cure, and do it effectually. And then, again, it is not such a collateral task, as some imagine, to *master* these essential points. Many coughs are suppressed by *Codein* or *Morphia*, or permitted to run on for months because of ignorance regarding a few simple points as set forth in the above. These remedies, to do effective work, should all be given in the potencies, ranging from the lowest to the very highest according to the severity of the symptom.

*Naperville, Ill.*

(To be continued.)

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## SABADILLA.

By C. M. Boger, M. D.,\*

We will now leave the Liliaceæ for a few hours in order to consider *Sabadilla*, *Veratrum alb.*, *Veratrum vir.* and *Colchicum*, obtained from the nearly related Melanthaceæ. Because of the presence of the mixed alkaloid Veratine in all but the latter, *Sabadilla* and the *Veratrum*s have many symptoms in common. It is an intense irritant, causing violent sneezing, tingling, prickling, numbness, formication, and finally paralysis of the end nerves.

*Sabadilla* and its alkaloids show a deeper action than the mere effect of a pure irritant, for we read of tears flowing as soon as pain is felt in any part and its application exciting a formication which extends to the remote parts of the body, all showing reflex symptoms through the nervous system, which is, indeed, profoundly affected. The *Sabadilla* patient has many sensory illusions and imagines himself sick or thinks certain parts have enlarged or shrunken, all of which bears a close relation to the sense of crawling and itching induced thereby. There are many nervous phenomena, spasms, twitchings, hemicrania, colics, coughs, *sneezing*, etc., reflex from or connected with worm, abdominal or other irritations. Spasmodic sneezing, reflex from any slight cause.

It was formerly used to destroy vermin and many of the skin symptoms are like those felt by nervous persons in the presence of a parasite.

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\*Notes from lectures delivered at Pulte Medical College.

It is particularly helpful for wormy children who have snuffles. Patients with pinworms are often hard to prescribe for because the worms and the reflex symptoms which they cause may be the only evidences of sickness; here *Sabadilla* easily leads all remedies.

A large part of its irritative action expends itself upon the upper respiratory tract, inducing sore throat, which usually begins on the left side and often extends to the right, accompanied by a severe constriction, constant necessity to swallow, profuse salivation and lachrymation; it is worse from empty swallowing and better from hot drinks and after sleep, resembling *Lachesis* somewhat, but which, as you know, is better from hot drinks and worse after sleep.

From what I have said, you have by this time, doubtless, inferred its usefulness in influenza, hay fever, etc., where it has been used quite extensively. It is, however, well to remember that in the so-called rose-cold it is very apt to have a palliative action only, and that it will generally not prevent its yearly recurrence, for which purpose the deeper acting antipsorics are more suitable. In hay fever it is indicated by the predominance of sneezing, with itching tingling within the nose, complete obstruction and a watery discharge, all worse in the open air.

In this disease it merits comparison with *Cepa*, *Squills*, *Arundo*, *Wyethia*, *Nux vomica* and *Kali bichromicum*.

*Cepa* is indicated by a bland lachrymation with an acrid coryza, better in the open air and accompanied by sleepiness and flatulency.

*Squills* will be needed if there is much bloating around the eyes, while the patient continually rubs them and sneezes. The teeth may show black marks.

*Arundo*, as pointed out by Dr. Allen, of Philadelphia, is perhaps the most important remedy. It is called for by much sneezing, running of frothy mucus from the nose and *itching of the soft palate*.

*Wyethia*, dry sensation in the throat, although mucus is abundant. Tickling on the edges of the eyelids. The lips feel scalded and swollen. Itching of the soft palate, is compelled to scratch it with the tongue. Great depression of spirits.

Under *Nux vomica* the itching also extends to the throat and we have the typically sensitive *Nux* patient.

Under *Kali bi.* the eyes fill with acrid mucus, which collects in little irritating masses; they run a scalding water and are ag-

glutinated in the morning. There may be a sticky, deep yellow discharge from the nose.

*Veratrine* has been used empirically for neuralgias of various sorts by the old school; we may make a similar use of *Sabadilla* when the pains seem like hot needles penetrating the part or are accompanied by tingling and prickling, always worse from cold.

*Sabadilla* has a distinct and clock-like periodicity fitting it for malarial and other intermittent complaints when thirst is absent and the patient complains of coldness mingled with isolated flushes of heat or alternating with hot flashes. In this exact periodicity it is to be compared with *Cedron* and *Aranea diadema*.

Many symptoms appear or recur at the new or full moon.

Burning sensations are very prominent and may occur almost anywhere. In general the symptoms predominate on the right side or go from thence to the left. In the throat, however, the reverse holds good.

The *Sabadilla* patient is usually chilly and generally made worse from cold, although he feels relief in the open air, quite like *Pulsatilla*; he is also worse from thinking of his complaint and often magnifies a slight symptom into a serious disease.

It is to be compared with *Arsenicum*, especially in the respiratory sphere, in symptoms induced by irritations in distant parts, in sensations of hot needles in the suffering part, etc.

*Parkersburg, W. Va.*

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## THE MOSQUITO AND DISEASE.

The May number of the *Medical Summary* contains a paper from the pen of Dr. Robert Gray, of Pichucalco, Mexico, on the irrational "hoax" that mosquitos spread yellow fever, malaria and other diseases. He states that the "Nurses and I were bitten by all classes of mosquitos in vogue throughout seventeen yellow fever epidemics—merely stating that I had seen them take their beaks from fever patients and put them directly into the cutis of persons not infected—my own hundreds of times—rationally seeming to indicate that as the logical moment to inoculate, there being any semblance of logic or reason in the theory."

"In the year 1866 or '67, data not at hand at the moment, Brennan, and other yet more inland, high, rolling prairie towns in Texas were visited by a yellow fever epidemic so virulent that

more than 90 per cent. died in the inception of the disease, which spread in a manner more fast and furious than ever before known, without mosquito intervention, as there were no such mediums there."

"There are many tropical points where there are no mosquitos at any time, and many more where there are none for months and months of the dry season, yet remorselessly scourged by malignant malaria and yellow fever in the absence of mosquitos, said fevers abating at once and soon disappearing under the cooling influence of the rainy seasons, when the solid ground seems to spew up mosquitos in countless millions. Possibly the active flea served the turn of the mosquito during his vacation—the only possible medium for popular inoculation."

Dr. Gray is of the opinion that yellow fever and malaria are water borne diseases, and in support of this theory he points to the fact that in Southern Georgia and Florida, where malaria was once very prevalent, it is now very rare wherever the people are supplied with artesian water, though mosquitos are as plentiful as ever.

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### ATTENTION! MEMBERS OF THE O., O. AND L. SOCIETY.

The official headquarters of the American Homœopathic Ophthalmological, Otological and Laryngological Society, while in session at Atlantic City, September 11th to 15th, will be at the well known and recently greatly enlarged Hotel Dennis, where all the elect are expected to take up their residence and be social.

Rates will be reduced for our benefit and will range, according to size and location of rooms, from \$3.00 to \$5.00 per person, per day, including room and board. As there are many summer visitors still remaining at Atlantic City during the second week in September, reservations should be made as long in advance of the meeting, for while we can all be nicely accommodated, with our wives and sweethearts, if we notify the proprietor in time, trouble may be experienced if we wait until the last moment.

Excellent rooms for the scientific sessions have been secured and the Secretary has already received an abundance of papers to be presented and read at the regular sessions. In addition to the regular papers two evenings will be devoted to papers limited

to seven minutes each. The first evening will consider *cures made by the use of a single remedy homœopathically administered*. The second one will take up our *failures*, considering cases that have not responded to any kind of treatment, satisfactorily.

It is expected that one afternoon will be devoted to clinical work, and it is likely that the beautiful new operating room at Galen Hall, the homœopathic Sanitarium Hotel of Atlantic City, will be available for the purpose.

Out of respect for the International Homœopathic Congress we will hold no morning sessions, and urge all of our members to attend the sessions of the Congress during that time, as the subjects under consideration by that body will be of paramount interest to us all.

Promising you all that which will interest your minds and be to the comfort of your bodies, I urge you to be on hand for the opening session, Tuesday afternoon, September 11th, at half after two.

Fraternally yours,

D. W. WELLS, M. D.,  
Secretary.

JOHN B. GARRISON,  
President.

## SUGGESTIONS

### For the Avoidance of Some Words, Expressions and Ideas that Are Not Applicable with a Law of Cure.

Editor of HOMŒOPATHIC RECORDER.

We frequently have a man or woman, or "M. D.," viewing a clear liquid in a flint vial; or pellets, or disks, or granules in a flint vial, and who utter this: "That must be homœopathic medicine."

Or when a dark liquid, or powder, or large pills, then the utterance: "That must be allopathic medicine."

Why not have knowledge? and not give away their ignorance of plain truths, plain facts?

A remedy of any shape, or color, or size of pill, is NOT homœopathic medicine, until selected according to *the* law of cure for a sick, abnormal organism. Truthfully, there is not a "Homœopathic Pharmacy;" but a *pharmacy for the preparation of remedies for Homœopathy*. They are not drugs, then, but remedies for the use of Homœopathy.

I change B. & T.'s advertisements in all the journals that come to my office. Change it to read correctly and grammatically: Pharmacists for Homœopathy. It sounds nicer! IT IS NICER!

No remedy is homœopathic until selected according to the law of cure, to correspond to the abnormal condition of that organism.

It may be crude, dark in color, nauseous, and yet be homœopathic to the abnormal condition

It may cure in such crudity, and it may NOT, mostly NOT. All remedies that CURE are really homœopathic, no matter how the form. Relief by palliation may enable the person to be up and about business or household duties, but the cause not having been cured, ill effects will appear sooner or later, if that organism's vital force is not released by some accident in the interim.

CURES are only secured by following the laws of Cure (Homœopathy), Dynamization and law of Dose.

A clear liquid, tasteless, or small doses of any shape or form, that the really ignorant and thoughtless may exclaim, "Appear like Homœopathy," and yet when administered to the suffering organism and *not being a homœopathic will not cure*, and are not homœopathic in any manner and form.

Many an "M. D." who was not a physician, in the pure meaning of that word, becoming disgusted with the nauseous doses and their non-ability to cure, has purchased one or more vials of remedies prepared for *lawful use*, and called those "Homœopathy," or (the mugwump) "home-pathy," but proceeded to administer it *as per his drug forcing education and mania*.

Of course, the dynamic remedy that would *cure* when selected according to law. nature's law, would not make any impression when administered according to drug forcing, fad, theory.

"He had tried Homœopathy." The correct expression was, he had displayed his ignorance of several of the laws of nature.

He held an "M. D." degree from a man-made-law. His body living or existing in this 20th Century, but his mentality had not come out of the 10th Century of superstition and ignorance.

The Alkaloidists have copied our better grade of pharmaceutical work (of course, without credit) and it is far better than Galenic pharmacy.

But those Alkaloidal Granules (appearing to those lacking pure knowledge "like Homœopathy") are used by those allopaths according to their drug forcing mania, fad and education, plus their catharsis fad. "Clean out and keep clean" is their battle cry.

It should be printed (and comprehended), Drug out and keep a drugging.

This fad practice indicates only an "M. D.," never a physician; for if each M. D. had knowledge "as an investigator of natural laws," not fads and popularly advertised theories, or "Abbot habits," he or she would *know* that catharsis (or "by any other name that does not smell sweet"), was drug forcing the glands along the lower alimentary canal (owing to what *drug* used), which in their poisoned agony these glands throw out all their liquid secretions, and hence an *evacuation from drugs*, and in no sense a "clean out" (?). The same drug given to a healthy person would produce the same intense odorous evacuation. It is a drug out, and injuries that organism's future health and longevity, more or less, as per the repetition and intensity of the drug, or drug combinations.

When natural laws are being lived, the fecal and urinary evacuations are normal *and clean*, and do *not* need drug forcing, even to please the prevailing fad or theory, or anyone's "habit."

When the evacuations are not normal, there are remedies to be selected according to the law of cure that will restore the abnormality to normal, and that spells pure health and happiness, also longevity, barring accidents. The EXCUSE may be exhibited that the unfortunate person who was so poisoned with catharsis, evacuating a large quantity and of intense odor (they render it "horrible smell," as if the evacuation had the sense of smell) and was up and about his or her usual duties. Some abnormal and annoying persons when knocked down and brutally kicked, become devoted and loyal friends after that brutality, but must we make that a "habit," and a dominating practice?

Some persons cannot, and will not suffer such a "habit." Many such *victims* of catharsis fad and habit give early premature profit to the undertakers; others are constant patrons of an "M. D.," with drugs, static machine, and off to the hospital frequently to improve the mistakes of the Creator.

" Ah, wad the power the Giftie gae them,  
To see thesersels as ithers sae them."

A Hahnemannian, as a true physician, does not use drugs. He or she use remedies according to a law of cure. Drugs may be used by provers, either crude or potentized, in preparing the provings for our *Materia Medica. for Homœopathy.*

But the doses, the medicines are *remedies* (not drugs), when administered to the sick, according to the laws of cure and dynamization.

Few "M. D.'s" of the present generation comprehend what the word *physician* indicates.

Very few "M. D.'s" have knowledge to live and practice what the word means.

I write "M. D." over the word physician where I see it in print, unless I know that he or she are really physicians.

M. D. is the degree sought for, paid for, secured according to man-made-laws.

The term cannot be held objectionable. Those who really are not physicians, in fact, cannot object to be called "M. D.'s". Can they?

Doctor of Medicine! Learned in medicine.

A pharmacist or drug clerk is that to a more or less extent; a toxicologist also; most "Doc's" are; but none of them are investigators of Nature's laws, having *knowledge* beyond a "belief" of how to administer *remedies* to CURE, according to the laws of cure and dynamization; therefore not physicians until they do have such knowledge, which is far beyond a "belief," or static machine.

You should not censure me for doing this; censure your Alma Mater for not having a faculty that could teach the laws of nature, knowledge of them, and how to apply the same, or yourself for not comprehending the duties of a physician when you claim to be one.

Censure your editors of journals. who when they reprint from an allopathic journal their wails "of inability to relieve or cure," and write "that medicine has failed," or "have no remedies to aid," they should interpolate at each proper place the TRUTH, expression *Allopath—Allopathic*. It would read (allopathic) medicine has failed. We have no (allopathic) remedies to aid. This would read plainly—be plain and the truth, not to be misunderstood as a generalism.

An M. D. may hold a degree from a legal college calling itself homœopathic (more correctly "up-to-date" (?) "home-pathic,") and yet he or she has been educated allopathically, *i. e.*, drug force, or drug palliate an abnormal condition, which really indicates that the suffering organism has to fight and struggle against both the abnormal vital force and the drug forcing condition; and

if the constitutional strength (vital force) cannot react from *both* destructive influences, then this "M. D." endeavors to cut out or off *results, for a fee*, and fake the sufferer and friends of same into the thought that this result is "the cause."

And if that person cannot be up and about business or pleasure duties, and the undertaker's services are needed, then the old gag is rendered:

"All was done that could be done,  
The Lord giveth and the Lord taketh away,  
Blessed be the name of the Lord."

When it truthfully should have been expressed:

"All the wroug way things were done,  
Forgive me from not having knowledge of natural laws,  
And of the law of cure."

Reader, won't you reflect carefully as you read many of the articles published in our journals, and can you not comprehend that most of the "M. D." writers have an allopathic education (drug and chemical forcings), and to cut out or off what they should know how to cure, no matter if they do hold a degree from a college that has a sign out that reads Homœopathy, or "homeopathy."

I do not worry over an M. D. having an X-ray or static machine, or nebulizers, and a large income, providing he sails under a correct banner. He or she are not physicians, not Hahnemannians, not physicians representing Homœopathy.

I do not blame an allopathically educated M. D. (of all schools) for existing and securing fees.

He or she supply a demand of the people living in this 20th century, but mentalities that have not come out of the dark ages, of superstition, nauseous drugs, and the barber practice, and "might makes right," and to be faked.

"Glorious operation, but the patient died." Or as an M. D. some years ago printed in his journal exploiting his own drugs: "The poor children often die in summer complaint before the doctor got his drug-forcing doses fully under control."

That was a "medical bull," not an "Irish bull." What correctly could be understood was that the child's vital force could not suffer both the abnormal condition and the drug-forcing condition.

The Lord love us and give us *knowledge* of natural laws, not fads, theories, habits, ideas that sooner or later end in the poplar box, lined with white, covered with black.

Fraternally, but earnestly,

JOHN F. EDGAR, Pulte, 1877.

*El Paso, Texas.*

## TOO MUCH "KNOCKING."

Editor of the HOMŒOPATHIC RECORDER.

Is there not, in the slang of the day, too much "knocking" in the homœopathic ranks? For instance, if a homœopathic graduate performs a surgical operation it is intimated that he might have cured the case by the indicated remedy and that the operation was performed for the sake of the fee or because he was ignorant of *similia*. Per contra the surgeon—not so much in print as in private conversation—often declares that many lives are lost because the bigoted doctor persisted in medicine, when the knife was the only relief, until it was too late. Again, if a young graduate resorts to "allopathic" measures, at times, he is denounced in unmeasured terms and, again, *per contra*, he in his turn sneers at the old "moss-backs" for their ignorance of "modern medicine." This is rendered in broad lines. Specific instances might be given by the hundreds, but all interested in the subject know what is meant, especially the readers of THE RECORDER, which is truly what it claims to be, a medical Forum where all have free speech. Instead of all this flouting, jeering, rasping, in other words, "knocking," why not assume that the other is honest, but ignorant, and, if need be, point out the error in courteous terms? If you meet an acquaintance whom you think has committed an error and first slap him in the face previous to pointing out what *you* think is his error—you may be wrong—a fight is inevitable. In a fight the real question at issue is generally forgotten and it degenerates into a mere personal conflict, amusing, but not instructive to the looker on—the reader. Let the "scientific" homœopath and the "Hahnemannian," at least, believe in the honesty of each other's purposes towards their respective patients and there will be less acrimony in our ranks which will be a good thing. No one "knows it all." \* \*

## OBITUARY.

## George Wigg.

Dr. George Wigg, of Portland, Oregon, a prominent and beloved homœopathic physician and surgeon, died on May 31st. He had been ailing for some time from rheumatism and neuralgia, but was supposed to be on the road to recovery. He arose from his bed and struck a match, the fumes from it were accidentally inhaled, causing collapse, paralysis of the heart and death. Dr. Wigg was born in England sixty-eight years ago, came to the United States in the year 1864 and for the remainder of his life resided and practiced his profession in Portland, Oregon. A good homœopathic physician and an A. F. and A. M. gone to his rest.

## Stacy Jones.

We learn from one of the publications of Boericke & Tafel that Dr. Stacy Jones has departed this life. Dr. Jones is famous for a number of peculiar and odd little works that have helped by their very oddity to attract attention, and having done that to add to the sum of human knowledge, especially homœopathic knowledge. He it was who gave us the *Bee-Line Repertory*, a little book that was based on a practical basis—an everyday working basis, not on a strictly homœopathic or any other creed-al basis. He worked on the theory that the practitioner having a bad case to minister to would be glad to find any port in the storm, and so he prepared for him as much information in a small space as possible. This little book has stood many a busy man in good stead. Then there was his *Medical Genius* which is a veritable multum in parvo. His latest was his poetic essay to put the homœopathic remedies into little doggerel easy to learn and as easy to recall at two o'clock of a stormy morning when the rest of the homœopathic knowledge was at home six miles away. Thus in various ways he contributed to the success of our profession. However odd and peculiar his printed works may have seemed at the first, they always approved him to be a first-class homœopath and a good general physician. He seems not to have been much in the public eye, save as the author of several of these catchy works enumerated and some others. But his works will survive him. May the Fates give him sweet sleep and a bright awakening.—*Dr. Frank Kraft.*

## THE RESOURCES OF HOMŒOPATHY.

By James Watson, M. B., C. M., Edin.

*Hon. Physician Hahnemann Hospital, Liverpool.*

“ I BELIEVE in the law of Similars and spell *Curantur* with an ‘*a*,’ and I believe in the single remedy, for I have seen it act wonderfully; I also believe in letting the medicine act out before repeating.” You will find this synopsis of homœopathic philosophy and practice contained in the *Medical Advance* of June, 1903. The author of it is Dr. Axell, a graduate of the Hering College of Homœopathy, now in practice at Ostersund in Sweden. Besides this confession of faith, Dr. Axell’s paper contains a most interesting account of a popular movement in favor of Homœopathy, probably unparallel since the days of Hahnemann. In the course of a few months, between January and May, 1903, Homœopathy had won over thousands of adherents, and as a result had roused the bitterest enmity of the “regulars” and of chemists through the whole northern regions of Sweden. So great had been the injury inflicted upon the *amour propre*—not to mention the pockets—of the representatives of these vested interests, that, just as in Hahnemann’s day, the machinery of the law had been put in operation in order to stamp out the accursed thing. The situation thus created was a most interesting one and I propose, for the benefit of those of you who may not have access to the journal referred to, to give a brief outline of it.

Homœopathy is not recognized in Swedish law, and it may, therefore, be considered a technical offence to practice it, the maximum penalty for so doing amounting to four dollars. On the other hand, Homœopathy does not come under the “quack” law of Sweden, as the definition in that law of quack is “one who sell poisonous materials,” which only chemists are allowed to sell on doctors’ prescriptions. The practitioners of Homœopathy are not, it would therefore appear, liable to any criminal prosecution, nor can the practice of it be prohibited. In the present instance, Dr. Axell has already, up to the date of writing, been twice summoned before the Court and fined the four dollars, but the farcical nature of the proceedings may be gathered from the fact, that, on the last occasion, out of a jury of twelve men, nine were Dr. Axell’s own patients, and that the judge had openly acknowledged his sympathy with the system.

These events took place over two years ago. In September of this year (1905), I had the pleasure of meeting Dr. Grouleff, another Herring College graduate, who passed through Liverpool *en route* to Ostersund. From him I learned that this outburst in favor of Homœoprthy had proved no mere mushroom and evanescent craze, and that the system had steadily maintained its hold upon the minds of all classes of the community to such an extent that Drs. Axell and Holst were quite unable to cope with the work which offered. They had, therefore, been obliged to apply, through their Alma Mater, for further assistance, which Dr. Grouleff was then on his way to afford. One ventures to think that this record of work, based upon strict Hahnemannian philosophy, forms a most excellent testimony to the resources of Homœopathy, and that in contrast with such enthusiasm and evident success, the comparatively tame and lifeless interpretation and exposition of the same great natural law of cure which passes current amongst us as Homœopathy today leaves much to be desired. In this respect, I believe, our present position compares unfavorably with what obtained in the earlier days of Homœopathy in Great Britain. In those days Homœopathy was a factor of very considerable moment in the world of medicine, judging not merely by the jealousy and the controversies which it gave rise to, but also by the success which attended it. Today Homœopathy threatens, unless we exponents of it once again take up a strong position in support of it, to become lost in a plethora of purely empirical facts and data. Allopathy has so nearly, yet for the most part unwittingly, approached towards Homœopathy not only in respect of dose, but also in many cases in *rationale*, that open jealousy and hostility on the part of the profession at large is dying out. Yet this cessation of active opposition, to my mind, constitutes a very real danger to Homœopathy and necessitates all the greater insistence being made upon the law *similia similibus curantur* and its adjuncts. We ought to bear in mind that in the absence of a frank acknowledgment of that law the leavening process which is going on in orthodox medicine through the acquisition from our school of "tips" forms no real advance in the science, and but little help in the practice of medicine. This crypto-homœopathy amongst allopaths has weakened the hold which avowed homœopaths now have upon the minds of the laity compared to that which the earlier exponents of Homœopathy exercised. But the question we have to ask ourselves now is:

Does the presence of this crypto-homœopathy in the dominant school wholly account for the comparatively insignificant attention which Homœopathy now receives? May not the change be due in part at least to our own shortcomings, to a deficiency in our knowledge of the resources of Homœopathy and a consequent feebleness in our efforts to carry out the system in practice? Do we not all resort too readily, at the first sign of difficulty or of danger, to methods other than those sanctioned by our law of cure, thus weakening our cause and giving occasion for criticism and for offence to those of the profession who would deny to us the right to call ourselves homœopaths? To my mind such liberalism in thought and in action has been and is to blame, seeing that the ready aid thus afforded militates very strongly against the closer study of the philosophy of Homœopathy, without which no one need expect to make much progress in the practice of the art.

I should like to preface my further remarks by a word of apology and of explanation for attempting to consider such a comprehensive subject, one which has already been written upon by very many abler and more experienced men, as the *Resources of Homœopathy*. My only excuse is that the subject is one in the treatment of which the personal factor, represented in the mental attitude or bias of the observer, plays a peculiarly important part, and that any contribution to the subject, no matter how halting and incomplete it may be, merits attention as an exposition not only of the author's methods of practice, but also of the ideals and principles which animate him.

"I believe in the law of Similars and spell *curantur* with an 'a.'" With this confession of faith of Dr. Axell I heartily agree. *Similia similibus curantur* is the bed-rock principle of Homœopathy, upon which the whole superstructure rests. Like Carroll Dunham (*vide* "The Science of Therapeutics"), I believe that the maxim really embodies a great natural law of cure comparable, in some respects, to that of gravitation in matters terrestrial. I do not mean by introducing a qualifying phrase, "in some respects," to impugn the universality of the law—that I thoroughly believe in—but one is obliged to admit the fact that the difficulty imposed by our inadequate knowledge of the remedies and by our inability to always read aright the sign manual of disease, introduces an element of limitation and of uncertainty not to be found in the workings of the law of gravitation; whilst, therefore, we must admit the shortcomings which our too limited

human capabilities impose, we, nevertheless, believe in the maxim as law, and consider we are warranted in so doing when we remember the history of its discovery and of its subsequent evolution. Hahnemann, you will remember, had practically given up the practice of medicine, so conscious was he of the uselessness and harmfulness of the methods in vogue in his day. In lieu of this, to him, doubtfully honest method of gaining subsistence, he betook himself to literary pursuits, to the translation of works of chemistry and of medicine into German. Amongst other works that of Cullen on *Materia Medica* occupied his attention, and whilst translating this book "he was struck by the parallelism between the symptoms produced by *Cinchona* and those of the disease—ague, which it was used to cure" \* \* \* \* \* "pondering on this germ-idea, this suggestive parallelism, the intellectual equipment of Hahnemann served him well; he perceived in this the promise and potency of better things. Adopting the Baconian method of experiment, he tried the drug on himself, and from that hour the homœopathic law took shape and form. Based on the true inductive methods of observation and experiment, the law has been continuously verified, until now it ranks as an induction of widest and most general value." \* \* \* \* \* "The criterion of a law of Nature is that it is capable of—is that it receives—continuous verification in positive results from all workers who apply it in practice." \* \* \* \* \* "This, then, is the scientific basis of Homœopathy; a natural law, fixed and persistent; a part of the cosmic order. From the time of its framing it has needed no restatement; the increasing years have only emphasized its exact correspondence with the facts which it was formulated to represent."

This passage from Dr. Burford's address on "Homœopathy, its Polity and Policy," so ably sums up the genesis of the law and the soundness of it that I need offer no apology for thus quoting *in extenso*. Hahnemann was careful to point out that the principle contained in the law had been noted from time to time by various observers from the time of Hippocrates downwards. It was reserved to Hahnemann to give a full and adequate expression to a truth which hitherto had been but vaguely seen and appreciated. He was not, however, content with merely formulating the law, but, philosopher like, he attempted to explain the *modus operandi* of it, and the speculation thus entered upon, coupled with later ideas and conclusions which the further applica-

tion of the law and daily practice suggested to him, produced a body of philosophy second only in importance to the original discovery—that of the law itself. I have already dealt in a previous paper with the first of these accessory tenets, viz., the doctrine of a vital force, and therefore content myself with reaffirming my belief in it. To-night I want to take up the consideration of the later developments contained in Hahnemann's theory of (1) dynamization and (2) of chronic diseases.

### (1) Dynamization.

Hahnemann found in the course of his practice that, in the presence of morbid sensitivity which characterized the diseased state, the doses of the similarly acting drugs which were required to cure were far removed from those which he had hitherto been in the habit of using. Accordingly he adopted the uniform method of attenuation with which we are all familiar. To his astonishment, he found that the process which he originally looked upon as a mere dilution could be carried much further—up to the 30th centesimal was the limit he at one time proposed—than could *a priori* have been expected or even credited, and he then came to see that whilst from the physical standpoint the process was undoubtedly one of dilution—but dilution with strictly limited quantities, be it remembered—yet from the clinical point of view, dynamization, or, as I should prefer to express it, the evolution or freeing of the forces inherent to, but latent in, the crude drug, was what actually took place. The trend of modern science is distinctly in favor of Hahnemann's theory of dynamization based, as it is, upon the effect which simple attenuation may have in rendering a harmless and inert substance capable of evidencing new and strange, not to say powerful, properties. One might cite the now classical experiment of Sir William Crookes, who, experimenting with simple glass tubes with electric conductors inset at the extremities, and filled with atmospheres of varying densities, found that the passage of electricity produced no result in the presence of normal atmospheric pressure, but that when under the air-pump the air had been withdrawn down to one-millionth of its normal density, the electricity now brought about a reaction, and the previously inert molecules, having now, so to speak, elbow-room, were hurled up and down the cylinder with a force which either fused the glass by heating, or actually penetrated it as with shot-holes. The crux, however, of the whole

theory of dynamization is that the active principle of drugs may be, provided the circumstances are favorable, imparted to the media by which they are surrounded. This pretention has in the past evoked much controversy and not a little ridicule, the latter owing to the undemonstrable nature of the claim apart from its clinical verification. Now, however, we can point to a precisely similar process of diffusion of active properties from subject to media, taking place in Nature and also experimentally in laboratories. I refer to the phenomena of radio-activity, which are of such interest and importance to us homœopaths that I have abstracted the following passage dealing with them and their relation to Hahnemann's dynamization theory from a paper by Dr. Heysinger, of Philadelphia. Dr. Heysinger, writing in the June number (1905) of the *North American Journal of Homœopathy*, says: "Take the case of radium and its salts. Here we have bodies in a constant state of ebullition and activity; on every hand they give off radio-active particles with a force sufficient to penetrate opaque bodies \* \* \* which will produce burns on the human skin, comparable to which that of burning phosphorus is but trifling; and lastly, which will impart the same forces to media in which they happen to be suitably enclosed, so that gallons and barrels of water may thus be infected (so to speak) with the active properties of this insignificant, almost microscopic, salt. Any one who has looked into the eyepiece of a spintharoscope, and has seen the coruscating fireworks which fill the field of vision, and who realizes that such microscopic fragments will continue to throw off these active particles into space for years, without the slightest diminution of weight, bulk or energy, must admit that the virtues claimed by Hahnemann as attaching to his process of dynamization are no longer to be looked upon as outside the pale of possibility; on the contrary, one rather thinks that now the whole field of physical science is sweeping onward to the high plane which Hahnemann by rigid experimentation had reached, long before the sun of modern science had sent its first pale slanting rays across the unknown waste."

We do not claim that the facts of radio-activity afford any direct proof of the truth of Hahnemann's dynamization theory, but we do regard them as strong circumstantial evidence in its favor. Moreover, the behaviour of the radio-active bodies having, as Sir William Ramsey says, completely confounded the old theories, alike of substance and energy, and having demon-

strated the power of the infinitesimal, we are encouraged to throw off the burden of our allegiance to material posology, thereby widening our sphere of influence, and greatly enhancing our usefulness.

(2) I now come to the consideration of Hahnemann's theory of chronic diseases, which in the later years he added to the edifice of homœopathic philosophy. Most of you will doubtless be familiar with the trenchant criticism which the late Dr. Dudgeon passed upon this later development. He pointed to the denunciations which Hahnemann certainly showered in no sparing fashion upon those physicians who, to quote Hahnemann's footnote to paragraph 1 of the Organon, "spent their time in constructing so-called systems by interviewing empty speculations and hypotheses concerning the internal essential nature of the vital processes, and the mode in which diseases originate in the invisible interior of the organism; or, who attempted to give countless explanations regarding the phenomena in diseases and their proximate cause, wrapped in unintelligible words which should sound very learned, whilst sick humanity sighs in vain for aid. Of such learned reveries we have had quite enough, and it is now high time that all who call themselves physicians should at length cease to deride suffering mankind with mere talk and *begin now to act, i. e.*, really to help and cure." Dudgeon's criticism, too, is worth quoting: "After all this, we would hardly have expected to meet Hahnemann in the domain of pathological hypotheses, and actually promulgating a theory of the origin of all chronic diseases. And yet such is the case, and we shall find that his doctrine of chronic disease is an attempt at a dogmatical explanation of the essential nature of a vast proportion of the maladies that afflict mankind, and as all Hahnemann's views were made subservient to his therapeutics, this pathological hypothesis of his was the foundation of a peculiar therapia, differing in some essential particulars from what he had hitherto taught." It cannot be denied that Hahnemann in his theory of chronic diseases has entered into the field of pathological hypotheses, but I would venture to defend his so doing in spite of the animadversions which he had indulged in in the foregoing extract. What Hahnemann protested against was the practice of approaching the problem of the treatment of diseases full of ideas more or less speculative in character, concerning the nature of the mand the habit of basing treatment upon such preconceived ideas. This faith, I

venture to think, Hahnemann never committed. He certainly set out, *originally*, with no speculative assumptions, and on each step of the road he traversed he was far more controlled by the facts of daily experience than swayed by speculative reasoning. The healing art is, as he pointed out in the preface to the second edition of the "Organon," in its nature a pure science of experience, and as such must rest on clear facts and on sensible phenomena, and further in it, as in the kindred sciences of physics and chemistry, merely speculative reason acting alone can have no place. But in these experimental sciences, speculative reasoning, or, as I should prefer to describe it, the method of induction, may be employed in conjunction with well-established laws, and this, I submit, was what obtained in regard to this theory of chronic disease; in other words, the previous establishment of the law *similia similibus curantur* completely removes the gravamen of the charge which Dudgeon lays at Hahnemann's door. Just as, in the science of astronomy, a knowledge of the law of gravitation, coupled with some observed and unexplained movements of the planet Jupiter, predicted the existence of another force, and so led to the discovery of the planet Neptune, so in medicine, a knowledge of the law of similars, coupled with certain observed and unexplained facts of daily experience, predicted to Hahnemann the existence of some other force or forces which, after years of patient research and inquiry, he determined resided in the miasmatic influence which psora, syphilis and sycosis have upon the economy. In other words, I regard the theory of chronic diseases as a natural corollary of the law of similars, and, though full of proof of the validity of it cannot meantime be led apart from clinical verification, I regard its ultimate demonstration as sure, sooner or later, to be attained.

In conclusion, let me say that the urgent need of Homœopathy today seems to me to be a more general recognition of the universality of our law of cure, and the necessity of so devoted a study of our law and its adjuncts as to render it serviceable in all the difficulties and dangers of daily practice.—*Journal of the British Homœopathic Society.*

## CHIMAPHILA UMBELLATA.

This small evergreen plant is known in different sections of the country by different names, the most common of which being prince's pine, pipsissewa, wintergreen, and ground holly. Although a fluid preparation of the plant constitutes a medicament of decided curative power, it is not as frequently employed by the general practitioner of medicine as it might be with most satisfactory results.

The action of *Chimaphila* is not attended with any special excitement, nor does it seem to stimulate one particular organ or function more than another. It apparently embraces the entire system within the range of its activity. Its action is manifested by a decided improvement in the various functions of digestion and nutrition.

In chronic affections of the kidneys and bladder, especially when there is a mucous or purulent discharge, *Chimaphila* exerts an influence which makes for a normal condition of the organs and tissues involved, and in suppression of urine, and when the urine is thick and ropy, with a bloody sediment or brick dust sediment, it is an efficient remedy. It is also of value in hæmaturia and gravel, as well as in dropsy, caused by kidney diseases. In dropsy after scarlet fever and measles, and in dropsy accompanied by general weakness and loss of appetite it is deemed a superior medicament. *Chimaphila* has also been employed with success in strangury, chronic gonorrhœa, urinary affections with offensive urine containing uric acid, and in diffused syphilis when the constitution has become greatly impaired. It is especially adapted in cases requiring continued medication, as it seldom disagrees with the most sensitive stomach, and all atonic conditions of the system are much benefited by its administration. In hectic fever with night sweats, and in the latter stages of typhoid fever, when there is deficient secretion, much benefit is derived from its exhibition. Its curative effects are also unmistakable in all diseases presenting an enlargement or a swollen condition of the parotid, cervical, mesenteric, prostate, or other glands. In many cutaneous diseases, especially with enlarged cervical glands, it is a favorite remedy, and in ill-conditioned ulcers its alterative power aids much in a rational treatment. In chronic rheumatism it affords relief, and it is said to have cured many cases of the painful condition.

*Chimaphila umbellata* is alterative, tonic, diuretic, and astringent.

The following are among the most prominent specific indications for *Chimaphila*: Chronic vesical and renal affections, with muco-purulent sediment; smarting pain and frequent urination; suppression of urine; urine thick and ropy with blood sediment; brick dust sediment in urine; strangury; enlarged or swollen glands.

The dose of *Chimaphila* is from 10 to 60 drops, but is usually employed in doses of from 10 to 30 drops.—*Fyfe in The Eclectic Review*.

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## ACID AND ALKALINE CHILDREN

Dr. T. C. Duncan in his book, *Children Acid and Alkaline*, a work that is of much value to physicians, points out the facts that acid children are under average weight while the excessively alkaline child is over it. The acid child's tongue is small, red pointed, and as it grows older the skin will have a parchment feel.

The excessively alkaline child has flabby flesh, large joints and sleeps a good deal. The acid child has large stomach while the excessively alkaline children have small stomachs and large livers.

Heat on the back is believed to aid digestive activity. This is important to note, if a person wishes to follow the methods taught in Dr. Davis's work on Neurology.

Acid children have a deficiency in white blood and excess of red blood, hence Scudder pointed out the fact that for acids the lips should be red proves, according to Duncan, that acids should be used in acid conditions and alkaline should be used in alkaline conditions.

Scudder was an Eclectic and Duncan a Homœopath. Many practitioners of other systems use acids in alkaline conditions and alkalis in acid conditions.

While Dr. Duncan believed in giving acids to acid children and alkalis to alkaline children, he taught that the food should be opposite, that is, acid children should receive alkaline food and excessively alkaline children should receive acid food, or in other words, the law of diet selection was contrary. Alkaline conditions are usually worse in the morning and acid conditions in the

evening. *Chloride of Sodium* acts either way according to Dr. Duncan and he makes a quotation from Old Book as follows:

“Salt eaters (women) seldom have male issue.”

This will remind one of Dr. Shenck's theory, Deterogation of Sex, and Terry's Controlling Sex in Generation. Both of these books are of great value to anyone interested in the question of sex control.

It may be that much could be explored on the subject of sex control by close study of the acid and alkaline theory. Dr. Duncan says:

“Blondes should not intermarry, both lack bile and red blood that gives health and vigor.”

He also says: “The milk of blonde women seems to undergo that change sooner than brunettes.”

All of this makes one who is familiar with Shenck's and Terry's books read between the lines.—*Dr. J. A. Burnett in American Medical Journal.*

## HOMŒOPATHY VS. ALLOPATHY.

By N. Sisca, M. D., Killarney, Queensland, Australia.

Much as many of us may be unwilling to admit it, and contrary to the stereotyped statements by which a large section of the allopathic press endeavor to lull us into apathy, to the effect that Homœopathy is dead, Homœopathy is exploded and discredited, etc., etc., it is, nevertheless, a fact that Homœopathy is slowly but steadily progressing. At the beginning of last century it had only one representative, namely, Hahnemann himself, but now it has adherents all over the world. The number of homœopathic practitioners, hospitals, dispensaries, etc., is continually increasing, and the section of the public who prefer to have their ailments treated by homœopaths (and, let it remain *entre nous*, do not seem to regret it) is becoming larger every year; while the controversy between the two schools, which most, if not all, allopathic journals either affect to ignore or else dismiss with a few sneering remarks, is vigorously and unabatingly kept up by the homœopaths in periodicals, books and pamphlets, a good many of which are constantly and freely circulated among their adherents and sympathizers. I feel sure I need not remind the readers of this journal that there are now in the United States alone about

twenty thousand homœopathic practitioners, with between twenty and thirty homœopathic colleges officially recognized and empowered to grant degrees to their students, eighty-five general hospitals, sixty-seven special hospitals, nine national societies, thirty-three State societies, forty-two medical clubs, thirty medical journals, and fifty-eight dispensaries. But what, in my opinion, is certainly advisable that allopaths in America and elsewhere should be reminded of is, that for every homœopath who is consulted there must perforce be an allopath who is not wanted. And this naturally brings us face to face with the very pertinent question: What are we doing to safeguard our interests and our position? Let me not be misunderstood. I should be very sorry to say a single word which may have even the appearance of animosity or hostility against homœopaths. I have reason to know that by far the largest majority of them are neither unfair nor unscrupulous adversaries, but they undoubtedly are our competitors, and whilst on the one hand we have no right to find fault with them for legally competing with us, on the other we certainly cannot be blamed if we look after our own interests.

Unfortunately for us, however, compared to the untiring energy of the other side, the part we are taking in the competition is far from being what it should be. In fact, all we are doing in this important matter is simply to sleep on our laurels, the laurels being represented by the fact that rightly or wrongly we are what the homœopaths are wont to call the "dominant," and that, therefore, nothing can harm us. Consequently, many of us are pretty often found doing what we should not, that is, pooh-poohing Homœopathy without even knowing the meaning of the word, and determinedly leaving undone the very thing we certainly should do, that is, to learn for ourselves what Homœopathy means, and what it is.

What? Study Homœopathy? Yes. The time has come when, if we persist in ignoring Homœopathy, we will do so at our own peril.

And that is why, as an allopath, who, in a practice of over twenty years, has found time to make himself fairly well acquainted with most, if not all, the pros and cons in connection with Homœopathy. I am only too glad to be able to place before the readers of the *Medical Brief* a concise but clear and accurate statement of its fundamental principle and of its practice, followed by a brief outline of comparative *materia medica* and therapeutics.

Coming, as they do, from an allopath, I venture to hope that the following notes will be read without suspicion of bias or *ex-parte* proclivities, and that thus they may fulfill the only purpose for which they are written, namely, that as many allopaths as this journal will reach may have their eyes opened, and be led to acknowledge that for the sake of our patients, as well as for that of safeguarding our position, Homœopathy is worth studying, because there is much in it that is worth knowing.—*Medical Brief.*

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### CHIPS.

“The examinations of the State Boards are still theoretical and the results cannot be taken as a safe indication of the character of our work.”—*Osler, Address Ac. Med.*

“From the tendency which existed a few years ago, when paranoia was prominently in vogue, to make everything paranoia, the pendulum has swung to the opposite extreme, and now there is no paranoia.”—*Dr. W. A. White, N. Y. State Med. Jour.*

It presents a rather anomalous spectacle that a regular medical organization (A. M. A.) now allows its affairs to be directed by a man who for years was a sectarian practitioner.—*Am. Med. Journalist.*

I believe that the great authorities have frequently been the heaviest clogs in the wheels of progress and have frequently hindered the progress of medicine.—*Critic and Guide.*

“But history, which is a cold, clammy, unbudging thing, hard as nails and horribly accurate —.”—*Allen Dale in June Cosmopolitan.* Whew!

“I have not the pleasure of knowing either Dr. Goodno or Dr. Halbert, but venture to say that their books will still be used and redound to their credit, when other members of our school who are holding up the mystery and folly which are unfortunately associated with it are gone.”—*Hollister, Med. Counsellor.*

“Such food as is most grateful, though not so wholesome, is to be preferred to that which is better though distasteful.” (*Hippocrates.*)

“More importance is to be attached to the desires and feelings of the patient than to doubtful and fallacious rules of medical art.” (*Sydenham.*)

“ Specific medication is built upon too flimsy a superstructure to deserve serious consideration by the physiologically-trained physician.”—*Medical Review of Reviews*.

“ Lying is a disease, not a moral obliquity.”—*Gordon, Am. Med.*

“ In breaking rules we must use our brains, an exercise which most of us avoid as far as we can.”—*Shattuck*.

## CURES OF APPENDICITIS.

By Dr. D'Espiney.

Miss H., fifty years of age, of good constitution, brunette and pretty plump; of former ailments she only mentioned disturbances in her digestion, which were combined with habitual constipation, but this had much improved in the course of the last years. Her employment as a weaver compels her to make violent exertions with the arms. The occasion for her present illness seems to point to overexertion in her work. Her disease made a violent beginning on Monday, the 12th of June, in the morning, with a pain in the right flank, with feverish commotion. Toward evening the pain had increased, and extended over the whole abdomen with nausea. Her state grew worse next day, the patient lapsing into a semi comatose state; the vomiting is frequently accompanied with a burning pain in the trachea; the smell of the substance vomited is putrid, almost fecal. The pain in the abdomen was always lively, chiefly lancinating, with stitches. Two physicians who were called in, one after the other, determined that in view of the urgent nature of the operation, the patient should be immediately transported to the hospital, which was done on the third day of her disease. In the Hospital St. J—the treatment consisted in the application of ice to her abdomen and injections of *Morphine*. The temperature fluctuated between  $100.4^{\circ}$  and  $101.4^{\circ}$  F. The vomiting gradually ceased, but the pain in the abdomen continued. After waiting for five days, the surgeon determined to have the patient conveyed to the operating room, in order to institute there a searching examination, to be probably followed by an operation. But frightened by this prospect, and taking advantage of a delay in the execution of this order, Miss H. had herself taken home, where I visited her next day, on the ninth day of her disease. When the patient lay quietly stretched out in her bed, she suffered but little pain; only motion and the examinations caused her a lively pain. Her complexion was yellowish subicterical; the tongue was dry, whitish-

grey. The day before the stool had been hard, knotty, greenish. The right ileo-cæcal region was occupied by a hard swelling, without any noticeable fluctuation on pressure, pretty sensitive. I prescribed a semi-fluid diet, a lavement with oil to be made with a probe made by Nelaton. For medicine I prescribed *Bryonia* 3, ten grains in a half tumblerful of water, giving a coffee spoonful at first every hour, then every half hour. In the morning the fever had not returned and Miss H. said that she felt somewhat better; the swelling remained stationery. The lavements with oil had called forth two to three stools. Prescription: *Mercurius cor.* 6. At my third visit, on Thursday, I found the patient brighter, her sleep had been pretty quiet; she had eaten the soups without any aversion, but the abdomen was but little changed. I again prescribed *Bryonia* 3. From this time the improvement appeared ever more plainly. Next Sunday (the twentieth day of her disease) a very marked decrease in the swelling could be noted. The examination allowed me to delimit a hard, longish mass, which seemed to lie obliquely in the iliac fossa, along the cæcum.

Three weeks later Miss H. appeared at my office. Her complexion was clear, the tongue clean, only there was yet some constipation. A careful and thorough examination showed no more anything in the right side. The digestion proceeds in a normal manner, more so than formerly, with less flatulence and distension of the abdomen.

It may be interesting to compare with this case which I personally witnessed those published by Dr. Clarke in a late pamphlet. I herewith give a brief summary of them:

CASE I. M. E. S., ten years of age, fair and tender, had in the last days had symptoms which were ascribed to a bilious attack, to which he was liable. On the 7th of September, 1887, his temperature was  $102.2^{\circ}$  F.; pulse, 120; the abdomen everywhere sensitive, but especially on the right side; the legs are drawn up; the least movement causes him to shrink; warm fomentations alleviate. The tongue is white; thirst. The bowels have not moved for two days. A liquid diet is prescribed, with warm applications. *Bryonia* and *Mercurius cor.* in hourly alternation.

September 8. Temperature,  $102.2^{\circ}$ ; pulse, 108; constipation; the legs are drawn up. But little anxiety; she looks better.

September 9. General improvement. Temperature,  $96.6^{\circ}$ ; pulse, 96. Frequent urging to stool, which is painful and consists of small lumps. *Nux vom.* instead of *Bryonia*, in alternation with *Mercur. cor.*

September 10 and 11. The temperature has fallen; the abdomen is no more sensitive all over its extent, but now only in the right iliac fossa.

September 12. High temperature, probably caused by nervous shock. *Opium* 3 and *Mercur. sol.* 6 were given in alternation every two hours.

September 15. She got up and dressed. There is no more pain. The tongue is clear. The bowels are acting; there is good appetite. *China* 1 D. and *Mercur. sol.* 6, in alternation. Since then she has been well.

CASE II. H. B., fifteen years of age, had a first attack of appendicitis five and a half years ago. When I visited him on May 2, 1903, he had been ill for one week. He lay in bed with his knees drawn up; there is sensitiveness in the right iliac region. Temperature, 100. Prescription: *Lachesis* 30 every two hours.

May 4. The pain is considerably less, but the iliac region is painful to touch. *Lachesis* was continued.

May 6. Much better. He can move about and bear pressure; the bowels act regularly. *Lachesis* was continued. From this time the improvement proceeded quickly and without interruption.

In three other cases cited by Dr. Clarke the homœopathic medicines acted very manifestly to prevent the inflammation of the vermiform appendix; these were still in the painful or congestive stage; this was a very valuable service. The remedies which he used most were: *Lachesis* and *Apis*, both of which were used for the excessive sensitiveness in the iliac region. *Apis* was especially suitable where the right ovary is affected and when there is a sensation as if something was going to burst when there is defecation. *Bryonia* has aggravation through motion; *Rhus* when the patient has continually to move about. *Arsenicum*, *Mercurius cor.* and *sol.*; *Iris versicolor* and *Iris tenax*; the latter remedy, proved by Dr. G. Wigg, calls for the following symptoms: Cutting pain in the abdomen, most violent on the right side; racking pain in the ileo-cæcal region, the pressure in the ileo-cæcal region causes a sensation in the pit of the stomach connected with anxiety, etc. In general, with the exception of cases where there predominates a sensitiveness on the surface of the abdomen, I think that we can mainly depend on *Bryonia* and *Mercurius*, which have yielded to me the best results in cases of appendicitis or of swelling of the vermiform appendix.—(*Le Propagateur*, No. 8, 1905.)

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## EDITORIAL BREVITIES.

O., O. AND L. BOOK.—Dr. H. P. Bellows writes that the O., O. and L. Society are about to publish in book form the proving of *Belladonna* conducted under the auspices of that society with the coöperation of the American Institute of Homœopathy and of various State and local societies. The proving was conducted, under thorough scientific conditions and laboratory methods, by Proving Boards of twelve or more physicians, mostly specialists, which were organized for this purpose in eleven of our largest cities by fifty-three provers. The proving is certainly a most thorough one, as the portion already published shows. As this is, we believe, the first thorough proving of a drug under scientific conditions and examinations of the provers, and has been conducted at considerable expense, all physicians interested in this branch of medicines should subscribe for the book. The title of the book is *The Test Drug-Proving of the O., O. and L. Society*, and the following is a copy of the subscription blank sent out:

June, 1906.

*Dear Doctor:*—I hereby subscribe for       copies of the forthcoming book upon *The Test Drug-Proving of the O., O. and L. Society*, with the understanding that the price shall not exceed five dollars per copy, and agree to send remittance when notified that the book is ready for delivery.

Yours very truly,

THE PLAGUE AND SMALL-POX.—Dr. P. C. Majsumdar in his *Indian Homœopathic Review*, Calcutta, says that there has been very few cases of the plague in Calcutta this year and among other things attributes this to the fact that small-pox is very

prevalent there. That is rather curious, and also suggestive. It would seem that communities get into certain physical states and it must come out in the form of an epidemic. Another curious fact: When the small-pox prevailed in Philadelphia recently it was rarely found in the crowded slums, but among those well housed and in good circumstances, at least, so we were informed by a physician who watched the epidemic closely.

USE RADIUM HOMŒOPATHICALLY IN CANCER.—The following is a clipping from Philadelphia *North American*:

#### Physician Abandons Radium.

Dr. Hericourt, a famous Paris doctor, says he has abandoned radium as a therapeutic agent. Instead of being a curative of cancer, he asserts that simple wounds have been made cancerous by the use of radium, and in tuberculosis its efficiency is no better than sunrays and far more dangerous.

According to the homœopathic rule, if radium will cause cancerous conditions it will cure them. The pure radium has been triturated up to the 6x according to the Hahnemannian method and it would seem that it should be given a trial by physicians.

BUT IT IS "CHEAP."—A physician writes us: "I could tell you a tale of watching a trituration of *Mercurius biniod.* 2x run up to the 3x in two minutes and a half by stop watch count." The name of the pharmacy is not given and as the letter is a private one we cannot give the name of the writer, but we know him personally and he is a truthful and honorable man. These cheap and ill made medicines are an awful handicap on the progress of Homœopathy. The two and a half minutes mixing and the two hours of honest triturating makes the difference between the "cheap" medicines and the better grade. The "saving" is an expensive one.

HOMŒOPATHY.—"The present attitude of the great majority of thinking men toward the question of Homœopathy is that its law of cure has not been proved, and that even if it were proved, this would in no sense justify a so-called separate school of practice. The fundamental difficulty is not a simple difference of opinion, but rather the use put to such a difference of opinion by our homœopathic brethren in maintaining a separate school of

practice, with separate medical foundations and hospitals and all the appurtenances which go therewith."

"An editorial writer (*Bost. Med. and Surg. Jour.*) believes that medicine should offer a solid front to quackery; but this cannot be attained as long as a body of well-trained men stand out on a basis of a simple therapeutic principle. The writer insists that the name Homœopathy should be dropped. No special enthusiasm, however, is shown in the hope that the 'schools' would come together."

The foregoing two paragraphs are clipped from the *St. Louis Courier of Medicine*. They mean: "Give up your therapeutic law and we will—tolerate you." This insistent desire for and cry for unity is curious. Outside of mathematics there is no science in which there are not differences, "sects," if you please, so why should there not be in medicine? Is it not fair to the public that a patient should know what kind of treatment in general to expect from a given doctor, whether allopathic, eclectic, homœopathic, electric, massage, or any other form in which a physician's practice runs. It seems to us that so far from dropping the distinguishing names they should be multiplied. What's the matter with the "Calomel Quinine School," the "Starvation and Cold Water School," the "Eth-pharmaceutical School," the "No Drug School," the "Microbe Killing School," and so on and so on? Homœopathy stands out so distinct from all other schools that it can never be merged—it cannot be merged.

A DIG AT THE BOSS.—Under the heading, "A Medical Bureaucracy," *The Medical Sentinel*, of Portland, Ore., writes:

"Quite a number of people *think* they are in the ring which controls the *A. M. A. Journal*. As a matter of fact, a half dozen or at most a dozen people are all who know what the journal is doing."

"Reports are sent out yearly of what is done with the very large sums of money which pass through the office of the *Journal*—about a quarter of a million dollars—which read as nice as for years have the life insurance reports. Other medical publishers cannot exactly see how so much money is being expended."

"Because Oregon and the delegates from the Northwest insisted upon Portland being a candidate for the last meeting of the A. M. A., after the ring had determined upon another place for the meeting, and (perish the thought) even secured such a meeting, a

walking delegate was sent here, nominally to organize, but in fact to see if he could not find something to criticise. He and the *Journal* then made the heartless attack upon Oregon of which our readers already know. An attack so cowardly as to be almost unthinkable. 'Poor little old Oregon,' these assailants evidently thought, 'these people way out there can do nothing, and we will show how severe we can be. Others, we trust, will appreciate, and that a word to the wise will be sufficient.' "

There's richness for you! The "walking delegate," "the ring," and the wonder where all the money goes. And this "ring" is striving with all its might to obtain State control, in which case the ring would be the State. No greater medical calamity could fall on the nation.

THE "TOP" NOTCH OF SCIENTIFIC MEDICINE.—"Strychnine is undoubtedly the most popular drug at present in use; both by physician and lay self medicator. It has largely replaced *Cinchona* in the popular pick-me-ups, forms the solace and stay of the Keeley graduates, and a physician returning from a period of treatment in Johns Hopkins told the writer that during several months in that centre of modern scientific fashionable medicine he never knew of any other drugs being administered except *Nux* and *Hydrochloric acid*.—*W. F. Waugh, M. D., in Wisconsin Medical Record.*

A HITHERTO UNREGARDED SOURCE OF ALIMENTARY PENTOSURIA.—R. v. Jakoch (*Zentralbl. f. inn. Med.*, 1906, No. 6.)—The writer calls attention to the important observation that, after the ingestion of considerable amounts of unfermented fruit juices, such as grape juice, pentoses will be found in the urine. Such a urine will give positive Trommer's or Fehling's and Nylander's tests and may easily lead to the mistaken diagnosis of glycosuria. The performance of the fermentation test will prevent this error since the pentosis are not attacked by yeast.—*Inter-State Med. Jour.*

WHERE TO SEND CONSUMPTIVES.—"City hospitals are temporary homes for the homeless poor, where they may either improve or die and furnish another post-mortem for demonstration; while a pure air sanatorium promises either healing or cure by fibrosis, but never a renewed lung where portions have softened to waste. It is wholly unnecessary and inconsistent to send

tuberculous patients through the exhausting grind of long journeys to Denver or California. There may be equal purity of air found on any sunny slope a few miles outside the area of city air. But any spot chosen, to be consistent with remedial conditions, must be kept locally sanitary in management if the object sought shall be won."—*Geo. B. H. Swayze, M. D., in N. York Medical Times.*

CIMICIFUGA.—“Take the case of a woman coming to your office—say, four, five, six, or more months pregnant beyond the nausea and vomiting state, complains of backache, dragging, heavy weight and pain in the lower part of the abdomen, or when they have a ‘crampy’ condition of the uterus, due to irritability, add *Cimicifuga* to your prescription and it will meet those indications and overcome them in a wonderful manner. I recall a woman with an endocardial murmur, pregnant for the third time, who suffered considerably while carrying the foetus the first two times, and commenced the same way the third time, who was greatly helped with this remedy, the pains very promptly disappearing and the heart strengthened, the dyspnœa decreased, and, generally speaking, made comfortable.”—*Harvey, in Ec. Review.*

APIS.—“After *Aconite*,” wrote Wolf in 1858, “*Apis* is the most comprehensive and universally useful remedy that we possess,” and while today we do not know the composition of the poison, I consider it a far more important remedy, and as having a greater range of usefulness than is generally accredited to it. For if there is any remedy that will give prompt and expected results when properly exhibited according to the indications, it is *Apis*.

AUTHORITY.—“Men are very much like sheep. In some way or other some one becomes acknowledged as the leader, and nearly all the rest follow blindly, whithersoever the leader may go. This is true in every walk of life, and under nearly all circumstances.” \* \* \* “The medical profession would never have made any progress if there had not always been a large number of doctors who had minds of their own, and who insisted on being guided by their own reasoning, and refused to follow blindly the leadership of anyone, however high he may be regarded generally as an authority.”—*Med. Brief.*

## NEWS ITEMS.

Dr. Jerald, of Osage, Iowa, chronic diseases, celebrated his golden wedding recently.

Dr. H. R. Arndt, needless to say of Arndt's *Practice* and San Francisco, has opened his office at his residence, 1124 O'Farrell St.

Dr. James W. Ward, of San Francisco, writes us: "Be good enough to make it known to all the physicians who have assisted the San Francisco profession towards recovery from the great disaster, our hearty appreciation for all they have thought and done. It will be impossible for me on behalf of the profession to make known to all who have contributed our full measure of gratitude, and I sincerely trust you may extend this wherever it is possible to do so."

Dr. W. S. Moat has removed to 1735 N. 15th St., Philadelphia.

Dr. Claude R. Norton, of Philadelphia, died on May 28th.

Dr. Stuart Close has removed to 248 Hancock St., Brooklyn, N. Y.

Dr. A. M. Cushing, of Springfield, Mass., writes: "Near four months ago I supposed I was going into an office, but instead went to the bottom of a long flight of stairs on my face, landing on head. I was taken to our hospital and they expected me to die. I have had a tough time for a boy of most 77, but today is the best day I have had and I hope to peddle a few more pills." Everyone we are sure will join in the wish that Dr. Cushing will peddle many more pills and make some more provings.

Dr. Geo. D. Kahls has removed from Indianapolis to French Lick, Ind., where he has accepted the position of physician in charge of the French Lick Springs Hotel and Sanitarium.

Dr. E. Moser has removed from Chicago to Woodburn, Ind.

## PERSONAL.

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"I hardly know what to say," began a prosy speaker when a voice called out "Then sit down."

Patient told doctor the trip did him no good but the hotel did him.

"The American Medical Association is being run in the interests of a gang of Chicago manipulators," says *The Sentinel* of Oregon.

The only agreeable infection is laughter.

"Don't be hide-bound!" says Binks, "be a good homœopath, of course, but also be an up-to-date allopath."

The use of sesquipedalian words does not necessarily indicate wisdom.

No, Mary, you cannot find the "English Manufacturing Plant" in any botanical work, even though, as you say, it is called a "blooming success."

Said Henry Ward Beecher anent grammatical blunders: "When the English language gets in my way it doesn't stand a chance."

The surest way of raising the "dust" is to run a fast car; also of settling "dust" at the squires.

Binks is of the opinion that running up bills is dead easy compared with running up hills. But Binks is fat.

Don't look with contempt at advertisements—read them.

Many a man with headache and dim vision in the morning needs weaker, not stronger, glasses.

"Age before beauty" is a sure signal for a scrap between women.

Young Toots said, "I generally feel shy with pretty girls, but I'm quite at home with you." Then there was a frost.

"People who live in glass houses should not throw stones," says the proverb. But who lives in glass houses?

When a man submits an operation he shows what's in him.

The beef trust seems to have been adept in deviled ham, etc.

"You are like your medicine" said the girl to the doctor suitor, "you need to be well-shaken before taken."

"Courtship is good but people do not know when to let well enough alone," remarked someone.

"After a man marries he soon gets rid of the idea that he is the whole show," remarks another.

# THE HOMŒOPATHIC RECORDER.

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ARTICLES BY DR. C. v. BŒNNINGHAUSEN.

## A Reproof.—Smelling of Medicines.

*Allgemeine homœopathische Zeitung*, Vol. XII, p. 359.

Among the more *causeless* defamations of the founder of the homœopathic school, which we read in the *Hygea*, is an attack by Dr. Griesselich found in the third volume (pp. 256 and 257), entitled "Contribution to the History of Smelling Medicines." He there protests against the "authorship" of the discovery, assigned to him by Hahnemann, that smelling of the highly potentized *Mercury* may incline the vital force which has become diseased by abuse of *Sulphur*, so as to again admit a beneficent effect of *Sulphur* upon it. Not only this, but he says in conclusion: "I was with Hahnemann in the last days of *April, 1832*, and that the preface alluded to is dated only *a few days later*, was the more surprising, as it was impossible that he should have the time in these few days to verify my enormous discovery."

Little is to be said against this statement as here laid down, and there is not the least doubt that Dr. Griesselich has a perfect right to decline the honor of this discovery, since I am assured by very creditable men, whose names, if necessary, I can give, that he devotes himself so little to practice that it is difficult in Karlsruhe to find out his place of residence, so that he must be devoting his time especially to theoretical studies.

But, in order to present history in its true light, I must add the following, and I feel myself the more called upon to the truth, as *I alone* am able to indicate the exact circumstances, though I am fully resolved not to answer in future any attack made upon myself personally.

The remarks made in the appendix to the preface to the letter of Hahnemann of August, 1832 (following p. 24), that *this is the third matter inserted, and that it was impossible for him to communicate to the world anything of which he was not convinced*, would have caused any unprejudiced person to entertain the supposition, that this smelling of *Mercurius* to cure the abuse of *Sulphur*, was among the matters inserted later. And that this is really the case the writer of this article can prove from the original documents, which have been preserved; and this is actually *the second point inserted*, sent in by Hahnemann on June 15, 1832. In the preface dated May 6, 1832, there is as yet not a syllable about smelling of *Mercurius*, nor in the first matter inserted, which speaks of the use of *Sulphur* in psoric patients suffering from intermittent fever, and which is dated May 28. *Not before June 15, 1832, had sufficient time elapsed to verify the observation* as it now stands, and not before that time was it sent in by Hahnemann for publication.

But as these facts could not be definitely known to Dr. Griesselich I do not want to state this as a reproach to him, but only in order to wipe out the undeserved stain that he has thrown on the power of observation and the love of truth of Hahnemann. But what ought to have moved him not so easily to charge this honorable old gentleman with credulity, in contradiction to the extract published above from the letter of Hahnemann of August 21, 1832, is the fact that in the *second edition of the year 1833*, which had been enlarged by the addition of many remedies, *the preface written by Hahnemann was, indeed, wholly rewritten, but that passage was preserved verbatim*, and this has given to it a very important confirmation. We cannot, therefore, well see what his phrase about "discoveries which are unconfirmed" can mean, especially as the correctness of that observation has surely been recognized in numerous cases by all good homœopaths, who only allow their patients to smell the *Mercurius* in cases where it corresponds with the *Sulphur* symptoms, as is *very often* the case; while in other cases they take their refuge to other remedies (as the honorable editors of the *Archiv* will testify\*) although Dr. Griesselich, in case he should have tried it, may have been as unsuccessful with it as in the case of *Silicea* 30 (according\* to his own confession in *Hygea* III, 17,) which, to be sure, is not suit-

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\* If it needs any confirmation we gladly give it.—GR. (GROSS.)

able in all cases where merely the scholastic, pathological name of the disease may point to it.

Münster. January 17, 1838.

### Concerning the Curative Effects of Thuja in Small-pox.

*Allg. hom. Zeit.*, Vol. XXXVII, page 21.

Epistolary Communication from the Royal Councillor, Dr. von Bœnninghausen, in Münster, to Dr. Rummel (Editor).

I think I ought to inform you of an experience of mine during the course of this winter, as it seems to me worthy of a more extended publicity.

Since the last six months small-pox has appeared here and in the environs, in several places with considerable violence and, although in consequence of our wise laws about segregation, etc., the disease was in many cases kept secret, yet numerous cases came under my treatment.

The observation, repeatedly made, that during such epidemics malanders are frequently observed in horses, brought me to compare with the symptoms of small-pox the specific for this disease in animals (*Thuja*), and the result proved so decidedly favorable that I used the same in the first case of small-pox\* that was entrusted to my treatment. It exceeded all my expectations. On the fourth day the pustules were all dried up: on the eighth day they had fallen off and no pockmarks were to be seen.

This decidedly favorable result caused me not only to use the same remedy with all the following small-pox patients, but to also use the same remedy in several houses where small-pox had broken out, as a prophylactic, and lo! also here the result was favorable, and no case came to my knowledge where, after using *Thuja*, any other member of the family had been infected.

As I have hardly used anything for five years but high potencies, and with such good results that I shall probably never again return to low potencies, I also used in small-pox cases only the 200th potency of *Thuja*, giving a few pellets as a dose every other evening, and only in two cases, where it seemed to be indicated, I interjected a single dose of *Mercurius* 200, whereby, as it seemed, the efficacy of *Thuja* was increased.

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\*This was that of a girl of twenty-four years of age, whom I had cured the year before of a chronic crusty herpes on both cheeks. At this day her face is quite smooth and clean and the picture of health.

Most manifest was the absence of pockmarks, which otherwise are so unavoidable and disfigure so many pretty faces, and even the redness of the spots disappeared more quickly.

Whether the same results may be obtained in every epidemic of small pox must be found out by later experience. If this should be the case, vaccine matter, which in careless hands is so dangerous, and which has doubtlessly caused an enormous infection with the scrofula-poison, might find a most valuable substitute.

Of course, none of my small-pox patients died. Although the epidemic was not one of the most dangerous a number of patients treated by allopaths died, and all the rest will carry a reminder of it in their faces; and with them the course of the disease was, as usual, long drawn out. So much at this time.\* . . .

The following note is by the editor of the *Zeitung* :

“Von Bœnninghausen brought up vaccination at the meeting and considered that as practiced now it is the chief cause of the disquieting spread of scrofulous diseases. All the physicians present agreed in this view and promised to give especial attention to this important subject so as to be able to follow up the matter next year. There has not as yet been any opportunity to test the discovery of Von Bœnninghausen concerning the curative power of *Thuja* in small-pox; this has also been confirmed in France, and it is to be expected that we may have opportunities in the course of the year to test this also here.”

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### The High Potencies.†

*Allg. hom. Zeit.*, Vol. XXXVIII, page 358.

High potencies have produced a division, especially among German homœopaths, which still exists and is in no way conducive to the progress of science. A war in our own camp has thus been caused, far worse and more dangerous than a war against an external foe—a war of *specificists* against the *Hahnemannians*, of

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\*Whether *Thuja* will be efficient as a prophylactic might perhaps be seen by giving this remedy to persons before they are vaccinated, and then observing whether the vaccination “takes” with them. We would request vaccinating physicians to make this experiment.—RUMMEL.

†According to my opinion, there is no more need to establish the *action* of high potencies, for very few homœopaths will question this; yea, I even know from Griesselich, who, as is well known, is their chief opponent, that he experimented with them on himself; thus, he must not have considered

the *materialists* against the *dynamists*—and in consequence the *amphibians* have lately arisen, who are neither fish nor fowl, neither homœopaths nor allopaths, and who frequently sacrifice their convictions to selfish considerations. Among these latter especially we find the pretended mediators between the old and the new school, who want to please both and lose the good graces of neither, without considering that half-measures are most contemptible, and that indecision which would carry water on both shoulders will gain the confidence of neither side and must be repulsive to every independent examiner. They cannot be attacked, indeed, because they keep open a way of escape toward either side, and their campaigns are all of the kind which Frenchmen well designate *battre la campagne* (scouring the country). It would, therefore, be probably a vain endeavor to bring conviction to these amphibians.

Materialistic homœopaths, or specificists (believers in specific remedies), as they choose to call themselves, who are characterized chiefly by giving low dilutions in frequent repetition, but who select their remedies correctly according to the fundamental law of Homœopathy, giving larger or smaller doses, are more amenable to reason. The greater number of them will not at least refuse to investigate the matter, and prove experimentally, as soon as we can convince them that even high potencies, yea, the highest, given in very small and infrequent doses, produce effects, and, indeed, deeply penetrating effects, entirely sufficient for cure.

Deservedly passing over the subterfuge of the cowards, who are not ashamed to proclaim as lies and perversions what honest and honorable men have communicated as the results of their carefully repeated experiments as soon as these run counter to their mole-like views, there are really only *two* objections which have been brought forward against the dynamists, and which give

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them *a priori* as so void of action, else he would not have deemed them worthy of any experiment. This would be anyway quite ridiculous. Now, the question is rather, Whether high potencies have any *excellence above* other preparations, and what excellence, and whether this is general or only in certain cases?

If there is only a *relative superiority*, then we would have to examine in what cases this exists. Everything that can clear up this obscurity is welcome. The above communications, referring to observations made on animals, have the advantage that the effects cannot, as is often done, be ascribed to psychical or dietetic influences.—RUMMEL.

food to the skepticism of their opponents. These objections are: *First*, that cures are due to a *trusting confidence* of the patients in their physician, the *moral effect* of which is rated too highly; and, *secondly*, to *homœopathic dieting*, which brings back the patients to a natural mode of living, and is supposed to be able to restore health by dieting alone, *without any medicine*.

We dynamists, if we were inclined to retaliate, would be fully justified in asking the materialists why they do not labor to gain with their patients as great and mighty a confidence and prescribe the same diet with all their patients, throwing aside all medicine as entirely useless? But we have no need of such ambiguous retorsive measures, and we know as well as our opponents that there are many, especially *chronic*, diseases, which can never be thoroughly and permanently eradicated by the vital force alone, as also *acute* diseases where the regular course can only be mitigated and aborted by suitable medicines, and where a fatal issue can only be safely averted by the same.

But all these excuses and objections are at once cut off in the *homœopathic cures of animals*. These cures, and only these, give us the surest and most irrefutable information what and how much medicines, and also high potencies, are able to do, quite *independent of all moral faith and of all dieting*, both of which are here entirely eliminated, so that not the remotest suspicion can be admitted in any of them.

Convinced of the far-reaching importance of these cures of animals of various kinds, and in order to be able to gather with the greatest ease their results for this purpose, I have kept a special journal of these cases for a year, during which the number of those seeking aid also for this purpose has very much increased. This journal already shows a great number of, in part, very remarkable cures, all of which present the most irrefutable proof not only of the great curative power of medicines selected according to strictly homœopathic principles, but especially also of the power of high potencies in minimal doses, *since I almost exclusively employed these*. The journal is not, indeed, conducted as circumstantially as in the case of the cures of men; on the other hand, I need feel no delicacy in naming the owners of the sick animals, and thus show every skeptical person how he may gain the surest conviction of the truth of my statements.

In publishing in what follows only a few of the cures in question I think I may assume that the aim of this communication has

been stated with sufficient clearness, so that no one will interpret it wrongly or see a degradation of our noble science in my request that our most experienced and learned homœopaths may enter on this hitherto untrodden path with respect to high potencies, and communicate the results of their experiments frankly and truly to those who are in doubt.

May I be permitted to put at the head of my list a brilliant case which occurred already two years ago, and excited so much attention among the lovers of horses here that it is still mentioned as memorable whenever Homœopathy is spoken of?

1. Lieutenant von Grueter, of the Eleventh Regiment of Husars, which was then here in garrison, had a full-blooded English horse, which he had purchased at a very low price because it suffered from an affection of the larynx, coughed much, there being rattling and croaking in the throat and short breath at the slightest exertion. This morbid condition had existed for some time, and had been treated without the slightest success by a number of veterinary surgeons, both while the horse was in the possession of the former owner and of its present owner. *At last*, as is usually the case, Homœopathy was tried, after all other prospects of improvement had vanished. Thus, the horse came under my treatment.

The nature of the disease and the former allopathic remedies used, of which, however, only repeated anointing with *Mercury* could be established with any certainty, left no doubt as to the remedy proximately indicated. I, therefore, as is my usual practice with animals, prescribed *Hepar sulphuris calc.* 200 (*i. e.*, three pellets moistened with the 200th potency), to be dissolved in half a quart of pure, cold water, to be shaken until dissolved, and then given the horse by means of a bottle.\* No change was made in the feeding, and the horse was, as before, taken out daily for a ride at a walk for one hour. In a week the beneficent action of the remedy was manifest, as the cough had entirely ceased; the rattling and croaking, however, still existed, and, though the respiration was freer, it was still oppressed. *Spongia* 200, given in the same manner, now caused a further progress in the improvement, and another dose of *Hepar sulph. calc.*, given a week later, so removed the remaining symptoms of ailment in the horse that about three weeks later at a horse-race, where several excellent thoroughbreds took part, this horse *on one and the same day won both prizes*. A short time afterwards it was sold at four times

the price to another officer (Count von der Groeben), whose best horse it is said to be at this day, as I have been assured by one of his acquaintances.

2. About the same time a poor farmer from the little village of Amelsbueren, five miles from here, whose name, if I remember rightly, was Roevekamp, came to me for help, dragging behind him a horse which was a mere skeleton, with rough hair standing up in every direction, and which could hardly put one foot before the other. The horse had been sick for three months, and in spite of all the remedies used by various veterinarians, on whom he had expended much money, the horse had become more and more miserable

He said that I had helped so many people given up by the doctors also in his neighborhood, that he was in hopes I would not be too proud to take pity also on his horse, the loss of which he would not know how to replace. On questioning him, I found out that his horse while carting ground had gotten into a perspiration, and had been overtaken by a heavy shower of rain mingled with snow, that it had taken a bad cold and been sick ever since the day succeeding the shower. This anamnesis, together with other symptoms not written down and which I can not now remember, pointed plainly to *Rhus tox.* So I gave him one dose of the zooth and two doses of *Sac. lac.* with the direction to give the horse one powder every five days (as in case 1) shaken up with water. Three weeks later a farmer with a heavily loaded cart stopped at my house and requested me to please come down. It was the same farmer with the same horse, which I did not recognize again, for it had been so poor and wretched and was now so well nourished, smooth and sleek, with bright eyes. The owner assured me that the improvement had set in twenty-four hours after taking the first powder, that the improvement had gone on day by day, and that the horse was now healthier and more vigorous than ever before, for which he heartily thanked me.

3. Baronet von Boeselager, in Hessen (near Hamm on the Lippe), possesses a neat lady's horse, the pet of his second daughter, who now, as before, continually uses it for her riding-horse. This horse all at once began to limp. Several veterinary physicians in Hamm and here had in vain tried their art. The ailment remained the same, and the doctors were not even agreed as to the seat of the trouble, because there was no swelling nor pain on pressure and touch to be noticed anywhere on the lame

leg. Also, in this case as a last refuge, they turned to Homœopathy and to me. But it was difficult to at once find the right remedy, because the seat of the disease could not be discovered, nor was anything morbid to be noticed in the well-nourished and lively animal. I at once acknowledged this, and said that I was not able to promise with certainty an immediate favorable result, but, confiding in the power of my approved high potencies, I did not in the least doubt that I should be able to restore it, though perhaps it might take a few months.

I began my treatment with *Sulphur* 200 and *Caust.* 200, on the 4th and 13th of August, without the least result. Of as little avail were *Bryonia* on the 20th or *Rhus tox.* on the 27th of the same month, given in the same dose. Thence it appeared that the lameness had its seat merely in the hoof, and I accordingly gave *Arsenicum* 200, with a decided improvement, which was not, however, permanent, wherefore I repeated the same remedy on the 17th and the 24th. Since no trace of the ailment now remained I concluded the treatment on October 1st with a dose of *Sulphur* 200. These remedies, as all the others, were dissolved in the manner described in case 1. The horse has been well ever since, as I heard from the mouth of the owner himself a few days ago. The Baronet is just enough to give a full acknowledgment to the little powders, though he has no suspicion of the actual minimal nature of their medical contents.

4. The pointer of Baronet von Wendt-Crassenstein was seized with the so-called dog-epidemic, and under allopathic veterinary treatment he was so far gone by January 20, 1849, that his death was expected every hour; but before the final conclusion I was called in to help his master's pet. Without any hope, and protesting against any ill-fame that might accrue from my failure, I at once gave him *Rhus tox.* 200, which was immediately followed by an apparent relief. Next day I followed with *Kali carb.* 200, with such a decided and rapid improvement that on January 22d he ate with considerable appetite, and could be dismissed as cured on January 23d. With equally rapid and complete success I afterwards treated several other dogs, also my own. Only with two of them I had first to give *Bryonia* instead of *Rhus*, but all the remedies in the high potency already mentioned.

5. In September, 1848, I lost a cow on my country-place, Darup, from tympany, or wind dropsy, from eating green clover. It was strange that this quickly fatal disease within two days be-

came so unusually common, that in these forty-eight hours more cattle were lost than else in a whole year. As soon as the news of my loss was brought to me in Münster I at once sent out a bottle of pellets of *Colchicum* 30, directing that as soon as another case should appear three or four pellets should be shaken in half a tumblerful of water until dissolved. About a week later a second case actually appeared among my cows; my men did exactly as I had ordered, and the effect was almost immediately visible, and in an hour the attack had passed off.

The neighbors, surprised by this wonderful success, transferred the confidence in the little pellets, which they had before felt only as to men, now also to their cattle. Since then the trocar has disappeared and my bottle of *Colchicum* has been repeatedly used with the same good effect. If I had then been in possession of *Colchicum* 200, I would not have had the slightest hesitation in using that.

6. In cows whose afterbirth did not follow quickly I effected cures last spring in seven cases in this neighborhood (near Nickotter, Ricke, Vennemann, Froerd, Maykotter, Wappendrups and Wilhelmers) within twelve hours by administering two doses of *Secale corn.* 30 and an intermediate dose of *Sabina* 30, one dose every three hours, shaken up with water.

I have read the assertion somewhere, I do not remember where, that high dilutions and small doses would be least effective with swine. The following case may prove that my experience does not coincide with that statement.

7. On the 22d of April, 1849, Colon Bredeweg, of Amelsbueren, five miles from here, invoked my help for a litter of eight little pigs, which were all suddenly seized with an eruption which had also, in a short time, killed many swine in that neighborhood, and resembled the well-known so-called Antony's fire. I at once gave him (1) *Sulphur*, (2) *Sepia* and (3) *Arsenicum*, each in the 200th potency. Each powder was to be dissolved in half a quart of water by vigorous shaking, and each pig was to receive a tablespoonful. No. 1 was to be given at once, No. 2 in six hours and No. 3 in twelve hours. When the man got home one pig was already dead, but the other seven he treated as I had told him, and next day all seven were well. On April 29, 1849, a hog was taken sick in the same manner and Bredeweg hurried to me for help. The same remedies given at the same intervals and in the same potency, but only two pellets of each, helped just as quickly

and completely. These two results show conclusively also in animals the same observation made with men, that the shorter or longer duration of the action of a remedy depends as much on the nature of the disease as on the peculiarity of the remedy, and that, also, the high potencies may be used in the most acute disease without any fear that the curative action may set in too late.

If these few true and actual facts, which I might multiply tenfold from my one year's journal, shall contribute to put into true light the advantages of Homœopathy in general, and especially the advantages of high potencies, and if they encourage others to imitate my action, I shall consider myself very happy.

DR. C. V. BŒNNINGHAUSEN.

Münster, March 4, 1850.

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#### Epistolary Communication of Councilor Dr. von Bœnninghausen to Dr. Rummel.

*Allg. hom. Zeit.*, Vol. XXXIX, page 98.

I use a moment of quiet to communicate to you two observations, quite various in their character, one even being drawn from the department of chemistry, and yet both of them seem of use to our science, on which account I do not object to their publication.

The *first* observation is respecting the enormous and fatal effects of the high potencies when the dynamization is much increased by excessive shaking with water. I came to this knowledge in the following manner: In the second half of last winter there were an unusual number of cases of *hydrophobia* among the dogs, and even at present hardly a day passes without my services being called for to aid some person bitten. Homœopathy and high potencies have proved their worth. I have used only two or three pellets of the 200th potency dissolved in water for a dose this year, but neither this nor the preceding years have I ever heard that any man or animal treated in this manner by me was seized with hydrophobia. Nevertheless in the last eleven days I have had two deaths of *dogs*.

The *first* case was that of a large fine bull-dog of Burgess Bœning near Drensteinfurth, that had been bitten by a dog which proved to be mad. As usual I gave the owner, who valued the dog highly, a number of powders, Nos. 1, 3 and 5 *Belladonna*,

2 *Hyoscyamus*, 4 *Stramonium*, all of the zooth potency, to be given every three days in their proper order, one powder dissolved in water by shaking, which could best be effected in a small bottle. This man was too zealous in well-doing, as I afterwards found out, and shook up the powder every time *most vigorously for five minutes and over*, and then he gave it to the dog with boiled sweet milk which had been allowed to cool off. After each one of these powders the dog had looked very doleful for a whole day; after the last he would not eat any more, though still willing to drink water. On the third day after taking the fifth powder he died, *but without showing the least sign of madness or hydrophobia*.

About two weeks later I gave the same remedies, to be taken in the same manner, to a large mastiff on Heithorn's Kolonet in the village of Hittrup, and as if by a providential decree, to impress the lesson taught by the former example, also in this case the *shaking of the medicine in water was carried to excess*. In consequence *the result was just the same*. After the last powder the dog was taken very sick and as he was near dying on the second day they ended his pains with a bullet. *Also this dog did not show any symptom of madness before his death*.

It is to be noted that I have given the same remedy in the same dose and the same manner to quite a number of animals of various kinds, horses, cows, hogs and little dogs, as also to some men who had been bitten, without producing any noticeable trouble; nor did hydrophobia appear with any one of them. But so far as I know and can find out by inquiry, in none of those cases had the potentizing been increased by an excess of shaking, as in the two cases given above.

Though we have here two *facts*, they stand as yet too isolated to derive certain conclusions therefrom, and I fully see that there are many ways of escaping from the deduction. Still these phenomena seem to me of sufficient importance to call attention to them and cause us to give attention to this matter. If others of my honored colleagues should have heard of similar cases, or can communicate other facts which show that my apprehensions as to the effect of too violent potentizing are baseless, I may well request them for the good of our science to communicate them.\*

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\* It would be a great pity if high potencies could by strong shaking be rendered so dangerous, still we would not hesitate to acknowledge this if the reasons were convincing. Our honored friend will permit us, however, to communicate our doubts as to the observations made, especially as he

The *second* observation is in reference to a discovery by a French chemist, which was presented in a session of the Academy of Sciences in Paris on the 27th of the month, and from which Homœopathy, as it seems to me, may draw a double use. I will first premise the words of the reporter, Leon Foucauld, in the *Journal des Débats*, translated into German with the greatest possible faithfulness:

“M. Maumené, Professor of Chemistry at Reims, makes a proposition for the use of a reacting tissue for medical use, to indicate by its change of color the presence of *sugar in urine*. This would be formed of strips of white merino, cut like the paper-strips of test paper used in laboratories; they would be *saturated with bichloride of tin*. If one of these merino-strips thus prepared is moistened with a fluid containing the smallest amount of sugar, and then heated in the flame of a candle, the white color will quickly pass into blackish-brown by the browning of the sugar. M. Maumené has convinced himself that neither urates, nor uric acid, nor any substance present in normal urine will produce a similar change of color; so that whenever this is seen we may at once surely conclude the presence of diabetic sugar.”

seems to consider the conclusions as very uncertain as yet. And they are so, indeed, for they stand solitary among thousands of observations that have been made; aggravations caused by medicines have, indeed, been frequently observed, but none of a dangerous nature, on the contrary they were usually welcome as the harbingers of improvement. An additional difficulty in the way of making experiments on this disease is caused by the merely *relatively* infectious nature of the disease, for of ten animals bitten only about one gets hydrophobia. So one can never tell whether we have to do with an infected or a healthy animal, *i. e.*, whether we should consider the medicine given as a preservative or a medical proving on a healthy subject. Now the provings of the Vienna provers have shown, indeed, that high potencies will act, but still they were not dangerous even in larger quantities. The danger in these cases could, therefore, only have arisen from the collision of the medicinal force with the disease still latent. The following facts, communicated to me by an experienced veterinary physician, may serve to throw light on the subject:

“The mania often runs its course so latently that one not an exact connoisseur of dogs would not consider it sick at all; in all stages of mania death often sets in apoplectically. Only if immediately after death blood should flow from the nose, the ears or the eyes would death be manifestly proved to have been caused by hydrophobia.”

It may easily be seen that it depends entirely on the interpretation given to the observations; they may be used either to prove the excessive strength of the violently shaken high potencies, or, on the contrary, they may be viewed as proving that the remedies in these cases were unable to protect.

“The reason why we should use strips of merino\*, and not paper or a tissue woven of flax or hemp, is because bichloride of tin would blacken and carbonize such a strip, since it approaches too closely to the chemical constitution of sugar. It was, therefore, necessary to discover a substance which resists the action of chlorine, and this is only found in such a mineral substance. Parchment itself cannot be used, because when heated it hardens like horn. But merino is quite free from these faults, and when prepared in the manner mentioned above, the practical physician can always carry such strips in his letter-case and in every case where he suspects sugar he can at once make his tests.”

I have stated above that this discovery, the correctness of which can hardly be questioned, promises a double advantage: In the first place, without wearisome chemical processes, we can at once establish the presence of diabetes, but then also it will enable us to enrich our medical treasury in this disease, always difficult to cure. For all that has so far become known with respect to it has been drawn only *ex usu in morbis*. We cannot doubt that several of our powerful remedies are able to counteract this malignant disease; but we do not know them, as yet, because in our provings the peculiar transmutation of the urine has not been noted, and owing to the troublesome and tedious chemical decomposition required could hardly have been observed. But now, that so easy and simple a test has been found by which to discover the presence of sugar in the urine, it will not be difficult to make up this deficiency in our provings.

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### Contributions to the History of Homœopathy.

*Allg. hom. Zeit.*, Vol. XXXIX, page 339.

A Notice to Dr. v. Bœnninghausen to Cease from Homœopathic Veterinary Practice.

#### I.

We have been informed, noble sir, that when Commissary Henschen, of Holzhausen, applied to you for medical advice for a hog bitten by a mad dog, you gave him powders for the animal,

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\*It would seem that there is some mistake in Dr. Von Bœnninghausen's translation from the French, for *merino* is not "a mineral substance," nor in any way related to parchment. The supposed extract from the Report to the French Academy should be verified.—(BRADFORD.)

and that later on the hog became mad, wherefore it had to be killed in the presence of a veterinary physician, Steinkühler, together with its litter of three pigs, born after the event.

We take occasion from this event to communicate to you in copy the Order of the Royal Minister of Spiritual, Educational and Medical Affairs, issued on December 6, 1840 (Ministerial Journal for the Interior, 1840, p. 476). This orders that persons who have not been approved for the practice of the veterinary art should not undertake the treatment of domestic animals in diseases belonging to the category of infectious diseases and of epidemics. Since you have not obtained the qualifications demanded in this Order by the Order of the Royal Cabinet of July 11, 1843, which granted you permission to provide patients in single cases with homœopathic advice and corresponding medicines, we must forbid you to medically treat mad animals or such domestic animals as have been bitten by mad animals, or such as are suspected of madness, as also in general cattle taken with an infectious or epidemic disease, if you would avoid a fine of from 5 to 10 dollars.

*Münster, June 24, 1850.*

ROYAL MINISTER OF THE INTERIOR.

To the Royal Councilor, retired,

Dr. phil? von Bœnninghausen,  
Nobleman in this city.

No. 404. I. M.

Hereupon follows No. II. The Rescript issued by the Ministry of the Interior.

### III.

To the Honorable Royal Government here.

*Münster, July 10, 1850.*

The Order issued to me lays upon me the imperative duty, not on my own account, but on account of the cause, not to receive this order in silence, and thereby, as it were, confess a guilt of which I am entirely innocent as well in a material as in formal respect. The whole honorable college will not refuse me the testimony that I have never stood among the complainers, but have always devoted all my time and strength to studying, advising and bringing aid, whenever and wherever I was able, in a faithful and honest manner. I have not to fear, therefore, from this side that my present address will be misinterpreted since I sincerely desire and strive for merely what is truly good; but, at the same time, as is

proper, I am determined to oppose every obstruction to this endeavor with zeal and determination.

Although it is an undeniable truth, proved by numberless facts, that the cure of the diseases of animals is accomplished according to one and the same law as the cure of men. I would yet hardly have thought of reaching out also to them, if the objections of the adherents of the old school, repeated *ad nauseam*, had not, as it were, compelled me to it. After so many striking facts, which left them no denial possible, the only objection was left them: "The cures of homœopaths are caused merely by *diet* and by a *confident imagination*, because the *naughts* administered by them are entirely unable to effect cures." If such ridiculous statements were merely made as a cheap and somewhat silly joke every rational man would at most have compassionately shrugged his shoulders or left it unnoticed as a transitory folly. But after all the other objections, mostly drawn from an absurd theory, were of no more avail, this nonsense was at last seized upon, and because it was uttered with such a mien of wisdom there were silly men enough who actually believed it.

In order to make this last loophole impracticable for the opponents of the new and natural methods of cure nothing is more suitable than the application of Homœopathy to animals. For here nothing can be ascribed to diet, which remains the same, much less to the influence of imagination and faith; when animals, therefore, with such treatment recover, and, indeed, in a very brief time, it cannot be denied that their cure is due to these derided "naughts," unless all reason is set aside and skepticism should increase even to insanity. The 38th volume of the *Allgemeine hom. Zeitung*, by Hartmann and Rumel, contains in No. 23 a treatise on this subject, with an appendix on the cures effected on animals with such "naughts," and, indeed, with "naughts" in the superlative degree.

Purely for this reason and based on the principle of *similia similibus*! I did not consider myself too aristocratic where my aid was invoked "in single cases," and in the beginning only in cases where the present veterinary methods had shown no success, not to deny my assistance also to animals of various kinds. Since January 18, 1849, I have also kept a formal journal, and am therefore ready at all times to give account concerning every case treated, just as I am able to do about my treatment of sick persons, though the former account is not so full. In this journal there is,

therefore, also found an account of the sow big with young belonging to Hensche, on May 8th of this year, with a notice of the usual remedies used against the biting by mad dogs. Later on, according to subsequent information, there is the remark, that "*the sow nevertheless was said to have become hydrophobic, though it had not bitten or gored as mad sows always do.*" It is, therefore still very questionable whether said sow actually had hydrophobia when she was killed, and from many scientific reasons I have a perfect right to question this and deny it until a complete account of a dissection made should prove the assertion of veterinary doctor Steinkuehler, who is altogether unknown to me.

But even in that case it would not matter much if, from some unknown cause, hydrophobia should exceptionally have broken out in this one case, as such cases, even among men, when treated allopathically occur but too frequently, as the yearly statistical tables plainly show. Two sad examples of this occurred in the last two years here before the gates of the city of Münster and in the town of Coesfeld. On the other hand, not a single well-authenticated case has come to my knowledge where a man who had been bitten by a mad dog, and who had actually become hydrophobic, has been saved by allopathy, but I can show a case of a person thus saved by Homœopathy. The records of the Royal Government from the beginning of the year 1830 contain the reports of Dr. Sentrup, then district-physician, concerning hydrophobia having broken out with Louise Klusemann, born in Iburg, twenty-one years old, and living as a servant on Menken's farm, near Alveskirchen, as also the allopathic treatment of this person for several days without effect. But from what the Court published about the matter later on, I doubt that my homœopathic cure of this person, who else would have died without chance of rescue, has been entered on the records. But I am able, even at this day, to give a detailed and exact account of the matter as it was published in the *Archiv für die hom. Heilkunst*, Vol. X, No. 3, page 85, which is confirmed by a communication of the pastor there, as well as by the statement written down according to the words of the cured person in the presence of the late Privy Councilor, Baronet von Korff, a few weeks after the event. The fame of this cure, which has not yet been forgotten, as well as many remarkable cures since, have brought to me a great number of persons who had been bitten by dogs alleged to be mad, and with none of these persons who have used my homœopathic rem-

edies did hydrophobia break out, though I saw several of them who had been dreadfully bitten and mangled, and some of these persons by dogs whose bite caused hydrophobia with other animals. These remedies are not, however, secret remedies, as they are sold and used without obstruction in many phases; nor has their publication caused any expense to the State as has been the case with several other remedies, but they have been made known unselfishly in my own works and others, together with directions showing how to use them. These remedies, also, are the only and true prophylactics against hydrophobia, as they have the virtue of curing the whole disease, even when it has broken out. This latter condition is indispensable, and where a prophylactic has not been put to this proof it is, by homœopaths, relegated at once to the limbo of the doubtful and unsafe, if not into that of secret remedies and humbugs. For the time of the empty authority of opinions and assertions is gone by never to return, and in future only that will be accepted as true which has been proved correct by repeated experience, and which corresponds with a law of nature which is no less irrefragable than the law of gravitation established by Newton. But we have the more reason to apply a strict criticism to the old practice of medicine as even among the most decided adherents of the old school there are a number of honest men who have recognized and designated it as a collection of fallacies and falsities.

So much I thought it my duty to say concerning the order issued by the honorable Royal Government, dated on the 24th of this month. I will not mention the rank into which homœopaths have placed me, nor the many honors that have been paid to me, diplomas, etc., which have come, and are still coming, to me from the most remote countries, but will pass on to the *conclusions* to be drawn from it.

In this respect it is not to be overlooked that the supreme royal cabinet order concerning my homœopathic activity is dated July 11, 1843, but the ministerial order cited bears date of December 6, 1840. Therefore, this ministerial order cannot affect the other, even if a minister should have the power to nullify or arbitrarily to limit a royal cabinet order.

*Secondly*, in the royal cabinet order there is nowhere to be found a restriction or exception as to any sort of disease. Therefore, there can be no interpretation of this order, least of all one that would place the life of a sow above that of a human being.

Finally, the above said cabinet order *distinctly* declares that no obstruction is to be put in my way based *on my lack of* QUALIFICATION, and yet the order cited by you, *in direct conflict* therewith, says that I had not obtained the QUALIFICATION demanded in that (ministerial) rescript, and *therefore* am forbidden, etc., threatening a fine of from five to ten dollars.

There are cases of interpretation which do not tally with common sense, but such a bald and plain contradictory interpretation as this I never met before this, and I cannot, therefore, submit myself to the honorable order of the Royal Government in this case.

DR. C. VON BÖENNINGHAUSEN,  
*Royal Councilor (Retired).*

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### Zur Geschichte der Homœopathie.—(Continued.)

Continued in *Allg. hom. Zeit.*, Vol. XL, page 96.

#### VI.

We have not found ourselves moved by the reasons given in your answer of July 10th, this year, to our order of June 24th of this year to depart from our position, and we particularly direct you, with reference to the treatment of mad dogs or those bitten by them, to the direction given in paragraph 100 of the regulation confirmed by royal authority October 28, 1835 (Lawb. No. 27, page 239), according to which every one not a physician is strictly warned against treating such cases, and which is even permitted to physicians and veterinary doctors only under conditions involving strict limitations. From the royal cabinet order of July 11, 1843, giving you permission to give homœopathic advice and to administer homœopathic medicines to patients who, in single cases, apply to you from their special confidence in you, you can in no wise derive more extended privileges for yourself than are legally granted even to approved physicians.

THE ROYAL GOVERNMENT.

*Münster, September 6, 1850.*

To the Royal Councilor (retired),  
Dr. Phil. v. Bœnninghausen, here.  
459. I. M.

## WHAT TO DO FOR COUGHS.

By G. E. Dienst, Ph. D., M. D.

## II.

In my previous letter I wrote about morning coughs. By this is meant a cough that comes on early in the morning, usually before eight o'clock.

Let us now study a forenoon cough, one that comes on at any time between eight and twelve o'clock A. M. Some of these coughs are also early morning, or late evening coughs, and for this reason we note but a few remedies which have rather strong forenoon coughs with little trouble at other times.

You see the remedies are but few in number. *Am. m.*, *Bell.* and *Rhus t.* are our leaders.

The morning or forenoon cough of *Am. m.* is a dry, suffocating cough, in rapid paroxysms, preventing talking. With this cough there are dryness of the throat and sharp stitching pains in the chest or left hypochondrium. This same cough loosens in the afternoon—a point not to be forgotten.

The forenoon cough of *Bell.* is a dry, very dry cough, produces redness of the throat, a sensation of scraping in the throat. Each paroxysm causing an injected face, eyes become red, veins on temples and forehead become distended causing, at times, a severe throbbing headache.

The forenoon cough of *Rhus tox.* is a dry, teasing cough, tantalizing, aggravating cough, with a tickling sensation beneath the sternum, and with a taste of blood, although no blood is present.

Another feature of a *Rhus* cough is—it is usually worse about 11 A. M. No other remedy has this modality so distinctly marked.

## Noon.

Is it not strange that a symptom like cough selects such peculiar times for its appearance. There is but one remedy that has a very marked noonday, or 12 M. cough, and that remedy is *Manganum*. And so severe is the paroxysm that the patient seeks a recumbent position with this happy result, that as soon as she lies down, preferably on the back, the cough ceases. And yet there is little or no pathology.

### Afternoon.

Practically all of the afternoon coughs are closely related to the morning and evening coughs. There is no one remedy that I have found which has a special modality in the afternoon. *Bell.*, *Chel.* and *Sang.* have each a slight affinity for this part of the day, but are not first-class provings.

*Calc. c.* has an affinity for 3 P. M. in whooping coughs, while *Chel.*, *Lyc.* and *Mang.* have aggravation of cough from 4 P. M.; the two former have more or less hepatic involvement, while the latter refers to some form of anæmia.

### Evening.

Evening coughs are very definite. In the pathogenesis of remedies we find *Ars.*, *Calc.*, *Caps.*, *Ign.*, *Lyc.*, *Merc.*, *Nit. ac.* and *Puls.* as our leaders. But right here is a question: When shall I give the one or the other? Or shall I combine the eight into a tablet with hopes of "hitting the mark" each time?

### Notice.

The evening cough of *Ars.* is accompanied by difficult respiration, is spasmodic, preceded by restlessness, anxiety, impatience. The expectoration may be frothy, gray-green or blood-streaked.

The evening cough of *Calc.* is usually dry; a bronchial cough, causing gagging in effort to dislodge a scanty adherent mucus.

The evening cough of *Caps.* is a nervous, spasmodic cough, with more or less hectic flushing; is a painful cough, pain in arms, hands, feet, limbs and distant parts of the body; is worse after anger, warm drinks, sharp winds, and dry cold weather.

The evening cough of *Ign.* is peculiar in this, that it seems to be caused by a dry tickling in the suprasternal fossa, and the more the patient coughs the more he seems to irritate the cough, and yet it is a cough that may be suppressed at will.

The *Lyc.* cough has this modality—always worse from about 4 P. M. until 8 or 9 o'clock P. M., when it grows less or gradually disappears.

The evening cough of *Merc.* is generally associated with some form of laryngeal or bronchial catarrh; it is a violent cough, one that can *not* be controlled by the will and has this modality—"when coughing or sneezing a stitch runs directly through chest to back."

The evening cough of *Nit. ac.* is a dry, hard, distressing cough, caused by a tickling in the larynx, or more particularly in the pit of the stomach.

The evening cough of *Puls.* has this peculiar modality—worse from lying down.

These are our leaders and when they do not cover the totality of symptoms we must resort to the study of other remedies, as *Ambr.*, *Bell.*, *Brom.*, *Carb. an.*, *Carb. veg.*, *Dros.*, *Eup. per.*, *Fl. ac.*, *Hep.*, *Mag. m.*, *Nat. m.*, *Petr.*, *Sang.*, *Senega*, *Sep.*, *Stann.* and *Verat.*

Our leaders in an evening cough, aggravated by lying down or getting warm in bed, are: *Alumina*, *Ars.*, *Ign.*, *Kali c.*, *Lyc.*, *Merc.*, *Nat. m.*, *Lep.*, *Puls.* and *Sulph.* The differentiation has already been given in part.

Permit me to call attention to a point or two of value. An evening cough that comes on as soon as the patient passes into a sleep is cured by *Hep.* One dose of a high potency will effectually remove it.

If, however, the cough appears *after* the patient has slept an hour or two and rouses him from his slumbers you will at once think of *Lach.*, which has as its most prominent modality aggravations from sleep—rather sleeping *into* an aggravation.

It is marvellous how quickly a carefully selected remedy, in the proper potency and given either before or after the particular aggravation (preferably one or two hours before the paroxysm), will remove the cough. These act *curatively*, for the coughs do not return and this means *cured*.

*Naperville, Ill., June 10, 1906.*

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## DELAYED UNION IN FRACTURE.\*

By Geo. D. Fay, M. D., Atlantic Highlands, N. J.

*Mr. President and Members of the Homœopathic Medical Society of Monmouth County, N. J.:*

One short month ago my attention was called to the fact that I was expected to read a paper before this association, while others are allowed at least two months to get themselves together, on some subject of my own choice, and as a general practitioner it

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\*Read before Monmouth County, N. J., Homœopathic Medical Society.

occurred to me that it possibly may be of interest to invite your attention to delayed union in fracture cases.

Once having had such a case, both to worry and I must say greatly interest me, this condition arises from many causes. Now let us take into consideration a few of them, as presented by various authors, sometimes inherent in the part or system, as in the neck of the thigh bone, olecranon and patella, which are not invested with synovial membrane; sometimes on account of want of attention on the part of the surgeon or by some misconduct on the part of the patient. One of the most common causes of this accident is movement of the fragments before they have become ossified. In cases of this kind effused lymph will be converted into fibrous bands, which will unite the broken fragments, or they will become covered by synovial membrane and union thus prevented.

Non-apposition of the bones is another fruitful source of this condition. Depraved nervous influence, debility from any cause, pregnancy, lactation, a syphilitic, gouty or rheumatic state of the system, may all exert their influence in retarding repair.

The first indication in the treatment of these cases is to find the cause of imperfect union, if possible, to combat it with appropriate measures. Debility must be overcome by nutritive food and stimulants. A gouty, rheumatic or syphilitic condition relieved by proper remedies. If caused by too much motion of the fragments the ends of the bones should be brought into perfect apposition and confined by the use of the plaster of Paris mould. Should this fail we must excite adhesive inflammation at the seat of injury, by rubbing the ends of the bones roughly against each other, and by other surgical measures.

A few remedies to be thought of in this connection may not be out of place.

*Calc. fluor.* 3x is a good remedy in some cases.

*Calc. phos.* 3x is still another.

*Ferrum phos.* 3x when we have the characteristic fever with other indications.

The remedy that prompted this paper is *Symphytum officinalis*, as found in Franklin's Surgery, a book that has always been useful to me; even with the many changes that are constantly taking place this remedy may be considered the orthopædic specific, if such can possibly be. Peter Squires gives as the "medicinal properties" of *Symph.*: "Astringent, mucilaginous, glutinous; and mentions a noted bone-setter of England who used the mucilaginous root,

scraped and spread upon linen, as a splint." When the bone or periosteum has been injured and the soft parts have recovered from the bruised soreness under *Arn.*, the remaining pain and soreness of periosteum may be promptly relieved by *Symph.*

In traumatic injuries of bone or periosteum (as from a blow) *Symph.* is recommended by Lippe, he having cured many cases after others failed with *Arn.*

Next to bone injuries in importance are those to the ball of the eye; as distinguished from injuries of the soft parts around it will greatly outclass *Arn.* in these cases. The pains of *Symph.* are pricking, sticking and jaggling; it is also efficacious in abscess and kidney ulcerations.

December 20, 1902. Was called to a strong, healthy man of fifty-two, suffering from oblique fracture of both bones of right leg near middle third; after eight weeks' treatment had delayed union; gave *Symph.* and replaced the dressing. After a few weeks further care he fully recovered.

In none of the homœopathic literature that I possess do I find much mention of this valuable drug. I prescribed it largely, empirically following Franklin's suggestion. After adding *New, Old and Forgotten Remedies*, and *Clark's Dictionary*, I was greatly pleased to find quite a symptomatology, which has proved a great benefit to me in the use of this neglected remedy.

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### EYE STRAIN.\*

By C. C. Straughn, M. D., Matawan, N. J.

It is impossible in a short paper, such as we need at these meetings, to attempt to cover the subject in all its aspects, and I shall merely attempt to show some of its effects.

For want of a better name we are in the habit of calling the nerve stimulus of the body "the nerve force, or nerve tone," and in the normal system each part of the body is supplied a sufficient amount for the proper performance of its functions. Presumably, also, a reserve supply is stored up that an extra amount may be supplied to any part needing it. If for any reason this reserve supply is depleted, as in a prolonged drain from acute or chronic diseases, or mental or physical strain, there may come a time when a sufficient supply for all parts of the body is not present. Under

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\*Read before Monmouth County, N. J., Homœopathic Medical Society.

these conditions some part of the body will suffer, and, as the eye requires a large amount, it is frequently the first to show the effect. This is especially true if it is already handicapped by needing more than the normal amount. If at the same time some other organ requires help by an increased amount of nerve force, that part may be the one to suffer, because nature is unable to properly care for both. This explains why so frequently an eye strain is an incident of convalescence and reflexes develop. The conditions have probably existed before, but nature has been able to overcome them without disturbing the harmony of the body.

The relative power of the various eye muscles that control the functions of the normal eye are so accurately balanced, and so perfectly adjusted as regards its focusing power, that the expenditure of nerve force is reduced to a minimum, although necessarily large as compared with other organs of the body. Considering the fact that every moment of the waking hours requires the use of the eyes, and each moment requires its quota of nerve force, it can readily be appreciated that even a slight deviation of the eye from the normal, either in refractive power or muscular equilibrium, draws largely on the normal reserve nerve energy of the body.

There seems hardly an organ of the body that may not be affected reflexly by eye strain. Many functional and some apparent organic conditions have been relieved by the correction of the eye condition. Why it should affect one organ rather than another is a question, but it is probable that that particular organ is already handicapped by requiring more than its normal supply of nerve force, and when denied suffers the consequence. The relief of the eye strain allows nature to again turn to its relief. Undoubtedly many times nature holds conditions in abeyance until the equilibrium of supply and demand of nerve force is destroyed, and returns to that condition when it is restored.

Eye strain may exist without symptoms pointing to the eye itself or the patient being aware of the conditions so long as nature can supply the nerve force required for its function.

A noted oculist has made the statement that 75 per cent. of all intractable headaches are due to eye strain. Whether this statement is overdrawn I do not know, but that a great many are due to this cause no one will attempt to deny. The relief of some of these cases by proper correction of refraction or muscular errors is so prompt as to seem magical.

The so-called sick-headache, with its symptoms pointing so markedly to disordered stomach or liver, is more often due to this cause than any other, as the relief of the condition by correction of refractive errors will show.

That eye strain is a very frequent cause of nervous prostration, and even insanity in some cases, is a well-established fact, and the virtue of the "rest" treatment in many cases is in the rest of the eyes. The leakage of nerve force in all cases of eye strain is a serious drain on the system, and in a patient pre-disposed to neurasthenia it is very often the one cause, and in many a contributing cause, of such an extent that only by its relief can the patient be cured. Some sanitariums make it a rule to examine the eyes of every neurasthenic for muscular or refractive errors, and, if found, in many cases it is the only treatment used.

Insomnia is frequently due to this cause. A very large percentage are brain workers, and almost all are found in persons whose work calls for the use of the eyes at the near point. It is a "clinical fact" that a large proportion of persons subject to persistent insomnia suffer from a defect of the eye, either refractive or muscular. Naturally, a correction of this defect relieves an underlying factor of considerable importance, if not the cause.

In closing I wish to mention a few cases from my records illustrating reflex conditions:

Mr. V., about 45. Had been in a sanitarium for three months under treatment for melancholia; as he had received no benefit he had returned home. His eyes were troubling him somewhat, and, as he read a great deal to pass the time, he wanted glasses if they would give him more comfort. He complained of no pain, but his eyes tired quickly when using them. Upon examination I found as follows:

O. D. + 1 D.  $\odot$  + .75 D. C. Axis 15.

O. S. + 1 D.  $\odot$  + .50 D. C. Axis 165.

But what was even more important he had  $1\frac{1}{2}$  degrees of right hyperphoria and 6 degrees of esophoria. The above correction, combined with one-half prism base up with the left lens, was given for constant wear, with direction to return in a month for presbyopic glasses. An immediate improvement in the mental condition was noted by the family, and in two weeks he was practically well. In the year following he has had no relapse.

Miss M., about 34. Complained of the usual symptoms of eye

strain: Eyes tired on reading or sewing, spots and lights in front of eyes, etc. She stated in course of conversation that she had not menstruated for two years. She was under old school treatment for the six months following its cessation, and at last was told that it had ceased for good. She complained of no special symptoms from it, except that about the time it would be due she felt some distress in the abdomen and she was inclined to think her eyes troubled her a little more. She thought there might be some connection, that is, "if the flow would return, her eyes would get all right." I found upon examination:

O. D. + .50 D.  $\odot$  + 1 D. C.      Axis 90.  
 O. S. + .75 D.  $\odot$  + 1.25 D. C.      Axis 75.

In addition, five degrees of esophoria at the near point. The muscle balance was very poor. Gave glasses as above. In a week she reported great relief of the eyes. In a month she reported that menstruation had returned without any of the usual pain. She has been regular during the eighteen months that have passed.

Mrs. J., about 30, a seamstress. Gave the ordinary symptoms of eye strain: Aching of eye-balls, tiring after work at the near point, objects floating in front of eyes, etc. Her principal complaint, however, was violent sick-headache coming at variable times, but they would average once a month. She had been thoroughly treated with liver medicines by various physicians without beneficial results. As a last resort she came to see if it might be her eyes. Upon examination she showed in the right eye a compound hyperopic astigmatism, and in the left a myopic astigmatism. Scopolamine was used as a mydriatic and under this she showed as follows:

O. D. + 250 D.  $\odot$  + 1 D. C.      Axis 75.  
 O. S. + 2 D.  $\odot$  + 150 D. C.      Axis 105.

She had six degrees of esophoria at the distance and twelve degrees at the near point. She was given in the right + 1 D.  $\odot$  + 1 D. C., axis 75; in the left, + .50 D.  $\odot$  + 150 D. C., axis 105; and a set of prisms for exercising the internal muscles. Relief followed at once without any return of the headache in the year that has followed.

I might cite many more cases of reflex troubles relieved by treatment directed to the eyes, but it is not necessary. I do not

say that all reflex troubles are due to the eyes, but it is true that more are due to this cause than any other. Always think of the eyes in intractable cases, for if they do not cause the trouble their treatment for existing errors may restore the balance of nerve force and allow nature to assist in relieving the trouble.

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## THE TENDER POINTS ON THE SPINE.

C. H. Duncan, M. D.

There is a very important subject that I would like to lay before the profession that in all probability will throw a powerful side light on the symptomatology of our drugs, and aid us in the selection of our remedy, as perhaps nothing else has done since the time of Hahnemann. It behooves us as homœopaths, as the followers of that great thinker, to keep our eyes, ears and understandings open, fearing nothing by the advancement of surgery, physiology, pathology, histology, bacteriology, embryology, etc., knowing only that they are correct as they agree with the homœopathic law. If they seemingly fail to agree with it, either they are not correct or we have failed to reach that degree of understanding whereby we can apply these sciences to our principles.

I refer to the application of the leading principle of one of our allied systems of healing, the application to our symptomatology of disease and our remedies of the "tender points on the spine." Say what we will, osteopaths and our own advanced homœopaths have vibrated these tender spots on the spine and performed cures. The question arises, do not these tender spots occur in the provings of our drugs, especially so since they are made use of almost exclusively by a branch of the medical profession, and we know they *do* make cures by using it. I have looked through the *Organon* and I see no reference to them; I look over the provings of many drugs in Allen's *Encyclopædia* and I see scarcely any reference to them; I look at the osteopathic literature and the reason is at once apparent. They maintain the patient will almost invariably say, when they are requested to have their spine examined, that "There is nothing the matter with my back. It is my stomach, or shoulder, or nose, or chest," etc., and are very much surprised when you locate a sore spot, and chagrined when they are compelled to wince when you locate it. Since this symptom does not appeal to the patient it is not subjective in the sense

we ordinarily understand subjective symptoms. Since it is not apparent to the physician it is not an objective symptom. Is it not possible then that this may prove to be a very important symptom, a certain peculiar spot for each drug? By developing this we may get a *new guiding symptom for each drug*.

My attention was recently called to this by having a typical *Natrum carbonicum* patient. The symptoms were: Great debility coming on with the heat of the summer; exhaustion from least effort; cannot stand to be in the sun; suffers from headache as the hot weather comes on; emaciation, pale face, dilated pupils; melancholy, occupied with sad thoughts, < music, music makes her sad; tension in nape of neck; bearing-down sensation, etc. This was a beautiful *Nat. carb. case*.

Upon examination of the spine I found a very sore locality just over the right ilio-sacrum articulation. As an experiment, the patient not being dangerously ill, and knowing I could cure her with *Nat. carb.*, I percussed this sore spot and the vicinity daily for five minutes with the ends of my fingers. When she presented herself for the third treatment the soreness had nearly all gone, and at the fifth treatment the soreness had completely disappeared and so had her other symptoms. She was cured of her great debility, she could now stand the sun, headaches disappeared, appetite better, etc.

What say you, brethren, is this worth investigating? I believe no harm can come and possibly much good develop by our watching this point in our patients, and especially so in our provings.

19 Sutton Place, New York City.

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### MALARIA OFFICINALIS.

Dr. Harley N. Baker, of Grand Rapids, Mich., read a paper before the West Michigan Homœopathic Medical Society, under the above title, which is printed in the *Medical Century* for July. The first part of the paper is largely made up of quotations from Dr. G. W. Bowen's papers on this remedy and from other writers, to be found in *New, Old and Forgotten Remedies*—due credit being given, of course. After this comes a practical and interesting case of the action of this unique remedy which we quote in full:

“In the latter part of December last my little daughter, five and one-half years old, was taken with what I thought was a bad

cold and sore throat, she was pale and weak, feverish, some coryza, and generally sick. The throat did not improve, but grew worse in spite of treatment; after five or six days the soreness mostly left, but the glands were badly swollen on the left side of the neck; she also complained of chilly feelings, mostly in the P. M. With a capricious appetite, restless sleep, was peevish and languid. As she did not improve under my care I took her to see Dr. Ruffe. Under his suggestions we gave her *Cina*, *Mercurius vivus*, *Lycopodium*, *Hepar sulphur* and *Sulphur*. She did not improve, chills now marked and fever high, reaching 104° F. some days; the glands of the neck were now stony hard, as large as a small orange, throat sore. I now gave *Quinine*, one grain doses two hours apart, four doses in all. Chill and fever stopped, glands still stony hard, but the child did well for a week. Then came back the chills and fever harder than ever, also the glands on the right side of the neck began to swell and were hard. For three days I gave nothing, then, on meeting Dr. M. I asked him what to give to break up chills and fever in general. 'He said *Malaria*.' I answered yes, that is what I have got, you did not understand me, I want to stop it. His answer was give '*Malaria*.' As I had never heard of the remedy I asked him what it was, and did he have some. Yes, he had some; did not know much about it, but had read something about it and had got a bottle. I took his bottle, B. & T.'s, No. 2, 3x. I found a little about it in the *American Homœopathist*, 1898. Gave my little girl ten drops in four ounces of water, teaspoonful doses, first day, six; second day, four; third day, two. On the third day the glands of the neck were soft and reduced one-half; on the seventh day they were all gone, no chills after the second day, has had none since; the fever hung on for a few days, appetite restored and child much better than for months. For this bad half hour you have spent in listening to this paper you are to blame Dr. Myers, because he insisted that I write something on *Malaria officinalis*. Two weeks ago I did not know that there was anything published on this remedy. I have found what facts I have here given you since that time as noted above."

Following this is an interesting account of a veteran of the civil war who was suffering from a combination of rheumatism, chill and fever and diarrhœa. *Malaria* cured him promptly, and he told the doctor he had not felt so well for years. There are great possibilities in this little known remedy, especially in cases

where there is a history of malaria, rheumatism, diarrhoea and tuberculosis. It alone is worth the price of *New, Old and Forgotten Remedies*.

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## ACTEA RACEMOSA (Cimicifuga).

(*Black Cohosh. Ranunculaceæ.*)

Analytic Studies on Materia Medica by E. Fornias, M. D.

### Nervous System.

1. MIND AND SENSORIUM.—Disorders of the general activity (*nervous excitement*, amounting to *hallucinatory delirium*). The *intellect and emotions are particularly affected*. Sees rats and many strange objects before her. *Delusive conceptions*, thinks that the top of her head is flying off, or that she will go crazy (*Calc. carb.*). *Apprehensiveness*, ending in despair. *Anxiety, restlessness and fear of death* (ACONITE). She becomes *suspicious, irritable and confused*. Silent now, at other times *loquacious* (LACHESIS). Talks nonsense or is taciturn or indifferent to everything. *Apathy, lamentations, weeping mood and dejection* (PULSATILLA). *Angry and destructive, or black cloud seems to settle over her, or a weight like lead upon her heart*. Melancholia. *Puerperal mania. Delirium tremens* with delusive conception. Frightful dreams. Inclination to suicide. *Changeable mood*, feels grieved and troubled, with sighing; next day, tremendous joy, mirth and playfulness. Insomnia. *Vertigo*, nausea and paleness, when raising the head from the pillow (ACONITE). When stooping head feels large and heavy. Stupor. Nymphomania.

2. DISORDERS OF THE SPECIAL SENSES.—*Impaired vision*; dark spots before the eyes. *Reflex ocular phenomena. Dimness of sight*, from uterine disorder. *Hyperæsthesia of the rectum* (NUX VOMICA). *Ciliary neuralgia* (reflex). Diplopia. Dilatation of pupils. *Blepharospasm* (AGARICUS). Lancinating and neuralgic pains in and over the eyes (SPIGELIA). *Intense pain in the eyeballs*, increased by the slightest movement of the head. *Aching soreness of the eyeballs. Reflex hyperacusis*. Sensitive to least noise. Coryza. Sneezing. Disagreeable coppery taste. *General numbness and soreness* (APIS).

3. DISORDERS OF SENSATION.—*General bruised feeling* (ARNICA-BAPTISIA). *Myalgic pains, with numb feeling* (RHUS).

Whole body feels numb, especially arms (ACONITE). *Sensation of an electric shock*, in any part of the body. *Sharp, stabbing pains in various parts of the body*, with ovarian or uterine disorders. Prickling, itching and heat of the whole surface. *Rheumatic pains in the belly of the muscles*. Burning, cramping and stitching in the muscles (CUPRUM). *Aching in the muscles*. *Violent, acute pains*, in the head, eyes, ears, teeth, or in the abdomen, *during pregnancy or after miscarriage*. Frequent changes of heat and cold in different parts of the body. Heat in top of head (SULPHUR). Head feels too large and throbs. *Feeling as if the top of the head would fly off* (BRYONIA). Constant dull feeling in the vertex. *Fullness and dull aching in vertex*. *Violent pains in head and eyeball*, increased by the slightest movement of the parts. *Prosopalgia*, affecting principally the malar bone (PLANTAGO); pain goes off at night and returns the next day. *Pain over the heart with fear of death, radiating to the shoulders and down the left arm* (ACONITE), which feels as if bound tightly to the body. *Feeling of goneness in the epigastrium* (SEPIA). *Sharp pains across the hypogastrium*, from side to side. *Extreme tenderness on pressure over the uterine region*. Bearing down pains. *Sensitiveness of the spine*. Violent, lightning-like pains down the spine. *Pain and heat in the occiput, extending down the spine*. *Unusual feeling in the limbs*, causing restlessness. Violent aching in the small of the back.

4. DISORDERS OF MOTION.—*Tremors and other spasmodic conditions of the muscles*. Alternate tonic and clonic spasms. Twitching of flexor. *Muscular twitching, with excessive muscular weakness*. *Nervous shuddering*. Unsteady gait. *Irritable asthenia*. Periodical epileptiform convulsions, with uterine disease. *Hysterical spasms* at the time of the menses. *Choreiform spasms*, chiefly at the left side. *Great debility at the intermenstrual periods*. Muscular paresis. *Rigid os* (GELSEMIUM). *Retraction of the head and neck*. Trembling of the tongue. Rigors. *Stiff neck*. *Uterine spasms* during the menses.

### Vegetative System.

5. NUTRITION AND SECRETION.—1. Faulty metabolism. *Lithæmia*. *Muscular rheumatism (myalgia)*. *Lithæmic manifestations*, with lumbago, torticollis, pleurodynia, etc. *Neuralgia*. *Chorea*. Consumption. Tongue clean, but pointed and trembling. Foul breath. 2. *Secretions*, increased, decreased, or suppressed. *Urine*,

*scanty, febrile*, depositing urates, or *profuse and pale*. Frequent thin, dark, offensive stools. *Constipation alternating with diarrhœa*. Leucorrhœa, with weight in the uterus. *Menses, profuse*, early, dark, clotted, or *scanty* and slightly clotted. *Lochia suppressed*, or watery, mixed with small clots. Night sweats.

6. CIRCULATION AND RESPIRATION.—1. Circulatory disturbance. *Rush of blood to the head*, brain feels too large for the cranium. *Spinal and uterine congestion*. Slow action of the heart. *Cardiosthenia*. *Heart action ceases suddenly*, with impending suffocation; or is *tumultuous, irregular*, and behaves strangely. Cardiac chorea. *Pain in the region of the heart, all over the chest and down the left arm* (ACONITE), which feels as if tightly bound to the body. *Syncope*, with impending suffocation, profuse cold sweat all over the body, and very quick pulse. *Palpitations*. *Angina pectoris*. *Endocarditis*. *Pulse, weak, irregular*; feeble in the morning, with trembling and weakness. 2. *Hoarseness, worse in the evening* (CARBO VEG.); very sensitive to cold air. *Dry, teasing cough, constant at night; returns at every attempt to speak*. Dry, fatiguing cough, with pleurodynia. Nervous cough. *Reflex cough*. Dyspnoea and cyanosis.

7. REPRODUCTION.—*Ovarian and uterine irritation* (PLATINA). *Ovaritis, pains shoot up the side, or from ovary to ovary*. Uterine congestion. *Uterus sensitive, tender on pressure*. *Menses, anticipating, profuse, dark, with clots; or scanty, slightly coagulated*. Intermenstrual period, short. *Menses suppressed by mental emotions*. *Rheumatic dysmenorrhœa*. Hysterical spasms at the time of menstruation. *Sharp pain across the lower abdomen, worse by motion*. *Bearing down, to the small of the back, with heaviness and numbness of limbs*. *False labor-pains, with nausea and mental excitement*. *Labor-pains, severe, tedious, spasmodic* (CAULOPHYLLUM), with fainting fits or cramps. *Rigid os* (GELSEMIUM). Shivering during first stage of labor. Spasms during delivery, from excitement. *After-pains, with hyperæsthesia, or nausea and vomiting*. *Lochia suppressed; or watery, mixed with small clots*. *Puerperal mania*.

8. CAUSATION.—Abnormal responsiveness to slight stimuli. Certain predisposing conditions, characterized by volitional weakness (*nervous overstrain*), undue emotional excitability (*heredity, faulty education, hysteria*) and increased motor irritability. *Reflex abnormal action, especially from uterine or ovarian disease* (flushes, pains, neuralgia, heat on top of head, ocular disturbances, spasms,

tremors, etc. *Cold or emotions* (cough, hoarseness; suppression of menses, of lochia). *Anxiety or overexertion* (nervousness, irritability). *Fright* (chorea, neurasthenia, threatened abortion). *Hyperæsthesia of the nervous centres* (dejection). *Disappointed love or business failure* (psychosis). *Suppression of uterine discharges* (congestion to head). *Nervous excitement*, during labor (spasms, etc.). *Change of life* (mental disturbances). *Alcoholism* (delirium).

9. RELATIONSHIP.—While ACTEA RACEMOSA acts more markedly on the *belly of muscles*, its congener, ACTEA SPICATA, affects particularly the *small joints*, especially those of the hands and feet; and consequently the former is indicated in the various forms of *myalgia* (pleurodynia, lumbago, stiffneck, etc.), and the latter in *rheumatism involving* the hands and wrists. The metacarpal and metatarsal pains characteristic of this drug are of a severe tearing-drawing nature, with a great tenderness on touch and worse at night. In this class of affection ACTEA SPICATA should be compared with PULSATILLA (all joints, shifting), KALMIA (ankles, shifting), LEDUM (small joints, pain ascending), CAULOPHYLLUM (wrist and finger-joints), PHYTOLACCA (finger-joints), and with BRYONIA, RHUS TOX. and RUTA in pain as if dislocated, in wrists and ankles.

Another relative of ACTEA RACEMOSA is ACONITE, to which it bears many points of resemblance; the same mental irritability, the same anxiety and fear of death, the precordial suffering, the same restlessness, etc. Like with SEPIA, there are nervousness, restlessness, dejection, scanty menses with bearing down, and epigastric distress. Like PULSATILLA, it exhibits a versatility of general distribution, from mind to body, from one mucosa to another, or from one location to another; a fickleness masterly explained by Dr. McIntyre. It acts similarly to DIGITALIS on the heart and circulation, but with much less power; and, like SECALE, it acts on the unstriped muscular fibre, but also in a lesser degree.

Compare ACTEA RACEMOSA in general with ACONITE, PULSATILLA, SEPIA, NATRUM MUR., AGARICUS, IGNATIA, LILIUM TIG. and PLATINA. In tremor and spasms from emotion, with CHAMOMILLA, COFFEA, CUPRUM, GELSEMIUM, HYOSCYAMUS, IGNATIA, NUX VOMICA, OPIUM, PLATINA and TARENTULA. In reflex disorder, with CAULOPHYLLUM, NUX VOMICA. In myalgic pains, with RHUS TOX., ARNICA, NUX VOMICA, MERCURIUS, GELSEMI-

IUM, RANUNC. BULB., FERRUM, PHYTOLACCA. In rheumatism, with BRYONIA, PULSATILLA, ARNICA. In supra-orbital neuralgia, with SPIGELIA, CEDRON, KALMIA. In prosopalgia, with PLATINA, VERBASCUM, PLANTAGO, MEZEREUM, MAGNESIA PHOS. In angina pectoris, with ACONITE, DIGITALIS, ARSENICUM. In spinal irritation, with PULSATILLA, NATRUM MUR., PHYSOSTIGMA, AGARICUS, ZINCUM, COCCULUS, KOBALT. In chorea, with AGARICUS, IGNATIA, LAUROCERASUS, TARENTULA, MYGALE. In labor, with rigid os, with CAULOPHYLLUM, GELSEMIUM. In any deviation from normal in the position of the uterus, with PULSATILLA.

THERAPEUTICS.—The symptomatic complex of ACTEA RACEMOSA clearly reveals its marked action on the *cerebro-spinal system*, deranging the mechanism that presides over *reflex action*, and affecting both the *motor and sensory nerves*, which supply the muscles of the body. In the motor sphere the manifestations are characterized by *disorderly movements of a spasmodic or choreiform nature*; in the sensory by those *severe muscular pains* known under the common name of *myalgia*, involving the intercostal and thoracic muscles (*pleurodynia*), the muscles of the loin (*lumbago*), and sterno-mastoid and other muscles of the neck (*stiff-neck*). This triple influence (*reflex action, motion and sensation*), however, seems to be more particularly exerted on those organs concerned in the function of reproduction (*conception, gestation, parturition*). In fact, it is the parturient woman who is more frequently benefited by ACTEA RACEMOSA. Next in order comes, perhaps, the single female, and especially at the *age of puberty*, when the generative organs are attaining their full development and subjected to eventful changes; or later in life, during the *menopause*, when menstruation and the procreative faculty cease, but the normal vaso-motor tone is interfered with. In the course of these physiological processes, when altered by some underlying cause, we often find *psychical disturbances* referring principally to the *general activity, the intellect and the emotions*, to which ACTEA RACEMOSA strictly corresponds. A further study of this remedy shows its *limited influence upon digestion and calorification*, and how much we have neglected its *adaptability to heart disease*; on the other hand, the *disorders of nutrition and secretion*, as well as those of *circulation and respiration*, are important enough to be included in this synthetic work. After a careful review of the above we will, moreover, find that, like most all drugs that affect

deeply the cerebro-spinal system, the phenomena of irritation follow, intermingle or alternate with those of depression, and that the motor and sensory syndromes of ACTEA RACEMOSA, which always stand out so prominently, imply a sort of dislocation in the physiological relations of the higher nervous centres to each other and to the motor centres which are subordinated to them, a condition which is sometimes induced by a sudden shock or fright, but more frequently by ovarian irritation, pregnancy or menstrual excitement. Again, to be successful with this drug we must call repeatedly to mind the fact that some of its most characteristic symptoms are of reflex origin, and that reflex action is generally regarded to be executed without consciousness. The origin of these *reflex symptoms* are the ovaries and the uterus, organs probably capable of moving responsive to their appropriate irritant, or of dispatching irritative stimuli to other parts through the organic and other nerves of involuntary function.

The mechanism by which *reflexed disorders* are produced is the same as that which is required for the performance of *reflex actions*; indeed, the former often consist of nothing more than reflex action carried to an inordinate and pathological degree (Gay). Each case, as we all know, requires the integrity of the reflex arc, *i. e.*, the afferent sensory fibres, the ganglionic centre and the efferent motor or secretory fibres. Efferent fibres are distributed to glands, voluntary and involuntary muscular fibres, and hence any of these may be modified under abnormal reflex conditions; and as the secretory functions of the glands may be, by these means, excited or suspended, so there may be overaction (*tremors, spasm*) or suspension (*paresis, paralysis*) of the muscular function. Closely allied to ordinary reflex action is the *reflexion of pain* from the source of irritation to some more distant region, as the *occipital or coronal headaches* of uterine displacements. Subjects presented in this manner, it seems to me, offer the student opportunity, without effort, to look back from the morbid phenomena of drug to the morbid phenomena of disease, and from there to the normal processes, and in recognition of this obtain new suggestions for correct selection of the remedy, for correct interpretation of diagnosis, and, what is more important, for the cure.

With this knowledge on hand, let us proceed to establish the therapeutic or clinical value of ACTEA RACEMOSA. Like SEPIA and PULSATILLA, this remedy is chiefly indicated in *diseases of the female organism*, and especially so when engrafted in a *rheumatic*

soil, or with *ovarian and uterine localizations*. As stated above, the disorders in which it has been most frequently useful are those supervening *during labor*, or developing at the *age of puberty*, periods of life when the nervous system becomes unbalanced and the increased vascularity of the parts brings about local congestions of a distressing kind. It corresponds to any patient who, for any of the above causes, is constantly tormented with reflex disorders, or is the victim of painful, spasmodic complaints, particularly if attended with irritability or dejection. It is one of the chief remedies to *facilitate labor* and to remove dynamic difficulties, and it is here indicated when the *pains cease or are too weak* (CAULOPH.; SECALE and PULSATILLA too strong), or when they are *spasmodic and distressing* (PLATINA, SEPIA). The pains are usually of a tearing character, but *tedious and ineffectual*, and may be attended by *fainting fits or cramps*, or by shivers during the first stage of labor; all these phenomena indicating the excitable state of the cells and conducting fibres of the spinal cord and the participation of the sympathetic in the act of expulsion. The morbid irritability of the cord in those cases is sufficient to excite merely *local spasms*, but sometimes the irritable cord may be apt to issue more nervous force than is proportionate to the stimulus applied, and the result is *general convulsions*; but these general convulsions only call for this drug when they occur at the menstrual period and in emotional or hysterical subjects. ACTEA RACEMOSA has been highly recommended in *rigidity of the os*, but I think it is inferior in these cases to GELSEMIUM and CAULOPHYLLUM. The nervous excitement and reflex hyperæcstasis explain the aggravation from the least noise (NUX VOMICA, ACONITE). In *after-pains* the patient demanding this remedy will be found *low-spirited, restless and sleepless*; the pains are continuous, and the least pressure is attended by an exquisite tenderness, which increases the nervous excitement and may drive the patient to despair. A *reflex headache* is sometimes associated with this stage of labor, located in the right side and in the back of the orbit; and, of course, if the womb does not contract properly, we must think again of ACTEA RACEMOSA, under whose pathogenesis we find not only a condition of rigidity but of relaxation. It has also proved beneficial in *suppressed lochia*, and in *watery lochia* mixed with small clots. The *flying pains across the lower abdomen* have suggested this drug in *threatened miscarriage* and the *mental state in puerperal mania*. During *pregnancy* it is said to

correct any deviation from normal in the position of the fœtus, a property which has also been ascribed to PULSATILLA. It is likewise of signal service in *mental derangement after delivery*, especially when the patient is dejected and gives expression to a fear that she will lose her reason (CALC. CARB.); but we may find her taciturn and suspicious, taking no interest in household affairs, or a change may take place expressive of irritation, when we observe that the least contradiction makes her angry and even destructive, symptoms which are often the prelude of *puerperal mania*. At other times a heavy black cloud seems to settle over her, so that all is darkness and confusion, while at the same time it weighs like a load upon her heart. This *melancholic depression* may even be of the stuporous kind, but the *mania* is almost always of the *loquacious type*. The *intellectual disturbance* of ACTEA RACEMOSA, puerperal or otherwise, includes also a feeling of enlargement of the brain and eye-balls, of a pressing, bursting character, as well as paroxysmal impulses to wander from place to place. And, again, the suspicion or mistrust often evinced by the patient leads one to infer that also the affective sentiments are perverted. A victim of *alcoholism* who has fantastic visions, especially of rats and other animals, and who suffers besides from tremor of the limbs, cramps, excitement, constant agitation and insomnia, comes also under the scope of this remedy, and particularly so if there are impulses to suicide. It is also indicated in *mental disorders* arising from failure in business, disappointment in love, or from the effects of debauchery. In these cases desire for solitude, apathy, wandering agitation, mistrust, and rejection of medicines are characteristic symptoms.

ACTEA RACEMOSA is not a less efficacious remedy in *menstrual difficulties*, especially if occurring in *rheumatic* or *hysterical women*, in whom the intermenstrual periods are short, and where the menstrual flow is attended by *labor-like pain* shooting from side to side and bending her double; by *nervous headache* or by *severe back-ache*, the pain radiating through the hips and passing down the back of the thighs. Also an efficient remedy in *suppressed* or *painful menstruation*, particularly when there is marked *weakness between the menses* (CHINA), as well as nervous erethism. Associated with a *flexed or irritable uterus*, or dependent on its *posterior displacements*, congenital or acquired, we frequently find *coronal* or *occipital headaches*, which are increased at the menstrual epochs or attended by *dysmenorrhœa*, the pain continuing after the flow be-

gins. The *headache* chiefly consists of a dull aching from occiput to vertex, aching soreness in the eye-balls and sharp pains thence to vertex, with conjunctival hyperæmia. The same class of headache may be found associated with *chronic prolapse*, when, in addition, we often noticed *pain in the back and loins*, radiating down the thighs or through the pelvis, with hysterical crying, but where sterility or disorders of menstruation need not necessarily be present. Many speak highly of ACTEA RACEMOSA in *dysmenorrhœa* due to ovarian or uterine disease, or in that variety which arrives from spasmodic contraction of the womb. It should not be neglected at the *climacteric*, where, in addition to the nervousness and tremors, there is a marked lack of nervous energy, with intellectual or emotional disorder and hysterical crying.

There are various forms of *headaches*, rheumatic, nervous, or associated with uterine mischief (*reflex headache*), where this remedy seldom fails to act favorably. It has also been prescribed with good results for the *headaches of drunkards*, with a feeling as if the top of the head would fly off, and which are relieved in the open air; and for *headaches of female students*, with intense pain, as if a bolt had been driven from neck to vertex, and hysterical crying, especially when due to excessive studies.

ACTEA RACEMOSA has an excellent record in the treatment of *neuralgia* (ciliary, supra-orbital, facial, occipital, cervico-brachial, brachial, intercostal, etc.). It has also proved serviceable in the *neuralgic toothache* of pregnant women or rheumatic subjects; and in *neuralgia of the mammæ*, when the pains extend to the muscles of the chest, shoulder, neck, axilla, and down the arms. Likewise in *sciatica*, where besides the shooting, lightning-like pains and tenderness, there are other disturbances of nerve function, such as tingling, fibrillary tremor, cramps, etc. As in ACONITE, RHUS TOX., COCCULUS, there remains numbness of parts after the attack. The left side is more particularly affected, and if there are ovarian or uterine complications it is the more indicated.

ACTEA RACEMOSA is one of the chief remedies for *muscular rheumatism*, where not only the connective tissue of the muscles but their fibrous tissue is affected. It is attended with spasm of the genuine muscular tissue and a painful tenderness is developed by the slightest movement and by pressure on the muscle involved. I have never seen a case of *muscular rheumatism* relieved by pressure, especially of *lumbago*, where every movement or

pressure increases the pain. Of course, great care is required not to overlook grave diseases causing *lumbago*, and of these there are many (spinal caries; renal disease, especially pyonephrosis and calculus, inflammation of the bowel, rectal and vesical disease, spinal cord disease and meningitis, coxalgia, sciatica, gout, gonorrhœal rheumatism, etc.). In cases of *dorsodynia* or *omodynia*, in which this remedy has proved beneficial, I have frequently noticed the mere weight of the overcoat increase the pain; and I have a patient who during attacks of rheumatism of the scalp (*cephalodynia*) cannot wear his hat. In *pleurodynia* associated with menstrual irregularities it will often give immediate relief. When attended with cough *ACTEA RACEMOSA* should be compared with *ARNICA* and *BRYONIA*. It is also very useful in *rheumatic torticollis* (stiff-neck), and particularly so in the *myalgia of the sectiabdominales and the intercostals* of the overworked and underfed portion of the laboring classes, particularly in shoemakers, sempstresses, and others who work many hours a day in a cramped position which keeps certain muscles of the trunk in a permanently contracted state. The character of these *myalgic pains* is cramping, burning and sticking, or there is a bruised feeling as if sore. We should be also careful to distinguish *muscular rheumatism* from *neuralgia*, which is paroxysmal, unilateral, has very limited *points douloureux*, and is less influenced by motion.

If the chief etiological factor of *chorea* is the rheumatic poison we can well understand why *ACTEA RACEMOSA* has proved so valuable in this neurosis. It seems to have a special affinity for the left side, and its curative powers have been more accentuated about the *age of puberty*, when the reproductive organs commence to be functionally operative, in which heredity seems to have a pronounced influence, and where any irritative interference may render ovulation and menstruation abnormal and painful. Education and surroundings, incompatible with healthy action and development, are important elements of causation and no less potent is fright and excessive study. The *fearful pains through the lower limbs* have suggested *ACTEA RACEMOSA* in *infantile chorea*, where the development of the so-called *growing pains* is often the prelude of its first convulsive movements. *Chorea*, however, may show itself before any other manifestation of rheumatism, or may succeed an attack of arthritis. The effect of any mental strain is often markedly seen where a child after recovery from *acute rheumatism* is subjected to sudden excitement and forthwith be-

comes choreic. The child is noticed to be restless, emotional, irritable, awkward, constantly grimacing, or to be knocking itself against articles of furniture, or allowing dishes or toys to fall from the hands, so that not infrequently the chief complaint is one of loss of power. If asked to show the tongue the sudden wide opening of the mouth and raising of the eyebrows, the rapid protrusion of the organ and the quick withdrawal, followed by snapping closure of the jaws, will readily confirm the existence of even a slight case of the disease. Moreover, observation has abundantly proven that in childhood the heart often behaves like an articulation, so we should not be surprised to find *chorea* complicated with *joint inflammation* or by *endocarditis*. The remedy has been also recommended for *hysterical chorea* and *blepharospasm*. In the latter affection, and in *convulsive tic* of the neck and shoulder, this drug only gave temporary relief.

ACTEA RACEMOSA acts similarly to DIGITALIS on the heart. It slows its rate while increasing its force. It raises arterial tension. It certainly has shown a marked effect in diminishing the force and frequency of the pulse. Its chief indication in *angina pectoris* is the catching, cramping character of the pain, which necessarily interferes with breathing and causes anxiety, lividity and cold sweat in the hands. As in ACONITE the pain radiates over the chest, down the left arm, which becomes numb, and the fixation is so severe that the arm feels as if bound tightly to the body. It corresponds better to those cases of *angina minor*, where AURUM has proved so beneficial, but in advanced cases, with deathly anguish and tendency to faint, DIGITALIS is the better remedy. It is likewise an efficient drug in *myalgia cordis* and in *cardio-asthenia* of rheumatic subjects. Its value in *rheumatic endocarditis* is admitted by all.

In *spinal neurasthenia*, either associated with uterine disorder or with ovarian irritation, especially if due to fright, this remedy has been found of great value. It produces like NATRUM MURIATICUM sensitiveness between the vertebra, and, according to Farrington, it is especially indicated when the upper or lower cervical vertebra, principally the lower, are sensitive to pressure, causing the patient to avoid sitting or lying on the back, in contradistinction with NATRUM MUR., which has marked relief by lying flat on the back, even with uterine displacement. KOBALT is the better remedy when the spinal irritation is due to sexual excess. ZINCUM, SEPIA, and PULSATILLA, like KOBALT and ACTEA RAC., have aggravation of backache from sitting.

ACTEA RACEMOSA exercises a marked curative influence over those disturbances of the vaso-motor system in other parts of the body than the head, which is characterised by sudden numbness, coldness, or pricking sensation in one or more limbs; or by a *sudden distressing, but indefinable sinking feeling in the epigastrium*; or by a sensation akin to rigor, with much anxiety and palpitation or fluttering of the heart.

During the course of *meningitis cerebro-spinalis* (spotted fever) we may have to resort to ACTEA RACEMOSA, and this is particularly the case in the period of excitement, when there is *intense pain*, as if a bolt had been driven from neck to vertex, or in the occiput extending to shoulders and down the spine, with *nausea, vomiting, constipation, retraction of the heart and neck, muscular soreness, cutaneous hyperæsthesia and even hallucinatory delirium*.

ACTEA RACEMOSA is not indicated in *tuberculosis of the lungs*, but rather in those cases of *confluent broncho-pneumonia* associated with *pleurodynia*. It allays the *dry, teasing, nocturnal cough*, which so much afflicts the patient, and it is claimed by some to be efficacious for the *dry coughs of old age*, with or without pleurodynia. Some even assert that it has controlled the diarrhœa and night sweats of phthisis.

On two occasions I derived marked benefit from ACTEA RACEMOSA in *vertigo*, from overwork in the well-fed, where there is usually restlessness, insomnia, depression of spirits, with a sense of impending evil.

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### CHIPS.

“The idea of contagion implies the existence of a specific exogenous, microbial infectious agent.”—*N. Y. Medical Journal*.

“Unfortunately for us and the world in general, thieving and dishonesty will thrive until our race has run its course.”—*Hill-ger, Banker's Address*.

“In our estimation, the practicing physician is as far above the laboratory man as the bricklayer is above the man who mixes the mortar.”—*N. Y. Medical Journal*.

“Many, as I have done for a long time, believe that conjurations resemble the fairy tales of old women. But gradually and from observations of facts I have come to the conclusion that power is exercised by them.”—*Galen*.

“Compulsory vaccination is an outrage and a gross interference with the liberty of the people.”—*Daniel Webster*.

“The work of the Board was rendered difficult by the announcement that the building was about to be dynamited.”—*Dr. F. C. King, San Francisco, in Southern California Practitioner*.

“Some of these fluid extracts and tinctures are not unlike boarding-house coffee, alleged rather than established.”—*Atlanta Journal Record of Medicine*.

“The Company has a pretty good hospital in Calcutta, where many go to undergo the penance of physic, but few come out to give account of its operation.”—*Calcutta Journal of Medicine*.

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## OBITUARY.

### Louis Babendreier.

Louis Babendreier, for many years the manager of Boericke & Tafel's pharmacy in Baltimore, died on July 10. Mr. Babendreier was 52 years old and a native of Baltimore. He entered the employment of Boericke & Tafel when he was 13 years of age and remained with that firm until his death. He was well and favorably known by the southern physicians and was an able and conscientious pharmacist. For the past few years he suffered ill health, diabetes and blood poisoning. He leaves a wife and two children. He is succeeded in the business by a very capable man to whom he taught the profession of homœopathic pharmacy, being his assistant for over 13 years. It is to such faithful employees as these that Boericke & Tafel owe their success.

## BOOK NOTICES.

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**A Compend of Operative Gynæcology.** Based on the Lectures in the Course of Operative Gynæcology on the Cadavers at the New York Post-Graduate Medical School and Hospital. Delivered by William Seaman Bainbridge, M. D. Compiled, with additional notes, in collaboration with Harold D. Meeker, M. D. 66 pages. Cloth, \$1.00. The Grafton Press, 70 Fifth Avenue, New York City.

This work, while particularly suited to the needs of post-graduate students operating on the cadaver, will be found of distinct value to the busy gynæcologist. All gynæcological operations of merit, with their latest modifications, are described concisely, but with sufficient detail to make the work decidedly practical. A number of original points of worth in the operative technic are embodied in the text.

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**Pocket Manual of Homœopathic Materia Medica.** Containing the Characteristic and Guiding Symptoms of all Remedies. By William Boericke, M. D. Third edition, revised and enlarged, with the addition of a Repertory by Oscar E. Boericke, A. B., M. D. 1,049 pages. Flexible leather. Published by Boericke & Runyon, New York. 1906.

The first part of this neat manual is comprised of 678 pages of Materia Medica, being 25 more than were in the second edition; this is followed by 356 pages of Repertory, the remainder being a List of Remedies. The Repertory is the new feature of this edition, and runs "Mind," "Head," "Eyes," "Ears," and so on to "Modalities." The fact that a third edition should be called for speaks loudly for the intrinsic merit of this compact Materia Medica, or, as the author terms it, "Pocket Encyclopædia of Homœopathic Materia Medica." We predict a steady and permanent sale for this book.

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**The Vaccination Imposture.** Its Infliction a Crime. By J. M. M. Gerner. Paper, 25 cents. 52 pages. Gazette and Bulletin, Williamsport, Pa.

The first of these papers by Dr. Gerner were published in the Williamsport *Sun*, but for some reason the whole series of five was refused, hence the author issues them in pamphlet form. It is a well-written pamphlet, and full of knock-down facts for anyone who takes the anti side of the question.

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## EDITORIAL BREVITIES.

PAPERS BY VON BÖENNINGHAUSEN.—The RECORDER has had the hitherto untranslated papers and works of Von Bœnninghausen translated and will publish them from time to time, the first instalment appearing this month. We feel assured that they will prove to be of decided interest. This series will be edited by Dr. T. L. Bradford.

PHARMACISTS VS. PHYSICIANS.—An interesting case was recently tried in Paris. A physician wrote a prescription, the pharmacist filled it, and the patient died from the effect of it. When arraigned before the court the physician admitted his error, but pleaded that it was “the duty of the pharmacist not to have filled the prescription. The law of 1846 is quite clear on this point; the pharmacist must verify the prescription both for dose and for instructions. The pharmacist is the tutor of the physician.” Professor Brouardel, of the Paris Academy of Medicine, while admitting that the physician had made a grave error, asserted “that of the pharmacist is very much more serious. A doctor often makes a mistake, but the pharmacist should ever be there to remedy the evil. The pharmacist is the responsible party for the execution of any medical prescription.”

The *American Druggist*, from which we take the foregoing, says that at the last meeting of the A. M. A. “Dr. Lewis said that he wished to enter a protest against a tendency on the part of pharmacists to assume a dictatorial attitude toward the physicians.” We doubt if many pharmacists assume this attitude except when necessary. For instance, the maximum dose of *Atropine* in allopathic practice is one-sixtieth of a grain, yet we once were shown a prescription for five grains of this drug, to be

taken three times daily; one dose would have quickly relieved the patient of all earthly ills. Of course, as is always the case, the pharmacy man told the patient a gentle little fib to gain time, called up the doctor, and all was serene. Pharmacists and physicians should not "jar" each other, but "pull together".

PACIFIC COAST JOURNAL OF HOMŒOPATHY.—This esteemed contemporary was wiped out completely by the San Francisco fire, but the plucky California homœopathic doctors propose to continue it as soon as possible. If the reader wants to aid them send in a subscription to Dr. H. R. Arndt, N. W. Cor. Hayes and Fillmore Sts., San Francisco, Cal.

Now, if permitted to "butt in" a little, we would suggest that the journal return to the size of the old *California Homœopath* as published by Boericke & Dewey. Such a size is far more convenient for the reader than the unwieldy quarto, is better liked by advertisers and *far* better adapted for binding. Of course, tastes differ, but "them's our taste," given for what they are worth and with best intentions.

DANGEROUS.—In a private letter a physician writes us: "While here I attended the funeral of Dr. ———, who died as a result of X-ray injuries. I sold my plant after my accident, as I would have discontinued the dangerous work anyway. I believe it will 'do' anyone handling it. Its only use is to locate fractures and dislocations, and in surgical work generally." These mysterious "rays" are certainly wonderful and apparently, to some at least, dangerous.

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#### NEWS ITEMS.

The *Los Angeles Medical Journal* has been purchased by the *California Medical and Surgical Reporter*, 120 Broadway, Los Angeles, Cal.

Dr. R. Montfort Schley and Dr. Alice E. Rowe, both members of the medical staff of the Gowanda State Homœopathic Hospital, Gowanda, N. Y., were married June 28, 1906, in Newtonville, Mass., at the residence of Mrs. F. A. Waterhouse. Dr. and Mrs. Schley at home at the Gowanda State Homœopathic Hospital, Gowanda, N. Y.

Dr. Skinner has returned to London, England, and resumed practice, his specialty being the treatment of chronic diseases. Address, 115 Inverness Terrace, Bayswater W.

A special train will run from Chicago for the accommodation of the doctors who wish to attend the International Congress of Homœopathy at Atlantic City next September. Address Dr. Gilbert Fitz-Patrick, 100 State St., or *The Clinique*, 70 State St., Chicago, for particulars and reservations.

The *Monthly Homœopathic Review*, London, England, has celebrated its 50th birthday. The *Allgemeine homöopathische Zeitung* has reached the venerable age of 75. Well, next year the RECORDER can vote, for it will then be 21.

Dr. F. H. Whitney has removed from La Crescent, Minn., to Sherry, Wood Co., Wis.

Dr. William Boericke has returned from Europe and resumed practice at 1812 Washington St., San Francisco. The doctor's house escaped the fire but was somewhat shaken up by dynamite.

The Bureau of Information, at Pacific and Tennessee Avenues, Atlantic City, has issued one of the finest illustrated pamphlets, describing the city where the American Institute of Homœopathy is to meet, that we have seen for a long time. The illustrations are excellent.

Dr. Dean T. Smith's book was received too late for review in this number. Its title is *Before and After Surgical Operations*. It is a treatise on the preparations for, and the care of patients after surgical operations; it also gives what has been sadly needed in surgery, homœopathic therapeutics. The book contains 260 pages, is cloth bound and sells for \$1.25. Postage, 8 cents.

## PERSONAL.

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"The family doctor is the man behind the gun who does our effective work."—Osler.

He gave the waiter of a crack hotel a penny tip and the next day he found the coin in his soup.

If you want old, out of print homœopathic books and journals write to our bibliophile, Dr. T. L. Bradford, 1862 Frankford Ave., Philadelphia, Pa.

"Certainly," said Binks, "animals cannot stand tobacco or alcohol; neither can man stand bugs and worms and many other delicacies of animals and fowls."

No, Mary, they raise nothing on roof gardens, except sometimes a little Cain.

Courts have decided that tuberculosis is lawful cause for divorce, so they say.

"No good can come of vilification," says *American Medicine*, and Gould ought to know from experience.

Dr. C. V. Chapin says that disinfection had its origin in superstition and continues because it hits the popular fancy.

Blunt speech is the saying of sharp things.

A round of pleasure, they say, to every girl is a diamond engagement ring.

There are four kinds of baldness, but they are all the same to the summer fly.

A London doctor prescribes silence for nervous women.

The piano is a noble instrument, it is upright, square and grand.

The tramp said he joined a Don't Worry Club, and didn't care whether he lost his job or not. He lost it.

"A well-to-do-man is hard to do," remarked Binks.

"Kind, doctor, coming so far to see me." "Have a patient out here so I kill two birds with one stone," replied the doctor, according to *London Tattler*.

"They say" gains or loses in weight when you know *who* said it.

The balloonist has the highest profession in the world.

"Between the fire, earthquake and doctors only a few were killed," writes Dr. Nelson in *Calif. Med. Journal*.

"I call a spade a spade," remarked a profane man. "Wonder you don't call it a blanked old shovel," replied his companion.

# THE HOMŒOPATHIC RECORDER.

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ARTICLES BY DR. C. v. BŒENNINGHAUSEN.

## VI. Idea of a Systema Nosologicum.

*Allg. Hom. Zeit.*, Vol. XL, page 17.

Since Linné's time the botanist confines himself in his *diagnoses* to as few words as are absolutely necessary to distinguish the plant from others, describing it according to a few characteristics belonging to it alone. Among the advantages gained thereby is this essential advantage, that it requires but little time to find the class, order, genus, and finally the species and variety of every plant, even when one has never seen it before; so also every new plant not yet named may immediately be recognized as such. A detailed description of the plant in all its parts does not properly belong to the system, and it is not, therefore, found in most of the manuals, as being something dispensable and superfluous, where the desire is merely to find the name without loss of time. When this is found and thus the proximate end of botany reached, then other works may easily be consulted, which describe at length the plant as to its medical, technical or other relations which are foreign to botany.

Ought we not to be able to introduce something similar in Homœopathy, so as to considerably lighten the work of incipient (perhaps also of older) homœopaths, and to simplify the selection of remedies without, in the least, endangering their sureness, but rather securing it? I believe. Yes!

Allopathic, as well as homœopathic pathologists divide diseases into classes and orders. Also their genera have been described with more or less exactness and distinguished from each other. It is only the numberless species and varieties that are as yet un-

distinguished because the necessary footholds are lacking; these are offered to homœopaths solely by the knowledge of the characteristics of every remedy. But the allopath is met everywhere with insurmountable obstacles to the presentation of really *brief diagnoses*; the homœopath, however, is able to surmount these, as to him alone the *distinguishing factors* are known, with the aid of the characteristics of the remedies.

A work executed in this way would be of immense importance and as a *Systema Nosologicum* it would become for homœopaths as indispensable as a *Systema Vegetabilium* is for the botanist. Merely from the conviction as to this usefulness and importance, I have undertaken to present this idea to my honored colleagues for their investigation and consideration with the request that they may give their views concerning it in this journal.

To make my ideas and views concerning this matter more clear, I submit here as examples and experiments, short diagnoses of the various forms of disease belonging to cholera, a disease which again threatens the regions of our native land, and which, owing to the abnormal and manifold forms under which it appears, combined with the haste with which our help is called for, often may not be met with that calm presence of mind and that successful selection of remedies without loss of time and without mistakes, which is so desirable:

#### I. CHOLERINE.

(The character of this genus is supposed to be known.)

1. *Nausea or vomiting* predominate without, or, at least, precedent to each diarrhœa of fœces: *Ipecacuanha*.

2. *Diarrhœa of fœces* only in the morning, preceded by colic: *Bryonia*.

3. *Diarrhœa of fœces* with *formication* and *going to sleep* of the limbs: *Secale cornut.*

4. *Diarrhœa of fœces mixed with blood, with violent colic, drawing down the thighs*: *Colocynth.*

5. *Diarrhœa of fœces* or *water, without pains, with rumbling of flatulence* in the abdomen and a *sticky tongue*: *Phosphoric ac.*

6. *Diarrhœa of bloody mucus with tenesmus*: *Mercurius.*

7. *Diarrhœa* and *vomiting* of turbid *water* with cold perspiration on the forehead: *Veratrum.*

## II. CHOLERA.

1. *Without vomiting and diarrhœa, a sudden spasm in the chest and limbs, with a sudden failing of the strength: Camphor.*
2. *Pale vomiting, mostly sour, without diarrhœa: Ipecac.*
3. *Vomiting of turbid water and diarrhœa, amounting to more than has been ingested, with tonic spasms beginning in the hands and feet: Veratrum.*
4. *Same as 3, but with clonic spasms and convulsions: Cuprum.*
5. *Dark-brown, burning evacuations with anguish, restlessness, and great weakness: Arsenicum.*
6. *Cessation of diarrhœa and vomiting, with a total collapse, and expiring vital strength: Carbo veg.*

## III. TYPHOID FEVER.

(In consequence of Cholera.)

1. *Pain in the limbs while moving, aggravation in the evening: Bryon.*
2. *Pain in the limbs while at rest, aggravation in the morning: Rhus tox.*
3. *Painlessness, slight delirium and somnolence: Phosphor. acid.*
4. *Speaking is difficult, moaning and groaning in sleep and gliding down in the bed: Muriat. ac.*
5. *Great weakness, excessive thirst, drinking often but little at a time, and burning in the abdomen: Arsenic.*
6. *Congestion of blood to the head, with violent delirium, phantastic illusions and visions: Belladonna.*

(So far as I know, no other forms of typhoid fever, as a sequel to cholera have been observed.)

Münster, Aug. 25, 1850.

## VII. Typhoid Fever and High Potencies.

*Allg. Hom. Zeit.*, Vol. XLVII, pages 57 and 65.

Since Gross died and Stapf laid down his pen the opponents of Homœopathy raise their voices louder and louder, since they are no more afraid of contradiction of any weight, and the voices of the American defenders of the faith (the Drs. Hering, Lippe and Haynel) only in part reach Germany, and are ignored there. Though here and there a modest voice in praise of high potencies is heard, it is soon drowned by the noise raised against it from all sides. In the meanwhile the anathema against high potencies

becomes inrooted ever more deeply, and we have at this day reached such a point that no one dares to loudly declare his experience with them, that he may not expose himself to the danger of being insulted and derided, a treatment of which some of our German colleagues are by no means sparing toward those of an opinion different from theirs.

Without assuming to put myself in a line with the worthies above named, I am nevertheless too conscious of the importance of a ten years' faithful experience to show the reprovable cowardice of giving way to my opponents without maintaining my views. On the contrary, I have to fulfill a sacred duty, as I was the first man who (in the *Neue Archiv. f. d. h. Heilk.*, Vol. I, No. 2, page 36) made mention of this subject. Whoever will take the trouble to peruse the article by Dr. Croserio there (page 31 sq.) will find a bold and false assertion most successfully refuted, and will fully convince himself that the author of Homœopathy was even in his last years far from returning to the more massive doses and the more frequent dosing which belonged to the infancy of this science.

There are some homœopaths among us who, in their wisdom, will allow the value of high potencies in chronic diseases, indeed, but who, probably owing to their lack of sufficient personal experience, warn against their use in other diseases. They cannot, indeed, find or give any reasonable grounds for this, and one would be inclined rather to suppose the contrary to be the case, since in most acute diseases the excitability and thus also the receptivity for the suitable homœopathic remedy is apt to be much greater than in most chronic cases. But that assertion having once been made it continues like an axiom, founded on manifold so-called authorities, so that it may seem useless to say aught against it. But it may be granted me to limit myself in what follows to an acute disease, a sort of *nervous* (or typhoid) *fever*, which has for some months been raging in the rural surroundings of my home, and which under allopathic treatment has, as usual, called for numerous victims.

The typhoid fever in question, which, though it has not yet ceased, still seems near extinguishment, according to the allopathic nomenclature, belongs to the genus of *Typhus abdominalis*, and I may be excused from giving a general description of it as it may be found in all its details in every later pathology. But I found it all the more indispensable, according to the direction in

§§ 100-102 of the *Organon*\* (5th edition), to note on a special leaf the symptoms of the various cases, especially as, owing to the long distances to be covered, I could see but few of the patients in the first stages of the disease, and had to depend as to the rest on the account of their relatives whom I especially instructed. As in this way in every case everything was noted as the author of Homœopathy makes it the duty of his successors, and as he himself gave us the example, I am enabled to present a pretty accurate image of this epidemic without needing to add a word from the easily deceptive memory. I believe, therefore, that many readers will like to see the symptoms leading to the selection of the remedies here in the customary sequence. I will only add that *italics* designate frequent symptoms; SMALL CAPITALS, the more frequent, and bold face the symptoms almost continually recurrent. The *total image of the disease* is then the following:

Vertigo.—**VERTIGO** (in all cases) most when **MOVING** and **RAISING UP**. *Vertigo even to swooning*, also while lying down and in the open air. Vertigo while lying down, improved from rising. Vertigo in bed in the evening. *Vertigo in the evening*, so as to lose sight and hearing.

Stupefaction.—*In the evening*, especially great **DIZZINESS** (in all cases). **DIZZINESS ON RAISING ONESELF**. Dizziness in the warm room.

Mind.—**DELIRIUM** (in most cases) mostly *at night; wants to escape from bed; does not know his own folks*; sees all manner of animals, snakes and creeping things.

Head.—Violent **HEADACHE IN THE EVENING**, in a warm room, aggravated by **RAISING UP** and by the least **MOTION**. **EVENING HEADACHE** in the **FOREHEAD**. Continual **HEADACHE** in the **OCCIPUT** and **NECK**. *Headache and dizziness after midnight*. Fulness in the head. Headache in the evening while resting. Headache in the morning, worse from

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\*It seems actually at present to be a rarity and an exception when any homœopath again consults the "Organon of Healing," and I know several who do not even possess, and have never read, this book. And yet it is indisputably the basis of the homœopathic healing art, and besides so many valuable grains of gold are enclosed within it that at every repetition of the reading of this remarkable book, especially when read by the older practicing and experienced homœopathic physicians, ever new and important instruction and intelligence may be gained, so that its neglect cannot be too sharply reproved.

moving. Headache from stooping. Headache from making a misstep or from striking the foot against anything.

Eyes.—*Inflammation of the eyes*, mostly only on the left side. The sight fails (only in a few cases). Photophobia.

Hearing.—**FAILING OF THE HEARING.** *Ringing and buzzing in the ears.*

Nose.—*Bleeding from the nose.* Itching of the nose.

Face.—**DEEP REDNESS OF THE FACE.** *Redness of one cheek, mostly the left.* Circumscribed redness of the cheek. Swelling of the left cheek; burning in the face. *Dry lips, they crack open.*

Mouth.—**DRYNESS OF THE MOUTH.** Dryness of the fauces without thirst. *Burning in the mouth.* The swallowing of the saliva is painful, but not that of food and of liquids.

Tongue.—Gray, covered with mucus. Tongue coated *white or yellow.* **THE TONGUE CRACKS OPEN.** The tongue blackish.

Appetite.—**TOTAL ANOREXIA.** *Insatiable hunger.* Desire for various things, and then they are refused. Aversion to meat. Ill-effects from fat and from vegetables.

Thirst.—**CONSTANT THIRST** day and night. **MODERATE THIRST.** *No thirst at all. Thirst in the evening after fever. Thirst at night,* less by day. Thirst in the morning, but not at other times. Thirst for a warm drink. *Continual thirst for cold water.*

Taste.—**BITTER TASTE IN THE MOUTH WHILE EATING AND AT OTHER TIMES.** *Sour taste of food.* Milk has an acid after-taste. Sour after-taste after eating. Salty taste in the mouth. All food tastes as if unsalted.

Eructation.—**VERY MUCH ERUCTATION.** *Eructation with nausea every time after eating and drinking.* *Sour eructation* after drinking water.

Nausea.—*Nausea every time after eating and drinking.* Much nausea in the afternoon and evening. Vomiting of solid food, but not of fluids. Vomiting of mucus mixed with blood. *Vomiting of water in the evening, but not of solid food.* Vomiting of sour water. Bitter vomiting. Immediate vomiting of all the ingesta.

Stomach.—*Violent pains in the stomach aggravated by every movement.* Stitches in the stomach. Burning in the stomach with dyspnoea.

Hypochondria.—Pains in the liver, aggravated by motion and by lying on the right side. Pains in the spleen, worse from motion and from lying on the left side.

Abdomen.—**INORDINATE DISTENSION OF THE ABDOMEN.** BLOATEDNESS and FULNESS of the abdomen. COLICKY PAINS WHILE MOVING, often also worse when resting. Tearing and lancination in the abdomen. *Colic, worse in the evening and afternoon.* Colic when touched or pressed on the abdomen. COLIC EARLY IN THE MORNING, FOLLOWED BY DIARRHŒA. It feels as if a stone lay in the abdomen. The abdomen is quite hard. *Lancination in the abdomen on taking a deep breath.* Colicky pains in the morning on raising oneself up.

Flatulence.—*Rumbling and noises in the abdomen, especially drinking water.* Fermentation in the abdomen.

Stool.—*Diarrhœa, often with a sour smell. Diarrhœa in the evening.* Nocturnal diarrhœa. DIARRHŒA MERELY IN THE MORNING AFTER PREVIOUS RUMBLING AND COLIC. *Painless diarrhœas.* STUBBORN **CONSTIPATION.** *Hard, knotty stool.* Delayed stool. *Involuntary, unconscious stool.*

Urine.—RED, DARK URINE. *Thick, brown urine.* Mucous urine. Difficult urination. *The urine passes off involuntarily and unconsciously.* *Chaps in the urethra before urinating.*

Catarrh.—*Much bloody mucus in the nose.*

Respiration.—**GREAT DYSPNŒA AT THE SLIGHTEST MOTION AND WHEN TURNING ROUND IN BED.** *Dyspnœa in a warm room.* Hot breath.

Cough.—**MUCH DRY COUGH.** *Cough dry in the evening; in the morning with expectoration of mucus.* Dry cough by night. Dry cough early in the morning. *Violent pains in the abdomen at every attack of coughing.* Headache when coughing, especially in the forehead or in the nape of the neck.

Throat and Neck.—**STIFFNESS OF THE NECK. PAINS IN NECK IN THE EVENING AND AGGRAVATED BY MOTION.** Pain in the neck whenever the head is turned.

Chest.—Stitches in the left side of the chest, worse in the evening and when moving. *Pains in the chest in the evening.* Pains in the right side of the chest from motion and from coughing. Tightness in the chest. **PALPITATION OF THE HEART** *when moving and when at rest.*

Back.—**VIOLENT PAINS IN THE SMALL OF THE BACK,** worse in the evening and during motion. *Pains in the back when lying on it.* *Pains in the back worse in the evening and while resting.* In the morning, while lying on the back, pains therein. Pains in the shoulder-blades, aggravated by motion.

Upper Limbs.—*Pains in the arms in the evening and from motion. Tearing in the lower arms.* Pains in the arms in the evening and at night. Beating about with the arms. Gathering flocks (of wool).

Lower Limbs.—IN THE EVENING and FROM EVERY MOTION, VIOLENT TEARING PAINS IN THE LEGS. TEARING in the *knees* and IN THE LEGS while sitting and standing, *improved by motion.* TEARING in the *lower limbs*, especially IN THE LEGS (not in the arms). Great weariness in the lower limbs. Weakness of the lower limbs, so that he cannot stand.

Generalities.—VIOLENT PAINS IN THE LIMBS, AGGRAVATED IN THE AFTERNOON, THE EVENING AND AT EVERY MOTION. PAIN AND RESTLESSNESS IN THE LIMBS WHILE LYING DOWN. *Pains in the limbs while at rest*, worse by day and when getting cold. EXCESSIVE WEARI-NESS. Trembling of the limbs. *General aggravation in a warm room and in the warm air.* COMPLETE ABSENCE OF PAIN. *Quiet lying down.*

Sleep.—COMPLETE INSOMNIA. CONSTANT STUPIFIED SOMNOLENCE. RESTLESSNESS AND THROWING ONESELF ABOUT IN BED. *Sleeplessness after midnight owing to pains in the limbs.* The sleep is disturbed by a rush of thoughts. *Talking and muttering in sleep.* Many dreams.

Chills.—CHILLS IN THE EVENING, especially while sitting down and at rest, *with or without thirst.* *Chill in the evening, while the mouth is dry.* In the evening, chill without thirst, with pains in the limbs while resting. *In the evening, chill while out of bed, heat while in bed.* Chill day and night, worse when moving. Chill alternating with heat. Early in the morning, chill with tearing in the limbs, worse when getting cold. *Constant internal cold through all the limbs.*

Fever Heat.—DRY HEAT WITH THIRST. *In the evening, severe heat with thirst, redness of the face, dizziness, headache and pains in the limbs.* In the afternoon, heat with dyspnoea. In the evening, intolerable heat in bed. *Predominant heat.*

Feverish Perspiration.—COPIOUS PERSPIRATION IN THE MORNING. SEVERE NOCTURNAL PERSPIRATION, ALSO WHILE SLEEPING. *Much perspiration*, with thirst and tearing in the limbs. THE PERSPIRATION SMELLS SOUR. Perspiration merely after midnight. Nocturnal perspiration with simultaneous chill when moving and getting bared.

The preceding list of symptoms, which is collected from eighty or ninety patients,\* will at once convince every connoisseur that several remedies had to be selected, and that, as always, it was indispensably necessary to individualize each case most carefully. Although the greater number of the cases with their symptoms were reflected in *Bryonia alba*, and found in this their remedy, there were yet many other persons who either at once or in the course of their disease required also other remedies, such as *Pulsatilla*, *Rhus tox.*, *Nux vom.*, *Kali carb.*, *Arsen.*, *Phosphoric ac.*, *Belladonna*, *Hyoscyamus*, *Ac. muriat.*, *Taraxacum*, and, where the reaction was defective, *Sulphur* and *Carbo veg.*

In all these cases, without any exception, I used only the 200 potency, and each time only a single pellet † as my experience of many years has showed me that my apprehension, that one or the other of the pellets might not be properly saturated, is altogether unnecessary. Only one time, when I ran out of the 200 potency of *Tarax.*, I had to give the 30, but I found afterwards that the 1000 potency of Jenichen's preparation was quite sufficient. Almost one-third of all the cases was cured with one single dose of the 200 potency of the suitable medicine; only very few received more than three such doses, and where this was the case, either the description of the case had been defective and incorrect, or mistakes in diet were made, or lastly, the patients had, before calling me, used all sorts of allopathic or domestic remedies. Of all these patients, only one died, and I shall faithfully relate the course of his disease below. All the others were restored, not only in a comparatively short time, but none of them had the least prejudicial sequelæ from this disease, as else is so frequently the case, or required any considerable time to regain their former

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\*The arrangement of my patients' journal, which has now advanced to the eighty-seventh quarto volume, and where every patient at once receives his page, does not permit me, without immense trouble, to give the exact number of persons treated of this disease as several of them had consulted me before that time for other ailments, and the register of names only gives the names of the patients with volume and page. In the last two volumes, of which the eighty-seventh is only half full, I found sixty-three patients of this kind.

†My pellets, which I get made here by a reliable confectioner, may be a little larger than usual, since 17 to 19 laid in a straight line will occupy an inch in length, but they are so pervious (and easily crushed) that 100 only weigh three grains. They imbibe the medicine, do not easily stick together and soon get dry in a stoppered bottle.

vigor, excepting a few cases, where the reconvalescents, by not following my directions, had relapses.

As I may presuppose that the general treatment of this disease and the criteria for the selection of the remedies are well known to every homœopath, I may limit my communication to a few concrete cases, to which I may subjoin some short remarks which may be new and worth knowing to one or another of your readers. I begin with the only case that ended fatally:

I. Gertrude D., in H., an unmarried servant-girl, twenty-seven years of age, had felt unwell for over a week and had been obliged for two days to keep her bed.

On the 13th of September, 1853, the symptoms, as communicated by a messenger, were the following: Colic, mostly in the morning and from motion; headache, worse in the morning and from motion; weariness in the legs; a good deal of thirst, more for warm than for cold drinks; no diarrhœa and no pains in the limbs; constant slumbering day and night; constant heat but no chill; the face deep red; the monthly had not appeared for two months. She received 1 and 3, *Phosphoric acid* 200; 2, *Bellad.* 200; 4, §\* one powder to be taken every twenty-four hours (in the evening).

Sept. 17. There are still colicky pains and also pains in the limbs, worse at night and when moving. Vertigo, even to swooning when raising herself up; much sleep; perspiration in the morning: 1, 3, *Bryonia*; 2, *Rhus tox.* 200, 4, §, one dose daily.

Sept. 21. Not improved; constant delirium; loss of hearing; aggravated in the morning, 1, *Sulphur* 200; 2, 4, § 3, *Rhus tox.*, one dose every twenty-four hours. (I would here remark that not infrequently in psoric individuals, where the medicine does not act at all, a dose of *Sulphur* is necessary, and is usually very effective in removing the deficiency in the reaction of the vital force.)

Sept. 25. No results. There is violent delirium and she constantly desires to run away; much thirst. In the evening and at night there is much aggravation; she cannot hear yet; she keeps beating about with her arms: 1, 3, *Belladonna*; 2, *Stramonium* 200; 4, § a dose every twenty-four hours

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\*Hahnemann used this sign (§) to indicate in his journal the indifferent powders, containing merely sugar of milk, and for many years I have used the same mark. If this should be considered mere imitation or as a ridiculous regard for my dear departed friend, anyone may do so, it will not affect me.

Sept. 28. Increased beating about with the arms; she does not recognize her friends; she sees nothing but snakes around her; face is a deeper red; constant dry cough at night; grasping at flocks. Only now I hear that the people in the house have used as a prophylactic, *Calamus* in brandy, and occasionally also gave some to the patient: 1, 3, *Hyoscyamus*; 2, *Belladonna* 200, every twelve hours.

Sept. 30. After No. 2 (*Belladonna*) the patient had rest, lying quietly looking forward, with involuntary discharge of urine and fæces and in the morning a quiet death.

I must leave it to everyone whether he will share my conviction that the remedies given were disturbed in their action or not. Nor would I contradict, if anyone will assert that drops of the tincture given every hour or every two hours would have overcome the action of the *Calamus*. I am satisfied to communicate the facts without entering on suppositions after the event, the value or worthlessness of which cannot now be demonstrated.

II. Francis Schl., in H., a robust farmer, aged fifty-eight years. Six days before, a servant-girl who had been treated (allopathically) for typhoid fever had died in his house; a second girl treated in the same way was lying sick (she died a few days later). For several days he has felt himself affected and complains of tearing in all the limbs, aggravated in the evening and while resting. Fullness and ringing in the head; this up to now would improve in the open air while moving about in moderation. In the morning a bitter taste in the mouth. Ill effects from vegetables and fat in the evening; no thirst at all. In the evening some chill; oppressed and uncomfortable in a warm room; a hard stool, only becoming easier through coffee; formerly he had suffered from stomach troubles (owing to intemperance), and he has used much medicine on that account. Also now he has taken medicine once, but it caused aggravation and the death of his servant-girl finally moved him to take his refuge with me.

March 21, 1853. 1, *Pulsatilla* 200; 2, § 3, *Bryonia* 200, a dose every other evening.

March 30. He felt quite well after these medicines, but yesterday, after taking too much veal, ham, beer and brandy, he had a relapse and has now colic, chills and violent pains in the limbs: 1, *Ipecac.* 200.

March 31. Rather worse than better. Great anguish and restlessness, constipation, colic, a chill: 1, *Pulsat.*; 2, 4, § 3, *Arsenic.* 200. A dose every twelve hours.

April 2. Dreadful anguish and hard, knotty stools. In the evening everything is much worse: 1, *Sulphur*; 2, 4, §, 3, *Arsenic*. 200. A dose every twelve hours.

April 5. He was better, but to help his stools he has again drunk coffee and so last night was worse again, with great anguish and alternating chills and heat; no sleep at all; hard, knotty stool: 1, *Rhus*; 2, 4, §, 3, *Bryonia*. A dose every twelve hours.

April 7. Much improved. In the morning he still felt pressure in the abdomen, improved by moving. In the morning still some heat, then a chill: 1, *Rhus* 200; 2, 4, §, every twelve hours.

April 11. About cured. Still some perspiration and weakness, but he complains of nothing else: 1-4, §, so that he may not yield to his customary intemperance. Since then he has been quite well.

Besides this case, I had several, where, after rapid improvement, often in consequence of a violent, insatiable hunger (in which *Pulsatilla* is generally the most useful remedy) a relapse took place, which for its complete cure usually required more time than the original disease.

III. Anton Schl., in H., fifteen years old, son of the above, also infected with typhoid fever; for five days he has had colic, worse in the early morning; in the evening headache in the forehead increased by motion; much chill; deep-red face; aversion to meat; dry heat; cough in the morning with more expectoration; the stool normal; violent vertigo, so that he cannot stay up.

March 23, 1853. 1, *Bryonia* 200; 2-4 §, every twenty-four hours.

March 27. Improvement has set in; much sleep and in the evening in bed, headache; redness of the cheeks; dizziness in the head, worse in the evening; no more cough: 1, *Rhus* 200; 2-4, §, every other evening.

April 3. Feels nothing more of his former ailment, not even weariness; he has an insatiable hunger. 1, *Pulsatilla* 200; 2, 4 §, every other evening.

On the second day everything was normal.

IV. Heinrich Schl., in H., four years old, also a little son of the farmer (No. II.), also now took sick, but in a different way. For more than six days, every afternoon from 3 to six o'clock, severe, dry heat with violent thirst, but without any thirst, followed by a deep sleep; all night, delirium; he often asks for food,

but rejects what is brought; sudden weariness and prostration; during the fever, great dyspnœa and strikingly hot breath; stool, soft; no nocturnal perspiration and generally dry, hot skin.

June 12, 1853. 1, *Phosphorus* 200; 2, 4 §; once a day. Convalescence immediately followed and nothing else was needed.

V. Wilhelm A., in H., twenty years old, has been sick for two weeks, and is now quite confined to his bed. In the beginning there was weariness and painful stiffness of the neck (a very customary symptom of incipient typhoid fever), now he has also intolerable pains in the head and in the abdomen, and stitches in the left side of the chest, aggravated by the least motion, and in the evening all symptoms were worse; much thirst, copious nocturnal perspiration. For fifteen years he has been suffering from a severe moist eruption on the whole of his scalp, which has suddenly dried up; since then he has also had much delirium.

August 7, 1853. 1, *Bryonia* 200; 2, 4 §; every twelve hours.

August 9. The colic, the lancinating pains in the side and the delirium have quite disappeared; the headache is as yet but little better, and is worse on moving; about noon there is a sour-smelling perspiration; sour-smelling, diarrhœic stools; great restlessness while in bed. 1, *Rhus* 200; 2, 4 §; every twelve hours.

August 11. Further improvement in all symptoms; very moderate thirst; perspiration and diarrhœa have disappeared, but there is still great weakness and no appetite for eating at all. 1, *Sulphur* 200; 2, 4 §; every twelve hours.

August 14. Further improvement, also the head is a little moist again, but there is again some diarrhœa and colic while at rest, and great weakness; the pulse is much accelerated in the morning, but slower again in the evening.\* 1, *Arsen.* 200; 2, 4 §; every twenty-four hours.

August 20. As good as well; some malaise yet in the morning; the appetite is good. 1, *Nux vomica* 200; 2, 4 §; every two days. After this there was good health; indeed, he felt better than for years.

VI. Gertrude K., in H., twenty-two years old, had been in the house where several typhoid fever patients were, and had been infected for a week. Violent tearing pains in all the limbs, aggravated in the evening and from every motion; headache on moving

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\*I know no sign which points more decidedly to *Arsenic.* than the above mentioned one, nor any remedy which shows it so definitely among its characteristic symptoms.

and on raising up; at night, violent thirst, no diarrhœa; tearing in the abdomen; copious perspiration while sleeping; for some time she has had an eruption on the side of her nose; strong fever.

August 24, 1853. 1, *Aconitum*; 2, *Bryonia* 200; 3, 4 §; every twenty-four hours.

August 29. I had looked with much confidence for a considerable improvement, but was quite disappointed in my expectations; hardly anything had improved and some new ailments were added. There was now no stool at all; the colic was very violent; loud rumbling and noises in the abdomen, especially after drinking water; the fever still strong. 1, *Phosphorus* 200; 2, 4 §; every twenty-four hours.

September 3. Again no success. Now, besides the violent colic, there was vomiting in the evening, as soon as she rises or raises up, but merely watery masses, not the ingesta, were vomited. 1, *Sulphur*; 2, 4 §; 3, *Arsenicum* 200; every twenty-four hours.

September 10. On this there followed a great and decided improvement in all symptoms, so that she considered herself restored, but during the last days, especially during the morning and in motion, there was dizziness and some colic. 1, *Nux vom.* 200; 2, 4 §; every two days.

September 30. Since then she has felt well until two days ago, when she, besides an eruption on her face, and especially about the mouth, had thirst in the morning and frequent vomiting of all the ingesta. 1, *Calc. carb.* 200; 2, 4 §; every two days. Since then she has felt perfectly well.

VII. Heinrich D., in H., twenty-four years old (the brother of patient No. I, who had died), was now also seized, but was not deterred by the death (caused by herself) of his sister from seeking aid from me. In the morning and forenoon, diarrhœa preceded by colic; pains in the head, neck and shoulder-blades, aggravated in the evening and from every movement; in the evening, a violent chill; little thirst by day, but more in the evening after lying down; at night, dreams and delirium.

August 28, 1853. 1, *Bryonia* 200; 2, 4 §; every twenty-four hours.

September 1. Incipient improvement. There is still colic, but less diarrhœa; sour-smelling perspiration; pain in the right arm and the right shoulder (about which I could find out no further particulars). 1, *Rhus* 200; 2, 4 §; every twenty-four hours.

September 5. The pains in the right arm and shoulder are worse when he lies on them in bed; now there is also diarrhœa in the early morning and in the evening; thirst in the morning. 1, *Kali carb.* 200; 2, 4 §; every twenty-four hours. Followed by complete restoration.

VIII. Francis C., in H., nineteen years old, has been unwell for several days, and had finally to lie down. First a chill, then dry heat with headache; excessive bloatedness and fulness of the abdomen; great dryness in the mouth, but without any considerable thirst; vomiting of water with a sour taste; at night and in the morning repeated diarrhœic stools; no pains, but great weariness in all the limbs; while resting he feels tolerably easy, but every movement aggravates his condition.

August 31, 1853. 1, *Phosphor. ac.* 200; 2, 4 §; 3, *Arsenic.*; every twenty-four hours. In four days he does not complain about anything, and is so far restored that on the fifth day he resumes his rural labors.

IX. William W., in H., thirty-two years old, being infected with typhoid fever, which afflicts his home, and from which already two persons there have died (under allopathic treatment), complains of chills and tearing in the limbs, aggravated early in the morning and while at rest, improved as he got warmer, worst in the cold and when he gets cold. great dizziness in the head, no appetite at all, sleeplessness owing to restlessness while lying down, diarrhœa, no thirst.

September 12, 1853. 1, *Rhus* 200; 2, 4 §; every twenty-four hours.

September 17. A little improvement, but not much; the old symptoms. 1, *Bryonia*; 2, 4 §; 3, *Rhus* 200; every twenty-four hours.

September 21. Now there is quite a considerable improvement, and most of the symptoms have quite disappeared; he only complains now of lack of appetite and sleep, and feels somewhat worse in the evening than in the morning. 1, *Sulphur* 200; 2, 4 §; every twenty-four hours.

September 27. Since yesterday, when he made a gross error in diet, with coffee and brandy, he has had a relapse and is very sick; worse after 4 P. M. 1, *Pulsat.*; 2, 4 §; 3, *Bryonia*; every twenty-four hours.

October 1. Better again, but there is still a tendency to swooning and vertigo when raising up, and pains in both legs, not in

the arms, as it were, a drawing, worse when at rest. 1, *Tarax.* 30;\* 2, 4 §; every twenty-four hours.

October 8. The pains in the legs disappeared at once and he now feels well, only some weariness. 1, *Kali* 200; 2, 4 §; every two days. Followed by complete restoration.

X. Elizabeth Sohl, 21 years old, a servant-girl in St., has been sick for five days, no doubt infected by a typhoid patient whom she had nursed. In the beginning, violent pain in the limbs; these pains have now disappeared; dizziness in the head and vertigo, even so as to fall down, worst when she raises herself; deep redness of the face, much heat and perspiration, constant somnolent lying-down; slight deliria. like dreams with talking; in the evening, restlessness and throwing herself about in the bed without waking up; she does not complain about any pain when questioned.

September 17, 1853. 1, *Phosphor. ac.*; 2, 4 §; 3, *Belladonna* 200; every twenty-four hours.

September 22. Quite restored, needs nothing more.

XI. Maria Anna L, in H., a country girl, eighteen years old, has been complaining for four days about the usual incipient symptoms of typhoid fever, and now, confined to bed, she presents the following symptoms: Violent headache in the evening, aggravated when raising up and from motion; vertigo and dizziness on raising herself up; pains in the limbs in the afternoon, worse when perspiring and resting; constant restlessness and change of position in bed, moderate thirst, tardy stool, sour taste of foods and even of milk; splenetic pains, aggravated when lying on the left side; much sleep; towards evening. aggravation. (The connoisseur will at once see that the ordinary remedies were not here suitable.)

October 5. 1, *Sulphur*; 2, 4 §; 3, *Calcarea* 200; every twenty-four hours.

October 9. Quite considerable improvement, but is still somewhat dizzy; pains in the limbs both when at rest and in motion, much thirst early in the morning and in the evening, sour after-

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\*According to much experience, *Tarax.* is an indispensable remedy in the above-mentioned case, not infrequent, where *only the legs*, and not the arms, are affected. I am out of *Tarax.* 200, else I would have as lief given that potency. So, also, *Kali carb.* is often very useful after the fever has been removed, as a winding-up remedy, but, of course, only where it is homœopathically indicated.

taste after every meal. 1, *Nux vom.* 200; 2, 4 §; every twenty-four hours.

October 13. Further improvement, but there are pains in the limbs in the evening and while at rest; in the evening, after the fever, thirst; bitter after-taste after every meal. 1, *Pulsat.* 200; 2, 4 §; every twenty-four hours.

October 17. Perfectly restored. (I have communicated this case in order to present a rare deviation from the usual symptoms of the disease and the remedies accordingly chosen, but also to indicate that the *sour* after-taste of food usually points to *Nux vom.*, but the *bitter* to *Pulsat.*)

XII. Bernard D., twenty-four years old, living in R., has been infected for a week with the typhoid fever raging there very violently. Violent pains in the limbs, worse in the evening and from motion; constant violent thirst, much thirst, feels as if there was a stone in the abdomen, constipation for several days with distension of the abdomen, red urine, the tongue is chapped.

September 20, 1853. 1 and 3, *Bryonia*; 2, *Rhus* 200; every twenty-four hours.

September 25. Decided improvement, but there are pains still in the limbs when moving and red urine. 1, *Sulphur* 200; 2, 4 §; 3, *Bryonia* 200; every twenty-four hours.

October 10. After this he was quite well and could work again, but since yesterday he had a relapse owing to excessive drinking of coffee (five cups), and now he complains of dreadful tearing in the lower limbs, not in the arms, and bloatedness of the abdomen. 1, *Tarax.* 1000 (Jenichen's); 2, 4 §; every twelve hours. (I took this high potency this time, though I had not used it before, in order to institute a test of its efficacy in this disobedient patient, since the disease was not of a kind demanding instant help.)

October 13. The pain in the legs and the distension of the abdomen have quite disappeared, but now there are pretty severe pains in the back, constipation and difficult urination, with thick brown urine. 1, *Nux vom.* 200; 2, 4 §; every twenty-four hours.

October 18. Complete cure.

These twelve cases, to which I might add more than thirty more, where a single dose of *Bryonia* 200 or *Rhus* 200 sufficed for a complete cure, will be sufficient to put the efficacy of high potencies beyond all doubt, and this would accomplish my present purpose. If anyone has been able with low tinctures and oft-repeated doses to secure quicker and more perfect cures in this

kind of disease. I would request them in the cause of science to make as open and faithful a communication about it as I have done here. But in case that massive and repeated doses should only reach the same goal as I have reached I would retain my small and rare doses, and only *go back to the mother tinctures* if these should be found a considerable gain for the patient, for I consider it foolish to use *much* where *little* will do, and to knock a fly dead with a heavy stone where a slight pressure of the finger will suffice. Besides, my journals and extended experience will show that the patient will recover after well-selected high potencies more quickly than after the low dilutions, which are often followed by a slow convalescence, an advantage which I also value highly.

*Münster, November 9, 1853.*

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### A COUGH REMEDY.

Editor of the HOMEOPATHIC RECORDER.

In RECORDER of July, 1906, is an excellent article on coughs by Dr. Dienst. Of course, it is not intended to be exhaustive, but I would like to call attention to the omission of one remedy in day cough that did fine work for me and lost for me a patient—because he got well. Being nearly three hundred miles from a good pharmacy I have to carry a full line of remedies, and have nearly every one in various potencies. After practicing medicine for nearly twenty-five years, the first occasion came to use one of the remedies. Mr. T., aged 55, had had a cough for ten years, harassing, choking, causing him to vomit his meals. When nearly through eating would have to get up and throw up on account of gagging cough. Was emaciated and, though a farmer, had been unable to work for past two years, and had given up, and been given up by the physicians, to die of consumption. His pulse was 110, temperature 99, no night-sweats; not any general or particular symptoms indicating remedy, except that he never coughed when lying down, or at night as he did not lie down in day. After trying several usual remedies and getting ten dollars cash per trip, and no benefit to him, I found *Kali bichrom.* and *Manganum* remedies for the day cough and none at night. *Kali bich.* was eliminated on account of lack of characteristic sputa—

and *Manganum* 6x given every three hours. Result was a cure, strength and flesh returned, and he has been as well as ever in his life since, and I've had no more trips to make there. *Hinc illæ lacrimæ.*

C. G. WILSON, M. D.

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## CHRISTIAN SCIENCE AND FLAXSEED POULTICES.

Editor of the HOMŒOPATHIC RECORDER.

Judging from the number of votaries of "Christian Science" and the substantial and imposing asylum erected at Boston, money matters must be easy. I should have no right, even if I had any knowledge thereof, to refer to the financial standing of any of its "High Priests." I will merely remark that voluntary contributions from zealots are far in advance of any remuneration the hard-worked graduate of medicine gets for his services; he is either paid grudgingly, at a discount, or not at all. Anything within the scope of "suggestive therapeutics" can be practiced as well by an intelligent graduate of medicine as by a Christian "scientist," and the former will have the advantage of being able to recognize morbid conditions requiring some more substantial assistance than suggestive therapeutics afford. We know that in a large number of cases we meet with strictly observed hygienic rules would suffice to restore the patient to a normal state of health, and that all we can do is to help the *vis medicatrix nature* by judicious medication, while in the class of cases, hypochondriasis and hysteria, which have been falling into the hands of the Christian Science practitioner, both suggestive therapeutics and medicinal treatment are needed. There can be no doubt that much of the vaunted success of Christian Science is based upon the credulity of its proselytes. The Courts have again and again revealed the fatal results of unchecked morbid conditions under Christian Science supervision. When the average person becomes ill the small stock of common sense he may have seems to evaporate, and his credulity renders him a fitting subject for any sort of charlatanry.

My first meeting with Christian Science treatment at the bedside, years ago, was as follows: The patient, an elderly man, had cancer of the stomach. My consultant, an eminent regular, con-

curred with me as to the hopeless nature of the case. I remained in charge, using nutritive enemata to prolong life. At this stage the friends proposed trying some new treatment and telegraphed particulars of the case to Boston, and upon my next visit I found the patient, then moribund, covered with an enormous flaxseed poultice, extending from the chin to the lower abdomen. The Christian Science R. in this case was "prayers and poultice." The subject became a painful one to the family, and I noticed no further particulars, but if there is anything a modern Christian Science "doctor" or an osteopath would not tackle, from a cancer to an ingrowing toenail, I have not found it out.

JOS. FITZ MATHEW, M. D.

*West Sound, Wash.*

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### MRS. EDDY AGAIN.

Editor of the HOMŒOPATHIC RECORDER.

I notice in' your June number "A Defense of Mrs. Eddy," by Alfred Farlow. If you desire the truth, you will find it by sending to Mr. Frederick W. Peabody, 2 Kelley Street, Boston, Mass., twenty-five cents for his booklet, "Complete Exposure of Eddyism, or Christian Science. The Plain Truth in Plain Terms Regarding Mrs. Eddy." Mr. Peabody is a member of the Boston Bar.

M. F. TAFT.

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### DR. COWPERTHWAITES' CASE.

Editor of the HOMŒOPATHIC RECORDER.

You solicit opinions on the case of Dr. Cowperthwaite. § 180, *Organon*: "Although the remedy may have been selected as well as the case would allow, it may be only partially analagous to the disease, and will therefore *have to be covered by another (complementary) medicine.*" The case was developing with "startling rapidity," and Dr. Cowperthwaite was doing right, the success proved it. No antitoxine with me, the regular homœopath does not need it, but he will have to alternate occasionally. Experience is the mother of wisdom.

J. H. PETERMAN, M. D.

*Ardmore, Indian Ter.*

Editor of the HOMŒOPATHIC RECORDER.

In compliance with your invitation for comments on Dr. Cowperthwaite's case of diphtheria(?) recorded in your June issue I will answer his queries seriatim, and then state some conclusions which have been forced upon me during quite a large experience with the gravest forms of diphtheria. His queries are: First, "Was it a case of diphtheria? Probably not, though I was so sure of my diagnosis that I had no culture made. I haven't absolute confidence in culture diagnoses anyway." Answer: We do not know whether this was a case of diphtheria or not. But while we participate with Dr. Cowperthwaite in a doubt of the absolute inerrancy of the bacteriological test, of one thing we are convinced, and that is that the presence of the Klebs-Lœffler bacillus is more conclusive proof of the existence of diphtheria than is the absence of that germ proof of the non-existence of that disease. So that we cannot refrain from devoutly wishing that the test had been made in the interest of exactness, the absence of which must greatly detract from the interest of the paper.

Second, "If it was a case of follicular tonsilitis, was it not remarkable for its rapidity of onset, its violence and the widespread membrane and sordes?" Answer: No; on the contrary, the symptoms were only such as we should expect in a case so decidedly asthenic in character as the one recorded, and are in marked contrast to the slightly raised temperature, intensely feeble pulse and late unconsciousness, which are so characteristic of the asthenic form of diphtheria, which may have little or much local involvement.

Third, "Was not the rapid and complete recovery equally remarkable?" Answer: No, particularly if the case was "probably not" diphtheria. Violent action can only be succeeded by as violent reaction.

Fourth, "Was I not justified in alternating *Belladonna* and *Mercurius bin.*? Could they have acted any more promptly and efficiently if given singly and in a higher potency?" Answer: No, you were not justified in alternating, even if the diagnosis of diphtheria had been established and the violent onset of the symptoms had not presaged a speedy return to health, if there was no malignant element in the case, any proof of which seems to have been absent in this case. And whether a single remedy in a higher potency would have acted more promptly or efficiently could only be proved by the same process, by which one we would

prove that anything acted in this case, for in our experience we have had three of as marked experiences where absolute recumbency, a liquid diet and local saline irrigation were the only operative agents, while we decided on the proper remedy, during which time the patient got better.

Fifth, "If I was wrong, what single remedy covered the totality of the symptoms, and would it have been possible for such a remedy to have acted more promptly and efficiently than did the remedies that I gave in alternation?" Answer: While we lean to the belief that *Belladonna* did the work, yet we would need a more complete history of the case than the Doctor gives to decide what single remedy would fit the case.

Sixth, "When otherwise indicated should a remedy not be prescribed when the side of the body affected does not correspond with the characteristic of the remedy?" Answer: The totality of the symptoms is the only basis on which we are justified in making a prescription, and that in spite of the fact that one modality may not conform to our preconceived ideas in some particular case.

Seventh, "If I had administered antitoxine, would it not have been generally conceded as a most convincing argument as to the wonderful efficiency of the serum treatment? No doubt many such cases are included in antitoxine statements." Answer: We do not know what might have happened if the doctor had given antitoxine. But we are willing to wager that in very few of the excellent results accredited to antitoxine is there failure made to first verify the diagnosis by the bacteriological test. And if the doctor has "no doubt that many such cases are included in antitoxine statements," is he not rather endorsing the antitoxine treatment if in many cases such results occur where in his own experience it seems to be so seldom? If there is anything that seems to us particularly anomalous about this case, it is the exploitation of it by the president, so recently elected, before a society whose avowed object it is to promote the cause of pure Homœopathy, inclusive, as we had supposed, of the single remedy. As this seems to be an unusual experience with the Doctor we are led to infer that his practice has been largely confined to the best class of society, where diphtheria is less prevalent than in the lower walks of life. Prior to 1897 the writer was for nine years a city physician, during all of which time he was also a member of the Board of Health. At a time when there were

forty-one cases reported to the Board he had twenty-nine of them, the diagnosis in all cases verified by the culture test. In no case yet have we ever used more than the single remedy at one time.

Now for conclusions. First: The presence or absence of the Klebs-Löffler bacillus in a throat whose clinical features otherwise suggest diphtheria should be determined if for no other reason than to insure correctness of the reports. Perhaps no other element will contribute so much towards commending Homœopathy to the dominant school, for which now seems a most opportune time, as exactness in statement in clinical reports. If there is anything noticeably wanting in homœopathic literature, it is this. But for therapeutic purposes one should be as little influenced by the presence or absence of that germ in the throat as in the prediction of an eclipse. Second: Regarding antitoxine, we are convinced that its influence is largely psychic. Our reasons for this belief we hope to detail in a paper to be published later. But coincidentally with the discovery of antitoxine there was a growing belief that the pathology of diphtheria was constitutional rather than local, and also a disposition on the part of the dominant school to refrain from the use of those damnable local applications, which in our mind have slain thousands. Now, regarding this particular case, we would say that in our judgment the Doctor was not justified in giving a grave prognosis so early. In our experience we have never seen a very grave case of diphtheria which was attended by a high temperature. On the contrary, a temperature slightly above normal with a weak rather than resistant pulse has been characteristic. The sordes came too early to indicate a profound septic condition, and were, we believe, the result of dried secretions from high temperature. No case of diphtheria ever became grave except through sepsis or excessive laryngeal involvement. The local involvement in this case did not indicate either. Begging pardon in advance if I have overburdened your pages, I am

FRANK C. WALKER, M. D.

*Taunton, Mass.*

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Editor of the HOMŒOPATHIC RECORDER.

I have just read Dr. Cowperthwaite's paper relating the cure of a possible case of diphtheria with *Belladonna* and *Mercurius jodatus ruber* in alternation. There being a coincidence between

Dr. Cowperthwaite's prescription and my reasoning while reading the paper, I will relate it. The clinical picture occupying one page of the RECORDER and his therapy the succeeding one, I stopped my reading before turning the page and made a mental note of the remedies seeming to bear upon the case (a habit with me when I can resist the temptation of *seeing* the printed remedy further on). *Belladonna*, *Mercurius jodatus ruber*, *Apis*, *Rhus*, *Lachesis* and *Echinacea* were the ones I now recall.

I concluded that were I doing the prescribing I should give *Belladonna* and *Mercurius jodatus ruber* in alternation, of the 3x and 2x, respectively. But I thought the veteran, Cowperthwaite, would have a single shot that I could not think of. I was surprised on turning the page to discover that my puny mind was following in the wake (not "waite") of the Cowperthwaite bark. Respecting the Doctor's courage in presenting the paper before the "Regular Homœopathic Medical Society," I must say I admire it.

While I greatly deplore the general tendency toward homœopathic eclecticism in our ranks, and know by experience that much of it is unnecessary, yet I know that I cannot always conscientiously prescribe "the single remedy and the minimum dose," and I believe it requires either a veritable genius or a toughened conscience to invariably do so. Hahnemann, Hering, Guernsey, Farrington and the like were geniuses, men of a special mould of intellect, not necessarily more brainy than all their fellows who did differently, but specialists, or geniuses.

The early homœopathic profession was recruited from men of the older school whose minds were of such a mould as to be attracted to the surer and more subtle methods of similar and *similimum* prescribing, and they became loyal and successful adherents to the law of similars. But a success of those days would hardly be accounted success today, for one thing; for another, observe that our ranks today are mostly recruited from the families among the *clientele* of our older physicians. The preceptor is a by-gone institution. The college can hardly foster the necessary veneration for the "law." I will not say why, but it does not, and I believe it cannot. The conviction must, as a rule, precede matriculation or take its chances of being nurtured into a healthy and fruitful growth later on in life. Possibly the average graduate has a poor conception of our law as a theoretical proposition, and is almost blind to its beauties as a working basis. Some of these

men have the special qualifications for making successful prescribers with the single remedy and the minimum dose, but it is the mission of our societies, journals and individuals to develop this qualification. If the "Regular Homœopathic Medical Society" idea is to grow and be fruitful, its societies must not be Pharisaical and exclude reports of conscientious, good common-sense prescribing. If they exclude everything that lacks the ideal in prescribing, they will soon find themselves in the situation of the "holiness" people in the religious world: With good ideals, but ones the average adherent cannot measure up to and (aside) that sometimes the members themselves do not exhibit in every-day practice.

This attitude will disgust the rest of the school, many of whom might attain to greater heights in the glories of good Homœopathy if properly encouraged. Dr. Cowperthwaite's course would seem to indicate his position to be: Do the best you can, be as homœopathic as you can, but when you have done so do not be ashamed of it, but report it, and if anyone else can do better let him speak up.

As to the case in point, that venerable Hahnemannian, H. C. Allen, to the contrary notwithstanding to my way of reasoning, Dr. Cowperthwaite's clinical picture does not call for *Apis* as the *similimum*, and if unmistakable *Apis* symptoms were present in the case I believe Dr. Cowperthwaite would have found them. The *reasoning* involved in his prescription, if followed in all cases, may not lead to alternation of remedies, but will lead to a large measure of success. The mental process in his case may have been rapid, but it involved considerable previous mental discipline and is one of the elements the late Burnett thought so necessary to success. I do not know whether the case was diphtheria or not.

To the patient reader who may have followed me this far and wonders what audacious youth this is who dares to venture where perhaps "angels fear to tread," I will say he is simply an unimportant unit in the great homœopathic profession of America, who has been hoeing his own corn row now several years. To the Hahnemannian purist he is a heretic; to the homœopathic eclectic he is narrow. He prescribes the mother tincture sometimes and (when he knows how) the cm. He buys his *Hydrastis* (†) by the pint from B. & T., however, and makes no apologies for the same, though he heartily wishes for "the higher life," in a prac-

tical sense, to be the common experience of the profession in medicine and religion, though he makes no claims thereto himself.

W. R. ANDREWS.

*Mannington, W. Va., June 27, 1906.*

## FISH, FLESH OR FOWL.

Editor of the HOMŒOPATHIC RECORDER.

When I read in your June number the article "Fish, Flesh," etc., giving the treatment in a so-called homœopathic ward in Cook County Hospital, in Chicago I first thought it was intended for a joke. However, on due reflection I concluded that it was really too serious a matter for jesting. What a glorious opportunity had those physicians to show the world by comparison what Homœopathy can do! I call attention to an article in the *Transactions of the American Institute of Homœopathy* of the year 1876, entitled "History of Homœopathy in Russia." The author states that, instigated by one of the Russian grand dukes, who had been cured of a long-standing illness by a homœopathic physician, a comparative experiment was tried in a military hospital in the Crimea. The same number of soldiers, with as nearly as possible the same class of diseases (malaria, dysentery and pneumonia being the principal cases), were put in three wards, of which one was treated homœopathically; the second, expectant (no medicine), and the third with the usual opiates, *Quinine*, *Calomel*, etc. After a year the records showed Homœopathy at the top, expectant next and the old school treatment with the greatest mortality. Our Chicago colleagues could learn something from the Russians.

"How the Cat Jumps," the next item in your June number, reminds me of an interesting instance in the history of Homœopathy in Russia. An army surgeon, disciple of Hahnemann, stationed in some part of Asiatic Russia, selected the most intelligent men of his troop, mostly natives, leading a plain life, subsisting greatly on mare's milk, etc., and, persuading them to abstain from tobacco and other narcotics, made them to prove *Lycopodium* 30. Every morning they reported at his tent and clearly verified Hahnemann's proving of this "inert" drug, without knowing what they were taking and who the great founder of our school of med-

icine was. This article is quite vivid in my mind as I translated it at the time into English.

ALEXANDER BERGHAUS, M. D.

*New York, July 6, 1906.*

*160 West 92d St.*

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## AN APPEAL FOR AID.

*To the Homœopathic Profession of America:*

On the second day of the great San Francisco disaster President Green, of the American Institute of Homœopathy, wired me asking me to solicit funds for the relief of our stricken brothers in San Francisco and California who were the victims of the now historic disaster. In response to President Green's request I immediately appealed to the homœopathic profession through the several State Societies and the Associated Press, and have received to date through that appeal \$3,325. Knowing that a local committee could best distribute the fund thus collected, I immediately appointed as such committee Drs. James W. Ward, Wm. Boericke and C. N. Chamberlain. Of the amount collected, \$1,638.50 came through the Homœopathic Medical Society of Philadelphia. I understand that other moneys have been sent directly to Dr. Ward, which did not pass through my hands.

Dr. Ward writes me that the San Francisco College and Hospital will have to be reconstructed and refurnished, and that there is great need of books, instruments, remedies, etc. Nearly all of the transportation companies will carry supplies thus donated to Dr. Ward free of charge.

While the profession has responded liberally, I think that more money ought to be raised. If ten thousand homœopathic physicians in the United States would average five dollars each, a great good could be accomplished. I, therefore, make a second appeal through the homœopathic journals in behalf of our unfortunate, but ever plucky, brethren in California. Donations can be sent directly to me or to Dr. Ward, 2401 Scott Street, San Francisco, California. In either event a receipt of acknowledgment will be at once forwarded to the donor and a full report made to the American Institute of Homœopathy at its coming meeting.

JAMES C. WOOD.

*816 Rose Building, Cleveland, Ohio.*

## A TALK TO THE NURSES IN THE WARREN HOMŒOPATHIC HOSPITAL, SPRINGFIELD, MASS.

By A. M. Cushing, M. D.

Homœopathy, the subject you have given me for my talk to-night, is one that should greatly interest you as nurses in a homœopathic hospital, and I hope I may say something that will increase your interest. It is a subject that I love, for it has been my constant companion and faithful friend for over fifty years. I shall try to tell you what Homœopathy is, what it is not, and some things it will do.

Samuel Hahnemann was the founder of Homœopathy and gave the law, *Similia similibus curanter*, but the first exhibition of that law was when Moses was commanded to make a snake similar to the ones that were destroying the Children of Israel, and they had only to look to be cured. The dose was small, but seemed effective. Our first record of a compound medicine was a remedy called "Therica," composed of sixty-three ingredients, mostly the dried flesh of vipers. Later, one Paracelsus Theophrastus Bombastus de von Hohenheim, styled a quicksilver quack, introduced *Mercury* into the practice, and it has been used and abused to this day. Later, Samuel Hahnemann, one of the leading and best educated scientists of his day and a prominent physician, when translating a *Materia Medica*, discovered that Peruvian Bark, a remedy which has been used and abused to this day, was largely given for chills (probably our fever and ague), but sometimes produced chills when given for other diseases, and he decided to know if that were true, and bought some of the Bark and alcohol and made a tincture and began taking it, and soon had chills. Tinctures are made by adding alcohol to medicinal substances, and the product is called the "Mother Tincture." Please remember this, as I shall refer to it again. Knowing *Sulphur* was given for certain eruptions he took *Sulphur* and got similar eruptions. Then he announced this as the true method of curing disease, giving a remedy for symptoms it is able to produce, and called it Homœopathy; and that is all there is to it. While many ignorant people think it simply small doses, and when you hear a person calling a small thing homœopathic you may laugh at their ignorance.

When Hahnemann felt convinced this was the true method of curing disease he began treating diseases in that way, but instead of relieving it produced aggravations, so he decided the doses were too large and began diluting them, and the more he diluted the better his success. When he proclaimed this it produced the wildest opposition and bitter denunciations. The late Dr. Constantine Hering told me one could not imagine the excitement, and, as he was an ambitious young allopathic doctor at the time, decided to kill the thing at once, and against the strongest opposition of all his friends procured the Bark and alcohol and began taking it, but, to his disgust and surprise, he had the "skills," and later he became the leading Homœopathic Materia Medica man of the world.

The attenuations, sometimes called dilutions or potencies, are made by adding nine drops of alcohol to one drop of the "mother tincture" (I told you how that was made), well shaken, and is called the first decimal attenuation. One drop of that is added to nine drops of alcohol and called the second attenuation, and one drop of this is added to nine drops of alcohol and makes the third decimal attenuation, an attenuation quite commonly used; and these attenuations are carried up to the hundreds and thousands, even to where sight, smell, taste, or the microscope or figures, and, it seems, common sense, can find no medicinal substance, yet their effects are *wonderful*. Drs. Hering, Lippe, Guernsey, Raue, Dunham and many others used them almost exclusively. They are the men who made the practice of Homœopathy possible in this country, and had it not been for the denunciations of those who knew but little or nothing of attenuations (and the less they knew the louder they howled), Homœopathy would have been the standard practice of medicine today.

Medicines are proved upon healthy persons given in doses of sufficient size to produce observable symptoms. Every remedy has certain characteristic symptoms called "keynote" symptoms, and any remedy that would produce certain symptoms one hundred years ago will do the same today, and there is the certainty of Homœopathy. These symptoms are recorded and the remedy given to patients who are suffering from similar symptoms, and that is all there is to Homœopathy. The size of the dose has nothing to do with it, that is regulated by the experience or prejudices of the physician. The proving of remedies is an important and interesting part of Homœopathy. I suppose I have proved

upon myself more remedies than anyone else living, and it is a pleasure to have a pain and know that you are not sick, and years later see one suffering from a similar pain and see it disappear under the influence of that remedy.

I do not believe that a score or so of active, intelligent young ladies will all decide to make the walls of a hospital their continued homes or stand ready to go to the homes of such sick as may call them. What we need is more good homœopathic physicians, and who can make better ones than those who have spent years at the bedside of the sick. If you could spend even one half-hour daily in the study of *Materia Medica*, that, with the experience here, ought to answer as one year in a medical college. Besides your studying here, any homœopathic physician would be willing to help you. One winter in Boston I spent one evening of each week teaching a class of old school medical students homœopathic *Materia Medica* and enjoyed it, and, if able, would be glad to do it again. *Materia Medica* is the backbone of medicines, yet I do not believe physicians, as a whole, know as much of *Materia Medica* today as they did twenty years ago. Then they carefully examined the patient and tried to prescribe the appropriate remedy; today the "snapshot" physician gives a hypodermic injection of *Morphine*, gives a few penny-in-the-slot combination quack tablets, goes home and studies microbes. In hospital labors you will often see the wonderful effects of low attenuations, and sometimes, I hope, of the higher ones, and I shall try to lead you to believe there is potency in high attenuations. I told you Peruvian Bark had been abused. I believe it is causing more cases of consumption than anything else. *Quinine* has a disastrous effect upon the stomach, and a patient never, or rarely, dies of consumption who has a good stomach. The increased number of cases of consumption is about parallel with the ignorant increase of the use of *Quinine*. I have seen cases of consumption, considered hopeless, when a change of treatment was made would improve, then suddenly would have a severe chill, and that developed the fact that their ill health dated from a sickness when large doses of *Quinine* were taken. When the chill was scientifically cured the recovery was rapid.

One evening I called at a house in Washington where a young medical student (old school), just returned from the Cuban War, was hopelessly sick with malarial fever and was taking as large doses of *Quinine* as they dared give, and that day during his chill

was furiously insane so he had to be confined in his room. That evening he had one dose of *Natrum muriaticum*, the indicated remedy, 200th attenuation. The next day he was slightly ill, but not another chill, and is now a successful homœopathic physician. Another Cuban soldier was sick, hope almost gone, though he was taking forty grains of *Quinine* each day. He had a two-hours' chill every other afternoon, being completely exhausted, but *during the chill* they said he drank a bucketful of cold water. As the Bean of St. Ignatius is the only remedy that has that symptom well marked, he had one powder of a high attenuation, and he did not have another *shiver* and is a robust man. In both cases *Quinine* would have killed. Mixing two or three remedies in one glass is *not* Homœopathy, but *quackery*.

I have told you what Homœopathy is and what it is not, now I will tell you what experience has led me to believe it will do, even in the higher attenuations, in a disease every lady is by experience or observation acquainted with, leucorrhœa. Although disputed by some, I believe no well woman ever had the disease, and generally there has been a stomach trouble. It is a danger signal sent out to warn you that something is wrong, a signal written all over with unmistakable letters, easily read, and the physician versed in *Materia Medica* can find them engraved on his memory or knows in what book to find them. It is a disease that is assisting to send thousands to our hospitals. In its first stages there is no common disease so readily cured, even with the low attenuations, but the longer it has continued the higher the attenuation needed. We are like a tree with body and limbs, the limbs being nerves along which disease travels, and when it reaches the finer ones no coarse remedy can follow, but the finer preparations follow on and destroy the disease; but, remember, it can never be driven backwards. Some cases to illustrate:

I was called in the night to see Mrs. —, aged 35, severely threatened with pneumonia. I gave her *Aconite* 200th attenuation. The relief was so sudden her husband insisted on my treating her for other troubles, which were a troublesome leucorrhœa and bad throat trouble. Her father, brother and two sisters had died of consumption, and they had moved from one part of the country to another to avoid the disease. She said, "No." She had been treated in several cities without relief and had given up hope. She had one symptom that called loudly for *Borax*, and in studying the case it covered all symptoms. She received it in

200th attenuation, one prescription, and in six weeks she was a well woman and has remained so.

I was called to a lady of 30, seriously sick with cholera morbus a disease so quickly cured with homœopathic remedies. The result was so gratifying they requested me to treat her for a leucorrhœa that had been under constant treatment for five years and was given up as hopeless. She said she had been burned, had used barrels of washes, some as bad as fire, with no relief. In two months she was well without an examination or a wash, and in one year was a happy mother, not always a result.

A lady of 22 had an attack of slight leucorrhœa, for which she received local treatment every other day for one year; then, being unable to be cured so fast, she endured it twice a week for another year; then gave up treatment and hope, unable to work, with profuse discharges and violent menorrhagia, and later told me had meditated suicide. After one week's studying the case I decided upon a remedy, partly against my judgment, one that no old school doctor ever gave and many homœopaths have no faith in, the first antitoxine ever given, *Psorinum*. I gave the 200th attenuation, and in two months she had resumed her work as a seamstress and was well, and so happy she said if she had a ticket to heaven she would give it to me. Had I time I could report more, but it seems to me these might lead you to believe there must have been something potent to cure.

Some may call it a coincident, but did you ever know of the usual treatment to so coincide? I said the usual treatment. What is that? No matter how young the subject, how mild the case, they expect to be placed in the chair of exploration, and, so expecting, delay as long as they can, when it should have been easily cured. Later comes the washing and burning. Does that cure? No! Burn the skin upon your arm and damage the pores, and do you ever see perspiration there? It is so with all mucous membranes. No well woman ever has leucorrhœa. The discharge is a signal that something is wrong. The burning destroys the signal, closes the pores, stops the discharge, and, if it does not find some weak place to burst through in the shape of an ulcer, possibly cancerous, it remains in the system, breaking down the nervous system or sending the patient to some hospital, insane asylum or suicide's grave. Is it any wonder our hospitals are crowded?

I have tried to tell you what Homœopathy is, and something

of what experience of over fifty years has led me to believe, and one thing is certain, that during those years those physicians who have been the most prominent as prescribers have used attenuated remedies. Now, believe as much or little of what I have said as you will, but believe in something and be honest in that, for if you profess to do one thing then do another, it is deception and dishonesty.

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### VERATRUM ALBUM.\*

By C. M. Boger, M. D.

The transcendent genius of Hahnemann never shone with greater brilliancy than when, without seeing a case, he generalized the application of *Veratrum album* to cholera as well as specialized the type which it fits.

This drug expends its force mainly upon the terminal filaments of the solar plexus, which are irritated, then paralyzed, causing the alimentary canal to forcibly empty itself by painfully violent vomitings and purgings, first of the ingesta, then of great quantities of a watery fluid, which has been poured into it from the blood. This quickly drains the tissues and collapse, marked by icy-coldness, profuse *sweat which is cold upon the forehead*, utter exhaustion, rapid sinking of the vital forces, blue or Hippocratic countenance and heart weakness with easy fainting, soon ensues. A prettier picture of a certain type of cholera would be hard to find.

Such is its first effect. If the dose is not fatal and reaction occurs, the intense coldness may pass into heat accompanied by furious delirium. The violent nature of the drug, however, remains uppermost and its victim curses, tears up his clothes, wants to run away and is very noisy. Here its homœopathicity to certain cases of insanity is very evident.

Great violence and copious discharges mark its action; the saliva, urine, vomit, stool and sweat are all exceedingly profuse. Consequent to the effects of such depletion there is much thirst and longing for refreshing things and cold water.

The objective frigidity it produces finds its subjective counterpart in sensations of coldness in almost any part of the body,

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\*Notes from lectures delivered at Pulte Homœopathic Medical College.

those of the stomach, abdomen and vertex being especially noteworthy.

Although its choleraic symptoms are accompanied by violent pains and cramps in the extremities and abdomen they can hardly be said to be of a very characteristic sort; nevertheless its concomitants to pain are very distinctive, and include such expressions as "Pain accompanied by delirium or mania, by *cold sweat on the forehead*, by a disposition to faint," etc. The tendency to easy fainting and sudden prostration is very pronounced and may indicate it in a great variety of sicknesses—when the other symptoms agree.

*Veratrum* is very rich in objective symptoms, and its sphere is pretty accurately defined. Tickling sensations are not unusual and have led to its successful use in coughs and other disorders. For comparison we have:

*Carbo vegetabilis*.—Collapse combined with fetor and flatulency.

*Jatropha*.—Very similar in choleraic diseases; its cramps are so violent that they draw the calves flat.

*Cuprum*.—When cramps and convulsive phenomena predominate.

*Camphor*.—Cholera sicca; dry collapse with suppressed secretions, the body is cold yet he desires to be uncovered.

*Podophyllum*.—Profuse, painless, gushing stools having the odor of decaying meat.

*Croton tiglium*.—Sudden gushing stools as often as he drinks, mostly of yellow or colorless water.

*Iris versicolor*.—Choleraic symptoms; greasy taste, vomit so sour it seems to scald the throat, while the stool burns like liquid fire.

While the pains of *Veratrum* affect the mind, those of *Sabadilla* induce lachrymation.

### **Veratrum viride.**

This plant is a powerful vasomotor depressant and general relaxant, quickly reducing the number and force of the heart-beats so that engorgement of the base of the brain, the lower lobes of the lungs and the liver soon follows. There is throbbing in the temples and the face becomes livid, but in spite of the evident cerebral congestion there is faintness and pallor on attempting to rise or sit up, showing how weak the heart has become, although there is a high degree of arterial excitement and the pulse is un-

usually full. The congestion to the nerve centers may even be great enough to cause convulsions, which are ushered in with a shriek and alternate with heavy breathing and a deep sleep. This gives you a glimpse of the class of affections to which *Veratrum viride* is homœopathic; they include pneumonia, congestive headaches, sunstroke, cerebral apoplexy, puerperal convulsions, cerebro spinal meningitis, etc. The functions of the pneumogastric are interfered with; there is nausea, profuse sweat, which is sometimes cold, and profound muscular relaxation. The stomach is so weak that it seems to press against the spine, compelling the sufferer to desist from lying on the back (the headache is also aggravated by lying on the occiput); then again it contracts forcibly and expels its contents without nausea, or there may be vomiting alternating with stupor or accompanied by a feeling of suffocation. Unlike the *Veratrum album*, it affects the intestinal canal in a minor degree only, and diarrhœa, although not unknown, is not by any means a constant accompaniment of its action.

It causes rapid and continued sneezing, like its botanical relative. *Sabadilla*.

A dry red streak along the center of the tongue is an important symptom, which occurs quite frequently during some seasons. Remedies having a similar symptom are *Arnica*, *Baptisia*, *Lachesis*, *Phosphorus* and *Rhus toxicodendron*.

You will do well to remember the cardinal indications: (1), Congestion so great that the face becomes blue. (2), Faintness on rising up; the patient objects to being raised. (3), Dry red streak along the center of the tongue. (4), Great muscular debility and prostration.

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## WHAT TO DO FOR COUGHS.

By G. E. Dienst, Ph. D., M. D.

### Night Coughs.

Our leading remedies for night coughs are *Acon*, *Ambr.*, *Ars.*, *Bell.*, *Cham.*, *Graph.*, *Kali c.*, *Lach.*, *Merc.*, *Puls.*, *Sep.*, *Sil.* and *Sulph.*

When to give the one or the other is the question. It is quite certain that if so many remedies are indicated, there must also be many kinds of cough. The tendency to prescribe on pathological conditions only has led into many questionable paths of empiri-

cism, and failure has been written after oft-repeated prescriptions. Before suggesting any other remedies that may be needed in night coughs, that is, coughs that come at night only, let us study the remedies given. Mastery in a few things is far more desirable than a mere smattering of many things and master of none.

Cough is but a symptom, and the nature or character of this symptom must be understood with all its variations, peculiarities and modalities before we can cure it or interpret its meaning.

#### NOTICE.

That in *Acon.* the cough is a croupy one, disturbs the patient's sleep, is relieved for a moment by turning from one side to the other, when it reappears as soon as the patient falls asleep; it is a short, dry, titillating cough, aggravated by inspiring, and is caused largely by exposure to a cold dry atmosphere. This remedy is a great remedy in spasmodic croup coming on before midnight, in that dry cough associated with the beginning of pneumonia. A few doses of the 30x, at intervals of fifteen or thirty minutes, will soon moisten the dry mucous membranes or produce a lively perspiration and remove the symptoms that seem so threatening. In subacute or chronic coughs of this nature give the higher potencies.

That in *Ambr.* the cough is at night only, possibly in the early evening; that this cough is a violent convulsive cough accompanied with much hoarseness and frequent eructations of gas from the stomach; that it is aggravated by titillation or tickling in larynx, throat or trachea; that it is worse from talking or reading aloud; that it has a salty, though not very profuse, expectoration; that when it comes on in the evening it is accompanied with pain in the left chest under the ribs; that often there is choking and vomiting while trying to hawk up an adherent mucus; that it is suited to elderly and effeminate individuals; that it is often accompanied by pain in the right chest, which is relieved by lying on it; that there is often violent palpitation, pressure and a sense of rawness in the chest; that often there is a sensation as if a lump were lodged in the chest, particularly in mid-sternum; that there is a tearing pressure in the left side of the chest, and that any and all of these symptoms are worse at night.

The night cough of *Bell.* is a very dry, tearing cough. It is a dry cough, with a violent scraping in the throat that seems a source of constant irritation, exciting the cough. With this kind

of a cough you will expect a very red and injected throat, which is a strong characteristic of *Bell.* The *Bell.* cough is sometimes known as a barking cough, and as such it usually comes on at about 11 P. M., causing a very red face, and when found in children will usually cause crying from soreness in the throat. It is an excellent remedy in whooping cough when the cough comes in short paroxysms with a red, injected face, and most violent at or soon after midnight. It is worse from every movement or touch on the throat. It is worse from talking, and in children you will notice that each crying fit seriously aggravates the cough. These attacks of dry, barking cough in *Bell.* begin about 10 P. M., find their greatest period of aggravation soon after midnight, and cease or grow easier toward morning. You will notice that children begin to cry as soon as the cough comes on, due to irritation of the throat or pain in the pit of the stomach.

The night cough of *Cham.* is often a hoarse cough with a rattling of mucus in the throat; or it may be an irritating cough due to a sense of irritation just beneath the upper part of the sternum; or there is a constant desire to cough, produced by a tickling or irritating sensation deep down in the air-passages, with a cough so violent as to threaten to burst the chest; or it may be a dry, scraping cough, following a cold in the winter; or a rough, very dry, rasping cough, following an attack of the measles; that the expectoration is often saturated with a dark, coagulated blood, or it may be dark, acrid mucus, or watery, and that the patient nearly always has a fit of coughing after a disturbance of temper.

The night cough of *Kali c.* is most frequently a suffocative cough, and seems to originate in a dryness of the throat and chest, for often on attempting to talk the patient complains of a cramp in the chest. Such a patient has often a very red face on coughing, and the exertion produced by coughing causes great perspiration. The *Kali c.* cough, however, has a few well marked modalities. It sometimes awakens the patient with a dry cough about 2 A. M., and, after coughing for about one hour, he expectorates a scanty yellowish mucus, which causes much gagging. Most frequently, however, we find a hard, dry cough coming at 5 A. M., and in paroxysms about thirty minutes apart. In the dry incessant coughs where there is much gagging; in whooping-coughs accompanied with blowing blood from the nose, where the contents of the stomach are vomited, where there is a sensation of a lump rolling over and over, coming up into the throat and roll-

ing back again; in the dry, stitching cough of pleurisy; in cases of pneumonia drifting into the stage of hepatization, where the patient coughs up great masses of blood or blood streaked with pus, and where the expectoration tastes like old cheese—"shtink kase"—and where there is a sense of weakness in the chest, you will find *Kali c.* useful.

The night cough of *Lach.* has this peculiar feature running through its pathogenesis, namely, a titillating, dry cough, aggravated on going into a sleep, and provoked by any pressure whatever on the larynx; even a slight touch of the finger on the throat will produce a paroxysm of coughing. Again, it has a dry, hacking cough immediately on awakening from sleep. It has a superficial nervous cough in the evening. It has a cough as if some fluid had gone into the wrong passage. It has also this peculiar feature of a stitch-like pain in hæmorrhoidal tumor with every single cough. A *Lach.* patient must often cough hard and long before he can dislodge the small quantity of mucus that seems to produce the cough.

The cough of *Merc.* is usually dry and always worse at night. It sounds as if everything on the inside of the chest was dry, and with every cough or paroxysm of coughing there is either a pain in the chest, small of the back, or a stitching pain directly through from chest to back. In whooping-cough there are often but two paroxysms in rapid succession, then a long period of rest.

The leading features of a *Puls.* cough are these: Worse by inspiration, from irritation at pit of stomach, on coming into a warm room, and, although loose by day, with a profuse, yellowish expectoration, grows dry by night and becomes so irritating that the patient is taken with a fit of coughing as he lies down, or must sit up to cough after having lain down to sleep. It is very useful in the chronic loose cough following an attack of measles.

The leading features of a night cough in *Sep.* are these: The cough seems to come from the stomach, causing distress in the stomach and chest; it is worse on lying down, and though it may be dry by day it is moist by night, the patient coughing up a profuse, purulent, offensive, usually yellowish-green, mucus, tasting salty.

The night cough of *Sil.* is accompanied with a soreness in the chest, with profuse expectoration, often awakening the patient and compelling him to rise and clear his throat and chest. This cough is worse from cold or getting cold. Notice this particular:

The cough, or rather the irritation that produces the cough, is descending in its nature. starting in the upper part of the throat and gradually descending until the irritation is felt deep in the chest.

The night cough of *Sulph.* is a dry, short, choking cough, with stitching pains in the chest or under left scapula when coughing; wheezing in the chest, and there is headache as if the head were bruised. The cough is usually worse before midnight, from standing and cold, damp weather.

When the night cough is accompanied with much perspiration you will think of *Merc.* as your leader.

When the cough comes immediately on awaking from a sound sleep think of *Lach.*

A cough that awakes a patient from a sound sleep needs either *Bell.*, *Hyos.*, *Sep.* or *Sulph.*

A cough that comes on regularly about midnight and lasts until 4 A. M. needs *Apis.*

A short, spasmodic, dry cough at midnight lasting but a short time will lead you to study *Sulph.* first of all.

The leading after-midnight coughs are *Nit. ac.* and *Stann.*

A cough coming at 10 P. M. and lasting until 1 A. M. leads us to think of *Ant. t.*

Those coughs that come on so persistently about 11 P. M. lead us to study *Ant. t.*, *Bell.* and *Rumex*; but when it does not appear until about 11:30 P. M. you will think of *Coc. c.*

The after-midnight coughs are not without interest, for they occasion some loss of sleep when we need it most frequently; they are principally *Acon.*, *Bell.*, *Calc.*, *Kali c.*, *Nux v.* and *Rhus t.*

If the cough is after midnight and keeps right at it until about daybreak. then ceases of its own accord, you will give *Nux v.*

If it comes on at 2 A. M., we think first of *Dros.*

When it comes on regularly at 3 A. M. we look first to *Kali c.*; if this does not cover the totality of symptoms, we find recourse to *Am. c.* or *Bufo.*

The intimation that time, as a modality in cough, should not be considered is due to ignorance. Watch your coughs, note the time of greatest aggravation or amelioration, and select your remedy accordingly, and then note your results.

(To be continued.)

## BOOK NOTICES.

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**Before and After Surgical Operations.** A treatise on the preparations for, and the care of patients after operations, including Homœopathic Therapeutics. Written with special reference to the needs of the General Practitioner and the Hospital Interne. By Dean T. Smith, B. Sc., M. D., Professor of Surgery and Clinical Surgery, University of Michigan, Homœopathic Department, Ann Arbor. 260 pages. Cloth, \$1.25, *net.* Postage, 8 cents. Philadelphia: Boericke & Tafel. 1906.

Here is a book that is needed by the surgeon, the nurse, the hospital interne, the general practitioner and, in a pinch, the family. The preparation for the operation is generally in the hands of experienced men, but after the operation has been performed and the surgeon has turned the patient over to those who have to care for him, or her, then comes the critical time, and then will the very great usefulness of this book be appreciated by those who have it. No one can positively assert that a single life has been lost for want of intelligent care of the patient after a surgical operation, but it is safe to assume that many have been lost who might have been saved had this book been published sooner. Another feature of this book, one that has long been needed, is what we may term its surgical therapeutics, for Homœopathy can play a big part in the recovery of patients after the operation has been performed. Taken from all points of view, we think this is a useful and a needed book.

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**The Ear and Its Diseases.** A Text-Book for Students and Physicians. By Seth Scott Bishop, B. S., M. D., LL. D., Honorary President of the Faculty and Professor in the Post-Graduate School and Hospital of Chicago; Surgeon to the Post-Graduate Hospital of Chicago; Surgeon to the Post-Graduate Hospital and to the Illinois Hospital, etc. Illustrated with 27 Colored Lithographs and 200 Additional Illustrations. Royal Octavo, 440 Pages. Bound in Extra Cloth. Price, \$4.00, *net.* F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

This handsome book is the outgrowth of the writer's previously very successful work, "Diseases of the Nose, Throat and Ear." It is the latest, and probably the best work devoted exclusively to the ear on the market. The illustrations are very good, especially the colored plates.

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**Diseases of the Nose, Throat and Ear.** By Kent O. Foltz, M. D., Professor of Ophthalmology, Otology, Rhinology and Laryngology in the Eclectic Medical Institute; Consulting Physician to the Seton Hospital; Assistant Editor of the *Eclectic Medical Journal*; author of a "Manual on Diseases of the Eye." 117 illustrations. 12mo. 643 pages. Cloth, \$3.50. The Scudder Brothers Co., Publishers, 1009 Plum Street, Cincinnati, O.

In this well printed and illustrated book the reader will find the latest and best in the eclectic practice on the nose, throat and ear. The author very rightly protests against the tendency of specialists in the diseases of these organs to rely almost solely on local measures and neglect internal medication. Proper constitutional measures, he contends, will give relief in the majority of cases.

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**A Non-Surgical Treatise on the Diseases of the Prostate Gland and Adnaxia.** By George Whitfield Overall, A. B., M. D. 228 pages. Cloth. Rowe Publishing Co., Chicago.

Though not so stated on the title page, this book is now in its third edition. Twenty-five years ago the author of this book completed his course under the teachings of Gross and Pancoast, of the Jefferson Medical College. His treatment now of the diseases is largely electrical, though not entirely so, and the results are very satisfactory. The book is fully illustrated.

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The RECORDER is indebted to Dr. Maurice B. Ashley, Medical Superintendent of the Middletown, N. Y., Homœopathic Asylum for its yearly report. That great hospital seems to be in a flourishing state, or, it might be better to say, is doing good work for the unfortunates committed to its care. The percentages are very good, the percentage of recoveries on number admitted being 36.18, while the death-rate on number treated was 5.19.

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## EDITORIAL BREVITIES.

THAT'S THE QUESTION.—It is frequently stated that if Hahnemann lived today he would have done thus and so, adopted such and such measures, and kept “up with modern progress.” If anyone can demonstrate what would have happened and what did happen had not have happened, he can answer for Hahnemann's actions in twentieth century surroundings. But, as he thundered in vigorous and blunt German against the mixed messes of drugs and the huge doses given, it is at least allowable to infer that he would not have changed in this respect. •

THE EARTHQUAKE TREATMENT.—We are glad to welcome again our old exchange, *The Pacific Medical Journal*, of San Francisco, which is full of interesting matter concerning the earthquake and fire. Whether it was due to the earthquake, the fire, the deprivation, the open air or the excellent doctors of San Francisco is not quite clear, but the general health of the people was greatly improved by the experience the *Journal* says. Also—this should please President Roosevelt—the marriage rate increased enormously, 95 per cent. over preceding two months. Well, there is “good in everything.”

THE PHARMACOPŒIAS OF THE TWO SCHOOLS.—Dr. Franklin F. Massey contributes a very interesting paper to the *Hahnemannian Monthly* for August, on “A Comparison of the Pharmacopœia of the Dominant and Homœopathic Schools of Medicine With a Discussion of One or Two Remedies Contained Therein.” He writes: “Upon September 1st of the present year the United States Pharmacopœia goes into effect, and, because of some certain and special changes, much comment has been made upon

the new work. The seventh edition of the Homœopathic Pharmacopœia is already in effect. All well-informed physicians, regardless of school, should be conversant to an extent with the official *Materia Medica* of his own and other schools of medicine." The gist of the matter is that while the allopathic pharmacopœia is ever changing, the homœopathic pharmacopœia is unchangeable, because drugs must be prepared as they were prepared by the provers. But let Dr. Massey have the final word:

"In conclusion, let me say that we should always study comparatively the two systems, fairly criticising, and we will learn to love, honor and obey the homœopathic laws, and to refute many ignorant statements continually made by both sides. It was very much for this reason that the author undertook to compare the pharmacopœia as being standard and representative, and it is sincerely hoped that we are more proud than ever of our school."

TUBERCULOSIS TO BE EXTERMINATED.—Under the head of "Medical Progress," the *Medical Summary* says: "There will be something new to tell when von Behring, of the Pasteur Institute, feels that he may safely announce his discovery of what in a moment of enthusiasm he declared was 'destined to protect men threatened with phthisis against the damaging consequences of infection.' So much he has told us: That he has succeeded in cultivating enormous growths of the bacillus of tuberculosis (which is not an animal but a vegetable); that from these large masses he has succeeded in separating three groups of substances, one group corresponding to the tuberculin of Koch, one a proteid group, and the third a group soluble in alcohol. What is left after these three groups have been sieved out, in a manner of speaking, he calls TC. Inject TC under the skin of an animal which is susceptible, from the lymphatic germ centers take up this TC and transform it into a substance which he first called TX, and later called tuberculase. Collect that tuberculase and introduce it into the system."

Well, there you are! Another of the serum family, and if not still-born, will most likely be a case of "cometh up as a flower and is withered."

THE NEW TACK.—The following is clipped from an address (published in *The Chironian*) delivered by Dr. Candee at the New York Hom. Medical College alumni banquet:

"Dr. Jacobi, of New York, at a conference in November last.

in which representatives of the three schools of medicine together with laymen participated, spoke as follows:

“There would be no such schools and no such differences in our time if the medical profession of the world, and of the United States, particularly, had not taken a very false step some sixty or seventy years ago. . . . Our very old men who have lived through part of that distant time, and who have studied the history of medicine, remember that the formation and discrimination of ‘Schools’ in the United States the result of direct persecution. The persecution commenced in the so-called ‘regular’ profession. The American public, however, will never be satisfied with any sort of persecution; the ‘under dog’ will be sustained by public sentiment.

“So diplomacy and cunning have replaced the grosser means for disposing of homœopaths. There is evidence to show that the Old School in general has adopted the policy of ‘loving us to death.’ Results thus far justify the wisdom of their plan, for this seems the most formidable attack homœopaths have been compelled to meet. Men whom coercion, ridicule, abuse or what not failed to move have been taken into camp. Flattered by recognition and consideration shown, perhaps withal having visions of added prestige,—they give up their birthright. It is very attractive, seductive, yet what does it amount to but toleration for a purpose?”

STAY ON YOUR OWN SIDE.—The following letter published in the August number of the *Medical World* has its moral writ so loud that no comment is needed:

“Allow me to relate a personal experience: A year or more ago the Wayne County Medical Society was organized and was supposedly non-sectarian—at least the members of the different schools were solicited for membership. In good faith I entered this association, paid my dues, etc. At the last meeting one of the ‘fathers in Israel’ gave a harangue on heretics within the ranks. Some of the broader-minded men resented this attack, but all to no avail. I was asked to sever my affiliation with all homœopathic societies, which I, of course, refused to do, and as a result I was adjudged ‘unclean,’ and together with my fee was let out. I appealed to the secretary of the Ohio State Medical Society and there got the ‘most unkindest cut of all.’ Was I treated fairly at the hands of this association? Let me hear from brother physicians as well as yourself.”

INJECTIONS OF OLIVE OIL IN APPENDICITIS.—The *Medical World* says: "When injections are indicated in appendicitis, and the use of water excites painful peristalsis, plain olive oil in doses of one or two ounces may be used through a small syringe." Good olive oil is the best at all times and in all cases.

APPENDICITIS.—"I will not go to the other extreme now, however, and assert that appendicitis has no *surgical* aspect, because it is neither exclusively medical nor surgical. Yet it is a reflection upon and a disgrace to medicine that appendicitis is regarded as still so largely surgical. The usurpation of the province of medicine by the surgeon is undoubtedly due as much to inefficiency of present medical treatment as to real intrusion on the part of the surgeon. In fact, if we avail nothing during the *medical* stage, it is well that we have the surgeon convenient and ready to step forward with radical measures to save the life at stake. We must, therefore, in order to redeem the medical end of it, endeavor to make that stage so successful that the knife will be superfluous."—*Wakefield, in Monthly Cyclopaedia of Practical Medicine.*

Study Homœopathy, gentlemen, it will not hurt you but benefit you.

CHARTS FROM BURNETT'S BOOKS.—Another of Burnett's teachings that has led to great results is that vaccination can only be protective and continue protective by more or less permanently modifying the health of the vaccinate; and that this latent morbid condition (practically an induced chronic disease), which Burnett calls "vaccinosis," is answerable for a vast deal of indefinite ill-health among us, and may show itself as inveterate skin-trouble, neuralgia, etc., extremely intractable unless met by such drugs as *Thuja*, *Vaccinium*, *Malandrinum*. Moreover, he has found this state of "vaccinosis" to block the way of action of such drugs as *Tuberculinum*, which may be useless till *Thuja* has been given, and then act brilliantly afterwards. According to his doctrine, *several vaccinations, or any successful vaccination or vaccinations, constitute a cry for Thuja.*

Another teaching of Burnett's (and on this point he thundered) was that *mucous membranes are self-cleansing*, and should be left to nature; that a mucous catarrh may be neither normal nor an evidence of untainted vitality and yet may be conservative of life—by draining away toxins that, retained, would do grievous dam-

age to more vital tissues and organs; that leucorrhœa should be tackled from its constitutional aspect and *cured—never suppressed*. And in the same way that he traced grave diseases of the heart to a suppressed eczema of the skin, so suppressed leucorrhœa, he maintained, was often followed by malignant disease of the breast.

Another hint of Burnett's that has borne excellent fruit is that diseases dependent on a debased state of health resulting from "a deadlock of malaria and cinchona poisoning" may be successfully met by *Natrum muriaticum* in high potency. Cases have been reported, and we have seen one in which acute phthisis on this basis of malaria and *Quinine* poisoning has cured up rapidly under *Nat. mur.*, high.—*M. L. Day, M. D., in Homœopathic World.*

PRIMULA OBCONICA.—"A medical correspondent, writing to the *Lancet*, describes a remarkable case of blood poisoning following a wound by the *Primula obconica*, a variety of primrose, originally brought from Central China, and popular as a greenhouse plant. The patient, a woman aged twenty-nine years, was recovering from an attack of influenza when she accidentally scratched her nose whilst smelling one of these plants. The nose rapidly swelled up and became discolored, and despite surgical treatment the poison continued to spread. The patient died at the end of the week with symptoms of pneumonia. The writer adds: 'This is the third case of acute inflammation of the skin and subcutaneous tissues I have met with after infection by the *Primula obconica*. Two died, and one recovered after a very prolonged illness. These infections were all on the face. I learn that a species of eczema of the hands often affects gardeners when tending this plant. These facts hardly encourage one to add the *Primula obconica* to one's floral possessions.'"—*Daily Telegraph, London.*

A summary of what might be called the accidental provings of this drug will be found in *New, Old and Forgotten Remedies*.

OH, THOSE EXAMINING BOARDS!—If you will read the laws and rules governing the boards in their examinations you will find therein a clause to the effect that the examinations shall be practical in character and for the purpose of determining the applicant's fitness to practice medicine, etc. Look over some of the different examinations in pathology given (by Dr. Tait) since the new law went into effect, and see if they are practical in character and for the purpose of determining the applicant's fitness to practice medicine and surgery. Any

of you that have practiced from two to fifty years, ask yourselves these questions, and say if you have ever seen, read or heard of such things as were asked about in some of the examinations. Then take from your libraries your latest works on Pathology, Practical Surgery, Medical Dictionary, etc., and see if some of those things are to be found at all. I will venture to say that some of them can not be found in your latest works. You, in all your years of practice, have never seen, read nor heard of them, and can not find them in your very latest works, and still, according to the law, they are *very* practical.

Any doctor who considers these facts cannot help but say that an examiner who would ask such questions must either be a knave or a fool. Is a law what it ought to be, if it permits an examiner to ask such impractical questions; and further, how can a student find time to learn practical medicine and surgery if he has to spend his time cramming to pass such examinations?—*W. W. Wimer, Honey Grove, Texas, in Cal. Medical Journal.*

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WACO, Texas, Sept. 7, 1906.

Editor of HOMŒOPATHIC RECORDER.

For the good of Homœopathy in Texas, please announce in October issue, that the Texas Homœopathic Examining Board will meet at Fort Worth, Texas, October 9-10 to act on applications for license to practice in the State.

Also please inform your readers that the Allopathic Society of the State is trying to secure a change in the law that will put the absolute control in their hands, and make it very hard for any non-allopathic physician to enter practice in the State. Therefore, those desiring Texas license should apply soon. Will be glad to send information and blanks to all inquirers. Law may be seen in any Medical Directory.

Thanking you in advance.

Yours respectfully,

H. B. STILES, M. D.,  
*Secretary.*

# PERSONAL.

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A possible yellow peril is the blonde.

"Sure, ye talk all day and whin ye stop ye say nothing," said Pat.

They say a straw vote only demonstrates which way the hot air blows.

No, Mary, painters who paint the town red do not suffer from lead-colic

Many a woman pounds the piano and, in addition, plays it false.

There are "sermons in stones," in churches, and also in the bed-chamber.

No man would dodge the fool-killer, yet many, many would perish if they met him.

"The buildings were badly demolished," writes an esteemed.

When a mosquito mistakes a billiard ball for a bald head he is certainly up against it.

The static machine man is a great one for sparking.

The swell milliner often sends out extravagant statements, according to the "old man's" point of view.

Some girls do not object to having chaps on hand.

The man who never made a promise never broke one.

"Are brains necessary?" queries a contemporary. Well?

He was an honest allopath who urged the admission of homœopaths to the society in order to "hasten the death of Homœopathy." *Verbum sap.*

A popular Southern smile is a mint julep.

Herametlylentetramium is made in Germany.

The cigarette isn't so bad on the health of the smoker as on the nose of the smeller.

The tombstone cutter is often a monumental liar—so says the cynic.

A fund of humor does not pay bills, but it makes life easier.

After the bawl is over there is a season of peace.

Servetus was put to death for writing that Judea was a barren land instead of one flowing with milk and honey.

"He [Harvey] lived to see his views generally accepted and to enjoy his own triumph."—*Park*. So it seems he was not "hounded to death."

The "muck-raker" is not responsible for the muck.

When the local base ball team lost the lead the local paper wrote *Facillis decensus averni*.

Binks envied a singer, not for his voice, but for his nerve.

No, Mary, a gossip is not an auto, even if she is always running people down.

# THE HOMŒOPATHIC RECORDER.

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VOL. XXI.      LANCASTER, PA., OCTOBER, 1906      No. 10

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## ARTICLES BY DR. C. v. BŒENNINGHAUSEN.

### Traumatic Ailments and High Potencies.

By Royal Counc. Dr. C. von Bœnninghausen in Mïenster.

*Allg. Hom. Zeit.*, Vol. 48, p. 43, 51, 61.

The insufficiency of *high potencies* in *traumatic* ailments is with many if not most homœopaths an axiom even more indubitable than its insufficiency in acute diseases. In such cases, especially in most recent times, one homœopath has outdone the other in the application of undiluted tinctures in very large, frequently repeated external and internal doses. They seem to think that in such cases too much of what was good could not be done, because the matter had such an altogether material appearance, and, therefore, seems to call for a merely mechanical material aid. It was manifestly only a very moderate step (forward or backward?) in the much beloved manner, now to employ again vigorous abluents, ointments and plasters, and it is said that not unfrequently the action of the internal medicine given is assumedly reinforced by some external (allopathic) application, an action which can assuredly only be justified if we believe, according to the old popular opinion, that medicine is something generally and absolutely useful and beneficial to the organism.

On this account we need not wonder that of late we nowhere see cures of traumatic cases with high potencies reported, and if anyone should ever have the "weakness" of trusting the assurances of the founder of the new school more than the abuses and bold assertions of some of the specificists of to-day, it is natural enough that he should lack the "boldness" of speaking out openly and frankly.

Although I myself have neither the time nor the inclination to engage in useless polemics on account of manifold open and covered personal attacks, I nevertheless consider it continually as a sacred duty not to keep silent from cowardice, but rather to testify as to the truth where the fullest conviction, founded on many years' careful observations and experience, has allowed me to see such truth with irrefragible certainty. I do not, therefore, begrudge a few leisure hours, which else would have been devoted to recreation, to extract from my Patients'-Journal such facts as will demonstrate most clearly that also in traumatic troubles the high potencies used in a correct homœopathic manner, will do everything that can be justly expected from the homœopathic healing art. If anyone should carry his skepticism to the unworthy extreme of considering my statements inexact—as some persons, indeed, have actually not been ashamed to do—he can convince himself by an examination of my journal, if he should think it worth his trouble, that I have only given actual and faithful copies, and in order to facilitate verification, I have in every case adduced volume and page. Besides this, in order to meet the supposition that I have only selected some successful cures, but concealed the unsuccessful ones, I give *all* the cases of the kind according to their time and series; but on this account I cannot avoid putting in some that are of little importance.

But before passing to the facts, it might be appropriate to adduce from the more than half forgotten and neglected *Organon*\* what belongs to this subject, *i. e.*, §§ 185 and 186 (of the 5th ed.) which read as follows:

§ 185. Among the onesided diseases, the so-called *local ailments* occupy an important place. Among these are included changes

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\* The last edition of *S. Hahnemann's Organon of the Healing Art* is the *fifth*, published in 1833, it is therefore to be supposed, that this important work so indispensable for everyone who would become a homœopath, has long been out of print, and cannot be bought in book-stores. A *sixth* edition, essentially improved and more complete, was not only ready for the printer during the lifetime of the venerable author (in Paris), but the latter had already begun to print, when the widow at his death took back the work and the sheets already printed, and she has not so far been willing to publish the manuscript. The above mentioned fifth edition is, therefore, now already more than twenty years old, and if ever an unchanged reprint, perhaps by the original publisher, should find indubitable excuse and be sanctioned by many, it ought to be in this case; supposing that the previous contract with the author does not contain aught in opposition to such action.

and ailments appearing in the external parts of the body, by which, as has been taught hitherto, these parts alone are said to be affected, while the rest of the body has no part in them—a theoretical, inconsistent proposition, which has led men astray to the most pernicious medical treatment.

§ 186. Those so-called local ailments which have resulted recently from an external injury, seem best to deserve the name of *local* ailments. But in such a case the injury inflicted ought to be very slight, and would not then be of any particular moment. For injuries inflicted from without, if they are of any moment, already draw the whole living organism into sympathetic suffering; fevers, etc., arise. Surgery occupies itself with these, but justly only in so far as mechanical assistance is to be given, whereby the external obstacles to the cure which we can only hope for from the vital force, may be mechanically overcome, *e. g.*, setting a joint, bandages uniting the lips of wounds, the extraction of foreign bodies that have penetrated the living parts, opening a cavity of the body in order to take out a burdensome substance, or to give issue to effusions of extravasated or gathered fluids, to draw together the broken ends of a broken bone and to fit and fasten on a suitable bandage, etc. But where in such injuries, as is *constantly* the case, the whole organism demands *dynamic* assistance, in order that it may be enabled to complete the work of healing, *e. g.*, where the stormy fever caused by large contusions, torn flesh, tendons and vessels must be removed by internal medicines, or where the external pain of burned or corroded parts should be homœopathically removed, there the function of the dynamic physician and his homœopathic aid come in.\*

Since it seems to be pretty near indifferent from what period of time the descriptions of such cases may be taken, I will choose the year 1852, and adduce *all* the cases of this kind, as they are found in the Journal, with the single exception of cases that had been treated by me before that time, and whose story would be found in earlier volumes, where I could find them only by the expenditure of much time and trouble, since the register belonging to the Journal merely gives the names with their volume and page.

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\* Compare with the contents of this paragraph the absurd assertions, by which many a professional opponent, who ought to know better, endeavors to make homœopathy ludicrous in the eyes of the ignorant. Does such a malicious mocker not deserve even a stronger designation than that of a silly wit?

## I.

Vol. 81, p. 104. Miss S., an unmarried girl, aged 21 years, living in L., had overlifted herself three weeks ago, and in consequence of this she had violent pains in the liver, and dyspnœa, which was worse in the evening and when lying in bed, worst when lying on the left side (where there was no pain), but better when lying on the right (the painful) side; but she feels easiest while lying on the back. It is also worse when sitting (and walking). The pain then crosses through the abdomen even to the left side. Constipation. Her menses are very copious. Everything is aggravated in the evening.

Several plasters that had been applied, had brought no improvement.

January 3, 1852. 1 and 3, *Bryonia* 200, 2, *Rhus* 200, 4 §, every third evening one of the powders was to be taken in its sequence Complete cure.\*

## II.

Vol. 81, p. 115. B. St. in O., a farmer, 52 years of age, had fallen eight days before with the right side of his chest on a sharp edge, and this caused violent pains in this side of his chest, which are aggravated towards evening, and also by the cough of which he had suffered already before, but which now increased. The old habitual cough only brought up mucus (as to its special nature and taste I could not find out anything, as the patient living fifteen miles from here, was not able to come here himself).

A physician who had been called in, had at once ordered venesection and medicines and given him a laxative, all without result.

Jan. 4, 1852. 1, *Arn.* 200, 2, 4 § (*Sacch. lactis*). 3, *Bryonia*, one powder to be taken every other day.

Jan. 11. Some improvement, but insufficient. The expectoration is mucous and has a *salty* taste. The pains in the chest continue night and day, but are *most violent after every sleep*. I prescribed 1, *Kali carb.* 200, 2-4 §, one powder every third evening.

After this there was a cure, also of the cough.

## III.

Vol. 81, p. 133. Kat. L., living here, an aged but otherwise vigorous woman, 70 years of age, in consequence of a pretty se-

\* It is in general, and here on account of the end in view, quite indifferent, whether we count overlifting and sprains among the traumatic ailments or not.

vere *lesion*, ten months ago, had first a wound on the heel, which after treatment with various ointments had turned into an ulcer of malignant appearance, and which burned and stung, especially of evenings and at night. Otherwise she complained of nothing. I could not find out anything about the plasters and ointments used.

Jan. 15, 1852. 1, 2, *Silicea* 200, 3, *Hepar sulph. c.* 200, 4 §, one powder every five evenings; the ulcer was covered with tallow on a piece of linen.

Feb. 25, 1852. A perfect cure without any other medicine.

#### IV.

Vol. 81, p. 151. William A., a young farmer, 24 years old, had *fallen from a wagon* half a year ago, and had lit on his head. Since that time he has suffered from violent pains in the chest, whenever he pressed on his chest, or made a greater exertion; worse in the evening and morning on beginning work, also while lying quietly in bed; relieved by working slowly. For eight years he has had a cough, attended in the morning with copious expectoration of sweetish taste. Much perspiration especially while working in the morning, but not in bed. Feet perspire constantly. Better in the open air. Many things had been used, also domestic remedies, without result.

Jan. 20, 1852. 1, *Arnica* 200, 2, 4 §, 3, *Pulsat.* 200, one powder every five evenings.

On Feb. 9th there was a considerable improvement in all symptoms, but he was not yet quite restored. So I gave him 1, *Calcarea carb.* 200, 2-4 §.

On March 2, everything was cured, also the cough, and since then the patient has been in good health.

#### V.

Vol. 81, p. 194 Gertrude O., the wife of the teacher in K., 36 years of age, had a severe *lesion* of her hand two weeks ago, *the skin* having been *abraded*; after using various domestic remedies, compresses, ointments and plasters, this has become extremely malignant. The whole hand, but most of all its dorsum, was swollen thick, and covered with fretting sores, secreting yellow, ill-smelling matter, and burning especially at night, with stinging and tensive pains. In other respects the woman was in good health. I could not find out what remedies she had used.

Feb. 3, 1852. 1, *Silicea* 200, 2-4 §, one powder every third evening, the ulcerated places to be covered merely with a linen cloth spread with tallow.

Feb. 13. Considerable improvement in all the symptoms, and the pains had much diminished. 1, *Lachesis* 200, 2-4 §.

Feb. 28. Occasionally there are still lancinations in the dorsum of the hand, where the skin has grown fast to the bones, where the sores have healed. *Lycopod.* 200, 2-4 §, every three evenings.

March 17. The ulcers have all healed and the skin is no more fast to the bones, nor is the dorsum of the hand swollen any more, but in the evening, when in a warm room, there is at times an ulcerative pain in these places. 1, *Pulsat.* 200, 2-4 §, every three evenings.

After this all was well and remained well.

## VI.

Vol. 81, p. 196. Theresa Sch. in Gl., a girl 18 years of age (whom I did not see), *scalded* her foot and leg with boiling water, three days ago, and had first treated the parts burned with domestic remedies, and then with *Unguentum Basil*, and thereby had so much aggravated the burn that she could not rest day or night for the burning and formication in it.

Feb. 3, 1852. 1, 2 [or 3], *Arsenic.*, 2, *Canthar.* 200, 4 §. One powder every other evening, the foot to be kept dry.

Only on Feb. 21, I received the report, that the burn had healed up in a week, but that she now had an eruption on the face, and here and there pustules with matter, and that her skin in general was unhealthy. 1, *Caustic.* 200, 2-4 §, one powder every three evenings.

This also improved quickly and she remained quite well, until Sept. 17th, 1853, when her suppressed menses caused an *aberration of mind*, with restlessness, anguish, and a tendency to suicide. This also was cured in a few days by one dose of *Pulsatilla* 200, and a dose of *Sulphur* 200.

## VII.

Vol. 81, p. 207. Ferd. S. at Gl., a young farmer, aged 27 years, had *lodged a splinter of wood* in his hand; this had been drawn out, indeed, but a severe and very painful swelling of the whole hand with constant burning had followed.

Feb. 9, 1852. 1, 3, *Lachesis* 200, 2, *Silicea* 200, 4 §, one powder every two evenings.

In a week all was well.

### VIII.

Vol. 81, p. 228. *Ferdin. F.*, a boy living here, four years of age, had fallen several weeks ago on his head, and since then he had a red, bloody extravasation in the conjunctiva of the right eye, like a clot of blood which would not go away. Otherwise quite sound and strong. I could not find out what had been used outside of cold water compresses.

Feb. 17, 1852. The boy received 1 and 3, *Arnica* 200, 2, *Nuxvomica* 200, 4 §, one powder every fourth evening.

After the third powder, the spot had vanished.

### IX.

Vol. 81, p. 260. *Mary B.*, living here, a servant-girl, 27 years of age, had been suffering from *overlifting* herself and *carrying heavy burdens*, with the following symptoms: burning, pressure and lancination, extending from the middle of the chest down into the stomach, better after eructations. Stitches in the splenic region. Heaviness in the stomach, and sensitiveness of the same to every pressure. Menses much too copious and lasting ten days; at their commencement every time, headache, nausea, vomiting, colic, and pain in the small of the back; before and after the same some leucorrhœa. Formerly an eruption; this comes out even now quite severely on the shoulder-blades. Often a sensation of itching and formication in the heart. I could not find out anything as to the medicines used, as the recipes have been lost.

March 2, 1852, she received 1, *Sulphur* 200, 2-4 §; 3, *Calcareo carb.* 200, one powder to be taken every eight days (excepting the menstrual period).

On April 12th she reported herself as perfectly restored, and therefore received nothing else.

### X.

Vol. 82, p. 9. *A. Kath. U.* in Gl., a farmer's wife, 46 years old, had allowed a quack to *tear out* with violence a supposed corn on the middle toe; in consequence the whole foot was in-

flamed with a severe swelling and violent burning in it, which was worse in the evening, especially after lying down in bed. The ulcer which has formed on the joint of the toe suppurates copiously. When the the foot gets cold it is more painful, better when warm. Constant chill. No thirst. Aversion to fat and to pork. Constipation.

Besides compresses of rye-flour and chamomile, also ointments had been used with constant aggravation.

March 15, 1852, she received *Sepia* 200, 2-4 §, one powder every three evenings, with the usual direction to cover the ulcer with a linen cloth with tallow.

April 9th there was a considerable improvement; the ulcer healed, and there only remained a tense swelling of the dorsum and ankle of the foot. 1, *Pulsat.* 200, 2-4 §, one powder every three evenings.

The cure followed in two weeks.

## XI.

Vol. 82, p. 47. M. Kath. M. in Gl., a child, one and one-half years old, had *fallen against a red-hot stove* and had *burned* the left side of the face so severely that part of the skin had remained adhering to the stove. She starts up in her sleep, otherwise well.

Linseed-oil and raw cotton had been used, without relief.

March 27, 1852, she received 1, 2, *Arsenic.* 200, 3, *Hepar sulph.* 200, 4 §, one powder every other evening, without any external application.

Complete cure without any other medicine.

## XII.

Vol. 82, p. 71. M. Kathr. R., a day-laborer's wife, 32 years old, had the misfortune five days ago of having *the whole of her right hand crushed* in a stamp-mill (for preparing hemp), so that it was feared the bones were broken. Sugar of lead, applied in solution, and compresses of herbs, instead of appeasing the pains, had heightened them, so they became intolerable, and the last two days there had been a violent burning in the whole hand. For six years she has been suffering from a prolapsus of the uterus. I could not find out anything else of moment, as the patient lived 25 miles from here and could not come over.

April 4, 1852, she received 1, 3, *Arnica* 200, 2, *Arsenic.* 200, 4 §, one powder every 24 hours, no external application except a rag with tallow.

April 8. The pains had soon much moderated, but the whole hand was red, suppurating and burning. 1, 3, *Hepar sulph. c.* 200, 2, *Mercurius* 200, 4 §, one powder every 24 hours.

April 15. Violent tension and tearing in the crushed hand followed, and, as it were, a sensation of numbness, worst at night, while lying in bed, while the arm was hanging down. Some bones in the fingers are said to be much injured. Prescription: 1, *Silicea* 200, 2-4 §, one powder every evening.

April 26. Improvement, but there is still twitching and burning in the hand. A tense sinew shows in the hand. 1, *Calcarea* 200, 2-4 §, one powder every three evenings.

May 9. Considerable improvement. The pains are almost gone, but there is still a severe suppuration of the fingers and of the hand. 1, *Sil.* 200, 2-4 §, one powder every three evenings.

May 24. After the last powder, a few splinters of the bone of the finger passed off in the suppuration, which caused renewed pain, but now at last it is much better; in the last ulcers there is some proud flesh. 1, *Sulphur* 200, 2-4 §, every three evenings.

This was followed by a cure, only the middle finger, which had discharged splinters of bone, remained stiff.

### XIII.

Vol. 82, p. 79. D. W., a farmer, aged 42 years, had four days ago a similar mishap as the woman mentioned in No. 12, as the stamp *mashed* the anterior half of the right index-finger. Constant compresses of cold water have been applied to it so far, but the pains have continually increased during the last two days; and since the injured half of the finger has turned quite black, with lancinating pains (not burning), they were afraid of gangrene and hastened to me.

April 10, 1852. I gave 1, 3, *Arnica* 200, 2, *Con.* 200, 4 §, one powder every 24 hours, externally nothing but a dry bandage.

April 14. Considerable improvement. The finger has regained its natural color and is nearly without pain; only occasional lancinations in its tip. 1, *Sulphur* 200, 2, *Arnica* 200, 3, *Silicea* 200, 4 §, one powder every second evening. No external application.

April 21. The cure is progressing finely and the lancinations have vanished. 1, *Sulphur* 200, 2 and 4 §, 3, *Silicea* 200. One powder every two evenings.

Complete cure, and a new nail is growing up, so that nothing else was needed.

## XIV.

Vol. 82, p. 114. H. H. C., a farmer, 40 years old, had received a kick from a horse, two weeks ago, just below the knee. This place pained continually, and especially while walking, so that he could hardly walk with a cane. Leeches and ointments of various kinds had been applied, but without result.

April 2, 1852, he received from me 1, 3, *Arnica* 200, 2, *Sulphur acidum* 200, 4 §, a powder to be taken every two evenings, without any external application.

In a week all the pain had disappeared.

## XV.

Vol. 82, p. 224. Henry G. in G., a child, five weeks old, was *burned* yesterday evening in the most fearful manner as follows: The mother has been suffering from epilepsy for years, and was sitting by the fire to undress the baby, and was seized with an attack while doing so; so she herself fell from the chair, but the baby fell on the left side into the fire. As no one else was in the house, the baby remained actually roasting in the glowing coals, and a neighbor who accidentally came in and first discovered the misfortune, asserted that the baby must have lain in the fire for at least ten minutes. The whole left side of the baby is burned in deeply, and her clothes on that side had altogether been burned to ashes. Its life—so my Journal states—can hardly be saved. Nothing was used but raw cotton, as a messenger was at once sent to me.

June 13, 1852. 1, 3, *Arsenic.* 200, 2, *Carbo veg.* 200. One powder every other evening. The application of dry, raw cotton was continued and where this should stick fast, it was to be allowed to remain.

June 20. The child is not only still alive, but has improved quite considerably. The left arm and the left side of the head are still suppurating, but apparently painless, as the child takes the breast just as before and sleeps undisturbed. 1, *Caustic.* 200, 2-4 §, 3, *Arsenic.* 200, one powder every three evenings.

I did not hear again of this child until the end of 1853, when I heard that this child which had been saved so wonderfully, had died a few days before of "termins," a sort of cramps, which frequently originate in inflammation of the brain.

Among all the remedies in greater or lesser burns, *Arsenicum* since a long time has been valued by me most highly, especially in its higher potencies and in small doses.

## XVI.

Vol. 82, p. 253. Gustav v. B., a boy, nine years old, living here in Münster, had *fallen* from an ass, a week ago, falling on his occiput. Since then, after taking allopathic remedies, there has been an increasing illness. The head feels very dull, the tongue is thickly coated yellow, nausea, soreness of both corners of the mouth, ill-smelling breath; the last days there has been fever increasing towards evening with salivation.

He had received first an ordinary emetic of *Tartar stib.* and *Ipecac.*, then *Tartar natron.*, *Kali carb.*, *Acet. vini*, *Aqua Fœniculi*, *El. aur. compos.*, *Aqua oxymuriat.*

June 24, 1852, he received from me 1, 3, *Aconit.* 200, 2, *Arnica* 200, one powder every other evening.

These powders proved sufficient to remove the above symptoms, and only towards the end of July, when a coarse (psoric) eruption broke out on his lower arm, he received a dose of *Sulphur* 200, on which the eruption soon vanished.

## XVII.

Vol. 83, p. 62. Anna F. von L. had *burned* her foot, a week ago, and after using domestic remedies, the nature of which I can not discover, the spot was covered with a white crust, with dry burning, and all around it was red and swollen.

On the 31st,\* 1852, she received from me a dose of *Arsenic.* 200, and 2-4 §, one powder to be taken every other evening; no external application.

Nothing else was needed and in a week it was cured.

## XVIII.

Vol. 83, p. 97. Jos. M. in R., Osnabruecken, a young farmer, 29 years old, had while chopping, *cut* his right knee, more than

\* No month given in the German print.

half a year ago. The severe lesion had been treated allopathically, and in consequence he had a swelling and stiffness of the knee. The swelling extended above and below the knee, and felt very hard. When walking, there were lancinations below the knee-cap, at other times the pain was moderate. Otherwise he is healthy. I could not find out what ointments, plasters and rubbings had been made.

August 14, 1852, I gave him 1 and 3, *Arnica* 200, 2, *Sulphur* 200, 4 §; each powder in turn was to be dissolved in six teaspoonfuls of water; this was to be taken for three evenings, each evening one teaspoonful more than the other, then two days' pause. No external application.

On September 23d, when he came to consult me about another patient, the swelling and stiffness had all disappeared, and he was quite restored.

#### XIX.

Vol. 83, p. 117. Joseph Sch. in Gl., a boy nine years old, had *burned* his face this evening at 7 o'clock, by breaking a bottle of *Sulphuric acid*. In consequence he had the most violent pains, especially in the two eyelids. (The messenger was here at 10 o'clock, having made 15 miles in two and a half hours on horseback.)

August 22, 1852: 1 and 3, *Pulsatilla*, 2, *Rhus*, 4, *Sepia*, each one of the 200 potency, one powder every 24 hours, no external application.

August 28th. Quite a considerable improvement, the eyes were preserved. In the places more deeply corroded, crusts were still to be seen, but without pain. 1, *Pulsat.* 200, 2, 4 §, 3, *Arsenic.* 200, one powder every two days.

In a week, a perfect cure.

#### XX.

Vol. 83, p. 122. Beruh. D. B. in O., a farmer, 35 years of age had mashed his hand a few weeks back on the handle of a gardening-tool, had received a quack treatment from an old woman, and finally when the pains had become altogether unbearable, he had his hand lanced and covered with plaster, which had made the ailment only larger and more painful. I could not find out the remedies used.

Aug. 28, 1852: 1 and 2, *Arnica* 200, 3, *Silicea* 200, 4 §, one powder every 24 hours, no external application.

Aug. 31st. The pain is gone and the hand is discharging a mild pus. 1, *Sulphur* 200, 2, 4 §, 3, *Silicea* 200, a powder every two evenings.

Nothing more was needed, and in the middle of September the hand had healed perfectly.

## XXI.

Vol. 83, p. 204. Karl R. in Gl., a child a year and a half of age, *scalded* its hand in boiling water.

Sept. 28, 1852. 1, *Arsenic.* 200, 2, 4 §, 3, *Carbo veg.* 200, a powder every two days.

Oct. 4. The pains improved at once. There is still suppuration between the fingers. Diarrhœa: 1, *Arsenic.* 200, 2, 4 §, 3 *Caustic.* 200, again every two evenings.

Cured after a week.

## XXII.

Vol. 84, p. 60. Bernh. D., living here, a child ten years old, yesterday *fell down* in running, striking his head on a paving-stone. Immediately there ensued retching and choking and violent pains in the right side of the head on which he had fallen. These pains continue to-day and he is besides dizzy, as if drunken, and tired in all limbs as if he had been beaten.

Dec. 5, 1852. 1, 3, *Arnica* 200, 2, *Belladon.*, 4 §, a powder every 12 hours. In 24 hours he had recovered.

## XXIII.

Vol. 84, p. 109. Karl R., a dyer in H., 43 years of age, after *lifting* a sick person three weeks ago, was seized with violent pains in the small of the back, as if sprained, and a tensive pain there, aggravated from stooping and when sitting in his chair and stooping forward. Frequent stitches in both the hypochondria. During the last two years, he frequently had colicky pains, always improved in a warm room, and especially when getting warm in bed. Much inclined to perspiration. Otherwise well.

Rubbing his back, especially with Camphor and Opodeldoc, did not help it any.

Dec. 27, 1852. 1 and 3, *Rhus* 200, 2, *Nux vom.* 200, 3 §, a powder every three evenings.

It was cured quickly and needed no other remedy.

The preceding accurate and faithful extracts from my Journal give sufficient account of my treatment and successes in *traumatic* ailments. I would only state in addition, that I only noted down so much concerning every case as seemed necessary to individualize it; and that my Journal is by no means written with a view to later publication, and that I have neither here nor elsewhere added anything from memory which is so apt to deceive. I must, therefore, expressly repeat, that these communications have solely for their end to show that with a proper use of high potencies the cure really proceeds according to the motto *cito! tuto et jucunde!* Whoever asserts that he can reach this only goal of curing more perfectly with lower potencies and frequent doses, let him demonstrate this in a like manner faithfully and truly; but let him not limit himself to a selection of the most favorable results, but let him communicate as I have done *all* the cases occurring within a definite, not too brief period. If any one should wish for my cases in any other period since 1844, since which time I have used high potencies almost exclusively (from pharmacist *Lehrmann* in Schœninger near Brunswick), he need only express this wish. For only by such comparisons can we determine which method *actually* deserves the preference.

At the same time I would permit myself to request my friend of many years' standing, the revered M. R. Dr. Stapf, in Naumburg, who is revered by every homœopath, to repeat once in this Journal, what he has assured me of so frequently in his letters: "*That he owes his finest cures to the high potencies!*"

### Concerning the Duration of the Action.

By Dr. C. von Bœnninghausen.

*Allg. Hom. Zeit.*, Vol. 49, p. 81.

In Science as well as in social and political life there are occasionally questions, whose consideration and answer are most appropriately left to every individual, because objections and contradictions do not, at the time, admit of unanimity. Among these seem to be the questions of *Dose* and *Repetition*, the complete solution of which must be left to some later time.

In the meantime it seems permissible to consider other questions, which in a certain way are connected therewith, and when these questions, which are less subject to opposing opinions, are satisfactorily answered, this will constitute a considerable contri-

bution toward the determination of the former questions. I think the present question is one of these.

The *duration of the action* of the medicines used by us is very various. While with some medicines this may merely extend to some minutes and hours, with others it must be counted by weeks and months.

Still greater will this variety be, even in the same remedies, as is well-known, when used in the various diseases in which they may be homœopathically indicated. For it is not infrequently the case that we must select in acute diseases medicines which act a long time, and in chronic disease remedies whose action is a short one, because, according to the principles of Homœopathy, they correspond to the disease. But in chronic diseases the medicines of short duration will show curative powers much longer than in acute diseases and vice versa.

In view of these facts, which have never as yet been disputed by any homœopath who observes carefully, the question presses on us: What overpowering reasons and experiences are there why, as is done frequently of late, even the medicines of long-continued action are repeated so often and in such brief intervals? A question with which another is closely conjoined: Whether the teachings concerning the first effects and the after-effects as we see it developed in the Organon (§ 63x sy.), and on which our provings and our curative method essentially rest, are false or rest upon the nature of things and are therefore true?

But I cannot follow out these consequences any further, because they would only lead to polemics which are at present as yet useless, and it will be enough for me to have brought up into memory what everyone knows, but what seems to have been forgotten in part. May what is said form the subject-matter of some unprejudiced after-thoughts!

In now turning to the proper subject of my present dissertation, I must premise, that according to what has been already said, the duration of action of no one remedy remains altogether the same under all circumstances; so that when it is spoken of only a relatively longer or shorter period can be understood, which is still subject to great modifications.

Nevertheless, it is of considerable importance for the practice and treatment of acute and chronic diseases, to know this duration of action of concurrent remedies even, though it be merely

not only in order that we may, in cases of threatened danger, bring the quickest possible assistance, but also that we may not in inveterate cases, by doing too much, aggravate the evil and finally make it even incurable. This last named result of medicines given too frequently or changed too often is not so rare as some may think, and very many homœopaths have probably found, as I have, and as Hahnemann himself found, that the most difficult and thankless treatments of chronic invalidism are found in those cases which have been treated for a longer period with an excess of medicines more or less homœopathically suitable, whether by homœopaths or by allopaths.

If we would make too many divisions in dividing medicines as to the duration of their action, not only the general oversight would be rendered more difficult, but the difficulties would be aggravated. I, therefore, believe, that we can do with *five classes*, though we shall every time meet some remedies which might be included in the preceding class or in the one following. But we can thus gain an easy oversight and the mistakes cannot be very great.

Commencing with the medicines of brief action and gradually progressing to those of longer duration, the

I CLASS would contain the following *medicines having the briefest action: Acon., Camphor, Coffea, Ipecac., Laur., Mosch., Opium, Par., Rheum, Samb., Stram., and Tar.* Of these medicines, most corresponding to the acutest diseases and a necessarily rapid aid in chronic diseases, no use can be made except only as rare intermediate remedies.

The II CLASS includes the following medicines whose action is of *brief duration: Arn., Asar., Bryon., Calad., Cann., Canth., Caps., Chamom., Chelid., Chin., Cina, Cocc., Creos., Croc., Cycl., Dros., Euphras, Hyosc., Ignat., Mgs., M. arct., M. austr., Mar., Men., Nux mosch., Nux vom., Pulsat., Ran bulb., Ruta, Sabad., Scill., Secale corn., Valer., Veratr., Verb., Viola od., Viola tric., Vit.* Also from these remedies in properly chronic (psoric) diseases little result will be obtained. Only as intermediate remedies, or where the tedious invalidism has its ground in the abuse of medicines, we may, in lack of more suitable remedies, expect a partial amelioration from these remedies; *e. g.*, from *Bryonia* in pulmonary patients, from *Canthar.* in Bright's disease, from *Drosera* in affections in the larynx, from *Nux vom.* and *Pulsat.*

in various ailments, which are not infrequently found in common life and are frequently protracted for a lengthy period. But how *Chelid.* in many (of Rademacher's) recipes should keep equal step and duration with other remedies of long-continued action which are prescribed at the same time is an inexplicable riddle to the true homœopath. In the

III CLASS the medicines of *medium duration* of action would belong, among which I count the following: *Agar.*, *Ambr.*, *Am. mur.*, *Anac.*, *Ang.*, *Ant. tart.*, *Arg.*, *Asaf.*, *Bell.*, *Bor.*, *Bov.*, *Brom.*, *Cic.*, *Clem.*, *Colch.*, *Coloc.*, *Con.*, *Cupr.*, *Dig.*, *Dulcam.*, *Euphorb.*, *Guaj.*, *Hell.*, *Jod.*, *Lach.*, *Led.*, *Magn. mur.*, *Mercur.*, *Mezer.*, *Mur. ac.*, *Natr. mur.*, *Nitr. ac.*, *Oleand.*, *Phos. ac.*, *Plum.*, *Ran. scel.*, *Rhodon.*, *Rhus*, *Sabin.*, *Sarsap.*, *Seneg.*, *Spigel.*, *Spong.*, *Staph.*, *Sulph. ac.*, *Thuja*, *Zinc.* The remedies here adduced may nearly all of them be used in acute as well as in chronic diseases with decided usefulness, if only with the former their course is not too rapid, or with the latter the ailment is not too inveterate and, therefore, too firmly inrooted. In my many years' practice it has been as striking to me as curious, that substances combined with an acid such as, *e. g.*, *Am. mur.*, *Ant. tart.*, *Magn. mur.*, *Natr. mur.*, *Nitr. ac.*, *Phosphor. ac.* and *Sulph. ac.* had as it seemed to me, a much briefer duration of action than the simple basis (*Amm. carb.*, *Ant. crud.*, *Magn. carb.*, *Natr. carb.*, *Phosph.* and *Sulph.*). I cannot, indeed, after so many careful observations, consider this a delusion; still it would be desirable if other careful observers would also express themselves (in this journal) about it.

The IV CLASS would then receive the following ones of the medicines of long duration: *Alum.*, *Amm. carb.*, *Arsen.*, *Aur.*, *Bism.*, *Carb. an.*, *Carb. veg.*, *Ferr.*, *Fluoric ac.*, *Lycop.*, *Magn. carb.*, *Mang.*, *Natr. carb.*, *Nitrum (Kali nitric.)*, *Petr.*, *Plat.*, *Selen.*, *Stann.*, *Stront.* These remedies all belong to the so-called anti-psoric remedies, a designation which many are unwilling at this day to accept, but for which no more suitable term is known to me. With proper diet, and once brought into activity, their action will extend over several weeks and I have always observed disadvantageous results arising when during this period premature disturbance was caused by a repetition of the same remedy or by giving another. Most of all we should guard against their action as extinct, when a second (or more rarely a third) primary action should develop itself. So long as the old ailments

show a renewed aggravation, without the appearance of essentially new symptoms, which lie outside of the sphere of action of the remedy and mirrors itself in the total-image of the last medicine, so long we must carefully guard against giving another medicine or repeating the same remedy again, unless we would soon rue our precipitancy. Such a course I have found most injurious among those remedies, which, like the anti-psorics, have many reciprocal actions, which in addition seem to be multiplied by being raised to higher potencies. Finally the

V CLASS contains those remedies which contain the most long-continued action of all, namely: *Ant. crud.*, *Bar.*, *Calcar. carb.*, *Caustic.*, *Graphit.*, *Hepar sulph. c.*, *Kali carb.*, *Phosphor.*, *Sepia*, *Silic.* and *Sulph.* Where these remedies, the real heroes of our medicinal treasury for chronic disease, are accurately suitable and are used, they will actually perform wonders, if they are only granted the necessary time to unfold their full powers. Fortunately they all also belong to the anti-psoric polychrests and, therefore, they find the most frequent average use. But far more than even with the preceding we shall have to guard against causing premature disturbances, since the injury caused by them is not easily made good again. What has been said above of Class IV applies here in a double measure, and my Journal contains many cases where a single dose continued to act beneficently for many months most manifestly, and eventually the many-yeared chronic disease had disappeared with all its traces so completely that nothing more remained to be done.

I close this brief article with the wish that the readers may examine the statements presented without prejudice, and if they are found correct, may act according to them, so that we may get rid of the unhomœopathic action which is spreading ever more generally of repeating doses, so that such action may, as before, be left to allopaths.

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**ADVICE OF THE RHENISH AND WESTPHALIAN  
HOMŒOPATHIC SOCIETY CONCERN-  
ING QUESTIONS RELATING  
TO VACCINATION.\***

1st Question. Is vaccination a boon or an evil to humanity?

Answer. We look upon vaccination as it is practiced among

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\*Brit. J.L. Hom., V. 13., p. 172.

us, employing the vaccine virus of children, and not that of cows, as an evil to humanity. We are persuaded that this virus can no longer be pure, nor, consequently, the true homœopathic remedy for small-pox; that, therefore, it has no longer the force and power to act as a sure preventive against this disease, and that it only serves to propagate many kinds of chronic diseases, which have increased in frightful manner during the last lustra.

2d Question. Do the Governments act rightly in enforcing vaccination?

Answer. Certainly not! unless those governments shall be in a position to provide all vaccinators with a quantity of virus taken direct from the cow sufficient for all who present themselves for vaccination.

3d Question. Has Homœopathy the means of rendering it efficacious and of restoring its virtues?

Answer. Not yet—at least, we have not a sufficient number of incontestable proof that the vaccine virus prepared and administered according to the rules and maxims of Homœopathy can be employed in a perfectly sure manner against the small-pox. It is, however, probable that it may, because the homœopathic remedies have proved in many other diseases, both acute and chronic, their power to extinguish completely the whole disposition to receive various kinds of infections, and to act as infallible preventives.

4th Question. Can we find a real substitute for vaccination, supposing it should be prohibited?

Answer. Yes! One of our own colleagues (Dr. Bœnninghausen, to wit, though he is too modest to say so) has had the happiness to discover in the *Thuja occidentalis* the true specific for small-pox, and since this happy discovery, which was immediately published in the homœopathic journals (the happy discoverer scorning to take out a patent for it), several physicians have had the opportunity to put to the proof and to confirm its truth. A remedy of sufficient power to cure this disease without inconvenience and without the least danger in less than eight days, without leaving the least disfigurement or mark upon the skin, and without introducing into the human body the seeds of another disease, often worse than the small-pox itself, seems to us to be preferable to any kind of vaccination, even to that where the virus has been taken immediately from the cow.

By the authority and in the name of the Rhenish and Westphalian Homœopathic Society.

C. VON BÖENNINGHAUSEN.

*Cologne, July 27, 1854.*

## A PODOPHYLLUM PATIENT.

By E. R. McIntyr, M. D.

During the very hot weather that we experienced in this city in August just passed, I found myself almost prostrated with the heat one evening, after a hard day's work. I had been in a state of profuse perspiration all day. While eating my supper, I felt an excruciating pain in the region of the solar plexus. This lasted but a few minutes, and was followed immediately by a profuse, watery stool, accompanied by much offensive flatus. This was quickly succeeded by another. From this there was an average of a stool every ten minutes for several hours, each preceded by the same character of pain, and each profuse and watery. There was no pain during stool, but a distressing sense of urging. Usually when I have a diarrhœa it only lasts an hour or two, and therefore I took nothing until 2:30 the next morning, when finding myself loosing strength, I took a dose of *Podophyllum* 3x. This gave me relief, and I slept about an hour, when I was awakened by the pain, and hastened to another stool. The stools had by this time assumed the appearance of water in which there had been dissolved a great amount of soap that gave it a light gray appearance. I took another dose of *Podophyllum* 3x, and after one or two more stools, was enabled to sleep between one and two hours, and had no more trouble after 9 A. M.

Now what had happened to me? And what was its relations to the action of *Podophyllum* on the human system? And why do we get such an imperfect picture of it from the ordinary mode of studying it, in which we always begin with the mental symptoms? As I thought of these questions, I was forced to the conclusion that the drug does not begin its action in the tissues in which the irritation is first manifested in the *Podophyllum* patient, which is the solar plexus. In my case the intense heat had started an irritation in the cutaneous vaso-motor nerves, as indicated by the profuse perspiration. This had not been sufficiently violent to paralyze these nerves, as in so-called heat stroke, in which case the perspiration ceases. In such a case the symptoms

would be very different, and a different remedy would be indicated. But it was sufficient to disturb the rhythmical action, and this disturbed or incoördinate action, which we call irritation, was sent from the skin over the intercostals, or sympathetic fibres in the intercostals and other spinal nerves, to the lateral chain of sympathetic ganglia, from which it was reflected over the splanchnics to the solar plexus. Here was the first manifestation of irritation, the severe pain which I felt before the first and all other stools. And this point, being the first to show symptoms, must of necessity be the first to be studied instead of the mental symptoms as given in all our books. From here we must follow the route followed by this irritation instead of the arbitrary scheme that always begins with the mind.

In our study, we must not forget that rhythm is the first law of all healthy organic life; and any departure from it is pathology. There is this difference between pathology and morbid anatomy, the former is any departure from normal function, while the latter is departure from healthy structure. Pathology must always precede morbid anatomy. We never can see pathological action.

The first thing we notice in this case is a disturbance in the rhythmical action of the solar plexus, as manifested by the sudden pain. The next manifestation of this disturbance is in Auerbach's and Bilioth-Meisner's plexuses, as indicated by the sense of urging, increased peristalsis, and secretions. Now it is an established fact that all irritations travel over those nerve fibres in which they find the least resistance. The decreased resistance is governed by agencies that tend to weaken the organs to which the fibres are distributed. In this case it was sent out over the fibres that go to make up the superior and inferior mesenteric plexuses, from which fibres are sent direct to the intestinal walls, ending in what may be called intestinal automatic peripheral ganglia, but which are generally known as Auerbach's and Bilioth-Meisner's plexuses. The former, situated between the muscular coats of the tract, control peristalsis. The latter are situated immediately beneath the mucous membrane, and control secretion.

The disturbance in Auerbach's plexuses was indicated by the distressing urging, but it stopped short of spasm that would have manifested itself by griping pains in the bowels. The irritation, on reaching the Bilioth-Meisner's plexuses, disturbed their rhythm as indicated by the excessive amount of liquid in the stools, and defective secretions indicated by the offensive flatus.

In order for *Podophyllum* to be homœopathic to the case, it must begin with the first manifestation of disturbance in the solar plexus, and travel over the same nerve-fibres, and be capable of producing similar disturbances in each organ or tissue involved. Because it must assist Nature. And to assist Nature it cannot act contrary to Nature. The symptoms are not only manifestations of disturbances in rhythm, but finger-boards, so to speak, pointing the direction of that disturbance. Because they are the result of an attempt of Nature to throw off the disturbing element. To assist, the remedy must act in unison with the attempts of Nature as shown by the symptoms.

I have said that the irritation was sent out from the solar plexus over those nerves in which it found the least resistance. This will explain the fact that in different patients the most prominent symptoms differ. In my case, if there had been a weakened condition of the liver or catarrh of the duodenum, the hepatic plexus or the pancreatico-duodenal plexus, which is derived from it, would have been weakened or disturbed, and most likely would have been the point of attack, since this weakened condition would have decreased their resistance. In this case I would have felt "sensitiveness and soreness, with aching pain, and finally jaundice." These symptoms of *Podophyllum* all point to hepatic congestion. And this can only result from a disturbed condition of the nerves controlling the bloodvessels of the organ, the hepatic plexus. Or had the duodenal ganglia been weakened, they would have received the shock, resulting in jaundice from occlusion of the common bile duct from swelling and catarrh, so that jaundice would have appeared without disease of the liver proper, but from resorption of bile because it could not escape into the intestine. So we may trace out all the symptoms in the same way.

My object in preparing this article is to express my profound conviction that:

1. All disease is primarily a disturbance of rhythm.
2. Rhythm being a property of the sympathetic system, all diseases must have their primary origin in this system of nerves.
3. Hence all remedies to be curative, must have their primary action on this system of nerves. The books tell us that *Aconite* acts through the cerebro-spinal nerves to produce congestion in all parts of the body; a proposition manifestly impossible, since congestion is an involuntary act, and all involuntary functions are controlled by the sympathetic nerves. The vaso-motors are sympathetic.

4. Every symptom-group is an index to a definite disturbance of physiological function, or if you please, pathological condition.

5. Each remedy has a definite starting point in its action, from which it radiates to other parts over those nerves in which it finds the least resistance.

6. Hence we can never obtain the best picture of any remedy by following the routine method given in the books, in which the mind is always first to receive attention. The mental symptoms of *Podophyllum* are among the latest to make their appearance. Then why should they be placed first in a study of the drug?

7. It is impossible to get the true picture for a prescription without the aid of anatomy, physiology and pathology. I use the word pathology in its true sense.

8. Keynotes, in prescribing, are like they are in music, important, but by no means the whole tune. They are only designed to give the pitch.

9. In order to be truly homœopathic, the remedial action must begin where the first symptom is located, and travel in the same direction, over the same tissues, producing like disturbances of rhythm in each.

10. A man can be a successful and true homœopath and prescribe low potencies. It has frequently seemed to border closely on the ridiculous when I have been told that low potencies are never of any use, by men so young that I was curing patients with low potencies when they were dressed in swaddling clothes and lying on their backs sucking their big toes. And I have been curing them in the same way ever since.

*70 State St., Chicago, Ill.*

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## DYING AGAIN.

The following is from the *Kansas City Medical Record* and from it we learn that Homœopathy is again, for the hundredth time, in a moribund state:

“The ‘Simon pure’ homœopathic practitioners of the genuine Hahnemannian type are nearly as scarce as hens’ teeth; the older ones alone remain to keep up the fortifications that are becoming dilapidated. The vast majority are practicing a sort of eclecticism mixed with Christian science and osteopathy. The real progressive homœopaths have practically discarded the exclusive minimum

dose of single remedies and their potencies. We find them giving *Morphine*, *Strychnine* and other powerful remedies in very strong doses. The hypodermic needle has a convenient place in their 'grips,' and every preparation is provided for to relieve pain as speedily as possible. In cases, however, where little or no medicinal treatment is required the two glasses of so-called medicated water are in evidence to keep up appearances of the original doctrines as a sort of placebo. How long can the true homœopathic therapeutics prevail in that profession with the major part of its members in secret or open revolt, and prescribing remedies to immediately meet the indications? The medical practitioner of today, when called by reason of great suffering, must be equipped to give immediate relief or quit the case. 'Rational medicine' has superseded the homœopathic system, and a general eclectic system, such as prevails in the regular practice of the old-line doctors, has been inaugurated in the progressive homœopathic ranks. The stampede among the younger graduates has become universal. The post-graduate medical colleges are filled with homœopathic students of medicine seeking more general information and more liberality.

"In conclusion, the handwriting is on the wall. Homœopathy is doomed; the tide is rapidly taking them under, and it can not be stayed."

Fudge! And furthermore, if all that rodomontade were true it would no more *kill* Homœopathy than a universal denial of the law of gravitation would kill that law of nature.

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## DOES THE EFFECT OF VACCINATION ALWAYS REMAIN IN THE SYSTEM?

By J. R. Simson, M. D.

Can the effect of vaccine virus be fully eradicated from the system after once gaining entrance and the system left in as healthy condition, and just as capable of throwing off diseases as before such entrance? is a mooted question. And the belief is gaining ground that it cannot be entirely eliminated. And that the subject, after once being poisoned by vaccines, will never have the integrity of body that they had before such contamination, but is made liable to a variety of ailments.

I have the record of several cases, where the vaccine had laid dormant for several months, or years, and finally worked in the ordinary course, but I have never heard of a case where one vaccination worked twice on the same individual, with an intermission of several years, as the present case did, that came under my care last month.

In 1898, R. K., æt. 8, was vaccinated; the vaccination worked ordinarily, he was not very sick at the time, and he got over the ordeal in fine condition with one good typical foveated scar. He has enjoyed excellent health ever since. In July, 1906, he went in swimming in the creek, where, being in the sun considerably, got sun-burned, which caused a hyperæmic condition of the shoulders and arms, when the old vaccination scar inflamed up and went through a regular course of vaccination; vesicles formed from which lymph oozed, sticking the clothes to the arm and finally a scab formed which came off the same as a primary vaccination scab. About a dozen small papules formed about the main sore, similar to those often seen in a primary vaccination.

Could any stronger proof be obtained, to prove that once poisoned by vaccine, always poisoned? And that one thus poisoned is always in danger at the least aggravation to have that poison which is lying dormant in the system, like some sleeping monster that has been disturbed to awake and destroy them?

That young man will be in danger all the rest of his life, upon the least aggravation, to have that poison flame out into consumption, cancers, tumors, eczemas, or any of the scrofulous diseases, or aggravate any other troubles to which he might be subjected.

Is a law justifiable that compels our children to have such a tenacious and deleterious substance inserted into their systems? And if there is too much money in it for the doctors to do so, is it not time for the parents of this country to rise up in their might and demand the repeal of all such laws and demand the privilege of raising healthy children, whose systems are not contaminated by the putrid, cadaverous matter taken from the sores on diseased man or beast?

*Tonawanda, N. Y.*

## WHAT TO DO FOR COUGHS.

By G. E. Dienst, Ph. D., M. D.

## IV.

## Agitation.

A cough produced by any disturbance of the mind, temper,<sup>2</sup> or a cough that is very much aggravated by mental disturbances must have *Cist. Can.* It is strange but true, that, in such a case, both cough and temper are very much relieved by expectorating a bitter mucus, or raising large quantities of phlegm.

## Air.

Looking at it from a strictly materialistic standpoint, it would seem that that which produces a cough in one individual will also produce a cough in another. The finer shades of constitutionality, atmospheric changes, and peculiarities of various coughs do not enter into consideration with the laity or those grossly materialistic. Nor do pathological conditions offer any very great aid in differentiating between varieties of coughs or the selection of a curative remedy.

## Close Air.

Close air does not aggravate every cough, nor does it produce a cough in every individual, but persons who are sensitive to the oppression of a close or stifling atmosphere are liable to paroxysms of cough at such times, and such persons need one of these three remedies, *Bell.*, *Brom.*, *Nat. ars.*; in such a case, as, indeed, in all others, we treat the individual and remove the susceptibility to a close atmosphere and thus remove the cough.

## Cold Air.

Here coughs are produced by a sensitiveness to cold air in general or to the inhalation of cold air upon a sensitive mucous membrane. Our remedies in such cases are numerous, for if you will carefully consult your *Materia Medica* you will find in catarrhs, laryngitis, bronchitis, tubercular affections, etc., etc., such remedies as *All. c.*, *Ars.*, *Carb. veg.*, *Caust.*, *Cupr.*, *Lach.*, *Mez.*, *Phos.* and *Rumex* most frequently indicated. If the cough is especially aggravated while walking, and particularly, breath-

ing through the mouth, you will select one of these three, *Ars.*, *Phos.* or *Rumex*. The very opposite is found in *Coc. c.*, for here we have a condition that is relieved by being out in the cold air.

### Cold Damp Air.

There is a difference between a cold dry and a cold damp air as regards its influence upon a cough. A cough brought on or aggravated by a cold damp atmosphere turns our thoughts to *Dulc.*, *Lach.* or *Nat. s.* as a first consideration. Why? Because these remedies are sensitive to a cold damp atmosphere. If a cough is the prevailing symptom, or the mucous membrane of the respiratory tract the most sensitive, such an atmosphere will provoke a cough.

### Draughts of Air.

Where sitting or standing in a draught—not the open air—damp or dry, causes a cough, or aggravates a cough already existing, we turn at once to a study of *Acon.*, *Calc.*, *Caps.*, *Caust.*, *Chin.* or *Sep.* Here again, as always, we must consider the constitution, or general make-up of the individual, and the totality of symptoms present, before prescribing.

This we learn to do by constant and unremitting study. Suppose, for instance, the cough comes on suddenly, is a hoarse, dry, rasping or croupy cough, threatening croup or pneumonia, with a dry hot skin and considerable anxiety, who would not think of *Acon.* at once? A few doses of the 30 or 200 potency would soon still the storm. Without further analysis permit me to say that *Caust.* and *Sep.* are both worse in dry weather; *Caust.* suffering most if the weather is very warm in addition.

### Cold Dry Air.

Coughs brought on or aggravated by a cold dry atmosphere are usually of a dry, harsh, barking nature and call for such remedies as *Acon.*, *Brom.*, *Cham.*, *Crot. h.*, *Hep.*, *Nux m.*, *Phos.*, *Rhus t.*, *Rumex*, *Samb.* and *Spong.* In this part of the State of Illinois I have found *Acon.* and *Hep.* sensitive to a dry west wind, while *Rhus t.*, *Rumex* and *Spong.* seem to be more sensitive to north-west wind or atmosphere, if dry. I have seen one dose of *Rhus t.* 10,000 stop such a cough in forty minutes when given very early in the attack.

## Night Air.

I have been unable to find any marked provings on coughs produced or aggravated by night air. The individual and totality of symptoms must again be carefully noted. However, when such cases present themselves I am led to think of such remedies as *Calc. ph.*, *Hep.*, some form of *Merc. phos.*, *Sulph.* or *Syphol.* You will please turn to the preceding chapter for more extensive notes.

## Open Air.

This means "out of doors," and when I find a cough aggravated by going out into the open air I am led at once to think of *Ars.*, *Kali n.* and *Rumex*. Now, the individual and the nature of the cough must decide which remedy to use. In *Ars.* there will be produced, by the open air, a titillating sensation in the throat, as if the patient were inhaling smoke, and this sensation stimulates the cough. In *Kali nit.* the cough is phthisical, with an increased sensation of suffocation on moving about in the open air. In *Rumex* we have peculiar lines of demarcation, *worse* going out, *better* coming in.

Such remedies as *Lach.*, *Phos.*, *Sul. ac.* and *Sulph.* must not be forgotten. The remedy already mentioned as being better in the open air is not the only one that has this peculiar characteristic, for, on careful study, we find *Bry.*, *Iod.* and *Mag. ph.* with marked amelioration in the open, but very marked aggravation on returning to a close or warm room or atmosphere. These are points that must not be forgotten, nor should the case be confused by empiricism. Hence, a cough made better by going out of doors and worse by returning in-doors leads at once to a study of the above remedies.

NOTICE.—A typical *Bry.* cough is a dry, hard cough, really shaking the whole body and causes sharp stitching pains in the pleura or chest, compelling the patient to support the chest with his hands.

A typical *Iodine* cough is a throat cough, produced by a sensation as of a feather or dust in the throat, coming in paroxysms of severe, short, continuous coughs following each other with such rapidity as to almost take one's breath, leaving the patient quite exhausted when the fit is over.

A typical *Mag. ph.* cough is decidedly spasmodic, coming in

violent attacks from six to a dozen times a day, accompanied with a sensation as if the chest were too small. Let us not forget that *All. c.*, *Arg. n.*, *Brom.* and other remedies have this modality of aggravation on entering a warm atmosphere, but are not so marked as those already mentioned.

The remedies you will think of in a cough that is ameliorated by entering a warm room or atmosphere are *Rumex* and *Senega*.

(To be continued.)

### Errata.

In the July number of the RECORDER in my article on "What To Do For Coughs," note the following corrections:

In the first word, third line from bottom, page 301, read croupy—for creepy.

In third line from bottom, page 302, read—Coc. cacti—for Cac. etc.

In the third line from top, page 304, read colossal for collateral.

G. E. DIENST.

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## HEPAR: A PRACTICAL STUDY.

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

Leucophlegmatic, apparently, as a clam; inactive; a slow worker; of light complexion and hair, like that of the clam—and with the same sensitivity of tissue to the touch. All who have investigated the sensitivity of an open-mouthed live clam are able to testify to its hyperæsthesia.

Acne—with great sensitivity to touch; indolent ulcers—peculiarly sensitive at the margins; the skin is so hyperæsthetic that a touch may cause swooning; the scalp is sore and sensitive, eruptive; shaving is an ordeal because of the dermal sensitivity; the sclera are exceedingly sensitive, the patient cringes before the eyes are touched in examination; toothache with great sensitivity of the facial bones. The patient faints from the slightest pain.

Psychically, *Hepar* is equally hyperæsthetic—to touch; intractable; oversensitive and irritable, with quick, hasty speech; easily vexed over nothing. *Hepar* is the devil's own rag-baby—if disturbed; a human "sensitive plant."

Like the clam, *Hepar* finds damp, wet weather agreeable, but unlike the bivalve is intolerant of cold and has a particularly well-marked aversion to dry cold.

*Hepar* is evidently a nervous remedy, but is not a neural drug like *Arsenicum*, *Chamomilla*, *Cocculus*, *Coffea*, *Magnesia*, *Nuxvomica*, *Phosphorus*, *Zincum*. Its nervousness is an indeterminate, psoric nervousness and it does not present a specific neural action such as the above-mentioned drugs (and others) often exhibit. The modalities and temperament would govern the selection of *Hepar* in neuralgia, and when present would outweigh, as a primary remedy, local indications for any other drug, which, however, might be used later, organopathically, if needed.

The great lymph-glandular system is *Hepar's* sphere, whence it breaks forth into suppurative processes whose keynote is "localization." Suppuration anywhere—nose, throat, sinuses, joints, skin or organ, demands a consideration of *Hepar* and comparison with other pus remedies.

#### MODALITIES :

- < from touch.
- < from cold air; cold, dry winds; the patient is so sensitive to open air that he wraps up even in summer (*Psorinum*, *Silica*). The *Hepar* cough is brought on or aggravated by uncovering even the hands when in bed.
- < in the early morning—throat and chest symptoms; particularly the dry croupy cough.
- > in damp weather.
- > from warmth.

#### Some *Hepar* Symptoms.

Sensation of splinter or fishbone in the throat (*Alumina*, *Apis*, *Argentum nit.*, *Chelidonium*, *Dolichos*, *Ignatia*, *Kali carb.*, *Natrum mur.*, *Nitric acid*).

Wants stimulants, strong-tasting things, acids, alcohol.

Unusual hunger in the forenoon.

Much thirst.

Aversion to fats.

Paretic bladder, urine passes tardily, drops vertically; bladder never thoroughly emptied.

Frequent, momentary nausea in pregnancy.

Leucorrhœa with vulvar itching.

Easy-bleeding ulcers.

Periodic hemicrania with boring (clavus) pains.

### Index Clinicus.

*Bronchitis.* Croupous inflammation; cough tight or loose, worse in the A. M. After exposure to cold, west winds.

*Croup.* Cough < in the A. M.; mucous rattling, yet the mucus cannot be freed; hoarseness, or dry, barking cough. After exposure to cold west winds.

*Intermittents.* Itching, stinging urticaria before and during the chill; herpes about the mouth; tettery eruptions on the chest; bilious vomiting, diarrhœa; previous abuse of *Hg.* and *Hepar* modalities.

*Laryngo-tracheitis.* Cough < in the A. M. Hoarseness; mucous rattling in the larynx. Particularly commended in professional laryngitis.

*Ophthalmia.* Scrofulous; especially in mercurialized sinners; corneal ulcers; eyes very sensitive to touch.

Keratitis.

Hypopyon.

Corneal abscesses.

Lids thick, red, with little points of purulency at the roots of the cilia.

*Otorrhœa.* Scrofulous; after *Hg.*; mastoids affected; great sensitivity to touch.

*Phthisis.* Coughs when any part of the body gets cold from being uncovered; pallor after slight exertion, easy sweat, followed by dry heat in the palms and burning redness of the face. Sour odor of the body. Extremely sensitive to cold. Suppuration.

*Syphilis.* *Mercurius* is the chief luetic specific (used by Hahnemann in the 6th dil.), but in the common attempt to amalgamate each spirocheta pallida a hydrargyrisimus is frequently induced, which is more destructive of tissue than syphilis; in the antidoting of this hydrargyric disintegration, *Hepar* is nearly specific—alopecia, painful lumps on head and nightly pain in the skull-bones; sore nose; red inflamed eyes; ulcerated gums with salivation, swollen tonsils; hard glandular swellings of the neck with sticking pain when swallowing, coughing, breathing, or turning

the neck; suppurating buboes or axillary glands; inflammatory swelling of knees, hands, fingers; ulcers with nocturnal burning, throbbing, stinging, easily bleeding; nocturnal limb-pains with chilliness; great nervous weakness—most of which are hydrargyric, not syphilitic, symptoms.

*Urticaria.* *Hepar* and *Kali iodatum* are excellent "hives" remedies.

(Yes, Mary, we know there is more in *Hepar* than hath so far evolved, and that you could have said the same thing in many more words and much more pleasingly, but we are writing for our own amusement, Mary, and not for yours, and you don't have to read this, read some and run if you like—we don't care a ducat—though we are aware, Marybelle, that you don't mean anything I never did—you see we're not sensitive like *Hepar*, Mary, and we know you have troubles of your own, in which we share, and —)

### Comparisons.

#### *Hepar.*

Aversion to open air.  
Humid eruptions; purulent.  
Menses too soon and profuse.  
< in dry weather.  
Hyperirritable—"hell's delight!"  
Dermal lesions with glands involved or not.

#### *Hepar.*

Humid eruptions, < at night.  
A suppurative drug (comparatively).  
Congestion to eyes.  
Torpid ophthalmia scrofulosa.  
Desire for wine, brandy.  
Sexual desire too weak.  
Menses too soon and profuse.  
< in dry weather.  
> in bed and from warmth thereof.  
Dermal lesion acute, inflammatory, painful, full of laudable pus.  
Follows *Hg.* well; antidotal.

#### *Hepar.*

Sour odor.

#### *Calcarea.*

Ditto.  
Dry eruption.  
Ditto.  
< in wet weather.  
Torpid.  
Dermal lesion only with glandular involvement.

#### *Mercurius.*

Eruptions generally dry, < at night.  
An ulcerative drug (comparatively).  
Congestion to ears.  
Erethistic ophthalmia scrofulosa.  
"Zwei Bier!"  
No mons Veneris too steep.  
Menses too late and scanty.  
< in wet weather.  
< in bed and from warmth thereof.  
Dermal lesions more sluggish, ulcerative, painless; discharge not profuse.  
Follows *Hepar* well; more deeply acting.

#### *Psorinum.*

Filthy odor.

< from dry cold.  
Glandulo-dermal remedy.  
Rotten-cheese odor of stool.  
A remedy for the patient.

Rich, creamy pus.

Menses too soon and profuse.

*Hepar.*

Upper left, lower right side.  
In chronic complaints, lack of irritability; in recent cases very hypersensitive.

Humid eruptions; skin slow to heal.

Ulcers with thick pus; acute suppurations.

Sexual desire lessened or weak.

Menses too soon and profuse.

Ailments from *Hg.*

< from motion,

Precedes *Silicea* well.

*Hepar.*

Humid eruption tendency to sup-  
puration, pustular.

Menses too soon and profuse.

< after singing (especially com-  
mended in the chronic laryngitis  
of professional singers).

< in dry weather.

> in damp weather.

Boils in active eruption.

< from cold, changes, storms.

Ditto.

Carrion-like odor of stool.

A remedy for the patient's great-  
grandparents.

Watery, fetid, sanious pus; yellow  
lymph.

Menses too late and scanty.

*Silicea.*

Upper right, lower left.

Increased irritability, acute or  
chronic cases.

Dry eruptions; skin slower in heal-  
ing.

Ulcers with watery, sanious pus,  
with granulations, with local cold-  
ness; chronic, sluggish suppura-  
tions.

Sexual desire increased or too strong.

Menses generally late and scanty.

Ailments from vaccine.

> from motion.

Follows *Hepar* well.

*Sulphur.*

Dry eruption; less suppuration;  
vesicles.

Menses generally too late and scanty.

< while singing (audience also af-  
fected).

> in dry weather.

< in damp weather.

The prodromal or epidromal stage of  
boils.

PROCEEDINGS OF THE FORTY-SECOND ANNUAL  
SESSION OF THE HOMŒOPATHIC MEDI-  
CAL SOCIETY OF THE STATE  
OF OHIO.

From this book of 289 pages we scissor the following: Dr.  
Gaius J. Jones, in his president's address, said:

"On the recent trip to Columbus, for the purpose of aiding in

securing the passage of the famous House bill, No 42, and the defect of the Christian Science ammendment attached to it, I met the president of the Allopathic State Society, a graduate of the Cleveland Homœopathic Medical College; and also the Chairman of the Legislative Committee of the State Society, who is a graduate of another homœopathic school."

"The question which I propose to ask, and which I shall endeavor to answer, in part, is: Is it for the good of the individual members of the homœopathic profession, of the profession generally, or of the laity, who employ such homœopathic physicians, for them to become members of allopathic societies? My answer is, no. In the first place, the homœopathic physician is a believer in drug therapeutics. He could not practice medicine without administering drugs in some form, and the school has a definite rule, expressed in the words 'Similia Similibus Curantur' for its guidance."

He then goes on to show that allopaths are fast losing faith in all drugs, as well they may given as they give them.

Here is another good point from President Jones' address:

"Financially it is a detriment for a homœopathic physician to become identified with the other school. As a rule, the allopathic physicians are in the majority in every town, and the practice of the homœopathic physician comes to him largely because he is a representative of our school. If he becomes a member of an allopathic society, and such fact is generally known, he is looked upon as one of the ten physicians of the town, instead of being the only homœopathic physician."

### **Tuberculosis.**

Dr. J. E. White, in his paper on tuberculosis, makes a rather sweeping assertion, namely:

"Osler points out, with much truth, that apathy on the part of the profession is responsible for the present frightful death rate; and with our knowledge of the means of making an early diagnosis, any physician who will allow an incipient case to drift to one of incurability, calling it either malaria, stomach trouble, bronchitis, or throat trouble, ought to be sued for malpractice; and unless a physician is qualified to recognize this most prevalent disease, he ought not to practice medicine."

If every doctor who loses a case of tuberculosis, or who has one that drifts into incurability, were to be sued for mal-practice

and driven from the profession Polk's *Register* would most surely shrink to a diminutive volume.

In the discussion following this paper several physicians asserted that more good could be done by the homœopathic remedy than by any other means. Good air, of course, is a necessity.

### Typhoid Fever.

In his paper on this disease, Dr. T. T. Church, of Salem, Ohio, said:

“The homœopathic remedy has done more for me than these methods, and therefore I would recommend it to your serious consideration. You ask me what is the homœopathic remedy, and I would answer the same medicines that we have studied in the old and new text-books, with the same indications that we tried so hard to learn in the old college days and have proved in the days since we received our diplomas. To these old, well-proven medicines I would like to add one of the newer ones for your consideration in its appropriate place—the *Echinacea*.”

In discussing this paper, Dr. A. L. Rosenberger said:

“I have long since been convinced of that, owing to a lack of time for study, we make most of our poor prescriptions. But I want to impress upon the minds of the younger members of our profession the great advantages derived from beginning at once the habit of taking records of their cases and looking them up carefully in the repertory and materia medica. By so doing they will acquire a knowledge of the materia medica that will prove of incalculable benefit to them during their entire professional life. Especially in cases of epidemics of typhoid fever, by carefully studying a number of cases in this way, and comparing the prominent and peculiar symptoms which will be found to be common to all, you will become so familiar with the character of the epidemic, that the prescribing becomes comparatively easy. I have found this method very efficacious in many other epidemic and contagious diseases. I realize that this requires study and constant application, but by so doing we become accurate and careful prescribers. Remember the old adage, ‘No excellence without great labor’—not only labor, but *great* labor.”

Dr. Maxwell said:

“If I could have but one remedy in the treatment of typhoid fever, I would take water in preference to anything you could give me. I believe that through internal, external and ‘eternal’ use

of water in the treatment of typhoid fever you can do more to ameliorate the symptoms and modify them than with any other one remedy. I do not decry the homœopathic remedy."

#### Antidotal Action of Drugs.

Such is the title of a paper by Dr. Charles Zurmuhlen, of Dayton, O. The paper contains a number of very interesting cases.

CASE 1 was a young woman who had been "too intimate" with a lover. She was in tetanic convulsions, arms flexed, jaws locked, etc. *Nux vomica* 3x in water soon brought her out of this condition. She had presumably taken the oil of tansy, *Tanacetum vulgare*.

CASE 2.—"One evening a man rushed into my office in great haste and highly excited, and asked me to come and see his wife at once, as she was dying. When I saw the patient I thought his prognosis was only too true. She was cold and stiff, in a semi-conscious state, moaning continuously from severe pain in the abdomen. In a few minutes after my entrance she began to vomit a glairy fluid accompanied by severe retching. Suddenly she fell back unconscious and to all appearances dead. I applied my ear to the pericardium and heard the heart beating feebly, although the radial pulse could not be felt. The vomiting, retching, coldness, stiffness and cramp in the abdomen led me to select *Ipecacuanha* as the remedy; twenty drops of the 3x potency were dropped into a half glass of water; the medicine was permitted to flow almost continuously between the clenched teeth. In five minutes she began to improve, and in one-half hour the patient was out of danger."

This case was due to large doses of the fluid extract of ergot—*Secale*.

CASE 3.—"One forenoon about 11 o'clock Mr. D. rushed into my office greatly alarmed. He asked me to go with him at once, as his wife was dying. I found a severe case of facial erysipelas, in the second week. Mrs. D. was in a very serious condition; clonic spasms of the arms and legs, coma, anæsthesia, loss of conjunctival reflex." It seems she had been delirious for three nights and the allopath had given her large doses of potassium bromide and strychnine. The symptoms pointed to *Nux vomica*, so that was given, 3x in water, followed by prompt relief. The old school man came around again and gave her an injection of

some kind of serum, and once more the patient got into an alarming state from which *Belladonna* rescued her.

CASE 4.—“ Mr. Harry B. had taken a five-grain capsule during the afternoon and one on retiring. He was in good health when he took these capsules; he took them to keep from taking a cold. About midnight I was summoned in great haste to see him, ‘ as he had been taken sick suddenly.’ He complained that he felt as if he were swelling up rapidly to enormous size, as if he were floating off in the air; an intense erythema covered the skin from head to foot, accompanied by violent pruritus; pulse full and bounding, skin hot and pupils dilated. I prescribed *Belladonna* 3x, a dose every five minutes, and Mr. B. was ready to retire for the night. He slept soundly and went to his work next morning in usual health. The capsule contained quinine 2½ gr., phenacetin 2½ gr.”

CASE 5.—“ Mrs. D. had been taking bromo-quinine for two days ‘ to break up a cold.’ About midnight she was seized with violent dyspnœa. I was called to prescribe for her. *Antimonium tartaricum* 30x promptly relieved the dyspnœa, and there was no return. Mrs. B. was not afflicted with asthma; she was a woman who enjoyed good health. One year previous to this attack she had taken bromo-quinine with similar effects, but the symptoms were not so severe. The dyspnœa seemed to be due to a spasm of the throat. *Antimonium tartaricum* antidoted the effects of bromo-quinine.”

“ The experience gained from these cases proves to me that the potentized drug can and does antidote the action of large doses of the crude drug; that the dynamic force in the potencies is more powerful than the energy developed by the crude drug; that the selection of the antidote is guided by the law of similars.”

### Metabolism and Prescribing.

This was the title of a paper by Dr. Chas. R. Buck, of Cincinnati, from which we clip the following:

“ The use of the potentized drug involves careful study of homœopathic materia medica and therapeutics, and demands that the physician be not only fully confident of the truth underlying the law of similars, but that he should be willing to devote time and painstaking effort to its proper application. There is no question but that the properly chosen potentized remedy is a very powerful agent for good in the treatment of disease. The results

at times are almost marvelous and the working of the homœopathic law is as exact as a problem in mathematics. The greatest difficulty confronting the doctor is in the personal equation of the patient, that is, the varying effects produced in different subjects by an exhibition of the same drug. The solution of the problem lies in a study of the patient, his habits, peculiarities and general make-up. It is this personal equation which has rendered the mental symptoms of such infinite importance to homœopathic prescribers."

There are many more very interesting and valuable papers in the book but space is limited.

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## OBITUARY.

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### J. H. Drake.

Dr. J. H. Drake, of Des Moines, Iowa, died of heart disease on the morning of September 8th. Dr. Drake was born at St. Thomas, Ontario, on December 28, 1845. He took his first medical degree at St. Louis and later in Chicago, in eye and ear diseases. He removed to Des Moines in 1890, where he was prominent in society and also a member of many lodges, Masonic, Odd Fellows, Foresters, etc. He was also a member of the American Institute of Homœopathy.

### Charles Albert Cochrane.

Charles Albert Cochrane, M. D., was born in Monmouth, Me., April 29, 1833. Studied medicine with his father, Dr. James Cochrane, and graduated from Bowdoin Medical College in 1856. Practiced medicine for nearly two years in Vassalborough. In January, 1858, settled in Winthrop, Me., where he practiced medicine until a few weeks previous to his death, which occurred August 13th, as the result of an injury received on September 1, 1905, being thrown from his carriage in the evening. At the time was thought to be fatally injured. His death was caused by injury to nerves of spine. He leaves a wife and daughter.

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## EUONYMIN.

Henry H. Chase, M. D., Rock Island, Ill.

*Euonymin* is a resinoid of the bark of wahoo, or Indian arrow or burning bush, a small tree native throughout the Middle and

Western states. My attention was first called to *Euonymin* by Dr. Gruber, of Clinton, some seven or eight years ago, he having been cured of jaundice by its use.

I have always used the remedy in 1x triturate tablets, giving from 1 to 8 or 10 at a dose. In Dr. E. M. Hale's "New Remedies," "Therapeutics and Symptomatology," two books published in 1880 and 1886, respectively, he discusses *Euonymin* quite extensively in hepatic depressions, and suggests its use in albuminuria, citing cases in which it had been used. I have found it especially useful in indigestion, polyuria, in hepatic derangements, in some headaches (those due to gastric disturbance, especially), and in bowel complaints of children, in which there was an apparent biliary derangement.

*Euonymin* has a decidedly bitter taste, which does not remain long in the mouth, in contradistinction to *Podophyllum*, *Nuxvomica*, *Quinine* and *Strychnia*. I believe this feature to be quite distinctive. In cases of full dull feeling after eating, a full dose of *Euonymin* is most gratifying, making an ideal after dinner portion. In administering to small children I dissolve the number of 1x tablets in one-half glass of water. I have used it more or less successfully in the albuminuria of pregnancy, and in chronic albuminuria of men.

In one case of diabetes insipidus in a man about 40 years old, the urine had a specific gravity of 1000 to 1010. He claimed to have had excessive urination, even as a child, with chronic indigestion. He seems to be practically cured after using *Euonymin* in doses of from 6 to 8 tablets once daily for several months. The indigestion has disappeared and the urine is about normal in quality and specific gravity. He gained about ten pounds in weight.

In a recent case of cholecystotomy for cholecystitis, in which the bile was black and thick, during the first three or four days<sup>s</sup> after operation the quantity of bile draining off did not amount to over one dram in twenty-four hours. *Calomel*, *Podophyllin*, *Phos. acid* did not increase the flow; the jaundice, which was marked, did not decrease. I prescribed *Euonymin*, three tablets every four hours. Next day the flow of bile saturated the dressing; it became lighter in color, and the jaundice decreased, and has almost disappeared in about four days. Vomiting, which had been incessant, is very much decreased, and patient takes a fair amount of solid food, which is generally retained, and rel-

ished, with general improvement. The patient is still on *Euonymin*.

Case of young woman 22 years old, confined. Urine found to contain albumin in considerable quantity; dysuria, thirst, and indigestion.

R. *Euonymin* 1x, together with distilled water as a beverage. *Euonymin* was continued for several months. Dryness of tongue and mouth has disappeared, indigestion gone, dysuria as well as albumin have also disappeared.

Case of man 37 years, has about 1 per cent. of albumen, *Euonymin* does not affect him. He had no other symptom except the albuminuria, which was discovered in insurance examination.

In giving the remedy I have found no marked symptoms resulting from doses of two or three grains. I am in doubt as to its laxative effect. If any exists it is slight. I give *Euonymin* in nearly all cases of indigestion (in heavy eaters and smokers and drinkers, with almost universal satisfaction. In the indigestion of anæmic and nervous people, especially women, the results seem very uncertain. One case of albuminuria in a woman 45 years old, originated during pregnancy, and is now of about five years' duration, with no very great physical effect as far as one can judge. The albumin will disappear after a course of *Euonymin* but returns when the drug is discontinued for a time. I have recently had a case of acute jaundice, in a woman of about thirty. *Euonymin* (three tablets daily) was given. Jaundice began to disappear on fourth day, and was entirely gone on the 10th day.

Dr. E. W. Mowrey claims to have been relieved of an intermittent pulse by its use. It appears to me that *Euonymin* has a wide field of action in intestinal, liver, and kidney affections, and is worthy of considerable attention. I have always found best results from large doses, and frequently find when not getting the results I anticipate, that they come on increasing the quantity administered.—*The Critique*.

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### CHIPS.

“Hahnemann's tip to go first for the most peculiar symptom is worth all the generalizing ever invented.”—*J. H. Clarke, M. D.*

“ There is a time coming when the kings and the princes of the earth will cry for the rocks and the mountains to fall on them and hide them, and they will scream with horror as they fall into the awful lake of eternal burning to stay there forever.”—*Burning Bush*.

“ We often wonder what state of mind, what milk of human kindness, what state of true religious fervor induce so-called expounders of the word of God to attribute our recent great calamities of earthquake and fire to the wickedness of our inhabitants and the vengeance of this gentle, loving and divine Creator.”—*Pacific Medical Journal*.

“ There can be no disguising of the fact that the tired Doctor (and his wife) do not go to the annual meetings of the American Institute so much for the information he can gather from listening to the excellent papers read by our eminent teachers, writers, and authors, as it is to get a vacation.”—*Kraft*.

“ What mischiefs have we done under the belief of false facts and false theories. We have assisted in multiplying diseases; we have done more, we have increased their mortality.”—*Benjamin Rush*.

“ Science is, I believe, nothing but trained and organized common sense, differing from the latter only as a veteran may differ from a raw recruit.”—*Huxley*.

“ It occurs to us that it is high time to cease thinking of the country doctor as a separate species.”—*N. Y. Medical Times*.

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## VIBURNUM PRUNIFOLIUM IN DYSMENORRHŒA.

By L. C. Bannerjee, M. B., F. H. C. S.

Mrs. M. N. Dass, a strong and healthy girl of sixteen; menses established at thirteen years of age. For the first three periods very little pain was experienced. After this it became more intense with each return till it compelled her to go to bed for, at least, the first two days. There was often vomiting and a general uneasy feeling was present in the interval about the pelvis. I put her on ʒi dose of *Vibur.*, thrice daily, for a month. The next period occurred after two weeks and the pain lasted only

half a day. The treatment continued through the next month, when the period was quite painless. The drug was continued twice daily for another month and she is quite well since.

#### Threatened Miscarriage.

CASE NO. II.—Mrs. R. C. Paul, aged thirty; married seven years. The first child still-born after a very tedious labor six years ago. Two miscarriages at short intervals. Again pregnant five months ago. Much pelvic uneasiness followed about the sixth week by free hæmorrhage, relieved by a few days' rest, but on resuming household duties the loss returned. *Viburnum* was given every three hours, M xv dose of mother tincture, and she was kept in bed for four days. Three weeks later more severe loss occurred while on a journey by train. After some trouble she was again induced to take her bed and the same drug was administered every four hours; the loss gradually ceased and she was kept in bed ten days and quick movements and strains were avoided. She is now performing duties with comfort.

#### *Rhus tox.* in Pain.

June 4, '06. Mrs. N. G. Bhattacharjee, a strong, healthy girl of fourteen years of age. Menses regular. On the third day of appearance of her menses she was afflicted with a sudden frightfully severe pain of piercing and darting character on the left side of her back, running along the nerve branches. It was so intensely sensitive that she could not bear the slightest touch; she felt pain even if fanned over and was crying aloud as if mad. An allopath was called in, who prescribed the application of *Olium terebinth* on the affected part and torment, when I was called to see. On inquiry I couldn't find out the true cause of the pain, but the weather being cold on the day and the day previous to the attack and the northwest winds being prevalenced, and as the attack was on the left side, my indication was *Rhus tox.* I gave 3x, minim xx in ʒii of water, one dose every fifteen minutes till relief is obtained. After the first dose the pain abated. The second dose was given after twenty minutes and the patient began to sleep. Since then no return of pain.

*Sitamarhi, India.*

## BOOK NOTICES.

THE TEST DRUG-PROVING OF THE "O., O. & L. SOCIETY."—A Repeating of Belladonna, being an experimental study of the pathogenic action of that drug upon the healthy human organism. Conducted under the auspices of the American Homœopathic Ophthalmological, Otological and Laryngological Society, with the endorsement and coöperation of the American Institute of Homœopathy and various State and local societies. Arranged and condensed by the General Director of the Proving, Howard P. Bellows, M. S., M. D., Professor of Otology and former Professor of Physiology in the Boston University School of Medicine. With Illustrations. 679 pages. Cloth, \$5.00. Boston. Published by the Ophthalmological, Otologic and Laryngological Society. 1906.

Here, at last, is a proving of one of our most important drugs with which even the most carping critic cannot find fault, for it was made by a large number of men and women, under the supervision of noted specialists, and verified by modern medical science. This is a *test* proving of the drug and every symptom may be regarded as undoubtedly authentic. As before said, this is a *test* proving and every symptom has been incorporated and from cover to cover everything is positively *original*, nothing being taken from other books. It is now up to the homœopathic medical profession to determine whether this work shall be continued and they can vote in the affirmative by buying the book.

*Professional Opinion Adverse to Vaccination. British* is the title of a compact little pamphlet of ninety-four pages, published by W. J. Furnival, Stone, Staffordshire, England. It is made up of the opinions of English physicians of note adverse to vaccination.

WILLIAM H. BIGLER, A. M., M. D.,

My Dear Doctor:—

I want to thank you very much for the Syllabus of Lectures on Physiology which you were so kind as to send me. I sincerely believe that it is the best way to teach students, and have spent most of the summer in getting up something that might pass for a syllabus, but yours is so much better than anything that I could accomplish that I am very much inclined to give it up and use yours. At any rate let me congratulate you most cordially on a complete and up-to-date publication and one that should be widely used. Thanking you again, I am,

Fraternally yours,

WILLIAM S. PEARSALL.

New York City.

# Homœopathic Recorder.

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## EDITORIAL BREVITIES.

WANTED.—PHYSICIANS.—The *Post-Graduate* for September has the following very sensible editorial:

“The question of specialism always continues to be one of interest, but for many years, after constant and continual contact with able and eminent specialists, there is more than ever a crying need for the good all round practitioner. We have always considered it an axiom that a man may be an excellent physician without knowing anything at all about surgery, but we believe just as firmly that no man can be a first-class surgeon who is not a good physician. The reasons will easily appeal to any thinking man, but when we state the fact that there are a number of surgeons in our experience who are extremely skilful in surgery itself, and yet cannot grapple with the simplest medical complication in a case, we are not putting too high an estimate upon the necessity of the surgical practitioner keeping up his reading and observation, and, if he can do so, his experience in general medicine. When it comes to the narrow specialties of the eye, ear, throat, and so on, the dictum holds, and the failure to attain the best results is often due, not to the lack of skill in the specialty, but to the lack of knowledge in general medicine.”

This is followed by an illustrative case of a woman who went to an eye-specialist, but got no relief. She then went to a general practitioner, who found the trouble to be in her nose and who gave her prompt relief. The specialist, more than any other, should be a skillful all-round practitioner.

THAT LOVE FEAST.—Apropos of the proposed union of the “schools” of medicine the following from the *British Medical Journal* is rather suggestive. The resolvers are the allopaths of New South Wales:

“Resolved, That homœopaths should not be met in consultation; that consultation with homœopaths is inconsistent with membership of this branch of the British Medical Association; and that early steps be taken to alter the articles of association accordingly.

MORE SCIENCE.—That wonderful institution, the Pasteur Institute, of Paris, has been at it again—trying to find a prophylactic for syphilis. Of course, everyone knows what is the surest prevention, but that is not to the point. They experimented on “one medical student and five monkeys.” These were inoculated with virus from a hard chancre. The results seem to be hazy. But what a triumph it will be for morality if the hydrophobic institute succeeds in this matter!

APOCYNUM CAN.—“Where œdema is the pronounced symptom, especially when due to a heart lesion, *Apocynum* will be found to be the remedy. It matters not what the disease may be or where the swelling or puffiness is located, the result will be truly surprising. There may be rheumatism with painful swelling of a part, or nephritis with puffiness of the cellular tissue of the eyelids or ankles, or synovitis with swelling of any joint, especially of the knee, and this remedy used rightly will not disappoint the prescriber.”—*Dr. A. S. Tuchler in California Med. Journal.*

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### NEWS ITEMS.

Dr. J. L. Dryden succeeds Dr. Luytus as registrar of the Homœopathic Medical College of Missouri.

Dr. Dale M. King is now the editor of the *Medical Counselor*.

The semi-annual meeting of the Homœopathic Medical Society of the State of New York will be held at Rochester, on October 16th and 17th. The Western New York Homœopathic Society will join in this meeting, which will give added interest to the meeting.

It is good for sore eyes to see the *Pacific Coast Journal of Homœopathy* again, Vol. XVII, Aug. No. 1, the beginning of a new volume. It has not been hurt by earthquake or fire, and its

shape has been wonderfully improved. The price is \$2.00 per year, and the address is 1124 Farrell St., San Francisco, Cal.

*Vaccination*, an anti-vaccination journal, edited by Frank D. Blue, has turned up its toes to the daisies.

Hering Medical College will give both day and night courses in the future.

The chairman of the Drug Proving Committee, 1906, of the County Society of New York (in which proving the physicians of New York and other States were cordially invited to participate) would like to receive the reports of drug provers or to supply new provers with the medicament. Physicians students or others who lack the time or inclination for a full proving can, at least, take *a few doses* until the *direction* of the drug's action is obtained, after which it may be stopped. In this way a valuable amount of corroborative evidence will accumulate. For a supply of the drug, which is a common plant, address the Chairman, Dr. Shedd, 113 West 71st street, New York City.

Dr. E. F. Larkin has removed from Franklin, Ind., to Bellingham, Wash.

Dr. Henry L. Houghton has removed to 419 Boylston St., Warren Chambers, Boston, Mass.

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### RANDOM NOTES ON THE ATLANTIC CITY MEETING.

It was a success.

Any doctor who can be a member of the Institute and attend its meeting, and does not, misses a good thing.

The weather was hot, but the ocean was cool and spacious.

Dr. E. H. Hooker, of Hartford, Connecticut, was elected president.

Dr. Frank Kraft—every one knows his "parish"—was elected secretary, even though he did not attend the meeting. Don't let it happen again, F. K.

There was a hot fight between Oklahoma City and Jamestown, Va., for the honor of the next meeting. Jamestown, with its Exposition, won out. Oklahoma certainly did hustle in true western style. Better luck next time.

Dr. John H. Clarke, editor of the *Homœopathic World*, London, was a prominent figure at the meeting and a popular one.

By a rising vote the Seventh International Homœopathic Congress indorsed the book of the O., O. and L. Society, *Test Drug Proving*, and also Dr. Clarke's *Dictionary and Repertory of Materia Medica*.

The exhibitors had a good location, but it was hard work to sift the visitors from the summer people; many of the latter took every "sample" and circular they could get.

Dr. Guernsey P. Waring, the famous Chicago "crusader," was there and had a table among the exhibitors, soliciting subscriptions for his new bi-monthly journal, *The Crusader*, the first number of which he had on exhibition. The price of the journal is fifty cents per year and the address is 55 State St., Chicago, Ill.

Editors, of course, were in evidence, Allen, of the *Advance*; Porter, of the *North American*; Bartlett, of the *Hahnemannian*; Cramer, of the *Forum*; King, of *Medical Counselor*, and probably others whom we did not have the pleasure of meeting.

The proposition to establish an institute monthly journal was voted down with a whoop that nearly lifted the roof.

Those Atlantic City piers are wonders; to walk to the end of one is a job. But the wonderful view of the wonderful city with its blaze of light at night, and myriads of hotels and skyscrapers by day, well repays the journey.

The I. H. A. men met with bad luck. The porter of the Hotel Holmhurst, where they met, cleaned up the parlor and took away half a dozen papers that had been left there to be read the next day and burned them.

Many visitors got what was termed "board-walkitis," *i. e.*, sore feet. When you visit Atlantic City be sure to wear easy old shoes.

There were fine educational exhibits from the colleges and sanatoriums.

The Institute voted \$1,000 for the San Francisco Hospital.

Dr. A. B. Norton sent a cablegram from Calcutta.

Copeland, of Ann Arbor, (also *Refraction*) made the point that when all agreed on dosage, potency, etc., etc. it would be time for an Institute Journal.

Dr. W. C. Bouton, of Melbourne, Australia, and Cairo de Silva, of Rio de Janeiro were delegates from their respective countries.

# PERSONAL.

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Even a gray-haired man may be fresh.

"Money talks," they say, but we all know it often stops talking.

Binks says that married women pity bachelors, but their husbands sometimes don't.

A western medico has discovered that the ankle was placed where it is to keep the calf from the corn

It seems that when a Cuban wants an office he has to fight for it with bullets instead of ballots.

The people rage as the heathen, but the "trusts" rake in the shekels just the same.

The slangy ones refer to lunatic asylums as "wheel houses."

The end of a "bull market" is, obviously, its tail.

Well, Mary, the aunties "the boys" talked about are not spelled that way.

Binks says editors use "we" so as to make irate subscribers think there are too many of them to lick.

Nearly every one thinks his gas-meter is "fast."

We are told to "laugh," but how can one if he doesn't feel like it? Like the "germ" the laugh is an effect not a cause.

A brake is a good thing, but it is not the whole wagon.

"The value of virtue" is the questionable heading of an editorial, inasmuch as "virtue is its own reward."

It has been suggested that divorced persons should wear a badge.

Plenty of work at high wages in Frisco, hence plenty of "strikes."

No man is infallible, not even the youngest.

"Speaking of ears," remarked the duffer, "only land has frontiers."

Fisherman. Finny fiction. Flask. "That's all."

"One-half the world doesn't know how the other half lives"—and doesn't care.

Every mother's son of us are more or less rain-bow chasers." Our happiness is ahead of us.

When the suitor suits her he generally gets her.

In Ireland, so we are informed by eminent authority, a "far-downer" is a North Ireland man. Is it true?

Not every one of us can knock the spots off a leopard.

"Thruout" is official, but bum.

Write what has made indelible impression on your memory lest you forget it.

"The cat has had chickens, sor," said Bridget, and the laugh was on the master for the cat had taken his supper.

# THE HOMŒOPATHIC RECORDER.

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## ARTICLES BY DR. C. v. BŒENNINGHAUSEN.

### Something Concerning the Genuine Ginseng Root.

*Allg. hom. Zeit.*, Vol. 50, p. 53, 60.

It is well known that there are few homœopaths, who at the same time are botanists. At least, among the Germans, I found outside of my own name only that of my never-to-be-forgotten friend, *Weihe* (in Herford), who have so far received the honor of having their name transferred to genera of plants.

More rare still, perhaps, might be the case of a botanical amateur, whose library should extend beyond his usual domestic needs, so as to include precious works of no use for the study of his country's flora, as the Amboinic flora of the so-called Indian Pliny. This work, consisting of four large folios of large size—entitled, *G. C. Rumphii Herbarium Amboineuse, cura et studio, I. Burmanni, 1741-1755*—contains twelve books and an appendix (*Auctuarium*), and, besides the two portraits of *Rumph* and *Burmann*, and the copper-plate title pages, it contains 695 copper-plate illustrations, of the same size as the folios, all beautifully delineated and cut, which make it manifest that even the second-hand price must be very high, so that this work is hardly in the possession of any other homœopath than myself.

Owing to this cause it may be easily explained, why in the literature of the day about the *Ginseng root*, so much that is manifestly incorrect has been published; for only in this one work can be found the oldest and most reliable accounts, gathered in its own place and locality with the utmost industry, and as to every detail. This information is contained in the *Auctuarium*, *Cap.* 56, *Fol.* 42, *ad* 50, together with a picture of the plant with all its parts on Table XXI.

In thinking it useful to give in this journal a summarized account of the treatise of *Rumphius*, which is somewhat diffuse, concerning the true *Ginseng* root, I must first of all express my surprise that this has lately been considered identical with the *Panax quinquefolium*, L., which occurs not rarely also in America, and that it has been confounded with it. Neither *Wildenow* nor *Roemer* and *Schultes*, who never fail to cite *Rumphius* with all plants described by him, cite him either in this *Panax* or any other, as little as *Decandolle*, who only saw the dry plant brought from America, and on the authority of strangers, gave it out as the true *Ginseng* or *Nintin*. Besides this, the description of *Panax quinquefolium*, L., does not at all fit in with that of the *Ginseng* of *Rumphius*, and as little do the well-known pictures of that plant (*e. g.*, that by *Jac. Sims*, *Joh. Woodward*, *Mich. Catesby*, *Jac. Breyn*, *Christ. Jac. Trew*, and others,) with the delineation by *Rumphius*. It is, therefore, quite inexplicable, and by no means justified, that of late both these plants should have been thrown together, and if we should prove the peculiar properties of this Chinese root so highly famed from the farthest antiquity, according to our homœopathic method, we shall have to carefully guard against ordering the root from America, and should procure it instead by a reliable method, though it may be more laborious and expensive, directly from China.

Passing over the various names of this plant in China and in Japan, as well as the various localities where it is said to occur, I shall now communicate verbatim in translation what *Rumphius* says concerning the use, the virtues and the properties of this root:

“The Chinese make a great to-do about the excellence of this root and esteem it of great value. Fine, large and well-formed pieces are esteemed by them as a precious rarity and are almost revered like household-gods (*instar Laris*). But even the inferior roots are considered by them as a most precious panacea in various severe diseases, with which no violent fever is combined. Experience has taught in numerous cases, that when the strength is exhausted and the body emaciated, owing to severe and long-continued diseases, this root possesses the wonderful property of bringing rapid and great aid. For this purpose one drachm of the root is cut up small, hot water is poured over it in a tea-pot, and then it is allowed to stand for several hours without applying any more heat. This infusion is drunk by the patient like com-

mon tea, and he will then in a short time regain his strength. The marrow and the bones, with the joints, are especially refreshed and strengthened by a slight warmth, for it is of a tempered nature, not at heat, as some erroneously believe, and it is this gentle warmth which takes away the swelling and gradually dries up the cold and thickened juices.

“In making this use of it we should guard against having the stomach overloaded with food, for this not only obstructs the action of the root, but it also overexcites the internal heat, so that fever and emaciation then may ensue. On this account young people are forbidden to use it, as well as those who are of an ardent nature, while it is especially useful for old people. Travelers who must expose themselves to great cold and to the inclemency of the weather are accustomed to take the above mentioned quantity of the root in the morning and are then protected all day from hunger, thirst and cold.

“In an old manuscript, in the possession of our merchants and of the Portuguese merchants, which is supposed to contain what is known concerning the peculiar effects of this root, according to the communication of the Chinese themselves, as to this root, we find the following information. Still, I doubt whether our people have correctly understood the Chinese in all cases.” (The Latin text is given to avoid any possible double meaning.)\*

1. It purifies the pale and watery blood and brings it back to its pristine form.

2. It is useful in palpitation of the heart, tempers furious animosity, warms up the heart, spirit and soul.

3. It supplements and renews what is lacking in any medicine present. (Accordingly it would be a most desirable *adjuvans* and *corrigenens* for allopathy.—B.) or “excellent.”—T.

4. It prolongs life with those who are in danger of losing it from a vehement disease.

5. It strengthens the mind of the forgetful.

6. It hinders all corruptions, lest an ulcer degenerate into malignancy and similar ills, which are contracted from too much intercourse with common strumpets.

7. It increases and nourishes the blood and renders the body of men active, or properly, it impedes and drives away melancholy.

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\*I translate the Latin here, L. H. Tafel.

8. It restores and excites the prostrate appetite.

9. It induces a weakened man into gentle perspiration, if this is useful for him.

10. It is useful in the vertigo *sculorum* (of scholars?) and their feebleness in leipothymia [*i. e.*, swooning], apoplexy, epilepsy, contractions or spasms of the nerves, insensibility and similar ailments.

11. It hinders the eructations of the stomach, and expels the super-abundant bile.

12. It produces a soft skin and takes away its too great redness.

13. It softens and mollifies the stomach, if it is too full with food, it consumes the phlegmatic humors and hinders vomiting.

14. It takes away fever.

15. It assuages hæmoptoe and hæmorrhage and stops the blood which frequently is excreted per anum.

16. It is useful in childbirth and strengthens those giving birth, both during parturition and afterwards.

17. It sustains [or *holds up, delays*—T., Latin, *sustentat*] the seven primary elements, which rule the temperament of men, which are gladness, anger, desire, sad meditations or melancholy, sadness or grief (*dolor*), terror or confusion, submission or fear.

“So that,” so the above-mentioned manuscript continues, “it may be considered the best and first (*primarium*) medicine that can be found. But it is to be known that it not only of itself operates these virtues, but it also contributes to the action of other medicines with which it is joined, so that these may produce a good result; and it may thence be compared to messengers who carry precious gifts into foreign regions; and this is eaten two or three times a day, of the size of a pea, for the preservation and restoration of feeble parts.”

“I will now,” continues Rumphius, “add yet what the learned *Pater Martinus*, who learned to know this root in its own fatherland, writes about it in his *Atlantis*, page 35:

“‘The leaves of this plant,’ he says, ‘I have not yet been able to get to see. The root is yellowish, almost quite bare of sucking fibers, but round about it there are blackish veins, as if they were drawn on it with black ink. In chewing it has an agreeable, sweet taste, combined with some, but very weak, bitterness. It increases to a high degree the vital spirits, although rarely quite one-twelfth part of an ounce is given. If somewhat more is taken,

with enfeebled persons, their lost strength and the natural warmth of the body are restored.'

"It is cooked in a Mary's bath (in Balneo Marias) with water, when it spreads a pleasant, spicy odor. Those who have a very hot and violent temperament, at times take it not without danger to their life as it excites [them] too much. On the other hand, it has a wonderful power to restore enfeebled and weary men, or those who have been brought low by severe diseases.

"To those who are dying it sometimes imparts so much vital force that time is gained to take other remedies, so as frequently to be restored again. The Chinese boast many other wonderful things of this root, which is paid with thrice its weight in silver."

The rest in the text of our *Rumphius* concerns a learned inquiry whether this *Ginseng* was also known to the ancients, but that does not concern us.

In the appended note by *Burmans* this writer insists that the picture given in No. 1, Plate XXI, represents the true plant, and quite agrees with a picture communicated by burgomaster *N. Wilson*, which had been made at his request in China itself. Although in it, as in all the older pictures of plants, the sexual parts and the parts producing fructification are unrecognizable and defective, it can be seen at the first glance that it is not a *Panax* nor one of the *Umbelliferae*. The stem, up to the highest flower, is nearly eight inches high and has only one branch on the side, but several divided axillate peduncles. The calyxes as well as the seed-capsules are three-parted with the tips reflected, which causes us to suppose a flower with three styles. The corolla has five petals, of the size and form of *Myosotis palustris* or *sylvatica*. The peduncles are three-fold, at the top they are twice parted in three and twice or three times the length of the calyx or the seed-capsule. The lanceolate leaves, decreasing in size as they rise up, stand in pairs, opposite to each other on the stem, and are neither serrate nor dentate, tapering uniformly toward each end. The fresh root is smooth and spindle-shaped, somewhat like the root of our wild *Daucus carota*, L. The dry root, which is also depicted, has below a few branch-roots and externally a few irregular, double, fine cross-lines.

I ought perhaps to add to this description that I hope to receive this famous *Ginseng*-root, genuine and reliable, from its native fatherland, and this, indeed, through a friend, a Dutch sea-captain who visits China. As soon as I shall obtain it, which will

not probably be before next Fall, I shall send some of it to my friend, the druggist *Lehrmann*, in Schoenigen, near Brunswick, to be used for homœopathic preparations, and shall then simultaneously publish it in this journal.\*

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### Concerning the Relative Value of Symptoms, and Something About Borax.

*Allg. hom. Zeit.*, Vol. 53, page 60.

Among the manifold criticisms which have been made in superabundant manner of the old Hahnemannian *Materia Medica Pura* I miss one, the appropriateness of which has only become really clear to me during the last years. This is the statement as to the *time after the first taking* of the medicine *before the symptom in question appeared*. While leaving all the other assumed defects unquestioned—though the younger critics have not so far produced anything better or more useful—I desire to say something merely about this point, because it seems to me of no little importance for practice.

If my old (seventy-two years old) memory does not deceive me, it was first and till now only the genial Dr. C. Hering who—I do not now remember where or when—suggested that the *proving-symptoms* appearing *last* are the *most important*, and far from being useless to therapy.

There does, indeed, at first appearance seem to be a paradox in this remark as in many others made by this indefatigable investigator. But to condemn apodictically from the mere appearance at first sight would in this case show little reason, since every homœopath can without great difficulty convince himself satisfactorily at the fountain-head as to the correctness or falsity of this assertion. He need only compare the symptoms observed *last* in the four volumes of (the second edition) the antipsoric remedies with the brief hints given by *Hahnemann* himself in consequence

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\*We just now receive information from our revered author that he received a few days ago a piece of ginseng root weighing seventy-eight grains, which came directly from *China* with a Dutch ship this spring and the genuineness of which is, besides, proved by its exact agreement with the description of the root, as given here by *Rumphius*. Dr. von Bœnninghausen will, at once, send the greater part of it to Druggist *Lehrmann*, in Schoenigen, who will prepare for sale from it the homœopathic preparations as well with alcohol as with sugar of milk. A proving of this *genuine* Ginseng would, therefore, be very desirable.

of his own experience for the excellent adaptation of these remedies, and which are found throughout to be thoroughly reliable in our practice. He will then probably convince himself that in most cases an analogue to this, frequently with a more close completion of the symptoms, is often preferentially contained in such symptoms as were observed late.

The assertion of *Hering* seems therefore to be founded on a truth which has been too little regarded hitherto, and which makes us feel sorry that in many of the newer, as well as of the older, provings so little attention has been given to this statement as to the *time* when the symptom appeared after taking the medicine, and this especially in the "peculiar" and "particular" symptoms in which the characteristic of the remedy is especially to be found. One fact serves, indeed, to excuse the earlier provers, that the recognition of the importance of the statement of the time, of necessity had to await the state of comparative study; nevertheless, this lack is none the less to be deplored, and we are often compelled to learn only by the long way of experience what might have been at that time so easily supplemented by the addition of a few numbers and letters.

It might be of interest to draw into consideration this apperception mentioned above, also with respect to other remedies, especially with such as are used more rarely, and about which *Hahnemann* has left no special instructions in this respect.

*Borax* seems, more than others, suitable for such a consideration (*Chronic Diseases*, Vol. II, page 281), since with nearly all the symptoms observed by Dr. *Schrëter*, in Lemberg, the time of the appearance is exactly indicated. I think, therefore, that I might be allowed to make a few remarks on it as a proof of what has been above mentioned in a general way; this may at the same time serve as a contribution to the more exact characterization of this remedy, which has been perhaps too much neglected. If I deviate from the later (assumedly more scientific) way of elaborating this, I would beg you to consider that my aim here is special and limited, and especially that I make no concealment of the fact that I belong to the old (almost extinct) school of *Hahnemann*.\*

#### With Respect to Borax.

1. At the very beginning, in the symptoms four and five, of which the first was observed *during five weeks* and the second

\*We, and surely many others, shall always give a full recognition to this "old school," which has done so much for *Homœopathy*.—ED.

during three weeks, we meet with a peculiarity which does not belong to any other remedy in the same manner. This is *anxiety while moving quickly downward*. This is in no way to be confounded with the only distantly similar symptoms which we know of in *Carbo veg.*, *Sepia* and *Sulphur*. This anxiety, according to my experience, is very clearly pronounced in the case of *swinging*, and especially in the movement when the swing starts *forward*, hardly ever while it is moving *backward*. I have noticed this indication, which is not rare, not only in children, but also with two ladies already adult, and every time I have considered it as a useful indication, the worth of which was not only proved by the success against this ailment, but also against the other ailments present.\* Illness from riding in a carriage, especially while riding backwards, as also sea-sickness, have little in common therewith, and *Borax* will probably be of little use in those cases, though in some varieties of the latter disease it might well be tried.

2. No less characteristic appears to be symptom seven (without any statement as to its time) with respect to being *violently frightened at a shot*, even when heard at a distance, and I only mention it, as it were, in passing, because, according to my experience, it is an excellent remedy for *hunting-dogs who shy at a shot*, a fault which, as my colleagues who are fond of hunting-dogs know, occurs not infrequently and is difficult to correct. But there are also children who shrink at every shot and have a great and unnatural fear from it. The over-great fear of *thunder* also would seem to belong here.

3. Among the symptoms referring to the eyes we find two symptoms, namely, 77 and 78, which belong especially to this one remedy, and have so far been only noticed besides among the effects of *Silicea* and *Pulsatilla*. This is that especial kind of *inflammation of the eyes* which causes and is sustained by the *ingrowing of the eyelashes*, which constantly irritate the pupils, and which are not even permanently cured when, in the good old allopathic way, the *corpus delecti* is removed and the hairs are plucked out. Everyone of us has probably noticed in a number

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\*I would exceed the limits of this article if I should adduce in the case of such short indications the image of the whole disease. I, therefore, limit myself to stating briefly that the one lady, thirty years of age, was suffering from a menstrual trouble, and the other, well advanced in the forties, from oft-recurring erysipelas of the face.

of cases the excellent effect of *Borax* in this kind of inflammation of the eyes—of course, only when also the other symptoms corresponded, and I need only add that symptom 77 was only observed *after six weeks* and No. 78 *after thirty-five days*.

4. Among the morbid symptoms in the *ears*, from symptom 88 to 106, and symptoms 51 and 60 may well be combined with them, those have proved themselves most decidedly by healing effects, which were combined with a flow of pus from the ears. But these are Nos. 95, 96 and 97, which were only noticed on the *twenty-seventh day, after the thirty-second day, and on the nineteenth day*. Symptom 51, which I have also mentioned in this connection, only appeared *after thirty-two days*, thus at the same time with 96.

5. The *crusts in the nasal cavities*, with inflammation and *shining redness of the tip of the nose*, which is found not infrequently with (psoric) patients who have neither been syphilitic at any time nor have abused *Mercury*, often find their remedy (besides *Sepia* or *Silicea*) in *Borax*, as many a one of us may have found out. The symptoms here concerned, 109, 111 and 112, are not, however, among those appearing in the first days after trying the medicine, but date from the *tenth, sixteenth and eighteenth days*.

6. So, probably several among us have had opportunity with myself to cure with this remedy the painful erysipelas, usually *on the left side of the face* (the similar *Belladonna erysipelas* usually occupies either *the whole face* or only *the right half of it*). This kind becomes intolerably painful when *drawing together the muscles for laughing*. The two symptoms pointing to this, 120 and 121, were not observed before the *thirty-first and thirty-fourth day*.

7. Of the toothaches that received a quick and permanent cure through *Borax*, I only remember those corresponding with symptoms 137 and 139, in connection with No. 133, on account of the influence of wet, cold weather, and with symptom 136 on account of aggravation through cold water. I would here call attention to the fact that both these symptoms appeared on the *fortieth day*. Besides this, *Borax*, on account of symptoms 147 and 148, and in connection with No. 125, is not infrequently used successfully in the *teething of children*, where it must rank among the most successful remedies, especially in the cases where the indications under symptoms 150 to 153 are also present. Also, here I would mention that the two symptoms 147 and 148 were observed *after forty and after thirty-six days*.

8. *Borax* has been known to allopathy for a considerable time as a remedy useful in the *aphthæ of children*, whose mouths are washed or penciled with a solution of it. Also, every one of us has, no doubt, seen it successfully used in this disease of children, which is often very troublesome, of course, only when it is otherwise homœopathically chosen, *i. e.*, when there are no opposing indications. Thus there can be no doubt as to the relative curative power of this remedy. Nevertheless the four symptoms referring to this ailment all appeared late: Symptom 150, *after four weeks*; No. 151, *after thirty days*; No. 152, *after thirty-three days*; No. 153, *after five weeks*.

9. Symptoms 218 to 223 describe with great definiteness a certain *ailment of the spleen*, and, indeed, with clear and pretty accurate indications, which seem to secure the correct selection in a concrete case. Nevertheless I must confess that I have never seen any noticeable result in any kind of ailment of the spleen from the use of this remedy, and I only mention this at present because these observations were observed on an average at a *very early* period of the provings and only *a few days after taking the remedy*, only symptom 22 having arisen *after fifteen days*. Even this negative fact seems noteworthy.

10. Among the *urinary ailments*, from symptom 267 to 280, conjoined with symptom 434, at least those which appeared late have been best and most frequently verified in practice. Especially should here be mentioned *frequent micturition at night*, which, as symptom 268 shows, occurred *after twenty-four days*, and No. 434 observed *after thirty-four days*. The same may be said of troubles *after micturition*, mentioned in Nos. 275 to 280. Of these I have found most frequently the chaps in the urethra, as given in No. 276, *from the thirtieth day on*, and No. 278, *from the twenty-sixth day on*.

11. Among the symptoms concerning the *menses*, the ones which regard the *too early* and *too protracted* menses, according to experience, deserve the preference, although also in this, as in many other remedies, too late an appearance or too short a duration does not really present a contra-indication. The former irregularity is indicated, however, in No. 294, observed *after twenty-five days*, and in No. 295, observed *after seven weeks*.

12. Among the *chest troubles* the most prominent is a very painful affection of the *intercostal muscles*, especially on the *right side*; closely related to this are also the *cough* and the *respiratory trou-*

bles, and even *sneezing* (symptom 311) and *irregularity of sleep* (symptom 435). Although the greater number of these are entered as having appeared in the *first week* after taking the medicine, it is yet to be noted that a, comparatively speaking, *acute disease* is here spoken of, and that, nevertheless, symptom 349, according to which the aggravation takes place when lying on the (right) painful side, lasted *four full weeks*. The contradictory symptom, 435, which states the opposite, has, according to experience, a much less value, and has never been verified with me; this was observed already *after seven days*. I have, therefore, reason to suppose that it can only be effectively used in new and acute attacks of this kind, where I have not tested it, as in such cases other and approved remedies are at our disposal.

13. Although the *running out of milk from the breasts* of a nursing woman is found in various other remedies (*Acon.*, *Bell.*, *Bry.*, *Calcarea*, *China*, *Con.*, *Iod.*, *Lyc.*, *Phos.*, *Puls.* and *Rhus*) I have, nevertheless, had repeated opportunity to verify symptom 360, which appeared *after thirty-two days*, especially where, beside other coinciding concomitants, also symptom 360 was present, *i. e.*, a disagreeable *sensation of emptiness in the breast which had been emptied in nursing*; this we find in no other remedy.

14. Hitherto we have had only one remedy, so far as I know, namely, *Sepia*, which corresponds with the *sores on the upper side of the joints of the fingers and toes* in chronic (psoric) patients, for *Nux vomica* will benefit only sores on the joints of fingers, and its action is not permanent. *Borax* furnishes us a second very useful medicine in accordance with symptom 385 (no time mentioned), symptom 387 observed *after thirty days* and symptom 405 observed *after fifteen days*. It is worth noting also that in indications which do not conflict *Borax* deserves the preference when, according to symptom 408, *the skin in general heals up with great difficulty* and when the sore *keeps spreading*, which is not at least so much the case in such sores with *Sepia*. It is especially frequently useful with children.

15. Finally we ought yet briefly to mention the predominant sensation of cold, which is quite peculiar to this remedy, and which offers an excellent indication for its selection. This symptom also appeared quite late, *i. e.*, *after twenty-three, fourteen, thirty-three days*, and even *after five weeks*.

In order that I may not commingle what is uncertain with what is well attested I have in the foregoing extracts confined myself

to the comparatively small number of well attested cases, though no doubt there are many other curative features among the virtues of *Borax*. Nevertheless what has been said will suffice to accomplish my proximate end and to show that the *dictum* of Hering mentioned in the beginning of this article has a real basis and is confirmed in a striking manner by experience. There is, therefore, a sufficient reason for warning earnestly, especially in remedies having a long duration of action, against the practice of some provers of accounting the symptoms which are late in appearing to be mere after-effects or mere curative effects. This was a rashness which even *Hahnemann* can be shown to have been guilty of, though most cases were corrected later on, and these cases are only found among the oldest provings. At that time he could not anticipate this, and some symptoms marked with this cautionary warning have still remained among the provings.

Even at the risk of being proclaimed a heretic by some of the young colleagues, who, in spite of the warning of *Hahnemann*, only operate with low dilutions and with doses frequently repeated, I do not hesitate to add from my many years' and painstaking experience the definite assurance that the very symptoms which are most deeply inrooted are cured in the quickest, surest and most permanent manner by using such remedies as, while perfectly suitable, offer in the symptoms last discovered the corresponding indications, and especially when these remedies are used in *very high potencies* and in *small and infrequent doses*. Whoever has experienced the reverse of this should report that fact openly, faithfully and frankly, for only through a frank and open exchange of many, even contradictory, experiences can the whole pure truth be discovered, and only by such means will Homœopathy either fall into deserved oblivion or finally triumphant will it unite all the world of medicine under its banner.

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### Concerning Some of the Rarer Varieties of Expectoration.

*Allg. hom. Zeit.*, Vol. 53, p. 77.

Every one of you, my dear colleagues, knows well how indispensable it is to have characteristic symptoms for the selection of remedies in every case of disease, especially where there are very

many concurrent remedies, suitable to the general indications, and where the choice, therefore, offers the greater difficulty.

Among such diseases we may number *cough*, which is found in the symptom-list of nearly every remedy, but which is very frequently poor in peculiarities, which plainly point to the healing medicine or is attended by only such concomitant symptoms as make a sure decision almost impossible.

We are, of course, already in the possession of a very valuable treasury of characteristic indications which belong to the various categories of *cough*, *e. g.*, the nature of the cough itself, the expectoration, the time of day, the position and circumstances of its excitation or aggravation and a considerable multitude of attendant ailments. Nevertheless, each one of you has no doubt frequently experienced the fact that these are insufficient, and you eagerly looked around for some additional symptom to secure the selection of the right remedy.

I, therefore, thought I might hope that a small contribution to these indications, as the result of many years' careful observations, would not be unwelcome.

In order that I might not exceed a proper limit, nor repeat what is known to all homœopaths, I pass in silence what pertains more to the general and less to the peculiar and rare, *e. g.*, the bloody, purulent, yellow, green, salty, slimy expectoration, etc. I, therefore, shall here confine myself to the *taste* and *smell*, and also some of the *rarer* forms of expectoration, concerning which when we properly direct our questions, especially by considering the individual indications of the patient already known, we shall gain more frequently than might be supposed the most satisfactory statements.

By far the greater number of them deserve, in a prominent measure, the title of *characteristic*, and I am indebted to many of them, since they pointed to remedies more rarely used and which I hardly would have thought of, for the thorough cure of malignant ailments of the chest and neck, which, without these characteristics, I could hardly have cured.

I therefore give in alphabetical order what my experience has taught me, and what I mostly tried myself.

#### Characteristic Expectations.

*Almonds.* Like sweet almonds or nuts: *Coffea*, *Digitalis*.

*Biting* (sharp): *Ars.*, *Asaf.*, *Aur.*, *Bell.*, *Fluor.*, *Laur.*, *Merc.*,  
*Natr.*, *Puls.*, *Rhus*, *Staph.*, *Thuja*, *Veratr.*

*Blackish:* Chin., Lyc., Nux vom., Rhus.

*Bluish:* Kali, Nux vom., Plumb.

*Blood, bluish:* Con.

*black:* Acon., Amm., Ant. cr., Arn., Asar., Bell., Bism., Bryonia, Canth., Carb. veg., Caust., Cham., Chin., Cocc., Con., Creos., Croc., Dros., Ferr., Graph., Ignat., Kali, Lach., Led., Lyc., Magn., Magn. mur., Nitr., Nitr. ac., Nux mosch., Nux vom., Phosph., Phosph. ac., Plat., Pulsat., Sec. corn., Selen., Sepia, Silic., Stram., Sulph.

*bright red (watery):* Amm., Ant. tar., Arn., Arsen., Bell., Bor., Bryonia, Calcarea, Canth., Carbo an., Carbo veg., Chin., Dig., Dros., Dulc., Ferr., Graph., Hyosc., Ipecac., Led., M. austrae., Mag. mur., Merc., Natr., Nitr., Nux mosch., Phosph., Phosph. ac., Puls., Rhus, Sabad., Sabin., Sec. corn., Selen., Sep., Silic., Stram., Stront., Sulph., Zinc.

*brown:* Bryonia, Rhus.

*coagulated (in lumps):* Arn., Bell., Bryon., Canth., Carb an., Caust., Cham., Chin., Con., Creos., Croc., Dros., Ferr., Hyosc., Ignat., Ipecac., Magn. mur., Merc., Nitr. ac., Nux vom., Phos. ac., Plat., Puls., Rhus, Sabin., Sec. corn., Sepia, Spong., Stram., Stront., Sulph.

*foaming:* Arn., Ars., Dros., Ferr., Hepar., Led., Opium, Phosph., Silic.

*ill-smelling:* Bell., Bryon., Carb. an., Carb. veg., Caust., Cham., Creos., Croc., Ignat., Kali, Merc., Phosph., Plat., Sabin., Sec. corn., Silic.

*sharp:* Amm., Carb. veg., Kali, Nitr., Sarsap., Silic., Sulph.

*sour-smelling:* Sulph., Tar.

*sticky:* Cann., Magn., Phosph., Phosph. ac., Plat., Ran. bulb., Rhus, Samb., Scill., Seneg., Vit.

*thick:* Arn., Asar., Carb. veg., Creos., Croc., Cupr., Dig., Ferr., Graph., Lach., Nux mosch., Nux vom., Plat., Puls.

*thin:* Carb. an., Carb. veg., Creos., Ferr., Graph., Laur., Merc., Nux mosch., Puls., Sabin., Sec. corn., Stram.

*tough:* Croc., Cupr., Magn., Sec. corn.

*uncoagulated (incoagulable):* Alum., Ant. tar., Bov., Bryonia, Dulc., M. austr., Magn. mur., Phosph., Phosph. ac., Sec. corn., Stram., Stront., Sulphur.

*Broth, tasting like:* Jod.

- Brownish*: Bism., Bryon., Calcar., Carbo veg., Phosph., Puls., Silic.
- Burnt, smelling*: Cycl., Nux vom., Pulsat., Ran. bulb., Sabad., Scill., Sulph.
- Burnt, tasting*: Dros., Puls.
- Cabbage, tasting like cooked*: Sulph.
- Catarrh, tasting like old*: Bell., Ign., Mezer., Nux vom., Phosph., Puls., Sabin., Sulph., Zinc.
- Chalk, tasting like*: Amm., Ignat., Nux vom.
- Cheese, tasting like*: Chin., Lyc.
- Cheese, tasting like rotten*: Aur., Kali, Zinc.
- Clay, tasting like*: Cann., Chin., Phosph., Puls.
- Cold*: Asaf., Bryon., Cann., Caust., Coral rubr., Kali, Merc., Nux vom., Phosph., Rhus, Sulph., Veratr.
- Dung, tasting like*: Calcar., Carb an., Sepia, Veratr.
- Dust, as if mixed with*: Ambr., Creos., Nux vom., Phosph.
- Earth, tasting like*: Arsen., Cann., Caps., Chin., Ferr., Hepar, Ignat., Mang., Merc., Nux mosch., Puls., Stront.
- Fæces, like*: Merc.
- Fatty, tastes*: Alum., Asaf., Caust., Cham., Flour., Kali, Lycop., Magn. mur., Mang., Merc. corr., Mur. acid, Petr., Puls., Rhus, Sabad., Sabin., Silic.
- Fish tastes after*: Aconite.
- Flour, tastes like*: Lachesis.
- Foaming*: Arsen., Bell., Bryon., Hepar, Nux vom., Opium, Phosph., Plumb., Puls., Sabin., Silic., Sulph.
- Garlic, smelling like*: Arsen., Petr.
- Grains, in*: Chin., Nitr. ac., Phosph., Sepia.
- Gray*: Ambr., Anac., Arsen., Carb. an., Creos., Kali, Lyc., Mang., Nux vom., Seneg., Sepia, Thuja.
- Hard*: Hepar, Jod.
- Herby, tasting*: Calad., Nux vom., Phosph. ac., Puls., Sassaß., Stann., Veratr.
- Herrings, tasting like*: Nux mosch.
- Hot (burning)*: Asar., Mosch., Sabad., Silic.
- Ingesta, tasting like the*: Amm., Ant. cr., Ant. tart., Bell., Bryon., Carb. veg., Chin., Cocc., Con., Hepar, Ignat., Lycop., Magn. mur., Mar., Nux vom., Phosph., Puls., Rhus, Sepia, Silic., Sulph., Thuja.
- Ink, tasting like*: Calcar., Fluor.
- Iron, tasting after*: Calcar., Cuprum.

- Knots*, in little brown: *Phosph*
- Lumps*, in small round: *Calad.*, *Kali*, *Plumb.*
- Metallic taste*: *Alum.*, *Amm.*, *Bism.*, *Calcarea*, *Coloc.*, *Cocc.*,  
*Cupr.*, *Hepar*, *Lach.*, *Merc corr.*, *Natr.*, *Natr. mur.*, *Nux vom.*,  
*Ran. bulb.*, *Rhus*, *Sassap.*, *Seneg.*, *Sulph.*, *Vit.*,  
*Zinc.*
- Milk*, smelling like fresh: *Dros.*, *Spong.*
- Milky*: *Aur.*, *Phosph.*, *Sepia.*
- Mouldy*, tasting: *Lycop.*, *Mar.*, *Merc.*, *Rhus*, *Thuja.*
- Musty*, tasting: *Borax*, *Magnes.*, *Phosph. ac.*
- Oil*, tasting like: *Caust.*, *Mang.*, *Phosph ac.*, *Silic.*
- Onion*, tasting like: *Asaf.*
- Peas*, tasting like raw: *Pulsat.*, *Zinc.*
- Pepper*, lasting like: *Acon.*, *Mezer.*
- Pitch*, tasting like: *Canth.*
- Rancid*, tasting: *Alum.*, *Ambr.*, *Asaf.*, *Bryon.*, *Cham.*, *Euphorb.*,  
*Ipecac.*, *Lach.*, *Mur. ac.*, *Petr.*, *Phosph.*, *Rhodod.*, *Thuja.*
- Rosin*, tasting of: *Thuja.*
- Rotten eggs*, tasting like: *Acon.*, *Arn.*, *Graph.*, *Hepar*, *Merc.*,  
*Mezer.*, *Mur. ac.*, *Phosphor.*, *Phosph. ac.*
- Rotten wood*, tasting like: *Sulphur.*
- Russian leather*, smelling like: *Arnica.*
- Rust-colored*: *Phosphorus.*
- Smoky*, smelling: *Bryonia*, *Nux vom.*, *Puls.*, *Rhus.*
- Soapy taste*: *Bryonia*, *Dulc.*, *Jod.*, *Merc.*
- Sour-smelling*: *Bor.*, *Calcar.*, *Cham.*, *Dulcam.*, *Hell.*, *Merc.*, *Nitr.*,  
*Nux vom.*, *Sulph. ac.*
- Starchy*: *Argent.*, *Arn.*, *Arsen.*, *Bar.*, *Chin.*, *Dig.*, *Ferr.*, *Laur.*,  
*Seneg.*, *Silicea.*
- Sugar*, tasting like: *Calcar.*, *Lycop.*, *Sepia.*
- Sulphur*, tasting of: *Cocc.*, *Nux vom.*, *Phosph. ac.*, *Plumb.*, *Sulphur.*
- Tallow*, tasting like: *Valer.*
- Tar*, tasting like: *Conium.*
- Tobacco-juice*, tasting like: *Pulsat.*
- Unripe fruit*, tasting harsh, like: *Alum.*, *Apis*, *Arsen.*, *Caps.*,  
*Euphorb.*, *Lach.*, *Mur. ac.*, *Sabad.*
- Urine*, tasting like: *Graph.*, *Seneg.*
- Violets*, smelling like: *Valerian.*
- Watery*: *Arg.*, *Ars.*, *Calcar.*, *Caps.*, *Carb. an.*; *Cupr.*, *Ignat.*,  
*Magn.*, *Magn. mur.*, *Merc.*, *Natr. mur.*, *Stann.*

*Water*, tasting like putrid: *Aconite*.

*Wine*, tasting somewhat like: *Bell.*, *Bryonia*.

*Yolk of eggs*, tasting like: *Kali*, *Phosphor.*, *Phosph. ac.*, *Sepia*,  
*Staph.*, *Sulph.*, *Thuja*.

*Zitron yellow*: *Kali*, *Lycop.*, *Pulsat*.

For you, my dear colleagues, it might be superfluous, but for many incipient homœopaths who may see this, it may be necessary, with respect to the use of the observations herewith given, to give the following two cautions:

1. That the peculiar symptoms enumerated are far from exhausting everything that lies within the sphere of action of the medicine mentioned. This is already manifest from the fact that observation in practice has brought to light many things and has afterwards confirmed them, of which not a syllable was mentioned in the provings of the remedy on healthy persons. From this it follows that a remedy which perfectly corresponds with the rest of the symptoms must not be rejected merely because in this list the symptom mentioned is not enumerated. For the same reason I must also warn

2. Against giving to these symptoms, although they are throughout very characteristic, a too great and almost decisive weight, where other indications that are quite valid indicate another remedy not given here. In general, we must never forget that *one* symptom can *never* be considered as a sufficient indication, that *every time* the whole complex of *characteristic* morbid symptoms must correspond and that, therefore, the peculiarities adduced by no means make up for every other consideration, but that they can only serve to point in many cases to medicines which might perhaps be found suitable, and also to serve to confirm the selection after all the circumstances have been duly weighed.

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## ANALYTIC STUDY OF BENZOIC ACID.

By Edward Fornias, M. D., Philadelphia, Pa.

PHARMACODYNAMICS.—BENZOIC ACID irritate the *mucous membranes of the air passages*, causing sneezing and coughing, as well as oppression, dryness and constriction in the larynx, often with a sensation as of a lump in the pit of the throat. By its direct action on the bronchial mucosa it produces a copious discharge of

mucus from the air passages (*bronchorrhœa*). It stimulates the salivary, bronchial, cutaneous, and *renal secretions*, the latter especially is increased in quantity and chiefly excreted as *hippuric acid*, after uniting with glycocoll (amido-acetic acid). It renders the *urine acid and irritating, with a strong ammoniacal odor*. The urine contains sometimes mucus and pus. It causes *epigastric heat, nausea, vomiting, diarrhœa* and other gastro-enteric symptoms. It excites the *circulation* and increases the *pulse-rate* and *respiration*. The heart, temporal arteries and pulse beat violently. It has produced a very acid state of the urine, enabling that fluid to hold in solution a large amount of phosphatic salts. It destroys bacteria, prevents putrefaction, and is said to be superior in some instances to *Salicylic acid*.

LEADING INDICATIONS.—The leading indications of BENZOIC ACID are almost comprised in the *urinary symptoms*. They govern the scene, for all other manifestations, *rheumatic, gouty, respiratory, circulatory*, etc., are subordinate to them. Next in importance come the *pains and their modalities*, which, in the choice of the remedy, often become valuable factors. And, finally, the *respiratory and circulatory disorders*, which, although subservient to the *urinary changes*, are not devoid of value.

1. *Rheumatic and gouty diathesis*. Gouty concretions and nodosities. Joints and fibrous tissues involved. *Cracking in the joints on motion*. Feeling of weakness in the loins. Great weakness, perspiration and *drowsy* condition. *Irritable heart*, with palpitations and trembling

2. *Pains (tearing, stitching)*, change suddenly of locality; they pass from the left to the right side, or from below upwards. Sore pain in the back. *Dull pain in the kidneys*. Stiffness and weakness in the loins. *Pain and tenderness in tendo-achilles*. *Tearing and stitches in the metatarsal joints of the right great toe*. *Headache* from a draught of air; from uncovering the head; in the morning, when awaking; < when at rest, returning periodically, and accompanied by pain in the stomach, nausea, and cold hands. Shifting pain in cardiac region.

3. *Urine, acid*, high-colored; dark reddish, brown, with *strong ammoniacal odor*, and increased specific gravity; hot and scalding, *depositing urates*. *Urine, alkaline, of an offensive odor, dark, cloudy, depositing phosphates*; containing mucus and pus (*cystic inertia*). Uricacidæmia. Phosphaturia. Calculi. Irritability of the bladder, with frequent desire to pass urine. *Dribbling of*

*strong-smelling urine.* Dysuria senilis. *Vesical catarrh* from suppressed gonorrhœa, calculi or gout.

4. *Difficult breathing.* Cardiac asthma. *Mucous oppression in the lungs.* *Bronchorrhœa.* Awakens with oppressive breathing, palpitation of the heart and temporal arteries after midnight (ARS.). *Dry, constant, hacking cough,* followed by expectoration of green mucus. *Stitches in the chest,* especially on breathing deeply. Pain in the right side, about the third rib, midway between sternum and side, increased by breathing. Pain in the left side, about the sixth rib, increased by deep inspiration and bending to either side. Sneezing and hoarseness; takes cold in the head readily.

5. *Circulatory disorders every morning* (2 A. M.) preventing sleep. Awakens every morning at 2 o'clock with violent internal heat, and hard, beating pulse, compelling patient to lie on the back, because the pulsations of the temporal arteries cause a humming in the ears and prevents him from going to sleep. Wakes after midnight with violent palpitation of the heart and temporal arteries (110 in the minute) without external heat and cannot fall asleep again.

MODALITIES.—Most of the symptoms of BENZOIC ACID appear first on the left, going then to the right side, or suddenly shifting from below upwards, especially in *rheumatism* and *gout*. Periodical attacks. The *pains* suddenly change place, but are mostly felt in cardiac region. When moving the joints crack audibly. Takes cold in the head readily. Pressure of the clothing on the chest is annoying. The throat symptoms are relieved by eating. *Aggravation* of headache when at rest; of toothache when lying; of the eye and ear symptoms in the open air; of the head symptoms when uncovering one's self and when in a draught of air. *Amelioration* of the face symptoms by heat.

RELATIONSHIP.—BENZOIC ACID is complementary of COLCHICUM in gout and of COPAIVA in gonorrhœa. Like LEDUM, has rheumatic pains from below upwards (KALMIA from above downwards). In *strong urine*, like that of horses, compare it with NITRIC AC. or CHINA SULPH. In *ammoniacal urine* with ASAFŒT. and IODIUM. VIOLA TRICO. has also a very strong smell, but more like cat's urine. In *valvular disease of the heart*, BENZOIC ACID has been selected by the offensive, strong odor of the urine, in preference of LITHIUM CARB., LEDUM and KALMIA. In the *shifting pains* it resembles PULSATILLA. In *dark, turbid urine*,

compare it with APIS, ARS., ARNICA, OPIUM, CARBO VEG., KALI CARB., TEREBINTH (AMM. BENZ.).

THERAPEUTICS.—It was Dr. Alex. Ure who first asserted that when BENZOIC ACID was taken into the system it was converted into *hippuric acid* and that in this form was excreted in the urine. He considered that this change was effected by the *Benzoic acid* acting upon the *uric acid* and, therefore, he proposed it as a means of correcting the *uric acid diathesis*. This view, however, is held as erroneous by Keller and Booth; the latter, especially, claiming that his experiments with this drug gave conclusive evidences of the incorrectness of Dr. Ure's contention and of the inutility of *Benzoic acid* as a remedy for *uric acid diseases*. He found, 1. That the introduction of this acid into the system does not in any way affect the uric acid; 2. That the time required for its conversion into *hippuric acid* and its subsequent appearance in the urine is about twenty minutes and the effect lasts from four to eight hours; 3. That the amount of *hippuric acid* exceeds that of the *Benzoic* by about one-third; 4. That the *urea* is not in combination with *hippuric acid* in the urine. We have found, however, such experiments, conducted as they are, of little value to us; they do not afford reliable indications, but it may be profitable to know that Dr. Garrod, in repeating these experiments, discovered that he could, by means of this acid, produce a very acid state of the urine, enabling that fluid to hold in solution a large amount of *phosphatic salts* and, in fact, it has been employed in cases of *phosphaturia* with alkaline urine, with as much success, as in cases of *lithuria* with highly acid urine.

I think it was Dr. Jeanes, of Philadelphia, who first called our attention to the beneficial effects of BENZOIC ACID in combatting the *uric acid diathesis*, and, no doubt, a minute study of its pathogenesis shows how markedly it disturbs metabolism, exhibiting symptoms frequently observed in the course of *lithimic processes*.

*Phosphaturia* is a condition of frequent occurrence in various diseases in which this remedy has proved curative. The proportion of *phosphates* is increased in *chronic rheumatism* and *vesical catarrh*. The increase noticed in *phthisis* is principally of *earthy phosphates*, and when the *urine is ammoniacal*, in consequence of the fermentation produced at the expense of the *urea* in the bladder, or becomes so, after it has been passed, the *earthy phosphates* are precipitated in the state of *neutral calcic salts* and *am-*

*monio-magnesium*, which form a white sediment not affected by heat, but readily redissolved by a drop or two of *acetic acid*, thus avoiding the cloud to be mistaken for albumin. *Ammonio-magnesium phosphate*, however, should not be looked upon as a normal salt, but as a product of decomposition. The separation of phosphates from solution would not occur in a distinctly acid urine.

BENZOIC ACID is of considerable service where a tendency to *phosphatic deposit* exist, and it exerts a good effect in *ammoniacal cystitis*, but here, as elsewhere, the leading indication is the *strong smelling urine*, resembling horse's urine. It is an ammoniacal odor more highly developed in this drug than in NITRIC ACID.

*Gravel in children* always suggest this remedy in preference to SARSA. and LYCOP., then the odor of the urine is *ammoniacal*. It is the offensive character of the urine which has made of this drug a valuable therapeutic agent in a great variety of diseases when that symptom is present. *The tearing, stitching pains* shifting from left to right (PULS.) and from below upwards (LEDUM) are additional indications for many painful affections, especially *gout* and *rheumatism*. When there are *nodular swellings in the joints*, the offensive ammoniacal urine will again give the preference to BENZOIC ACID over CALC. CARB., LYCOP., AMM. PHOS., etc., and the same is the case if the urine contains a *cloudy phosphatic deposit* (LYCOP., a lithic deposit).

In *valvular disease of the heart* the same pungent odor of the urine has placed BENZOIC ACID above LITHIUM CARB., LEDUM, KALMIA, etc.

In *enuresis nocturna* and in *senile dribbling of ammoniacal urine*, especially with *irritability of the bladder* and *phosphatic deposit*, this drug has also proved serviceable. BENZOIC ACID has been very useful in many cases of *irritability of the bladder*, with mucopurulent deposit in the urine, especially if associated with *prostatitis*, or when due to gravel or calculi. This condition of the bladder and dribbling of urine has likewise led to its employment in *dysuria of old age*, or in *vesical catarrh* from suppressed gonorrhœa.

BENZOIC ACID has also been remembered for *nephritic colic*, with dull pain in the renal region and the passage of dark red urine of a very offensive odor, like horse's urine. Likewise in *prolapsus uterus*, with foetid ammoniacal urine and irritable uterus. And many are the cases of *gleet* and *suppressed gonorrhœa* in which marked benefit has been derived from its use.

BENZOIC ACID may be advantageously given for *spasmodic asthma*, with rheumatic complications, especially if the lungs are oppressed from excess of mucus, causing difficult breathing, particularly on awakening.

BENZOIC ACID has proved curative in cases of *diarrhœa*, occurring in *rheumatic subjects or children*, when the stools are copious, grayish-white, like dirty soapsuds, emitting a strong, offensive odor similar to that of the urine. In those cases of *cholera infantum* in which the stools are profuse and exhausting and have an ammoniacal odor this drug is particularly indicated.

BENZOIC ACID has shown a marked curative effect in *pulmonary troubles, bronchorrhœa, liver dyspepsia* and *angina faucium* and *tonsillaris*, with the characteristic high-colored ammoniacal urine. And, finally, it is claimed to be an excellent remedy for the *ill-effects of Copaiva* and *gonorrhœa*, and in *skin troubles*, yielding a rather agreeable sensation on being scratched, but leaving a burning.

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## WHAT TO DO FOR COUGHS.

By G. E. Dienst, M. D.

### V.

#### Acids.

A cough produced or aggravated by tasting, eating or drinking anything of a sour nature calls for one of several remedies, principal of which is *Conium*. The cough of *Conium* is worse on lying down, at night. deep breathing; it is a hard, teasing cough from tickling in the throat, and is adapted to nervous people and those suffering from excessive venery. It is well to remember in this connection that *Ant. c.*, *Brom.*, *Lach.*, *Nat. m.*, *Nux v.*, *Sep.*, *Sil.* and *Sulph.* have aggravation of cough from taking acids when the symptoms agree.

#### Acrid.

There is a peculiar symptom found in old bronchial catarrhs and coughs that must not be forgotten. Because of its singularity and its rarity it is seldom seen, and it has, so far as provings go, but one remedy. The symptom is *a sensation as if acrid fluid were lying in or coursing through the posterior nares*, and this symptom calls for *Kali bich.*

### Agitation.

This must not be confused with anger, for by *agitation* we mean a disturbance of the mind that may resemble a disappointment, mortification or shame; and when such agitation causes or aggravates a cough we turn at once to *Cistus canadensis* for a correcting medicine.

### Air.

It should not provoke surprise to know that the various changes and conditions of the atmosphere influence a cough. We all know that such is the case. The problem is, what shall we do for coughs that show marked sensitiveness to a changing atmosphere.

A cough produced or intensified by a close, "stuffy" atmosphere calls for *Bell.*, *Brom.*, *Nat. ars.* or *Phos.*

*Bell.*, when the throat is *very dry*, the cough is *dry*, scraping sensation in the throat; when particles of dust aggravate the cough, and when *the child begins to cry before each paroxysm of coughing*.

*Brom.*, when the cough is a dry, rough, barking cough; when there is a sensation as if gas from sulphur was in the throat; when the cough is caused by cooling off too quickly after active exercise or perspiration, and when there is a whistling respiration when coughing.

*Nat. ars.*, when the air is extremely "stuffy," causing a dry cough, with a feeling of fulness in the lungs or as if the middle and upper part of the chest were clogged. This is an asthmatic cough and found largely among miners who spend most of their time in a close atmosphere saturated with moisture.

*Cold air* excites many coughs, and when we find a cough grow worse from going into a cold atmosphere or when the atmosphere grows colder, we think at once of a few leading remedies which cover most of our cases. These remedies are *All. c.*, *Ars*, *Carb. v.*, *Caust.*, *Cupr.*, *Lach.*, *Mez.*, *Phos.* and *Rumex*.

Please note these particulars:

The characteristic *Cepa* cough is a laryngeal cough, coming in frequent paroxysms, and so painful to the larynx that the patient will grasp it with her hand to keep it from "splitting."

The *Ars.* cough has been noted in previous chapters.

With a *Carbo v.* cough we look for the usual *Carbo v.* symptoms, and when, with these, we have a cough caused by *itching*

in the larynx and accompanied with a tenacious salty expectoration (sub-acute bronchitis), we select this remedy and cure both cough and patient.

A *Caust.* cough has a few marked peculiarities, one or more of which are found in each cough. (a) A sensation as if one could not cough deep enough to dislodge a small particle of mucus that provoked the cough. (b) A cough that is palliated by a swallow of cold water. (c) The cough is made worse by bending forward. (d) With each paroxysm of coughing there is involuntary escape of urine.

The characteristic *Cupr.* cough is a hard, deep, suffocative one, interrupting respiration at times to such an extent that the patient becomes cyanotic. This cough, like the previous one, is often palliated by a swallow of cold water.

The *Lach.* cough has already been noted, but it is not out of order to note these points, all of which are made worse in the open air: (a) A cough produced from a sensation as if some fluid had gone into the wrong passage (Sunday throat). (b) Each coughing fit causes a stitching pain in the hæmorrhoidal tumor. (c) A cough that is relieved by bending the body forward.

The peculiar feature of a *Mez.* cough is that it is made much worse by *eating or drinking something hot*, and so severe is the paroxysm as a rule that the patient continues to cough until he has vomited the food eaten.

A *Phos.* cough needs much study, but notice these peculiar features: (a) Constant tickling in the throat. (b) A sensation of constriction or tightness across the chest. (c) Involuntary stool while coughing.

A *Rumex* cough is predominantly a dry, teasing, fatiguing cough. This cough is excited in most instances by a tickling sensation in the supra-sternal fossa, extending downward to middle of the sternum or into the stomach.

All the above coughs are made worse by going into the cold air or by the air changing suddenly from warm to cold.

Space forbids a comparative study of all the remedies we may have occasion to use in the treatment of coughs, and for this reason we mention but a few more facts about coughs influenced by air and the remedies needed in their cure.

When a cough is made worse by *walking* in the open air (for the patient often breathes with his mouth open while walking) we turn at once to *Ars.*, *Phos.* or *Rumex*. This same cough is less severe if patient breathes through the nose.

If the cough is ameliorated by going out into the open air, then we turn to such remedies as *Bry.*, *Coc. c.*, *Iod.* and *Mag. p.*

There are remedies which have a two-fold modality—aggravated by appetites—but we will defer their study until some future time.

Permit me to intimate that the potency of the remedy and the repetition of the dose must be suited to each individual, for you will not give the same remedy in the same potency and manner to a child that you would to an adult, nor to a tubercular diathesis as you would to a gouty diathesis. Each case must be treated upon its own peculiar individuality and totality of symptoms.

*Naperville, Ill.*

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### COLCHICUM.\*

By C. M. Boger, M. D.

All the Melanthaceæ induce muscular relaxation, coldness and collapse; the prostration of *Colchicum* is so great that even the head is moved with difficulty, the lower jaw drops, the arms hang down helpless, the body slides down in bed, and the breath comes cold and slowly; the face is pinched and cadaverous with a cold sweat on the forehead, the nostrils dry and black, and the tongue stiff and unmanageable; the mind is so befogged that the sufferer does not appreciate his danger, like the *Veratrum viride* patient, he has no fear of death.

Powerlessness of the affected part is quite a feature; an apparently mild attack of rheumatism, for instance, will deprive the patient of the use of his limbs.

The special senses become abnormally acute, a certain hyperæsthesia appears in which pains seem severe out of all proportion to their cause, every little blow hurts exceedingly, external impressions, like odors, light, noise, touch, bad manners of others, etc., make him miserable and put him quite beside himself. The mind takes on the same state, rendering the victim ill-humored and very intolerant of his sufferings.

The mental and physical sensitiveness is very like the gouty state, but from its general action you must recognize that it can only fit the asthenic type.

It has a violent action on the alimentary canal, with effects varying from choleraic symptoms wherein vomiting is excited no raising up, and cramps in the legs accompany the involuntary

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\*Notes from lectures delivered at Pulte Medical Institute.

rice water stools, to dysenteric manifestations with tympanitis and shreddy mucous dejecta, each stool being followed by spasms of the sphincter ani and tenesmus.

The most important other remedies having a shreddy stool are *Cantharis*, *Colocynth.*, *Merc. cor.* and *Rhus tox.*

The gastro-intestinal symptoms are especially apt to be accompanied by nausea provoked by the smell of food or loathing at the thought or sight of it; tympanitis is often present, in fact, the abdominal inflation of *Colchicum* is so marked that Bœnninghausen looked upon it as the main remedy for wind colic in cows.

It inflames the kidneys, causing bloody urine and albuminuria; the pains in the kidneys are relieved by lying on the back and drawing the legs up. Subsequently dropsy may occur in any part.

It has a special affinity for fibrous tissue and serous cavities; in the former rheumatic tendencies develop, in the latter effusion occurs. The whole picture shows how likely it is that dropsy will finally appear in a *Colchicum* patient; its indications point to hydrothorax and hydropericardium.

The *Colchicum* patient is very sensitive to cold and yet sweats with great ease, so, that with his tendency to rheumatism or inflammation of the kidneys you will see that the approach of the fall season with its cold nights is a trying time for him; when the sweats are suddenly checked he becomes sick, and dysentery or rheumatism with paralytic symptoms appears. The rheumatic pains wander about and are worse at night from cold, especially damp cold, from touch and from motion.

Sensations of coldness or burning predominate in the internal parts; sense of coldness in the stomach is very prominent. In the external parts tearing pains are in the ascendancy.

Like the other Melanthaceæ it excites much sneezing.

It has the symptom, "One pupil contracted, the other dilated."

*Rhododendaon* has a very similar one.

*Spigelia* antidotes many of its effects.

We have for review then:

1. Very sensitive smell, the odor especially of food nauseates him. Hyeræsthesia of the special senses.
2. Pains which are severe, out of all proportion to their cause.
3. Paralytic symptoms accompanying the pains or from slight causes. Paralysis of the voluntary muscles.
4. Great physical relaxation and tympanitis in dysentery, fevers, etc.

5. Very sensitive to cold; aggravation from checked sweats; in the autumn.

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## HOMŒOPATHY IN SMALL-POX.

By Surendranath Ghosh, M. D.

If there is any disease of which I was mortally afraid, it was small-pox. But it was so ordained that I should be in close touch with it, and during the last month the several cases of variola that came under my care have shown that if the treatment of small-pox is carried on on homœopathic principles, it can be shorn of much of its terrors.

My first case was a princely looking boy of six, son of my friend and neighbor. He complained of general lassitude, no appetite, and malaise. This lasted for a week or ten days, when one evening his father showed him to me in a slightly feverish condition. The fever increased at night, and next morning the temperature was 104°. There were decided indications for *Belladonna*, but I was dissuaded from its use by an elder homœopath who urged that *Aconite* was the remedy in all initial fevers. As might be expected, twenty-four precious hours were lost without amelioration of the symptoms. On the contrary, patient's condition became *torpid* and heavy. The symptoms showed *languor, depression, trembling, drooping eyelids and headache*, "as if a band encircled the temples" (the child is very sensitive, better by copious urination. A few doses of *Gelsemium* were given when the small-pox eruptions began to make their appearance. *Gelsemium* was replaced by *Antim. tart.*, which, as my consultant suggested, is the *sheet-anchor* of our treatment. *Antim. tart.*, however, did not arrest the eruptions nor change their character and they came on in crops. In fact, it was a case of confluent small-pox.

After a patient trial of *Antim. tart.* for three days, which failed to manifest any decided change for the better, and on the recurrence of the fever during the suppurative process, I substituted a dose a day of *Variolin* 100 for two days. With the very first dose the papulæ began to look better, and if I had not repeated the dose the next day the recovery would have been earlier. The eruptions began to dry up, the boy otherwise showed signs of improvement and reviving animation; but at the same time he had fever unattended with any cerebral and other troubles. But there the fever was. It at once struck me that

*Variolin* was responsible for this mischief and I accordingly gave *Sulphur* 200, with the result that the fever left at night and the next morning the child was relieved of a mass of fecal matter. A cold bath was given and the improvement was rapid. He has obtained a new lease of life and there is nothing except the marks, which are rapidly fading, to show that he had such a narrow escape from the jaws of death.

I have to thank *Gelsemium* and *Variolin* for this satisfactory resolution. After all, I am constrained to admit that *Antim. tart.* could not do anything in this case. Nor in some four or five other cases where the patients were left solely on this; all died. Another reason of its failure in my opinion is that in the light of the *law of similars* it is not the similimum. There being neither nausea nor respiratory troubles in evidence.

On the other hand, there is nothing which can take the place of *Variolin*, which has acted in my hands as an unfailing prophylactic. There were a dozen children in the house—all unvaccinated—in which the first case occurred. This medicine, though administered late, prevented the disease in nine and only brought out a mild type of varioloid in the remainder which were very much exposed to the disease. In fact, one girl was all right in six days' time, the eruption drying up within that period.

My experience in three cases has been quite different, in that I used a remedy that is not usually thought of in this disease. Dr. Hughes speaks of the admirable results obtained from *Baptisia* in small-pox by Dr. Eubulus Williams in an epidemic at Bristol, where, of 185 cases treated with ordinary remedies, nineteen died; of seventy-two treated with *Baptisia*, none died. The abortive power of *Baptisia* in continued fever is positive and I have had sufficient experience confirming it. The initial fever and the whole eruptive process have presented a mild appearance under the use of *Baptisia*.

Again, in one family, a girl died of small-pox and another was attacked. There had been about that time several fatal cases and no recovery in the neighborhood. *Antim. tart.* was being given and the patient sinking fast. Delirium, diarrhœa and undeveloped eruptions all suggested a typhoid condition. But at my special request *Antim. tart.* was substituted by hourly doses of *Baptisia* 1, with marked improvement after the first dose. I am glad to record that convalescence was speedily followed by complete recovery.

*Allahabad, India.*

RESOLUTIONS PASSED BY THE TEXAS HOMŒOPATHIC MEDICAL ASSOCIATION.

WHEREAS, Certain persons representing the allopathic school of medical practice have formulated and are endeavoring to have enacted into law by the coming Thirtieth Legislature of Texas a bill to regulate the practice of medicine in Texas, in lieu of the present law (of 1901); and,

WHEREAS, The present law is in its main points satisfactory in that it protects the people from the admission to practice of unqualified physicians and protects the various schools of medical practice and their constitutional rights; and,

WHEREAS, The aforesaid bill, if enacted into law, will work injury and injustice to the profession represented by the Homœopathic Medical Association of Texas, and will be in violation of Section 31, Article 16, of the State constitution, which prohibits any preference being given by law to any school of practice, in that it gives the schools of practice unequal representation and one school an absolute majority; be it

I. *Resolved*, That homœopathic profession of medicine is a separate, scientific and regular school of medical practice, and, being founded on a law of nature, must ever so remain, separate, scientific and regular, and as such claims and demands its rights as guaranteed in the State constitution.

II. *Resolved*, That the homœopathic medical profession, having been the first in the United States to require four year courses to attain the degree of M. D. in its colleges, and having an educational system fully equal, if not superior, to any, neither needs nor desires supervision nor control in any degree by any other branch of the medical profession.

III. *Resolved*, That the bill or proposed law has in it absolutely no advantage not easily obtainable by certain minor amendments to the present law, but does contain provisions most highly detrimental to the professions represented by the Homœopathic and Eclectic Medical Examining Boards in that it proposes to abolish these independent and equal boards and place these two branches of the medical profession under the absolute control of one other branch, namely, the Allopathic.

IV. *Resolved*, That, while the medical practice law of 1901 needs amendment and improvement in certain minor points, this Association protests against, and begs the Legislature to refuse

any alteration or change of law in regard to the essential and vital principle of separate and independent boards of examiners for the separate schools of medical practice.

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### ECHINACEA ANGUSTIFOLIA.

The practitioner of the regular school who is perfectly satisfied with the results he obtains from the exhibition of all his remedies is sufficiently learned (?); he cannot be taught anything. We are glad that such men are the exception in the profession; but we regret that there is a considerable number who, in their longing for other remedies than those they now possess, fail to look outside arbitrary therapeutical lines.

Had *Echinacea* been developed by the regular school, it would ere this have had extensive use and popularity, because it has intrinsic merits. The man, whatever system he chooses to follow, who does not use *Echinacea*, is losing much and is not altogether so good a doctor as he might be. It has been classed by the eclectics as an alterative and an antiseptic; it is both of these, and more. It has points of usefulness not in the command of any other alterative, and as an antiseptic it can be employed in more different ways than any other drug employed for like purpose. Used in the latter way, it is employed both internally and externally, and the effect is prompt and pleasing. We do not know any other drug or combination of drugs of so great value in blood poison. Whether the septic process be acute or chronic, slowly progressive or fulminant, the beneficial influence of *Echinacea* may be observed soon after its ingestion. In uræmia, septicæmia, pyæmia, septic fever, poisoned wounds, bites and stings of poisonous insects, etc., it is useful.

The best proof of the efficacy of the remedy is its increasing sale among physicians of other than the eclectic school, and the fact that the "regular" or homœopathic physician once using it continues to employ it. We should like to see its employment extend still further, and we urge those who have not tried it to do so at the first indication, with the assurance that it will not prove disappointing in any indicated case.—*Medical World.*

**THE HOMŒOPATHIC TREATMENT OF INFLAMMATION OF THE KIDNEYS.**

By Dr. Sauer, of Breslau, Germany.

From a very full and exhaustive address on this subject, delivered at the annual meeting of the Homœopathic Central Union of Germany, on August 10, 1906, in Munich, we excerpt the following, as the whole article is too long for our pages:

The author is not satisfied with the current divisions of nephritis, as they run into one another too much, and, therefore, are not sufficiently distinctive. He prefers to distinguish into: 1. Diffuse acute nephritis; 2. Diffuse chronic parenchymatous nephritis and diffuse chronic interstitial nephritis.

Among the causes he enumerates, nephritis is due to the abuse of alcohol, then also the nephritis with the pregnant; though he is inclined to consider this to be frequently due to a former case of acute nephritis imperfectly cured. He also adduces the fact that there is an inherited tendency to nephritis. As to the diagnosis, he observes:

Acute nephritis is usually easily discerned. But as chronic nephritis arises usually gradually, independently and insidiously, it is often years before it is recognized, because the patient does not consult a physician or because the physician does not always examine the urine unless the symptoms complained of point directly to nephritis. I would emphasize this point, because a number of homœopathic patients believe that it is sufficient if the physician inquires into any number of possible symptoms, and because I also know that there are still some homœopathic physicians who do not consider it necessary to make a diagnosis of the disease, but are satisfied with the finding of the *similimum* corresponding to the subjective troubles of the patient. Though as good homœopathic physicians we must endeavor to discover the suitable remedy, we should not omit with all the armory we have gathered at the university to make, as far as possible, a diagnosis of the disease, so as to be able to foretell the course and issue of the disease and also to be able to confer intelligently with the representatives of the prevailing school.

The images of the urine which distinguish the three different kinds of nephritis as to the quantity of urine, the specific weight, the contents of albumen and the quality of the sediment, are, of

course, familiar to all. If, besides this, there is hypertrophy of the heart and tension of the pulse or changes in the retina of the eye the diagnosing of chronic nephritis will not be difficult. Though, of course, there may be mistakes. Albumin is, indeed, the usual sign of nephritis. But there is also a secretion of albumen without any inflammation of the kidneys, and there are inflammations of the kidneys without albumin.

According to Leube, there are: 1. Men with a comparatively loose filter in the kidneys, who, when there is muscular exertion, or when they are much on their feet, or are copiously supplied with nourishment under psychical excitement and when taking cool baths, will excrete albumen. 2. We also find individuals who, under perfectly normal conditions, even without the above-mentioned factors which favor the excretion of albumen, will discharge albumen in their urine—men with absolutely pervious renal filters. There are also men with the most dense renal filter, which on that account have at no time any albumin in their urine. Leube acknowledges no morbid image of physiological albuminuria. The albuminuria of puberty he views as a consequence of perverse formation of blood, or as due to insufficiency of the heart with those who are growing and whose puberty is premature or protracted. The albuminuria of puberty will cure itself. The use of the term cyclical albuminuria ought, according to this investigation, or to cease.

Also other inquirers share these views; though Senator warns against the frequent diagnosis of physiological albuminuria, as in a more protracted examination of such cases we frequently discover a latent nephritis.

Dr. Sauer prefers Esbach's mode of determining the albumin, but he warns against giving the patient Esbach's book, as he does not think it useful for the patient to be depressed by the constant consideration of his symptoms. He also recommends the use of *Acidum sulfo-salicylicum*, as offering a delicate test and one that may more easily be used in the house of the patient. The best time for securing the urine to be tested is at 12-4 o'clock P. M. Though it may be advisable to examine separately the urine discharged at night and that discharged during the day. Where there is atrophy of the kidneys, the quantity discharged at night will, under similar conditions, be greater than that discharged in daytime. Otherwise, the opposite will be the case.

After further discussing the difficulty of diagnosing chronic

nephritis in the beginning of the disease, Dr. Sauer proceeds to the therapeutics of the disease and says: What is the declaration of the reigning school as to the medicinal treatment of nephritis? Leube says: "There is no medicine which acts beneficially on inflammation of the kidneys. All the remedies recommended against this disease have proved ineffective. It is hardly worth while to mention them separately." Nevertheless, in our homœopathic literature we find single cases of cures of chronic nephritis from the use of *Terebinthina*, *Cantharis* or *Calomel*. The reigning school enumerates as a rational treatment of inflammation of the kidneys physical and dietetic measures, and as soon as the diuresis ceases and there are œdemas, a puncture of these œdemas and excitation of the power of the heart through *Caffein*, *Digitalis*, *Diuretin*, *Agurin*, etc. For the sake of completeness I will mention that some have recommended the use of ice applied for a length of time in acute nephritis; the application to be made to the whole region of the kidneys; so also splitting open the capsule of the kidneys in order to remove the pressure, so also in chronic nephritis, especially when œdema appears, the partaking of a maceration of fresh kidneys of swine.

But what is the position of homœopathic physicians with respect to the medicinal treatment of nephritis? According to our experience we believe in the action of our medicines with certainty in acute nephritis and in a great part of the chronic forms. Still I would openly acknowledge that if there is an exception to the rule that in internal diseases the indicated remedy is the chief factor, this exception is found in the treatment of nephritis. I am conscious of the fact that by our remedies alone I cannot obtain favorable effects from nephritic patients, if the patient does not obtain and follow appropriate directions as to nutrition and mode of life. Before giving to a nephritic patient any medicine, I therefore call his attention to the importance of his mode of life.

Dr. Sauer then enters on a very exact description of the dietetic measures to be pursued and also gives a list of the chief remedies pursued with their characteristics. He then enters on the special treatment of nephritis under the three heads of, 1. Acute nephritis; 2. Of chronic parenchymatous nephritis, and 3. Of chronic interstitial nephritis.

1. ACUTE NEPHRITIS.—In acute nephritis the remedy most used, especially in the nephritis following after scarlatina, is *Apis*.

I have seen an equally good effect from *Apis* 3 and from *Apisin* 5. In scarlatina I give *Apis* after the first days in alternation with *Belladonna* or any other indicated remedy, and do not wait for any symptoms of nephritis to appear. The medicinal image of *Apis* of itself has relation to some of the symptoms of scarlatina. Under this method of treatment I have rarely, if the case of scarlatina was from the first under my treatment, seen any nephritis develop.

*Acidum nitricum* 4 is used by some physicians when the urine colors the linen like the sediment of coffee, but I have not used it myself. Instead of the simple acid I have generally used the combination of *Argentum nitricum* 4, when there are pronounced pains in the renal region, radiating from the bladder, aggravated by the slightest motion and accompanied with dyspnœa.

*Kali chloricum* and *Kali bichromic.* have been used by Windelb and others with good effect. The toxic effects shown by *Kali chloricum* point directly to a great affinity of this remedy with the kidneys. I cannot give any personal experience as to this remedy.

Where acute nephritis arises from a violent drenching, after a few doses of *Aconite* 4, *Mercurius cor.* 6 will be found of great service, especially where there are bloody stools with colic. In pronounced anuria or stranguria, with great sensitiveness of the renal region, *Cantharis* will be found the appropriate medicine, though also *Terebinth.* may be considered. An odor of the urine as of violets, which I noticed at one time, with great weariness and relaxation of the body, speak for *Terebinthina*. The pressive pains are improved by motion, while in *Cantharis*, the cutting, lancinating pains are aggravated by the slightest motion and the patient is very irritable and anxious.

If the inflammation in the kidneys is not stopped by these remedies, and if there is an appearance of uræmic symptoms, *Arsenic* 6 may give relief. In such a case the patient is somnolent and complains much of palpitation of the heart, especially at night.

In dropsy, *Digitalis* resembles *Arsenicum*, but without the restlessness and irritability which we see in that medicine and with a strikingly retarded pulse.

If the uræmia progresses I give *Glonoinum* 6 and *Nitricum* 2. A useful treatment is to draw off some blood and then inject into the cleansed rectum, not subcutaneously or directly into the vein, a solution of common salt containing 0.9 per cent.

If the remedies are rightly selected and given at the right time the inflammatory process in acute nephritis will almost always be checked. After this should be given as Kafka sen. correctly showed, *Hepar sulphur*, 4, a remedy which holds the first place, where we wish to effect the absorption of serous, fibrous or croupous exudations.

During recovery I make my selection from the following remedies: *Chininum arsenic.* 6, *Calcarea phosphorica* 4, *Calcarea arsenicosa* 4, *Natrum sulphur.* 8 and *Arsen. jodat.* 8, being guided by the constitution of the patient and by general considerations. In great nervous excitability and insomnia *Avena sativa* will give relief; I use the tincture.

I lay a Priesnitz compress on the region of the kidneys, the liver and the stomach, moistening it with alcohol of 50 per cent. strength and renewing it three times a day. Besides the appropriate diet I give warm tea made of Linden blossoms during the first days.

If the œdema does not diminish and the ascites increases, I do not use any acrid diuretics, but make use of the capillary drainage of the subcutaneous cellular tissue. The technical treatment is simple but very cleanly, as the water is conducted through tubes into vessels where it may be measured. With this fluid also a part of the poisons in the body which would produce urea are discharged. This treatment in itself operates in a favorable manner, but we may also take note at the same time that the medicines given thereby act more effectively. I would warn against extravagant sweating processes and massage of the œdemas.

Anointing with ointments, which is a favorite measure among the common people in scarlatina, had best be omitted. When nephritis is just beginning, this may act favorably, as through the layer of fat the activity of the skin is checked, the pressure of the blood in the system is increased, and a threatened congestion of the kidneys may thereby be avoided. But later on these anointings act unfavorably, as they impede the respiration through the skin which ought to take the place of the activity of the kidneys which is interrupted. It would rather, from theory, be better to increase the respiring surface of the skin by porous substances by covering it with glue or collodium. But owing to the efficacy of our remedies we can do without this.

II. The treatment of chronic parenchymatous nephritis will generally make use of the above-mentioned remedies when acute

aggravations appear. When these exacerbations cease, the protracted and alternating use of *Hepar sulphur.* 4, *Arsen jodat.* 8, and of *Calcarea arcanica* 4 are to be recommended. If this kind of nephritis appears in an insidious and immediate form, and is only recognized at a later period, the *nArsenicum* will remain the leading remedy. I am fond of alternating with *Arsenicum iod.*, as I anticipate from this preparation of *Iodine* an action on the connective tissue of the kidneys. As alternating remedies we take in *Lycopodium* 3 where there are gastric symptoms and congestions in the system of the vena portæ, a sensation of fulness in the abdomen, a red, sandy sediment in the urine and a pronounced aggravation at 4 P. M. So, also, *Nux vomica* 4. In constipation and where there is the characteristic *Nux vomica* figure and mood I several times obtained a favorable action from *Helonias dioica* 1, which, in its symptomatic use, resembles *Phosphorus*.

III. I will here break off the medicinal treatment of chronic parenchymatous nephritis and speak of the treatment of chronic interstitial nephritis, as the final termination of the two are much alike, unless, in chronic parenchymatous nephritis, diseases of other important organs bring on the termination.

The medicinal treatment of interstitial nephritis is, on the whole, a thankful work if we diagnose the disease in its first stages. Where there are no particularly characteristic symptoms leading to the selection of the remedies I soon give, even in the beginning, without waiting for the symptoms that call for it, *Plumbum aceticum* 8, in rare doses, two to three times a week. After two months I prescribe, twice a day, *Nitrum* 2 for a month, and then return to the use of the first remedy. With these remedies and by observing the proper dietary and other regulations the patient may feel comfortable for years. When the pulse shows an increasing tension (tonometrical measurements of the pulse are very useful in this direction) I give *Plumbum acet.* in alternation with *Glonoin* 6, once a day. The action is soon noticeable.

The abuse of *Mercury* and old lues point to *Kali iod.* But I have seen less of the effect of this remedy than of the former ones. Violent abuse of alcohol and the changes in the liver which generally attend this lead me to the use of *Phosphorus* 6, or of *Acidum sulphuricum* 6.

When there is a decrease of the action of the heart, congestion in the smaller circuit, diminution of the secretion of the urine, and an appearance of œdemas, the chronic parenchymatous and

the chronic interstitial nephritis enter into their last stage. But also here homœopathic treatment may for a time secure successes. This last stage may be viewed in three divisions:

1. Disturbances of the compensation and dropsy may yet be removed. The general health is for some months as yet satisfactory.
2. The disturbances in the compensation can only be removed for a short time; the œdemas vanish, but re-appear continually.
3. There is continued dyspnœa, oliguria, the dropsy cannot be removed any more, and the fatal issue is unavoidable.

In the first division I like to give *Phosphorus*, in connection with the heart remedies, *Adonis* 1, *Cratægus* 1 or *Cactus* 2, and interpose *Apis* 3. Rest in bed is absolutely necessary. Besides the appropriate diet I prescribe daily, twice, a cup of tea made of birch leaves. When the irritation to cough, caused by the congestive catarrh, disturbs the rest at night and cannot be removed by the remedies already indicated I interpose *Drosera* 3, *Kali carb.* 4 or *Conium* 3. Generally there will be success for weeks and months in this manner, and the good effect of these remedies is prolonged by giving *Stibium arsenicum* 8.

In the second stage *Cratægus* 1, or the tincture, and *Apocynum cann.* will act for days on the œdema and delay its progress. Other physicians will give *Arsen.* or *Lachesis* in higher doses. When these refuse to act on the dropsical swellings I pass over to infusions of *Digitalis*; this often produces a diminution of the œdemas. The effect of *Digitalis* may be deepened and lengthened through *Strophanthus* 1, *Scilla* 2, *Cratægus* tincture or tincture of *Apocynum cann.*, but the respite is short. The œdemas refuse at last to yield and the ascites become worse. I do not in these cases make use of acrid diuretics, but start my capillary drainage. With this procedure I have kept patients alive for half a year. But then at last the intercellular tissue was so indurated that the drainage would not act any more.

In angina pectoris and asthma cardiacum *Arsenicum* in the higher dilutions, *Glonoinum*, *Argentum nitricum*, *Naja*, *Lachesis*, *Spigelia* and *Veratrum*, according to the accompanying circumstances, are to be used. For some time one or the other of these remedies will prove successful. When they cease to act the injection of morphiùm will have to be resorted to.

In uræmic delirium *Cannabis Indica* 1 has in one case with me been followed by a striking success. Uræmic attacks, especially epileptiform attacks, will appear at times in cases of chronic interstitial nephritis, even before it has been diagnosed to be present.

In two cases which came under my treatment in this stage I had extraordinary success from *Nitrum 2*, *Glonoïn* and *Plumbum acet-icum 8*. The attacks were cut off with the one patient, the wife of the keeper of a restaurant, for almost four years, and with the other, the inspector of a hospital, for more than a year and a half.

I have thus laid before you the treatment of nephritis by Homœopathy as I have found it in our literature, and also as proved by myself with my numerous nephritic patients. Many of you may have had additional experience, and may have used the medicines mentioned or also others in different dilutions. The discussion which I hope may follow will, I trust, bring out much that will be valuable as to the treatment of this serious malady. I shall be glad to hear the experience of others with *Adrenalin*.

When I consider the successes reached with the treatment of this disease with homœopathic remedies, and compare them with those reached by the reigning school of medicine, I should say that they are at least equal, as we all probably give the same dietetic, physical and hygienic directions. In the treatment of acute nephritis we are superior to the reigning school. Cures are reached more quickly and more fully. In the treatment of chronic nephritis there may be some complete cures; the descriptions in our literature, I am sorry to say, are not always very exact. Among my chronic patients I cannot report any that were finally cured. On examining them I always find still albumen and cylinders. I do not boast that I am able to cause the total disappearance of albumen. I do not believe that I am able to restore parts of the kidneys that have undergone morbid changes. My endeavor has been to prevent further morbid changes. I am confident that our medicinal prescriptions are able to remove troubles and sufferings from our nephritic patients, and to put off for a longer time a fatal issue.—*Summarized from Allg. Hom. Zeit., Sept. 6, 1906.*

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## BOOK NOTICES.

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**Vaccination.** What it has done. What it is. What it will do. Written by Charles A. Hodgetts, M. D., L. R. C. P., London, Secretary of the Provincial Board of Health and Chief Health Officer of Ontario. Published by order. Paper. Thirty pages. L. K. Cameron, Toronto, Ontario, Canada.

Goaded on by the flood of anti-vaccination literature that sweeps the country, the authorities of Ontario, where the revolt has been successful, have printed this pamphlet. It is about as strong a paper in favor of the practice as could be written.

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## EDITORIAL BREVITIES.

“THE QUACK.”—In a paper published in the *Southern California Practitioner* Dr. W. B. Sawyer, of Riverside, California, says that there are two grand characteristics which distinguish the physician from the quack, namely, “wisdom and honesty, \* \* \* without which he is, and must be, a quack.”

Further along our essayist writes: “Everything in medicine must be unanimously accepted.” Also, “There can be no pathy practitioners, the medical man is either a doctor or a quack.” And again, “Anything in medicine about which there is a doubt is on the same plane medically as is socially the damsel whose chastity is lightly questioned.”

Who, then, shall go unwhipped? Not the homœopaths, for Dr. Sawyer takes them up and writes:

“Equally abhorrent and more viciously obnoxious to the true spirit of medicine were the so-called homœopaths. The name, invented originally for a theory equally as untrue and contrary to scientific fact as the older term, was used as a cover not only for the treatment of disease diametrically opposite to that of the so-named allopaths, but for a wide range of ridiculous and unscientific postulates and wild theories in regard to pharmacology, which its defenders pretended to, and perhaps did, believe were discoveries, but which were the boldest travesties on science. Hahnemann, the founder of this sect, announced certain theories and deduced principles for an art, and his followers either conscientiously adhered to them or not. If not, it requires no argument to show that they were using the name commercially to draw trade and not scientifically to prove a theory or cure disease. Such as did adhere to them were equally in the category of bad medicine.

The foundations gained by their inductive methods cannot bear the slightest comparison either in number, correctness of detail or exactness in individual instances with the wide range of experimental knowledge gained and handed down for centuries by the professors of the legitimate art. Yet if they were as full, correct and well accredited they could not furnish a basis for a system of therapeutics consisting, as these did, largely of specifics. For the experiments must be taken as absolutely without error, as having surrounded every possible contingency and grasped the entire universal, or they will not serve as rules for absolute treatment. But the real fact is that the alleged experiments were few in number, stupidly and inaccurately conducted, neither carefully reported nor tabulated, and showing results so ridiculous on the part of them that a man of ordinary common sense can but laugh." And more to the same effect.

A greater one than Dr. Sawyer once said: "By their fruits shall ye know them." When Asiatic cholera first swept Europe the "regulars," "allopaths," or what you please, lost over fifty per cent. of their cases, while the "abhorrent" homœopaths lost about six per cent. This is historic *fact*. And it holds true in every disease that physicians treat.

Given honest homœopathic treatment, a man's chance for life and health is increased twenty-five per cent. And yet it is "quackery!" Bah!

WHAT HE REQUIRED OF HIS DOCTOR.—From a paper in the *New York Medical Journal*, by Dr. W. B. Konkle, of Montoursville, Lycoming Co., Pa., we clip the following, from the annals of the famous French wit: "Molière's good will toward his physician is strikingly evinced by a petition addressed to Louis asking for a clerical office for Mauvilian's son. The petition is peculiarly Molièresque, however. It begins thus: 'Sire, a very upright doctor, of whom I have the honor to be the patient, promises me, and is willing to obligate himself before a notary, to make me live yet thirty years, if I can obtain for him a favor from your Majesty. I have said to him, regarding his promise, that I did not demand so much of him, and that I should be satisfied with him provided he would obligate himself not to kill me.'"

EPILEPSY.—Dr. Alfred Gordon, Philadelphia, contributes the leading paper to the *New York Medical Journal* of October 20th under the title "The Salt-Free Treatment of Epilepsy." Briefly

stated, he found that by withholding salt from the diet of thirty-seven cases of epilepsy great improvement resulted. Or, to put it in the writer's own words: "My study of the thirty-seven cases led me to the following conclusions: Sodium chloride plays undoubtedly an important rôle in the chemistry of the organism. The suppression of alimentary salt in the diet of epileptics has a favorable effect on epileptic seizures, inasmuch as it reduces their frequency and their severity."

Any reader so fortunate as to possess a copy of Hahnemann's *Chronic Diseases* can see, by reading up *Natrum mur.*, that our "regular" friends are hot on the trail. *Natrum mur.* is one of the underlined remedies of the old repertories for epilepsy.

MEDICAL POLITICS.—The *Eclectic Review* for October says: "In several States having the three-board system of medical examiners there is to be another attempt during the coming winter to lessen the dignity and power of the eclectic school by establishing in place of the three boards a mixed board consisting of three old-school men, one eclectic and one homœopath—thus placing everything medical fully under the control of the old school."

Better fight to the bitter end than submit to allopathic domination. In Pennsylvania when the Pharmacy Law was enacted there was a "gentleman's agreement" that the homœopaths should be entitled to one representative on the examining board. It was lived up to for a few years and then the homœopath was unceremoniously dropped, and has remained dropped for many years.

Stick to your principles and do not try to mix incompatibles.

A BIT CYNICAL.—"Should the general practitioner send his eye cases to the eye doctor, his ear cases to the ear doctor, his throat cases to the throat doctor, his chest cases to the chest doctor, his stomach cases to the stomach doctor, his rectal cases to the rectum doctor, his genito-urinary cases to the G. U. doctor, his skin cases to the skin doctor, his gynæcological cases to the gynæcological doctor, his X-ray cases to the X-ray doctor, etc., and had not married rich, who would pay the bills of the generous general practitioner?"—*E. S. McKee, Cincinnati, in Pacific Medical Journal.*

THE HARMLESS MALE.—Dr. H. T. Brooks in the October *Post-Graduate* gives us the following information that is of general interest:

“Of all biting flies and mosquitoes, no matter what they are called, *only the females suck blood and hence transmit diseases.* The males are harmless vegetarians, which, when they need nourishment—which is not always the case—obtain it during their relatively very short winged existence from nectar of flowers, tree gums, and juices of all kinds of plants.”

The *italics* are Dr. Brown's. Now if we can kill off the lady mosquitoes and flies we may be happy yet.

REMOVING THE CAUSE.—In the last issue of the *Medical Advance* Dr. H. C. Allen writes of a case of deafness cured. A man of twenty-six lost his job because of deafness. On examining his mouth Dr. Allen found a typical case of mercurial poisoning and also the cause, namely, seventeen large mercurial amalgam fillings. These were removed by a dentist and other fillings substituted, and, with a few doses of medicine, the man recovered his hearing.

THE COURTEOUS MEXICANS.—Dr. Francis McMillan, in her paper read at the International Homœopathic Congress, said:

“On first coming to Mexico, I went to the hospital three times a week to the bedside clinics held by Dr. Fernandez de Lara. I presume none of the physicians or students had ever seen a woman physician before, but never, even in my college days in Cleveland where they are particularly courteous to their women students, have I met with such courtesy and chivalry as shown me by these gentlemen. The best place was mine, the first opportunity to examine the patient after Dr. Lara was offered me, and my scanty Spanish was always supplemented by English explanations either from Dr. Lara or one of the students who possessed that accomplishment.

“Ever since I have been in Mexico I have invariably met with the greatest friendliness from these physicians who have been genuinely interested in my success in my practice among the Americans.”

There seems to be some things the people of the United States can copy with advantage from our Mexican and South American friends.

A SENSIBLE LAW.—In his paper read before the International Homœopathic Congress, at Atlantic City, last September (reprinted in *New England Medical Gazette*), Dr. W. K. Bouton tells us that:

“ All medical practitioners on entering any part of Australasia for the purpose of practicing medicine must first of all pass the State Medical Board, and become registered. The applicant is not required to pass any examination. His certificates are looked into and if from a high standard school are accepted.”

That is as it should be. If a medical college or university of high standing grants a man a diploma in medicine, it should be accepted everywhere.

**THE TALCOTT ROUND TABLE.**—The Atlantic City Institute meeting furnished the occasion for the formation of a society which is bound to fill a want. The Talcott Round Table is to be open to all physicians who have been or are now connected in any way with public or private hospitals for mental diseases under homœopathic control. The object is to cement the bonds that should naturally exist among fellow workers and this is to be attained by a gathering of the members at a luncheon or dinner during the Institute week. The first luncheon took place at the Hotel Dennis, Atlantic City, on September 13th. The naming of the organization after Selden H. Talcott was a graceful tribute to the man who did so much to establish the value of a hospital for mental invalids under homœopathic control. The first president is Dr. C. Spencer Kinney, of Easton, Pa., and managers, superintendents and assistant physicians who are eligible for membership should get into communication with him on the subject.

**THE NATIONAL SOCIETY OF PHYSICAL THERAPEUTICS.**—It is a well known fact that homœopathic physicians, actuated by the progressive spirit that actuates them as a class, are good customers of the manufacturers of apparatus used for physical therapeutics. It is undoubtedly true that at least a thousand homœopaths daily use one or more of the therapeutic measures which range themselves under this department of medical practice, and every one of them should be enrolled in the National Society of Physical Therapeutics, the one organization that has stood for the development of this line of work among homœopathic practitioners. The dues are but one dollar a year, and this entitles the member to a printed report of the business transacted, and of the papers and discussions offered at the annual meeting. Anyone interested in this line of work is bound to get many a hint, each of which is worth much more than the membership fee. Membership is open to all practitioners who are members of any local, state or national

medical society. Applications, accompanied by the first year's dues, can be sent to any member of the executive committee: Hills Cole, M. D., president, 1748 Broadway, New York; Rollin H. Stevens, M. D., Detroit, and W. H. Dieffenbach, M. D., New York, vice presidents; Annie R. Higbie, M. D., treasurer, 158 W. 76th St., New York; John D. Boileau, M. D., secretary, 804 Lehigh Ave., Philadelphia; W. H. King, M. D., and J. Oscoe Chase, M. D., New York. It may perhaps be added that the National Society of Physical Therapeutics is the outgrowth of the National Society of Electro-therapeutists, the scope of the latter organization having been enlarged and its name changed at the annual meeting held at Niagara Falls.

A CURIOUS PLEA.—The Cleveland *Plaindealer* of October has an interview with the well known John D. Rockefeller, of the famous Standard Oil Company. Mr. Rockefeller is no doubt an estimable Christian gentleman, and there is no question as to his ability as a business man, but it seems to us that in this interview he mixes things somewhat. Condensed down to its marrow his contention is that the uproar made over the evils prevailing in the packing houses of the United States will hurt business. Perhaps it may—temporarily. But as a Christian should Mr. Rockefeller support measures looking to the physical welfare of the people before the possible loss of some business? For remember the old and true proverb from the Latin—briefly put—reading in Anglo-Saxon, a sound body is needful for a sound mind. From a business point of view it seems to us that if we can convince the world that our packers have ceased to ship carcasses of animals that have died from disease, to cease to slaughter, for food, diseased animals, or calves originally healthy that have been literally poisoned by the smallpox virus (else what is it?) to produce vaccine lymph, the result will be a business gain in the world's markets, as it would certainly be a triumph for pure Christian principles. We are sure that Mr. Rockefeller will admit that Christianity is to be preferred in a nation to business greed, as displayed by the packers—assuming of course the "Exposures" were true.

A POSSIBLE NEW CURE FOR APPENDICITIS.—An Associated Press dispatch states that at Libertyville, Ill., a wager was made between three young men, possibly more, as to which could eat the most limburger cheese. One of them, Frank Miller, after eat-

ing two pounds, died. Two doctors diagnosed the case as one of appendicitis and operated on him, but, as said before, he died, nothing the matter with the appendix. Two others may live or may die. This looks like an heroic proving of Limburger cheese and the symptoms point to appendicitis if Drs. Nye and Fegggers, of Woodstock, Ill., were correct in reading the symptoms.

AN OLD TIME DISEASE.—About 1,800 years ago Aretaeus wrote:

“Gonorrhœa is not, indeed, a fatal affection, but one that is disagreeable and disgusting even to hear of. For if impotence and paralysis possess both the fluids and genital organs, the semen runs as if through dead parts, nor can it be stopped even in sleep; for whether asleep or awake the discharge is irrestrainable, and there is an unconscious flow of semen. Men have not the same prurulent feelings as women affected with the disease; the fluid which runs off being thin, cold, colorless and unfruitful. For how could Nature when congealed evacuate vivifying semen? And even young persons, when they suffer from this affection, necessarily become old in constitution, torpid, relaxed, spiritless, stupid, shrivelled, inactive, pale, whitish, effeminate, loathe their food and become frigid; they have \* \* \* torpidity of the legs. \* \* \* In many cases this disease leads the way to paralysis.”

OLD TIME SURGERY.—In the “Story of Andrew Jackson” now running in *The Cosmopolitan* it is related how General Jackson got into a fight with the Burtons and received two horse pistol bullets in his left arm and shoulder. He was carried into a hotel and the surgeons offered to cut his arm off. “By the Eternal, No!” was his answer. Presumably the bullets were extracted and then the wounds were bound up with slippery elm poultices. In a month’s time the Creek Indian war broke out and General Jackson led his men in it to victory, though he was still unable to use his arm. It may be that this old remedy has been unduly neglected.

## NEWS ITEMS.

A large meeting of the homœopaths of this State was held in the annex to Grace hospital, New Haven, Conn. Dr. Ely, of New York, demonstrated the Lorenz method for congenital dislocation to the hip, and exhibited cases under treatment and the curative results. The Ophidians were discussed in the Bureau of Materia Medica. Dr. Stuart Shiff, of New Haven, described the office treatment of Diseases of the Rectum; Dr. Edward Sylvester Smith read a paper on Neurasthenia; Dr. Carrol Beach, of Hartford, on Acne Vulgaris, and Dr. T. W. Peck, of Litchfield, on Herpes Zoster.

Dr. Egbert Guernsey Rankin, of New York, sent a goodly number of his "Text-Book of Diseases of the Chest" to San Francisco, to be given, "with his compliments and best wishes," to those who found themselves bereft of books in this time. Mere formal "thanks" do not express the appreciation of those who thus unexpectedly became once more the possessors of this exceedingly helpful work.—*Pacific Coast Journal of Homœopathy.*

Several Eastern publishers have placed the medical profession of San Francisco under lasting obligations by granting special discounts to physicians who lost their libraries in the fire, or in many instances by replacing, free of cost, some extensive publication which had been destroyed. Among these, so far as the knowledge of the writer is concerned, Messrs. Wm. Wood & Co., Messrs. W. B. Saunders Co., Messrs. Boericke & Tafel, and J. B. Lippincott Company have been particularly considerate.—*Pacific Coast Journal of Homœopathy.*

Surgeon General James Pattison Walker of England, has, in his will, left the Lloyd Library, of Cincinnati, a bequest of \$30,000, and, what is still better, his valuable library containing many rare books and manuscripts. The Lloyd Library is unique of its kind, and is open to any student of botany, pharmacy, materia medica and allied sciences.

Dr. E. H. Wilsey has removed from Parkersburg, West Va. to Greenfield, O., succeeding Dr. A. E. Goldsmith.

Dr. Robert S. Phillips and Miss Frances Low were married on October 24 at Grace Church, Providence, R. I. Dr. Phillips is

the Secretary of the Rhode Island Homœopathic Medical Society. New York Homœopathic Medical College, class 1900.

Next meeting place of the American Institute of Homœopathy is not yet definitely settled, as we learn from the report of the meeting in the *Hahnemannian Monthly*. On Saturday President-elect Dr. Hooker, of Hartford, Conn., asked the Executive Committee be given power to change the appointed place of meeting if it was found that satisfactory arrangements could not be made at Norfolk. Dr. Custis, of Washington, spoke in favor of this, namely, that if Norfolk did not live up to its promise the committee have power to change the place of meeting. It was carried. Guess Norfolk will, though.

A reception was tendered Dr. S. K. Mang, September 1st, on his return from America to his home in Calcutta, India. The reception was held in Homœopathic Society's room, on the first floor of Messrs. Lahiri & Co.'s building, Homœopathic chemists. Dr. Younan presided. The meeting was a very enjoyable one. Among those present were Drs. D. N. Ray, B. B. Chatterjee, A. K. Dutt, J. N. Ghose, G. L. Gupta, I. Palif, T. N. Maitra, M. Mallick, J. K. Moitra, B. Mukherjee, G. Ghose and others.

Dr. Thomas Skinner, of London, England, the famous high potency advocate, and inventor of the well known "Skinner Potencies," died on the 11th of September.

Dr. A. M. Cushing, of *Mullein oil*, *Homarus*, *Phaseolus nana* fame, has changed his address in Springfield, Mass., to "The Evan's House."

The nurses of San Francisco have formed a "union" and struck for \$25 per week.

The officers of the Texas Homœopathic Medical Association are: H. B. Stiles, M. D., Waco, President; W. L. Freeman, M. D., San Antonio, First Vice President; G. A. Gifford, M. D., San Antonio, Second Vice President; Julia H. Bass, Austin, Secretary; Lloyd Pollock, Fort Worth, Treasurer.

The Sixth Annual Conference of the Sanitary Officers of the New York State Department of Health met at Syracuse on October 24-26, Dr. Eugene H. Porter, Commissioner of Health, presiding.

## PERSONAL.

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An examining attorney asked: "What is an expert witness?" Well?

Binks thinks that even spoiled eggs have their uses.

Life insurance companies are sometimes cheated by men working themselves to death in paying the premium.

"Men don't kiss each other because they have something better to kiss," said a young miss.

When a bank cannot raise "the dust" it busts.

T. R. to the contrary, "kist" is not as nice as "kissed."

There is one thing we should never be out of—temper.

The man in the moon cannot keep a wife because he has only four quarters and gets full on one of them.

"Sunshine consists of a metallic shower," writes a—scientist.

A breezy person is all right but a windy one is N. G.

"Who sleeps in silver beds never has golden dreams," Russian proverb.

Binks thinks that the best peach is one in a shirt-waist.

A self-satisfied man satisfies no one but himself. But he is happy.

"Never let a baby cry," writes a newspaper wiseacre. Gee!

"Well here we R again," said the pessimistic oyster on the first of September.

No, Mary, a liberal minded man is not one who is always giving his fellow citizens a piece of it.

Even a toper dreads his Bier.

When bill-boards blaze with giddy girls you may know that summer is over.

Revenge is sweet to some persons, but they are not the best class.

No, Mary, a forward person is neither a pusher nor a leader.

"As pretty as a picture" may be a compliment or not. Depends on the picture.

"The ancients thought the world was flat," remarked Binks, "and I sometimes think so."

In Southampton it is agin the law to whistle on the streets on Sunday. Why not stop the barbarity every day.

Pepys in his famous *Diary* says that this family always went to bed before wash day "without prayers."

# THE HOMŒOPATHIC RECORDER.

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VOL. XXI. LANCASTER, PA., DECEMBER, 1906

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No. 12

## ARTICLES BY DR. C. v. BŒENNINGHAUSEN.

### Something Concerning Whooping-Cough.

*Allg. hom. Zeit.*, Vol. 53, p. 85.

In the epidemy of whooping-cough which has been raging this year and which is not yet at an end, and which has again demanded numerous victims, the superiority of homœopathy, as compared with allopathy, has again been brilliantly proved. The sincere and honest adherents of the latter—and there are many such—acknowledge themselves, openly, that this dangerous children's disease cannot be healed, nor even shortened by them, and I have learned of several instances where an allopathic domestic physician directed the sorrowing parents to me. It is, therefore, inexplicable how there may yet be physicians who, with this self-confessed impotence of the old school, nevertheless still continue to prescribe their mixtures in whooping-cough, though they never help, but very frequently are of mediate or immediate injury. For though the fatal nature of this disease is not especially increased thereby, still a good deal of time is thereby uselessly wasted, and what is worse for us, the natural indications on which the selection of our remedies must be founded are, thereby, frequently so mixed up, perverted and obscured, that an unnatural monster of a disease arises, which does not correspond to any one homœopathic remedy, and, therefore, requires several consecutively.

This last may, in part, be the chief reason why, as I have heard, homœopaths are not so successful in their treatment of whooping-cough as the present state of our science might justly lead us to expect. We can not, indeed, deny that this difficulty

suggested presents quite a considerable obstruction, and that a disease which has thus been muddled up is much more difficult to cure than a natural one. But with a careful selection of the remedies the cure of such a disease, though somewhat delayed, should, nevertheless, proceed safely and in a period not too extended, and we must, therefore, especially take care not to be misled by indications of no moment, but should always strenuously keep in view the characteristics of every individual case.

To facilitate the selection I have established the following therapeutical diagnoses in agreement with the experience gained in the present epidemic as well as in some preceding ones. These contain in every case what is most essential for this disease, can easily be looked over and, therefore, simplify as well as make sure the selection of the remedy.

As a result from the latest experience, I would only add that the end is gained most rapidly if the suitable remedy is given in a high potency and in a minimal dose, dissolved in water, a tea spoonful being given morning and evening.

### Therapeutic Diagnosis for Whooping-Cough.

1. *Carbo veg.*—Whooping-cough in less frequent attacks (3 to 5 a day), most violent in the *evening* and *before midnight*, with *flowing catarrh*, *sneezing*, *lachrymation of the eyes*, and *hoarseness*, dyspnœa while walking in the open air, and throat ache while swallowing. (Often indicated after *Veratrum*.)

2. *Cina.*—Attacks of whooping-cough, preceded by *rigid raising up in bed*, as if unconscious, and with *paleness of the face*. After the attacks, *noise* in the chest, *as if swallowing a liquid*, moaning, gasping for breath, sneezing and vomiting. (Often after *Drosera*.)

3. *Cuprum.*—Whooping-cough *in long uninterrupted attacks* (without stopping), the breath stops, *succeeded by hoarseness*, with *vomiting of only solid food* (aggravated by taking solid food), *relieved by drinking water*, with *chilliness all day*. (Often after *Veratrum*.)

4. *Drosera.*—Whooping cough, most violent *after midnight*, with *ringing*, *quickly succeeding shocks*, not allowing one to take breath, *face bluish-blackish*; a sensation of *constriction in the chest and hypochondria*, compelling one to press on them with the hand; bleeding from nose or mouth, worse from *drinking* and from the

*smoke of tobacco*, at the end *vomiting*, first of *food*, then of *mucus*. (Often after *Sulphur*.)

5. *Ferrum*.—Spasmodic whooping-cough, dry in the evening, in the morning with much *purulent expectoration*, streaked with *blood*, with *sour vomiting of the ingesta*, stopped immediately by eating a little.

6. *Hepar sulph. c.*—Whooping-cough in dry, hoarse attacks increasing from evening to midnight, with *anxious, whistling respiration*, as if about to suffocate, compelling one to raise up quickly and bend back the head; *swelling under the larynx* and *strong beating* of the carotids; aggravated by *getting cold* and by *drinking*. (First noticed this summer.)

7. *Pulsatilla*.—Whooping-cough (at first) in the evening and night dry, in the morning with much *expectoration*, mostly bitter; aggravated in the warmth and in a warm room, with *dyspnœa* in the lower part of the chest, relieved by *raising up*, or by *getting up out of bed*.

8. *Sulphur*.—Whooping-cough (of scrofulous children) with short, successive shocks, at night WITHOUT, during the day WITH *expectoration*, *paleness of the face*, *asthma* and *retching* aggravated during moist, cold weather, and during cold weather.

9. *Veratrum*.—Whooping-cough with tightness of the chest, and *vomiting of tough watery mucus*, with *cold perspiration on the forehead*, and with *involuntary urination*, aggravated when coming from the cold into a warm room and from drinking.

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### Aluminium Metallicum.

*Allg. hom. Zeit.*, Vol. 54, pp. 89 and 97.

Among the remedies which undeservedly seem to be but rarely used, *Alumina*, no doubt, occupies the first place.

I intentionally say, *undeservedly*, for *Alumina* is one of the remedies possessing, besides the ordinary healing virtues, also others which are peculiarly its own and not found elsewhere. And we know hardly any homœopathic medicine which has been proved with equal care and completeness, which is mentioned so rarely.

To show the indispensable nature of this remedy, it will be sufficient to confine myself to the following brief three indications:

1. Symptom 21 (*Hahnem. Chronic Dis.*, 2d ed., II, p. 37) presents the image of a depression of mind and spirit not infrequently met in women, and which is not found to the same degree in any other remedy, and which, in my practice, has produced the most complete and permanent cure.

2. Of great importance and of still more frequent applicability are the eye-symptoms and those of the face, 158-214, which have approved themselves in practice in numerous cases most completely and which show peculiarities which secure for it a suitable application.

3. Symptom 981, in connection with symptoms 821, 831, 924, 1002, 1012 and several others, promises aid and has also given it to me in a disease—*tabes dorsalis vera*—which all allopaths have unanimously declared to be quite incurable.

No one, indeed, who has studied the indications of this vigorous medicine properly, and who has thoroughly caught its genius, can acknowledge in a therapeutical sense the naught (o) with which chemistry has designated this substance.

We may, therefore, properly ask, why this undeserved neglect? While every week provings of new remedies appear, which contain nothing characteristic for use, and which, therefore, in a short time are discarded among the old rubbish and forgotten.

According to my opinion, two causes are chiefly at fault, namely:

1. The favorite mode of using the low potencies, which, besides this are now prepared, according to the decimal scale, whereby the peculiar, deeply penetrating virtue of the medicine is not yet sufficiently developed, as may easily be seen by those who desire to see in the case, especially of several minerals and metals, and

2. The use of the oxide instead of the metallic *Aluminium*, the preparation of which, of course, belongs to this later date and was not known in the lifetime of *Hahnemann*.

Since I for a long series of years have used almost exclusively high potencies, the former reason cannot be offered by me, when results sometimes stay behind my expectations, although the selection of the remedy seemed to be homœopathically a fitting one.

In considering the decided preference of *Hahnemann* for the preparations made from the metals themselves, and in order to draw my answer to the second question from experience itself, I sought to get some chemically pure *Aluminium* in which I was successful eventually in England.

Of this pure *Aluminium metallicum*, the very reliable druggist, Mr. W. *Lehrmann*, in Schoeningen, near Brunswick, from whom I usually get all my remedies (always receiving them of excellent quality), made preparations according to the still valid prescription\* of Hahnemann, and carried them up to the 200 centesimal potency. Whoever desires to be supplied with this medicine can get any desired potency, both genuine and reliable, from him, and I may still add that the 200 potency which I have been using since February of this year has not only proved itself completely effective, but has far exceeded the former preparations of *Aluminium* in its curative powers.

Hoping that some of my honored colleagues may feel induced by this communication to also institute experiments with the *Aluminium metallicum*, it might not be inappropriate to relate some of the results already obtained from it in the above-mentioned brief time.

I. Vol. XCII, p. 93, Cl. H., the wife of a merchant here, thirty-two years old, during her confinement in the summer of 1854, had an inflammation of the eyes, which, under allopathic treatment, turned into amaurosis, or gutta serena of the left eye, and it had also began to show itself on the right eye, when my aid was invoked on July 20, 1855. In my journal I find the remark that the eyes are most darkened in the bright sunlight, and that even in the dark and during twilight she can only see enough to find her way alone on the street.

She sees no colors, but everything is black and dark. At the same time she suffers from almost constant headache, worse in the evening and in motion. She is ill affected by pork, by all cabbage and by food causing flatulence. She easily perspires. Stool and menses are normal.

She had continually used many remedies, especially also ointments, to which she ascribed the worst aggravation, but I could not learn their constituents.

In order to save, if possible, at least, the right eye, I first gave *Belladonna* with the most decided success, then *Conium*, which

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\*In the new edition of the Organon which will probably appear yet in the course of this year, improved and completed by *Hahnemann* himself, a new simplified procedure for the potting of medicines will be taught, which has considerable advantages over the former and yields a preparation as to the efficacy of which I can, from my own experience, give full praise. I know this procedure, but according to my pledged word of honor, am not, as yet, permitted to communicate it to any one.

acted also considerably on the left eye, and then again *Belladonna*, since clouds appeared again before the right eye, but which soon disappeared again.

In the meantime she was again pregnant since the beginning of August and several attendant ailments required intermediate relief while the eyes progressed in their improvement.

In November she especially complained of a yellow spot before the eye, when looking at any thing white; this soon disappeared after a dose of *Amm. carb.*

Toward the end of March, 1856, she was happily delivered of a healthy child, but some of the ailments usual with women in confinement set in which could, indeed, be quickly removed, but which again caused an aggravation of the eye-symptoms. These were improved by the use of *Sulphur* and *Calcarea carb.*, but owing to manifold disturbances during the summer, producing toothache and stomach-troubles, and again demanding intermediate remedies, there was no satisfactory progress.

This may have contributed to her following the advice of a relative, an allopathic doctor, so that she confided herself to his care. By giving her *Coccionella*, *Nux vom.*, *Ferrum*, *Magnesia* and *Aeroph.* powders in large doses, he made the poor woman stone-blind within six weeks, and she was brought back to me by her husband as a repentant sinner, since now all hope was gone. This occurred on Jan. 1, 1857. By consecutive doses of *Sulphur*, *Calcarea*, *Caust* and *Sepia* her improvement had considerably advanced again by February 21, so that she could again go out without a guide. But her eyes were still very misty, the sleep disturbed by many dreams, and there was constipation and headache.

On the day before, I had received from *Mr. Lehrmann* the preparations made from *Aluminium metallicum*, and I now gave her a dose of *Alum. metal.* 200, to be dissolved in six spoonfuls of water and to be taken three days in succession, well shaken, one spoonful in the morning and one in the evening.

The effect exceeded all my expectations, the eyes had become as clear as before and also the concomitant ailments had all vanished.

A second dose of *Alum. met.* 200, on March 2, continued the improvement in the same way, while she had again become pregnant. On the 12th of March *Sulphur* 200 and on the 20th of March again *Alum. met.* 200, whereby the eyes have now been

altogether restored, and only the concomitants of pregnancy require to be attended to.

II. Vol. 9, p. 170, Elis. B. in A., the wife of a land-owner, 61 years of age, had been suffering for a long time from an inguinal hernia on the left side, which since three days has been strangulated, with complete constipation and the most violent pains. Before that she had much pain in the stomach, bitter vomiting and bitter eructation, with redness of the face. The (allopathic) doctor treating her, having ineffectually used *Bellad.*, *Plumb.*, *Magn.*, *Laurocer.*, and *Ol. Ricini*, now declared that an immediate operation was absolutely necessary, but the aged woman could not agree to this.

Feb. 22, 1857: 1, *Nux vom.*, 2, *Cocc.* 200, alternately in solution, one spoonful every two hours.

Feb. 24. No stool as yet, but discharge of flatulence. No more vomiting but still bitter eructation. Now *Alum. met.* 200, in water, one spoonful every three hours.

Febr. 26. In the evening till midnight, violent colicky pain, but then a stool.—*Acid. sulph.* 200, as in the case above.

Feb. 28. In consequence, the rupture became much smaller, and again a proper stool, but violent vomiting of bitter mucus and water. Much burning in the stomach. Often a chill from the stomach to the back. Last night, rest and sleep and no more vomiting. Frequent drinking, but little at a time. *Sulphur* 200, taken as above.

March 2d. Last night much cutting in the abdomen, but the stool is now quite normal. Before midnight, her condition was good. *Sulph.* 200 as before, but only thrice a day.

March 7. Now the pains in the stomach only come in the evening, aggravated by pressure and touch. *The stools since the 24th of February have been perfectly good and regular.* *Nux vom.* 200, in water, morning and evening, one spoonful. Since then all the ailment have disappeared, and the woman feels better than she has for years.

This short case may serve for a confirmation, that *Alum. metal.*, like as *Alumina* belongs among the most excellent remedies for a permanent aid on account of inaction of the bowels, and works even through other remedies in this direction in a curative manner.

III. Vol. XCIV, p. 239, J. P. C., aged 33 years, the wife of an official in G. in the Kingdom of the Netherlands, has been suffer-

ing for fourteen years from a chronic cough, said to have arisen from a cold. After an attack of Cholera, treated allopathically seven years ago, this cough had been much aggravated. The cough is provoked by an irritation in the throat, as if from a cuticle suspended loosely at that point, accompanied by an expectoration, putrid of taste and difficult to detach, and by stitches in the splenic region, most aggravated in the cold, open air, by the smoke of tobacco and by weariness from speaking; much alleviated by warmth, hoarseness from much speaking and in lively company. Eating onions gives throat-ache. Also irritating substances such as salt, wine, vinegar and pepper and the like at once excite the cough. The menses are very copious and long continued. Chills and much thirst. The condition is better during rest. At night she feels pretty well; but on account of her cough she can not lie on the right side. Riding in a carriage gives her pain in the chest. She has used by this time an endless list of substances, but most frequently *Nitr.*, *Ipecac.*, *Sambuc.*, *Hyosc.*, *Dulc.*, *Dig.*, *Lam.*, *Bell.*, *Opium*, *Chin. sulph.* and the modern favorite that does so much injury, *Kali hydrojod.* Her treatment was begun by me on May 6th, 1856, with a dose of *Arsen.* 200, with a few accompanying powders of *Sacch. lactis.*

June 8. Some improvement in the cough, but there is still the sensation as of a cuticle in the throat. Before the menses, a chill and headache. At the least exertion, profuse perspiration. At night, stitches in the shoulder on which she lies. *Calc.* 200.

July 4. Little result from it. The stitches have their seat in the shoulder and in the shoulder-blade on the left side. Headache above the left eye. A pappy taste. The cough has not improved any further. *Sulphur* 200.

July 28. The improvement advanced, though she had taken cold, and from it had chills and heat in alternation for a few days. The menses are preceded by pain in the back. Still some stitches in the left shoulder. *Phos.* 200.

Aug. 24. Now there is quite a considerable improvement and she has become much more vigorous. The menses are still too early and too copious, and this time they were preceded by hæmoptoe and pain in the chest. Ill-effects from melons. *Phos.* 200 repeated.

Not to become too diffuse, I would only briefly state that the cough, through the successive use of *Sulph.*, *Puls.*, *Lyc.* and *Sepia*, continued to improve, but the improvement made only very

slow and insufficient progress. On the 26th of February I sent the patient a dose of *Alum. met.* 200, to be dissolved in water and taken in three days. On this there at once appeared a far greater improvement than with any of the former remedies, so that the pains now only remained in the left shoulder. Even a severe cold, taken on a journey to Rotterdam, with heavy fluent coryza, headache and eye-ache, and inflammation of the nose and lips, which was quickly healed with *Cham.* 200, had no further ill-effects, and an additional dose of *Alum. met.* 200, given on March 26th, removed, according to a report of April 21st, all the rest of this fifteen years' old ailment.

IV. Vol. LIV, p. 12. G. D., in L., a farmer's wife, still vigorous at the age of fifty-five years, who has been treated successfully by me before (1843) on account of an ailment of the stomach, has now been suffering for six weeks from a moist eruption on both forearms; to this yet had been added, by smearing and anointing (probably with Mercury), ulcers on these places. Also, the stomach, which up to that time had remained well, is disorderly since two weeks, but I could get no further information from the messenger. Since we possess only a few remedies which cause a moist eruption *only* on the forearms, and *Alumina* among these stands in the front rank, I sent the woman, on March 7th of this year, a dose of *Alum. met.* 200, to be dissolved in six spoonfuls of water, a spoonful to be taken every morning and evening for three days, after stirring it well every time.

On March 26th I heard the report that in the first days after taking the medicine the eruption had somewhat extended itself and become worse, but then it had quickly dried up, and a week afterwards had wholly disappeared. The ailment of the stomach also had vanished. *Sulph.* 200, to be taken in the same way. Since then I have heard nothing more from her.

V. Vol. XCVII, p. 187. G. St., thirty years old, an unmarried seamstress, had contracted an ailment of the eyes two months and a half ago by taking cold, and especially by sleeping by an ill-fitting window. This ailment every day became more burdensome to her in her employment as seamstress. Especially in the morning and when the light is bright she suffers from violent lacerations in both eyes, with copious lachrymation, continually aggravated from the strain on her eyes, and only transitorily improved by closing the eyes. Besides this she suffered much from frightful dreams, mostly after midnight and in the morning;

severe perspiration on the sexual organs; and, beginning with the time of her rather scanty menses, a violent distension of the abdomen and violent urging downward.

Feb. 28, 1857. *Euphras.* 200, to be dissolved in water, and for three days one spoonful to be taken every morning and evening.

March 4. The eyes have improved, especially in the open air, but now in the evening there is much headache. *Puls.* 200, given as before.

March 15. Progressive improvement of the eyes. The headache has altogether disappeared. The rest, with exception of the menstrual troubles, as the period has not yet re-appeared, are also improved, but are still present. *Alum. met.* 200, taken as before.

April 2. Now there is a decided and considerable improvement in all the symptoms. The menses appeared without any concomitant ailments, the perspiration on the sexual parts has altogether ceased and the general condition is excellent. Only the eyes suffer yet from somewhat strenuous work. The outside canthi are somewhat inflamed. *Lyc.* 200, given as above. This is still acting, and will probably have to be followed by a dose of *Sulphur* to complete the cure.

VI. Though the following cure has not yet been completed, I feel impelled to adduce here what has been attained so far in a very desperate case, being the experience made in a case of *tabes dorsalis*, which is unique in its kind and illustrates what I stated above in paragraph 3.

Vol. XCVI, p. 163. J. G. P., a carpenter, aged 35 years, living in G., has now been sick for eight or nine years, and under allopathic treatment has become more and more wretched. His disease began with pains in the left side of the abdomen and with constipation, attended with a cough which made the abdominal pains unbearable. Gradually a paralysis of both legs had set in, these being constantly hot and swollen in the evening from the knees to the feet. At last, also, ischuria set in, in which the urine first discharged appears like buttermilk. As the man lives nearly thirty-five miles from here I could not visit him, and could only hear what is given here. As little could I get the former recipes; still while the paralysis was increasing nothing had finally been used but various domestic remedies and cod liver oil.

On Nov. 2d, 1856, he first received from me: 1, *Puls.* 200; 2, *Sulph.* 200, one powder to be dissolved every ten days in water and a spoonful to be taken every three days. Between times, *Sac. lactis*.

Nov. 23. I heard of an incipient improvement in the general condition, not only of the paralysis, but also of the urine, which still was milky. *Phos. ac.* 200, given as above.

Dec. 14. Progressive improvement, no other symptoms, so *Phos. ac.* was continued.

Jan. 5, 1857. The passage of the urine is still more difficult and the urine still of the same description. Besides this there are sudden shootings in the legs, which are not described more nearly. *Sulphur* 200, to be taken as before, and the urgent request to send me next time some one from the house to give me an oral account, and whom I might question.

Jan. 16. Now, at last, I received a more exact account, and with it the well-known symptoms of genuine *Tabes dorsalis*, especially the peculiar softness and insensibility of the soles of the feet, and the loss of power over the lower limbs, especially in the dark, so that he does not know where they are lying. The paralysis of the legs, indeed, had remained altogether unchanged, that of the right leg having rather increased. Frequent burning and chapping of the calves and thighs. While at rest and in the cold the paralysis as well as the general state was worst. Stool and urine had improved, as well as the general health. *Rhus* 200, to be given as above.

Feb. 15. This time again the brief and unsatisfactory report that from the last remedy an eruption (without description) had arisen and some improvement (without any detail). At present the condition is worst in the evening. *Lyc.* 200, given as before.

March 8. The eruption has disappeared, but otherwise everything is unchanged. *Puls.* 200, to be given as before.

March 29. After this the eruption again appeared and the general health was much improved, but the paralysis of the legs had increased and the swelling remained. Now I gave *Alum. met.* 200 to be given as before.

April 19. The last remedy had acted very favorably. He can again walk around in his room with a cane and is full of hope. When he moves his legs while sitting, which he can now do at will, they draw crooked. When he stands up he feels as if his legs were too long (*Phos.*). In the evening his legs still swell up. Once more *Alum. met.* 200, given as before. No further news since.\*

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\*By letter the author informs us since that the patient on May 10th informed him that he could again stand for whole hours at his planing-bench and work.—ED.

As mentioned before, the treatment is still far from complete, and probably several remedies will still have to be used to complete it. In the meantime the great and striking action of *Aluminium metallicum* in this case is indisputable, and is the more worthy of mention as we have so few remedies at our disposal with which to meet this ailment.

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### Tabes dorsalis and Aluminium metallicum.

*Allg. hom. Zeit.*, Vol. 57, page 3.

“No patient of this kind,” the learned Privy Medical Councilor Dr. Romberg avers in his Manual on Nervous Diseases, Vol. I, part III, p. 91 of the second edition, where he treats of *tabes dorsalis*: “No patient of this kind can ever have any hope of getting well; they are all doomed. The only consolation at least for those who desire to live, is the long duration of the disease. If the restless activity of the physician in any one case aggravates the sufferings of the patient, this is the case in *tabes dorsalis*. Only seldom do we see an unfortunate of this kind, whose back is not full of cicatrices, who is without a large roll of prescriptions, and who has not made a round of all the Springs, having everywhere sought a cure in vain. Humanity therefore at once compels us to declare, that therapeutic treatment can only injure, not benefit; and that merely a regulation of the diet in all its bearings is able to protect the patient from too early great sufferings.”

Farther testimony with respect to this incurability without any exception of this not very rare disease, which at the same time is unmistakably and sharply diagnosed is unnecessary; though it might be quoted from almost every pathology of more ancient as well as of more modern time. The more, therefore, may the younger, genuinely German sister of the two thousand years' old foreign allopathy felicitate herself, if she in agreement with the law of nature discovered by her founder: *Similia similibus!* has found a remedy which has already proved its efficiency in the most decided manner in several cases.

If then on the one side the importance of the discovery is great enough, to now speak of it a second time, and since on the other hand the distance of the first patient, treated of in this Journal (Vol. LIV., p. 99), from his physician might induce some skeptics

to draw in doubt the diagnosis of that case, as well as that of two others treated somewhat later with the same favorable result, I may consider myself sufficiently justified in giving with some detail a newer case of this kind, which I had the opportunity of viewing with my own eyes, and treated with the same remedy and with the same good fortune.

Miss Francisca v. W., belonging to one of the most honored families in Münster, now nearly nineteen years of age, and living here with her relatives for ten years, had often suffered from various ailments (even before her coming here) which bear the most manifest indication of a chronic (psoric) dyscrasy. She had, therefore, in her former place of residence, besides the inevitable codliver oil, also received from a homœopathic physician now deceased several homœopathic remedies, namely, *Puls.*, *Sulph.*, *Calcar. carb.*, *Carbo veg.*, *Silic.* and *Lycop.* with only partial and insufficient success.

In my Journal (Vol. LXXI., p. 89), I find first enumerated under her name, and dated Dec. 27, 1848, the following: Since four weeks she has had a moist eruption on the head, especially behind both the ears and above both the external ears, which aches most of all and most violently in the evening and in the morning. The abdomen thick and hard. Aversion to meat. Desire for milk, bread and butter and all vegetables of the cabbage and kale kind. She sleeps altogether too long and even till late in the day. Pretty strong curvature of the spine and protuberance of one shoulder-blade. Chilblains on the toes (not on the hands). She feels worse early in the morning; better in the evening.

It would lead too far from my purpose and lead to useless diffusiveness to relate in detail the former treatment of this child, who was manifestly scrofulous, and it will be enough to observe here that these ailments were very stubborn, and that the eruption at first extended further, not only over the head and neck, but even down to the sexual parts, and only after the course of two years it was brought to a cure, together with the curvature of the spine, so that nothing abnormal could any more be found.

Still, in the years following, *i. e.*, 1851 and 1852, there again appeared ailments from time to time, which were not very considerable and were soon removed, but which caused it to be plainly seen that the scrofulosis which was manifestly deeply inrooted was not yet completely exterminated.

In the spring of 1853 she was taken sick with a pretty violent gastric fever, while she had an unconquerable longing for ink, while every time after taking milk she would vomit. Nevertheless, her cure soon followed and she remained well until the winter 1853 to 1854, when the old eruption together with the chilblains on the feet again appeared, which were only fully removed with the beginning of March.

In the beginning of 1855 the same eruption reappeared, but lasted this time only till about the middle of February. The menses now also appeared and, indeed, with unusual violence. In the summer of this year she was seized with a violent case of grippe, which was removed in a few days, and soon afterward by a violent, convulsive colic with excessive menses (quickly cured by a dose of *Zincum*) followed by a lengthy period of apparently complete health.

In the meanwhile, she had been removed to an educational institution, twenty miles from here, where about the middle of September, 1857, she was taken ill again, and, indeed, first with violent headache with bleeding of the nose and much too copious a flow of blood with the menses, appearing prematurely; all these symptoms were aggravated: in the evening from motion, and from every mental or bodily exertion. *Bellad.*, *Bryonia* and *Phosphor.*, each in a high potency and in a single dose, relieved this, all excepting a few symptoms, which appeared in the evening, while sitting in the warm room, and which also yielded to a similar dose of *Pulsatilla*.

About the middle of January, 1858, quite a new ailment appeared, concerning which a teacher of the institution gave only a very sparing and incomplete account. According to her account the patient suffered from violent pains in the back, aggravated by every motion, disappearing at night, and which had once caused a real tonic spasm. Nothing further could be deduced from the written report. *Nux vom.* 200, dissolved in water, taken three times a day for three days, produced "considerable and still progressing improvement;" but the patient now complained of "pains in the pit of the neck and inability to swallow," without any further description. I directed the repetition of *Nux vom.* a dose dissolved in water taken for six days, twice a day, morning and evening, every time a spoonful.

This second dose of *Nux vom.* not only remained without any effect, but the (quite undefined) pains in the back had again re-

turned, and a new symptom was announced, namely, an "aphony," which is most decided in the morning and evening, and which "made it impossible to utter any loud word." At the same time and only now I was informed that even while using the former remedy speech had become daily more difficult and more of a strain, as "from a paralysis of the tongue," so that the patient was obliged "to catch a breath with every word, and that she was inordinately wearied by even a little talking."

*Caut.* did not affect these ailments, but *Sepia*, given a week later, caused the voice to return for hours, as was stated, but always soft and subdued. But all the rest remained almost unchanged, only, according to the description of the patient herself, "somewhat better."

A dose of *Sulphur* 200, sent on February 3d, had the effect that every night after midnight she had headache (without any further description) with epistaxis, only improved by sitting up in bed. All the rest was merely described with the stereotyped phrase, "somewhat better," showing that it was still present; but not a syllable was added which could have secured a proper selection of the remedy.

Under such circumstances, sufficient to lead to despair, I sent on February 17, a dose of *Belladonna* 200, to be taken as the preceding medicine, but then I demanded with decision, that the patient should be brought here, so that I might see her, which might be done without danger, considering the short distance and the nature of the disease, manifestly chronic. It is noteworthy, that especially among the higher classes and, especially in nervous diseases, the stereotype euphemism is always "somewhat better," while the improvement makes no essential progress, but on the contrary, new symptoms are continually added, which complicate the matter without offering any hold for the selection of the remedy.

According to my decidedly pronounced desire, the patient was brought here on February 24 and in the evening I called on her. Great was my astonishment at recognizing at once the most decided image of a genuine *tabes dorsalis*, to which nothing reported so far had pointed at all. Especially the aphony which was always emphasized as the chief characteristic and which is only exceptionally observed in this disease had caused no suspicion of the real state of the case, since the paralysis of the lower extremities, which was already far advanced, had not been mentioned in any one of the letters.

When I saw the patient, the aphony was indeed, so great and the pronunciation so indistinct that I had to incline my ear close to her mouth to understand her whispers. But all the other symptoms spoke too plainly to allow the real character of the disease to be mistaken and the last-named symptom could only permit the supposition that the affection of the spinal marrow had reached an unusual extent.

What I discovered at once at my first visit and immediately noted down more carefully and circumstantially than usual was the following:

The patient for a longer time already had noticed an ever increasing weakness of the lower extremities, connected with which she had always felt a more or less pronounced pain in the back.

The sensation in the back was a sort of burning, as when a hot iron had been pushed up from the small of the back up through the spine. In the beginning this had often only been a disagreeable formication extending upward.

At the same time the soles of her feet had appeared as if soft or padded, as if the feet were resting on a soft woolen cover or on a pillow.

Gradually all sensation in the soles of her feet had been more and more lost, even so much that she did not feel the ground under her feet any more, nor did she know whether her feet rested on it unless her sight assured her of it.

So long as she still was able to walk, which she had not, however, been able to do for several weeks, she had only been able to do this by day in a bright light and with her eyes open. When her eyes were closed, or in the dark, she had tottered and staggered so much that she had immediately had to take hold of something to keep from falling. Now she was quite unable to stand in the dark and had even to lean against something in bright daylight.

When she was lying in bed she had no sensation at all of the position and situation of her feet and legs, which, often unknown to her, occupied the most varied positions.

During the beginning of the disease, if she made the attempt to walk a few steps in the dark, even in rooms well-known to her, she would always unconsciously and involuntarily turn to the left and thus miss her aim.

Very frequently she had a sensation of contraction in the abdomen, as if it was drawn together with a band; this sensation as

well as the pains in the back were always worse when beginning to move after a long rest.

The aphony mentioned above still continues, but it is painless, but it is conjoined with a striking and excessive weariness if she speaks at all, so that she assured me that she was frequently compelled to rest herself.

As for the rest, I found the patient well-nourished, with a blooming complexion, complaining but little, and not in the least disquieted about her condition; yea, even with the clearly pronounced inclination to consider her ailment as by no means dangerous or serious. Appetite and digestion good. Stool somewhat hard and inert. The menses appear at the right time, but pretty copious. In the evening the condition is worse than in the morning.

These symptoms, which were at once and completely written out, and which had for me a double importance because they were the first that I had an opportunity of investigating with respect to this disease after my particular study of *Aluminium*, left no room for the least doubt that the case was a pronounced case of *tabe<sup>s</sup> dorsalis*, and on the basis of my earlier experience I did not hesitate to give her at once a dose of *Aluminium met.* 200, from the pharmacy of druggist *Lehrmann*, in Schoeningen. This was to be dissolved in six tablespoonfuls of water, and three times a day for two days a tablespoonful was to be taken.

On the 26th of February, when I again visited my patient, the improvement was already so manifest and decided that I did not wish as yet to disturb the after-effects.

A second dose of *Alum. met.* 200, taken in the same manner on March 1st, continued the improvement, and since in the meanwhile the menses had appeared without any concomitant trouble I followed it up with a third dose of the same remedy, given in the same way on March 5th. According to my journal the improvement progressed steadily and regularly. The patient is already able to stay up all day, and she walks about all over the house in the bright daylight. She can even go up and down stairs without any particular trouble. Only when she closes her eyes she cannot as yet walk straight, but she still constantly turns to the left, as I found out on making the trial; nor can she walk as yet in the dark without holding on to something.

March 10. Again *Alum. met.* 200 as before. The lower limbs do very well, but the voice is often yet extinct in the evenings,

and talking is difficult and wearisome. Thus it seems that too frequent a repetition of this remedy without intervening remedies does not advance the cure quickly enough. This is a result which not infrequently appears in chronic ailments, where the symptoms only become milder, without any essential change. Accordingly, on

March 15 I gave *Natrum mur.* 200, to be taken in the same way. The action was good, still not as favorable as that of the prior remedy. Perhaps the similarity between the effects of *Natrum mur.* and of *Alum. met.* is too great, a fact which is occasionally seen when two remedies too closely related immediately follow on each other (compare *Ignat.*, *Nux vom.* and *Puls.*). Nevertheless, the improvement had again progressed so much that the patient on

March 21 could without any strain come to see me, and called on me. She now received *Alumina* 3000 (Jenichen's), when the improvement again advanced more manifestly. Only the pains in the back and in the small of the back increased again. Thus the action was not as specific as that of *Alum. met.*

On March 28 she received *Caust.* 200, which caused all these pains to vanish, while her voice and speech improved. On the other hand, the soft feeling in the soles of the feet and the weakness of the legs increased, showing that this remedy does not sufficiently correspond to the proper essential character of *tabes dorsualis*.

On April 11 I returned again to *Alum. met.* 200. Now, also, the last considerable remnants of the disease vanished almost completely, and even her speech became again as sonorous and unobstructed as in her days of health. Only on account of a rarely-occurring formication, appearing especially in the evening, with a transitory insensibility in the soles of the feet.

On April 20 I gave another dose of *Alum. met.* 200, and

On April 28 one dose of *Pulsatilla* 200, and, finally,

On May 7 a dose of *Sulphur* 200. The three medicines were taken as the former ones, when the last traces of the disease completely disappeared and nothing of the kind has since been seen.

From this account, which I have given thus circumstantially, and the course of which I followed with lively interest and with the utmost attention, may be manifest the vigorous and truly specific action of *Alum. met.* in the genuine *tabes dorsalis* in so indubitable a manner that I do not see what tenable objections might be made to it.

Since it is well known that I have been accustomed to use only the higher dynamizations in the finest doses I am equally unable to affirm or to deny whether lower potencies of this remedy, which the old school rejects as indifferent and ineffective as it does many others, might not have as good or even stronger effects. Nor can the fact that I secure more sure and quick cures even in the acutest diseases with my high potencies (used since 1843) than before when operating with lower dynamizations prove much, since my longer practice and more exact knowledge of *Materia Medica* enable me now in most cases to find out the most suitable remedy. But so much at least I am unalterably convinced of, that even in the most difficult diseases cures may be effected with the high potencies, and that these cures, especially in chronic diseases, are more thorough and lasting than those effected with the lower potencies. But to test this more closely by experience I hope that some of my honored colleagues who prefer the lower potencies may prove *Alum. met.* in a disease so inaccessible to allopathy and yet so accurately diagnosed as *tabes dorsalis*, and may report to us the results. For only in independent diseases and with specific remedies we can with certainty establish the superior excellence of the higher and the lower potencies. This, as is well known, was done by *Hahnemann* in the case of *Mercurius* and *Thuja*, and only under such circumstances we cannot properly make any further objection when experience decides for the one or for the other.

Finally, it may well be mentioned here that of late years there has developed, especially in France under the leadership of a learned man of genius, a school, which, though it counts itself among the homœopaths, nevertheless denies the general validity of the application of the symptoms observed on healthy persons; thus it denies that *similia similibus* is a law of nature. Nevertheless the discovery of the remedy for *tabes dorsalis* is derived solely and alone from the study of *Alumina* (in *Hahnemann's Chronic Diseases*), as this medicine alone among all that have so far been sufficiently proved is the only one presenting the most essential and the most characteristic symptoms of this disease. We must, indeed, acknowledge that the provings of *Alumina* are not among the best we possess, that much that is indefinite as well as many (reciprocal(?) and) after-effects are enumerated in it, and that much in it only receives its true value and accurate determination and completion through an attentive practice. But it is only by

recognizing and pointing out these useless and often misleading symptoms, which only obstruct the study of the remedy, that physicians will be able to remove everything delusive and useless from our *Materia Medica*, and thus, as it were, clear out the overgrown bushes and undergrowth out of the woods, and enable us to pass through it freely and clearly see the chief trees which else might be overlooked. This, indeed, ought to be a leading object with our physicians.

I have reason to think that in a similar manner I have succeeded in just this same way in discovering the chief remedy against *diabetes mellitus*, but I will delay a report on this matter until repeated experiments and tests have removed every doubt.

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## A DISCREDITED MATERIA MEDICA.

By C. M. Boger, M.D.

Much has been said and written about the unreliability of our *materia medica*, but its detractors have shown their caliber by what they would fain offer us in its stead. The provings as they stand are as nearly perfect as they could be made in their time and it ill becomes a lot of would-be scientists to revile the things which they are incapable of bettering or too lazy to amend. Among the provers upon whom suspicion has fallen occurs the name of Houatt and much that he has published has even been omitted, by as acute an observer as the late Dr. T. F. Allen, from his excellent *Handbook*.

Ignorance of our symptomatology and of the methods by which it may readily be made available seems to be the prime cause of failure and skepticism. This was lately very forcibly brought to my attention by two cases in practice.

The first was a severe case of grippe with the following symptoms:

1. Drawing, burning pains within the left parietal eminence, from whence they extended diagonally through the brain into the right eye, where they assumed a violent, rending, cutting character. There was also a drawing, burning in the vertex, seeming to go downward into the brain. These pains gave the patient a sensation as though an abscess were forming in the brain.

2. There was a gradually increasing general sense of burning over the whole body, which compelled sitting in the open air.

3. Sensation as if the heart were swimming in water.
4. Instead of having a naturally ruddy color the patient became pale and weak.

In spite of being away from my works of reference at the time I ventured to prescribe from my pocket case, but the illness steadily grew worse and I now looked the matter up with the following result:

The heart symptom was unquestionably the most striking one and is one of those contributed by Houatt to *Bufo* (see Allen *Encycl.* 505). It also occurs under *Sumbul* and clinically under *Borax* and *Bovista*.

Sensation of an abscess in the head occurs under *Aconite*, *Arsenicum*, *Borax*, *Bovista*, *Bufo*, *Carbo veg.*, *Nux vomica*, *Petroleum*, *Rhododendron* and *Sepia*. It is symptom 60, by Houatt under *Bufo*.

The sense of general burning is another of his symptoms, see *Encyclopædia* 709.

The general trend of symptoms pointed to *Bufo* unmistakably; the burning within the brain (Houatt's Symptoms) fully confirming the choice.

The perscription therefore was *Bufo cin.* 30 (B. & T.) a dose every two or four hours as needed. The relief was so prompt as to leave no doubt of the effect of the remedy. A few days afterward a slight return was again removed with one dose. As the head and heart symptoms subsided the pains gradually migrated into the lower limbs and then left.

The second case is no less interesting but for a vastly different reason. This patient had been under the care of three allopathic physicians for a period of ten days, and, when the case was turned over to me, presented the following picture:

Abdomen tympanitic; the distension being so great that he had much difficulty in breathing. The subcutaneous veins on the walls were very large and distinct wherever visible, for a cantharidal blister covered nearly its whole surface. He complained of violent cutting pains and every little while of a rolling sensation, followed by a feeling of a lump in the throat and then stercoaceous vomiting would follow. Fecal vomiting had now gone on for fifteen hours. There was fluttering at the heart and a thirst for a little at a time but often. The tongue was dark and shrivelled. There had been no movement of the bowels for three days.

The history of the case showed exposure to bad weather and allopathic treatment with purgatives, injections and opiates.

An absolute diagnosis was now out of the question but that dissolution threatened there could be little doubt. A reference to the repertory showed the following combination:

Thirst for little and often: ARS., *Bell.*, CARR. V., CHIN., Croc., *Hell.*, HYOS., LYC., Mez., Pul., RHUS T., SCILL., Stram.

Rolling sensations: *Aco.*, Anac., Ang., *Bell.*, *Graph.*, *Ign.*, Lach., *M. aust.*, Plat., Plb., Pod., RHUS T., SEP., Tarax. This with the anamnesis was sufficient to point to *Rhus tox.*, which was given every hour for six doses. Before he had taken all of them there was a desire to defecate and with the aid of a small enema some stool was passed. This was the beginning of an uneventful recovery.

*Parkersburg, West Va.*

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## THE PRESENT STATE OF APPENDICITIS.

By Eric Graf von der Goltz, M. D.

The writer, who a year ago in his article "Appendicitis," biochemical clinical notes (HOM. RECORDER, Vol. XX, No. 6), absolutely opposed the *a priori* operations, feels to-day highly satisfied that not only the most prominent surgeons and physicians (under them foremost Mentschnikoff) in France, but also lately those of Germany under the leadership of world-wide authority of Ernst von Bergmann, protest against the unnecessary and therefore irrational appendicitis operation. It must be remembered how at the time when the King of England was stricken with this disease the daily papers here were filled with the interviews of great and lesser renowned surgeons, condemning this unscientific (that means this very conservative and more or less antiquated behavior of the English surgeons, with more or less dire predictions).

The final perfect restitution of the elderly royal patient and his further uninterrupted permanent cure by this unfashionable treatment is on the one side the greatest proof of sound judgment of those surgeons, while it must also be regarded as the turning point in the opinion of most thinking physicians at large.

The writer has had, since publishing his last article, quite a number of cases more or less severe, all of which recovered with-

out the need of surgery. One case especially was considered as very critical and requiring an immediate operation by a physician who made the first diagnosis. This patient recovered in a very short time and is today in better health than ever before.

The reader, who will have a synopsis of the entire appendicitis question, need only hunt through the daily papers, and will be startled to find the high percentage of death after operation, in time or out of time, performed on rich or poor. In affirmation of this the writer copies from a great many similar instances the following from the *Evening World* of New York City, Nov. 21st, 1905:

MARY E. LEASE'S SON DEAD—SIX OPERATIONS PERFORMED BEFORE FATAL CLIMAX.

“Charles H. Lease, son of Mary E. Lease, the lecturer and champion of woman's rights, died last night at the Post-Graduate Hospital. He had been operated on six times during the last twelve months for appendicitis and kindred organic troubles.”

Commentary unnecessary!

The writer here must also refer to a more or less scurrilous remark of Dr. med. et. Stiegele, editor of the *Allgemeine Homœopathische Zeitung* (Leipzig, Germany), in a note to a translation of the writer's appendicitis article in last December's issue of his paper.

This scurrilous remark arising from an imperfect knowledge of the English language, mistaking *perforative* for *perforated*, would not have appeared at all *if the homœopath et. Stiegele had not been too much prejudiced by the prevailing operative treatment, or perhaps Dr. Stiegele is also an advocate of advanced Homœopathy* (vide Biochemical Clinical Notes).

The following citation from the pen of Dr. Wm. Osler: “*All colics mean appendicitis nowadays, and are admitted on the surgical side, much to the detriment of the patient,*” shows the true state of the appendicitis question.

We must not forget that Dr. Osler uttered this criticism at a time when two great zealots either tried to indict every physician for malpractice who was opposed to operate, or *tried to induce the people at large to have their newborn babes operated upon and remove the nefarious appendix, thus to influence and coax Nature (?!) to abolish this dangerous organ in coming generations.*

A New York daily paper (*Herald*) in one of the Sunday edi-

tions of last October, had an article, entitled "Frenzied Appendicitis," in which a surgeon is quoted as remarking to a nurse that it was high time to operate the patient, for if we had waited twenty-four hours longer the patient would have been lost.

The nurse not perceiving any danger in the patient's condition asked the reason, and received this answer: "If we had waited twenty-four hours longer the patient would have been well."

Since the time of the writer's first publication on appendicitis subsequent experiences have enlarged the therapeutical indications for the appendicitis treatment, which for interested readers will be added as follows:

*Kalium muriaticum* 6x-12x, exudation, fully developed case.

*Magnesia phosphorica* 1x-6x, existing tympanitis; pains; rigidity of the abdominal muscles. Often these two remedies will be found indicated from the moment of taking charge of the case. In case of any especially high fever without, as yet, the formation of any infiltration or only in the first onset of the same, *Ferrum phosphoricum* 12x instead of *Magnesia phos.* must be used alternately with *Kali muriat.* In most cases coming out of the hands of other physicians, *Kali mur.* and *Magn. phos.* seem to be indicated, as an undeniable harm most frequently has been done by the indirectly used ice-bag.

Intercurrently the following remedies must be used:

*Kali sulphuricum* 6x, evening aggravation.

*Natrum sulphuricum* 6x, hard, continuous constipation, nausea.

*Kalium phosphoricum* 6x, irregularly intervening fever, alarming symptoms.

*Silicea* 12x, beginning sepsis, to be changed with *Kali phos.*

*Natrum muriaticum* 12x, adynamic symptoms to be changed with *Kali phos.* (*Calc phos.*) every hour.

*Calcarea fluorica* 12x, if the tumor seems to be small and very hard.

*Calcarea sulfurica* 12x, *Calcium sulfide* 30th, if the disease does not progress either one or the other way.

*Arsenicum iodatum* 3d-7th, will be substituted for *Kali phos.*, if deep prostration and sepsis seem to be unchanged by the combination of *Kali phos.* with *Sil.* or *Nat. mur.*

Finally, the writer had occasion to observe that in different cases where patients coming under observation with indistinct, slight and quickly vanishing pains or sensations in the ileo-cæcal region the preliminary beginnings of appendicitis could be sur-

mised and aborted by single doses of *Nat. sulf.* 200th or if persistent by *Plumbum phos.* 200th.

This preventive treatment and prematurely probable diagnosis could be affirmed by the following regularly observed anamnestic fact—that every case of established appendicitis had some days or weeks before the acute beginning those subjective fore-warnings. And the writer believes that the public should be instructed in regard to those forerunners and seek the aid of their respective family physicians at a safe time.

Furthermore, the writer has observed that only in very few cases after operation the existing chronic constipation of patients is cured. At present one of those post-operative appendicitis victims is undergoing a treatment for constipation. According to the testimony of the entire family, now a year after the operation the patient is worse than before. Besides that, the original pains which constituted the *surgical diagnosis*, "*appendicitis*," with subsequent *operation* have returned, so to say, to form the pretext of consecutive secondary appendicitis operations ad infinitum! As this particular operation was a radical one the primary operation must be considered now not only a failure regarding treatment, but a blunder in regard to diagnosis and physical examination.

*New York, 247 E. 72d St., Dec., 1906.*

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## THE EFFECTS OF AMALGAM FILLINGS UPON THE HUMAN SYSTEM.\*

By F. L. Griffith, M. D.

Members of the Homœopathic Medical Association of the State of Texas, Ladies and Gentlemen: Having recently read a paper in Austin before the Southwestern Dental Association upon the subject of "*The Effect of Amalgam Fillings Upon the Human System*," and, observing what an immense amount of discussion it elicited from the dental surgeons, it occurred to me that it might also be read with some degree of profit before this body. This subject has never yet received consideration commensurate with its importance. Many years ago it was discovered that a proper combination of mercury and silver fillings produced a hard

\* Read before the Twenty-Second Annual Meeting of the Homœopathic Medical Association of Texas, at Fort Worth, Oct. 9, 1906.

mass after being united for a short time. It was discovered to be an excellent and durable filling for teeth and dentists all over the world rapidly took it up, until today it is used more extensively than any other substance for that purpose. With such avidity did they take up with this extremely convenient and cheap compound that few have ever stopped to ask, "Does it hurt any one?" I am of the opinion that a majority of the dentists even today will tell you that it does not, yet many of them *have* observed its violently toxic effect on very susceptible patients. It is hard for the finite mind to grasp the great truth that *powerful and enormous results can come from infinitesimal causes*. The homœopathic physicians recognize this scientific truth much more than does any other body of scientific men. Let us illustrate this principle by truths well known to us all. Have you not many times seen the terrible effect of Poison Oak on susceptible people? Such an one does not have to go to the plant nor to touch its treacherous leaves, but if he even passes by many feet from it he is poisoned and if *very* susceptible he will break out all over the arms, hands and face with violently itchy, watery vesicles, the face will swell till the eyes are closed, and the patient is in a truly pitiable plight. What produced this terrible effect? Do you recognize the fact that that little whiff of air arising from the poison plant and diluting itself in millions of times its own volume of pure atmosphere before reaching the nostrils of this man was responsible for it all? Were not the symptoms grave and the cause infinitesimally small? I can handle the plant at will and not be affected in the least, simply because I am not susceptible to that disease agent.

Again, you have frequently heard of serious arsenic poisoning from sleeping in a room papered with cheap green wall paper. Maybe only one of many sleeping in that room will become poisoned. Those that do not are not susceptible to that influence. The poor fellow who pines away and almost dies before the subtle cause is detected comes to the physician pale, emaciated, violently nervous and restless, loss of appetite, intense thirst, mouth, throat and the whole alimentary canal drying up, and many other symptoms of the chronic arsenical poisoning. What produces such alarming symptoms? Could you analyze the air in that room chemically or by the microscope, and detect a trace of arsenic? No. Only in the symptoms of the susceptible being can it be detected. Now are any of you still prepared to say that the constant presence of mercury, not in the forest nor in the

room, but in the *mouth*, can not create violent symptoms of mercurial poisoning in one who is susceptible? The symptoms are so plain that one who runs may read. Excessive ptyalism of a sweetish metallic taste, throat dry and painful, while mouth is flooded with saliva. Constant desire to swallow, yet every effort is painful. Masseter muscles are contracted and the maxillary articulation is painful and rigid, saliva runs out of mouth at night upon the pillow. Horribly offensive breath. Gums have a bright red margin or a bluish, swollen, painful, recede from the teeth. Feeling as if all the teeth were loose, and sometimes they are. They feel too long and there is pain in whole rows of teeth at once. Ulcers in mouth, with lardaceous looking bases. Salivary glands swollen, painful and very active. Tongue coated dirty yellow, shiny, is swollen and flabby, takes the imprint of the teeth. Some, if not all, of these symptoms will speak loudly to the intelligent dentist to remove all the amalgam from such a mouth. Many physicians of both the great schools of medicine (Homœopathic and Allopathic) are now well aware of the fact that there are many who are so susceptible to the influence of mercury that they cannot endure amalgam in the mouth. In recent years I have also had my attention called to it by a number of dentists, and I hope the members of this association will take up this subject and give it special attention and close observation, so that when again you meet there will be quite a number of you ready to report your observation in this line. I do not claim that amalgam is injurious or perceptibly so to all people, nor even to a very considerable minority, but I do assert upon positive observation that a few *very* susceptible people are seriously affected thereby. It all depends upon the susceptibility. It is a well established fact that mankind can be greatly affected by an infinitesimally small dose of that to which they are susceptible.

I would like to hear from the members of this association upon their experience with this substance, and if your experience or observation has been limited. I would respectfully ask you to closely watch for cases of poisoning and call your dentists' attention to it and have all the amalgam removed from the mouth of your patient and then, with your dentists, observe how quickly all that train of distressing symptoms will disappear. We can not tell who can and who can not tolerate amalgam until we try it.

We might possibly get some idea of one's susceptibility to mercurial poisoning by ascertaining how calomel serves them. You

know some can not tolerate that drug, even being salivated by the very smallest dose. Of course, such a one could not wear amalgam. Another reason why it is best not to use it is that when you also have gold fillings in the mouth the acids of the mouth set up a magnetic current between these metals of different polarity which constantly causes a slow absorption of one of them. Amalgam also rapidly oxidizes in the mouth and causes the teeth to turn black

Now I have only slightly touched upon this great subject. This is simply an invitation to discussion. I thank you for kind attention.

*Austin, Texas.*

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### WHY IS IT?

Editor of HOMŒOPATHIC RECORDER.

Apropos of nothing, we all have observed that very many graduates of homœopathic colleges are not practicing Homœopathy. We have all wondered why this is thus, more especially when we find this kind of mongrelism among the graduates of all classes of so-called homœopathic colleges. Since there can be no effect without a cause it would seem important for the whole profession to be seeking for the cause in this case. If the fault lies in the system, or what we call the law of cure, we want to know it; if not, it must lie either in the individuality of those doctors who depart from the law in practice or in their education.

It is safe to say that no one who knows anything about the law of cure will admit that this is at fault. Then there are but two other reasons, lack of capacity or faulty and defective education; and it is our business to attempt to discover it.

That a great many graduates in medicine have none of those attributes which are necessary to the successful understanding of the principles of homœopathic practice will not be questioned by anyone. But they could never grasp even sufficient practical ideas to be a successful allopath. As these questions have been revolving in my mind I have wandered back in memory more than a quarter of a century, to the days when I was a student in medical college; but where I never heard a lecture on the law of Homœopathy. Comparing those days with these, and those colleges with the present, I see a faint ray of light in the darkness, and wonder if it may not develop into the *cause* for which I seek.

I see many classes of colleges, all sailing under the banner of Homœopathy. I select the two extremes, between which are many others, all nearer the truth than either. The first class is that college in which morbid anatomy is mistaken for pathology, and they tend to lead the student to the doctrine that material tissue changes are more important than anything else in making up the case for a prescription; where *Materia Medica* is not so important as germicides; where surgery is all-important; where those who attempt to teach true Homœopathy are received with indifference, if not taunts or jeers; where *Materia Medica* is presented in a jumbled confusion of isolated and contradictory symptoms that baffles every possible attempt of the student to grasp the real picture of any remedy. And, indeed, how could it be otherwise, when the books are such a mass of contradictions? I quote but one sentence as a type of a great amount that is found all through most of the older works and some of the more recent: "Pale face, wan, blanched, sickly, *bloated, with wrinkled countenance*; blue margins around the eyes; hepatic spots in the skin; swelling of the gums; dryness of the tongue; favus on the skin." This is found under *Sulphur*, and I submit that it is a dangerous stretch of imagination that finds a bloated face with wrinkles on it that would attract the attention to a remedy. I have never seen wrinkles in a badly bloated face. Why not arrange these symptoms in such a manner as to show that they are not a single one, but appear at different times, as they do?

Then there is another class of colleges that represent the other extreme. They have seen the faulty teachings and its results, and in attempting to get away from it they have gone as far past the point of equilibrium as the others are this side of it. Their teaching has the effect on the student that prepares him for believing that nothing is needed after graduation but keynotes and high potencies; that it is contrary to the law to attempt to ascertain what the symptoms mean. They, too, have overlooked the distinction between pathology and morbid anatomy. The *Materia Medica* is taught in small fragments called keynotes, as if the keynote were the whole of the music, when it only serves to give the pitch in music, and too often to pitch the poor student of *Materia Medica* into outer darkness and confusion when he attempts to grasp from it anything like the true picture of a remedy. If we engage an artist to paint a portrait, a small portion of the natural features and expressions will hardly satisfy us, because we cannot recognize it from these alone.

My first experience as a student of *Materia Medica* in college is still vividly impressed on my memory. The professor read his lectures, which I am sure must have been his, for I was informed that he had bought them from the estate of a predecessor, who probably went to sleep while reading them and never woke up. Peace be to his ashes. At all events I can testify to the soporific effect of those same lectures from personal experience. They were an exact copy of Hempel's *Materia Medica* in full, which any student with sufficient stamina for the everlasting task could have read for himself: I suppose the same professor is still reading them to his classes, "without variableness or shadow of turning," though he must have had them copied several times, because the paper would wear out. Why not have them engraved on leather? That would wear longer, and when he departs to the great unknown those leather sheets might fall on his successor like Elijah threw his sheepskin mantle over Elisha.

After listening for about half a dozen hours to the reading of the symptoms of *Aconite*, one poor fellow deserted his post and went over to an allopathic school, giving as his reason that he had not brains enough to learn Homœopathic *Materia Medica*. After a few months' experience I was prepared to agree with him. Nay, more; I was fully convinced that nobody else had when it was administered according to such a systemless system as we were getting it. I had had some experience as a teacher, but this was certainly a new mode of instructing to me. But I thought it must be the correct way to study medicine, and so stuck to the work, however great the effort to continue—awake.

But I did not graduate in that college. I found the mode of teaching *Materia Medica* much different in the other school. Instead of reading half a dozen lectures on one remedy the professor gave a few keynotes of half a dozen or more remedies in one lecture. In his clinics the impression on the student was that he first selected the remedy and then fitted the patient to that remedy. He always asked his questions of the patient in such a manner as to suggest the reply he wished. He had evidently discovered that most people will say yes when asked if they have a certain symptom. Thus he succeeded in fitting the patient to the remedy previously selected to the satisfaction of all concerned. Here, indeed, was a symptom, but one in which the tail seemed to wag the dog. In such clinical work one is reminded of Dickens' Circumlocution Office, how not to do it. But we got keynotes so

thoroughly that when we would leave the lecture room after an hour spent in listening to a symptom here and there (with no attempt to connect them in any manner) of some half-dozen remedies, we were in a state of most profound confusion as to which of the numerous remedies a given symptom belonged. But we had good notes to which we could refer and thus clear away the clouds of doubt. And when I graduated I had the whole thing committed so thoroughly that I could name the remedy for any symptom given to us of the hundred or more remedies to a perfection. But I could not get the few isolated symptoms I had to constitute a picture of the remedy, and so could not make any practical use of them. Besides this, I soon began to find the "keynotes" of one remedy under some others; so I decided that the two must be on one pitch. And I soon found that I had forgotten a great many of my keynotes. But the fact that I was taught so thoroughly how not to do it has enabled me to perceive some of the marvelous amount of stuff that the student is required to learn in college only to unlearn when experience teaches him that it is not true.

But medical colleges have changed. In some the science of homœopathics is taught and the chair of *Materia Medica* is much better represented than formerly. There is an attempt to teach the student how to take a case so as to make a scientific prescription, rather than fit the patient to some particular remedy. But in many the department of practice is represented by those who are totally incapable of comprehending the first principles of a homœopathic prescription. In others, *Materia Medica* is still taught by keynotes, with now and then a little astrology for variation. The *Organon* is simply read, with no attempt at explanation as to what it really means. In most, if not all, surgery is given a position of importance that quite overshadows the law of cure; and in some the question of high potency takes rank over the simillimum, while any knowledge of anatomy and physiology is useless so far as rendering any assistance in getting the true picture of the case for a prescription is concerned. I happen to be acquainted with some of the work of graduates of this latter class of schools. They had been so thoroughly saturated with a fear of anything except the indicated remedy that they lacked the common sense to extract a large splinter from the flesh of a patient, but gave the indicated(?) remedy to remove it. This is no exaggeration. Now, will the gentleman kindly arise and tell us

what remedy has been known to put a splinter in a man's thigh, so that we may be able to recognize the one indicated in such a case? Other graduates who received the same training have noticed its failures and deserted the standard of Homœopathy, and are following a course of practice that, if possible, is worse than allopathy. These two extremes are from the same college, and would seem to suggest that some change is much needed in the system of teaching in that school. And they are by no means isolated cases.

Much criticism of the work done in the so-called homœopathic wards of the Cook County Hospital has been published in some of our journals, and not without reason. But the critic and the criticised are about equal distance from the whole of scientific truth, which lies about the central point between them. The latter is of that class who teach in effect that disease is some kind of a local entity that must be gotten rid of by means of one of two procedures. First, cathartics in the form of Epsom salt, followed by other equally useless and harmful nostrums, to remove some supposed morbid entity that by some means or another has gotten into the poor patient's economy; or, secondly, the surgeon must cut out the changed tissues, and, *presto*, the patient is cured. The former would permit nothing done except the administration of a single dose of a high potency of some drug, the indications for which are isolated superficial symptoms, and these frequently contradictory, with no attempt to read the real picture of the drug in the conditions of the patient. Neither one follows the principles laid down by Hahnemann, who never used anything higher than the thirtieth potency.

While the success or failure to pass the examinations of State Boards of Health is no indication of a doctor's ability to practice medicine successfully, it is interesting to note the average failures of graduates of different medical colleges to pass such examinations in the different states last year. The figures show that all of the homœopathic colleges were as good or better than several of the allopathic institutions. But still the failures of the graduates of the two classes under discussion were far too high, and showed a difference of less than one per cent. . . and that in favor of mongrelism, morphine, salts and surgery. One may well wonder if there is a greater difference in their practice.

Why is it? And is there no way to remedy this evil? Several factors of necessity enter into the answer to these questions.

First, the introduction of something like a common sense method of teaching the Law of Cure and Materia Medica. Second, permit no one in the faculty who does not comprehend the fundamental principles of homœopathic prescribing. Third, permit no student to enter the Freshman year in any college until he has removed all educational conditions. I am convinced that too many are entered on condition that they make up a great deal that they lack, and then are permitted to graduate without making the conditions good. If this were not the case, why do we see so many graduates who are absolutely ignorant of the most common branches that any grammar school graduate must understand? I am acquainted with a number of this class who have graduated in medicine within comparatively a few years. Fourth, remove the conditions that render the permission of unfit students in colleges necessary. This can only be done by removing the financial conditions that make it necessary in order that many of the colleges can exist. Money is necessary for them, since they are not endowed, and they are tempted to accept any student who is willing to pay his tuition and *diploma fee*. If the object can be attained in no other way, the number of colleges could be decreased. Far too many colleges of the present time are unable to supply themselves with the necessary equipments for the education of their students. No medical college should be permitted to legally graduate students unless it is fully equipped for complete work in all departments, and educates its students so thoroughly that at least 90 per cent. of its graduates can pass the different State Boards when they graduate. Of course, but few will be able for the ordeal after a few years' practice. Fifth, extend the required time of college study sufficient to enable the student to do the most thorough work in all branches pertaining to a complete medical education before graduating. Sixth, since the subject of potency is largely based on theory, and some have succeeded with low potencies, some with high, and many have failed with both, waste none of the student's time while in college for its discussion; it will take care of itself when he knows the principles of similia. Seventh, since men in all departments of life do better work when it is paid for, put every instructor in medical colleges on salary. Having nothing at stake in any medical college, I feel free to give my views in these matters, and am willing to be held personally responsible for the same.

E. R. MCINTYER, B. S., M. D.

Chicago, Ill., 70 State St.

## THE POTENCIES DO ACT.

Editor of HOMŒOPATHIC RECORDER.

*Dear Sir:*—I, today, received a “sample” copy of you interesting journal and it brings to mind some incidents in my practice. I read with much pleasure the article on “High Potencies” (as I was a pupil once of a “High Potency” *homœopathist* . . . who had been in the country of “the Master”), and I have found by “experience” that the “high” potency will do *more* than any “low,” if properly selected. I got my “Degree” in Cincinnati, Ohio, in spring of '75, and opened practice in the City of Harrison, Ohio, where the “system” of Homœopathy was little known. Being situate near the “White Water” river, many cases of “chills” and fever and other forms of “Malaria” were quite prevalent. My first “case” was an “Irishman” (who was “drugged” with “Queen Ann?”), that had a “chill” while in my office. I gave him the indicated remedies in the 30x and 200th (*Ars.* 30x, *China* 200th), dose, three hours (alternate). Result, no more “chills.”

I treated a lady (I didn't see her) some thirty miles from me, suffering of (messenger said) “Dumb Ague.” I sent her *Lach.* 30c. to begin with and followed with *Ars.* 30x and *Chin.* 200th; result, restored in two weeks. In time I had moved to the West; finally coming to Sabetha, Kansas (June 14, '84). During the spring of '91, I was called to Pawnee City, Nebraska, as council in the sickness (paralysis) of Dr. Collins (a homœopathist), and being retained by that gentleman (to treat him and attend to his practice) I was called, April 17, '91, to see a lady who was “given up to die” by the best physicians (Regular) in Pawnee City. I was called in the night and got there about 12 (midnight); I found a case of general anasarca that presented very little hope of restoration or relief. This patient was so terribly swollen that she dare not lie prone on her back, as she would suffocate immediately. Face swollen so that the eyes were completely closed over; limbs enormously swollen; skin “waxy;” urine about suspended (one tablespoonful in twenty-four hours); respiration about twenty-four to minute, “no thirst” (she couldn't talk); friends sat near in room to see her die (as the “Doctor” said she *couldn't* live to see the 'morrow's sun). I gave her *Apis mel.* 30x, in half glass of water, teaspoonful each.

half hour. My next visit (next morning) found her "still living!" but a "rash" had broken out on her person with "much itching." I then put the "*Apis*" up in "different" form. I put "one drop" of it in a two-drachm vial of alcohol and after shaking it thoroughly; I then put three drops of "this" preparation in two-thirds of a glass of pure water, dose each hour. In the course of the next twenty-four hours she could lie prone on her back and sleep as good as she ever did. The nurse informed me that the urine was passing very freely, that she carried the "vessel" out twice a day. And by the first of June following she began doing her housework. Now, the "remedy" was certainly "potentized" rather "High" . . . how high I couldn't approximate, but it did the "work" which produced the "result" that *Regular* medicine had signally failed to secure (and there are no better "Regular" physicians than Drs. Anderson and Bullard, of Pawnee City, Neb.).

The homœopathist (not "homœopathic" . . . meaning small physician) finds encouragement in a community of "intelligent" people, where the "Drug Stores" are unable to sell them "something just as good," and can't "influence" the people against Homœopathy, but there are "those who *will* believe a lie, that they *shall* be damned" . . . death (Bible). And there are "settlements" where the people pay very little interest what "kind" of a "Doctor" treats them, so that he is a "cheap" doctor. The one big "gun" of the "Regular" is to "under-charge" the "homœopath" and misrepresent him in stating that "he gives little or no medicine at all" . . . and this "goes" with a large class of people, who, of course, are very "illiterate." I am located in a city of no small pretensions (numerically), but which has a "Regular" hospital where they "give plenty of medicines," and also where they have *several* deaths, but which is regarded as a "dispensation" to get patronage; where the "Drug Stores" make such brilliant "window illuminations," large plate-glass fronts, etc., and tell such abominable lies in regard to the "smallness" of homœopathic medicines. And the more wonder that people can be found who will "swallow" such ignorant nonsense. I have "raised" cases here that would have surely died but for the timely interference of Homœopathy; still, it made no difference to them, as they went back to their "Regular," and—died, just as I told the friends they would (and they dare not refute my prognosis!). One reason the

“drug firms” oppose Homœopathy is, that homœopathsists seldom (and should never) patronize drug stores *in any manner whatever* (not even by their presence), as the “public” take notice of it and form their opinions. We have some five or six “Regulars” here; one “eclectic” (who claims to cure by “vibrations” alone). I judge that “he” vibrates for the want of the necessaries of life since the people are “hoodooed” by the “drug firms.” Life is prolonged by “Education,” and “Eclectics,” “osteopaths,” and “fanatics” find their “vocation” in fields where education is limited, or neglected.

I could say more, but I have said enough for the present.

Very truly and fraternally,

O. J. LYON, M. D.

*Sabetha, Kansas.*

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## MAGIC POTENCIES.

By Dr. Nebel, Davos.

Translated for the HOMŒOPATHIC RECORDER from the *Allgem. hom. Zeit.*,  
May 17, 1906.

Our colleague, Kiefer, has lately asserted that he has read many cures with high potencies, but they have not convinced him; in his charming manner he describes them as “witchcraft.”

We herewith offer him three more cases of “witchcraft:”

1. One of my patients in Davos requested me to prescribe for her mother. She has been suffering now for about a year from diarrhœa; a diarrhœa which, in spite of its long duration, has not weakened her. I sent ten pellets of *Acid. phosphoric.* 100, as per Nash, and requested the old lady to send me a report of her case. We herewith send an extract of her report, dated April 21, 1906:

“Last May (a year ago) I suffered a hæmorrhage from the bowels. As I am not usually anxious. I do not usually inspect my stools, and thought it was a diarrhœic stool. Thus the matter proceeded for one or two days, when in the evening I was seized with such an urgent call to stool that I could not reach the closet and I found that the chamber-pot contained much blood, and the same thing happened also another time. The physician thought that this must be due to hæmorrhoids which burst open. After using cold sitz-baths the blood did not return,

but since that time my stools were not normal and in the last months they have been very bad. The homœopathic treatment has been so far without result; in fact, I have been getting worse for the last eight to ten weeks; there has been much thin stool mixed with mucus, with constant flatulence. I took the pellets you sent in a half tumblerful of water. In the evening such violent colicky pains set in that I thought my abdomen was being torn in two. About eleven o'clock I got rid of a hard stool and a huge quantity. This continued with some interruption till one o'clock, when again a huge quantity, and finally there was vomiting. That was on Wednesday and until today, Sunday, I have not had any more stool. On Thursday I felt very weak. I must have a strong constitution, else it would not have passed so easily."

I have allowed the old lady here to tell her own tale. It is an interesting case; it was a case of *retention of hardened masses of feces* with a diarrhœa continuing at the same time, as we find it described in books. Our colleague in Brunswick, Dr. Hoffman, might investigate whether Mrs. A. Sch. has given a correct account of the matter.

II. Hermann Wildberger has been suffering from his third year from asthma. Besides this he has a scaly eczema over his whole body. On receiving *Scrophularia nodosa* in the mother tincture (this I have frequently found useful in the asthma of scrofulous people), *Arsen. iod.* 30 C., *Petroleum* 1000, *Scroph. nodosa* 2 D. he passed a year in pretty fair condition, so that he could attend to his work and even accepted a situation in Chur. But in the plain he grew worse and worse. He soon returned to Davos. A cold brought a strong bronchitis and a return of the asthma. An exact examination showed the following condition:

He awakes between two and four o'clock in the morning with an attack of asthma; as soon as he can expectorate it is better. *Lachesis* 10,000, given on February 16, acted very favorably; from this single dose he had for three weeks a colossal expectoration. On the 6th of March he received a dose of *Lachesis* 100,000. This was given because every morning on awaking there was still some constriction of the chest and a stopped up nose. The eczema kept scaling off strongly. In consequence of his asthma he had been unable to work since November, but on the 7th of March he began to work again as a locksmith's apprentice and he wrote me a few days ago that he could do full work and felt nothing more of his asthma.

III. Benedikt Augustin von Alveneu, a peasant-boy, sixteen years of age and somewhat backward in his development, has for some time been very excitable, at the same time undetermined; he does not get at any work and uses a never ending time to get dressed and undressed. He often beats his head with his fists, he sees bad people everywhere, also devils; he curses continually and says there is neither devil nor God, and utters blasphemies. He is easily frightened and is timid. His sleep is disturbed. The young man cannot be used for any work. He received in the course of four months *Tuberculinum* 5,000 C., *Tuberculinum* 30,000, *Tuberculinum* (Swan) 500,000, and these in the course of this time produced such fine effects that the young man increased in bodily strength and his mental condition is so much improved that he is now used as an errand boy in a drug store here, and gives full satisfaction.

Our colleague, Kiefer, may practice his criticism on these three cases as much as he pleases but in the wonderful book by Nash (*Leaders in Homœopathic Therapeutics*) he will find even more convincing and brilliant cases of "witchcraft."

*Davos, Hom. Sanatorium, April 25, 1905.*

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## A BIT OF HOMŒOPATHIC HISTORY.

The greater part of the *Homœopathic World* for November is taken with a sketch of the late Dr. Thomas Skinner, of London, one of the most famous "high potency" homœopathic physicians in the world. The cause of his death was not physical decay, but from slipping on a banana skin and having a heavy fall—would that every city and hamlet in the world would inflict a heavy fine on every one who drops banana skins or orange peels on sidewalks.

From Dr. Clarke's paper we excerpt and condense the following:

Dr. Skinner was a Scotchman, the son of a lawyer, of Edinburgh, descended from Archbishop Skinner, of "reformation times." Thomas was born in a suburb of Edinburgh on August 11, 1825. After being graduated he entered a business house. This life was not agreeable, so he studied medicine. In 1853 he obtained his first medical qualification, the Licentiate of the Royal College of Surgeons of Edinburgh, and four years later he became an M. D. of the University of St. Andrews.

They seemed to require a longer course than in Scotland than we do now, as Skinner began his medical studies in 1849.

Skinner obtained the gold medal of Sir James Y. Simpson's class at the University—the Dr. Simpson who fought Homœopathy in later years tooth and nail, with Professor Henderson. Simpson took Skinner into his own house, on account of Skinner's efficiency, as his assistant. Skinner always loved Simpson. He in after years remarked "Simpson had a heart as big as a pumpkin, and the temper of the very devil."

Another anecdote of this old enemy of Homœopathy. Once he attended a confinement case. When the happy father presented him with a fee of twenty-five pounds (\$125.00) he indignantly turned and tossed it to the butler as a tip and walked out of the house. (It would look pretty good to some.)

About 1846 Simpson had read a paper advocating chloroform anæsthesia. It raised the usual medical hates that all innovations do, but Skinner believed in it and "Skinner retained his enthusiasm for chloroform to the last; indeed he maintained it is as harmless as milk."

"Simpson undoubtedly had the largest share of his fame from his chloroform discovery, but according to Skinner it was not from this source that the bulk of his practice and income came."

From Edinburgh Skinner went to Liverpool and entered into practice. He was very successful for several years when his health went to pieces. "For three years he had been incapacitated from practice. For twenty-one months of it he had never experienced more than two hours sleep in fourteen days. \* \* \* His bodily and mental anguish was unutterable." Then he met Dr. Berridge. "The upshot of it all was that Dr. Berridge prescribed *Sulphur* for our patient in the mm. potency, prepared by Boericke, of Philadelphia."

The effects were marvelous. Dr. Clarke writes:

"When Skinner felt the Homœopathy at work inside him it was a revelation indeed. 'I shall never forget the marvellous change which the first dose effected in a few weeks, especially the rolling away, as it were, of a dense and heavy cloud from my mind.' He was cured of the constipation, the acid dyspepsia (which he had had all his life), sleeplessness, deficient assimilation, and general debility, and restored to a life of usefulness and vigour. Under the tuition of Dr. Berridge he now studied Homœopathy in earnest, his text-books being *The Organon*, *Materia Medica Pura*,

*Chronic Diseases*, and a repertory. He was advised to provide himself with two or three dozen remedies in the 30th potency, and give them whenever he felt sure he had found the simillimum, but not otherwise. Thus he began to practice secretly until he had made his ground sure, when he publicly announced his changed practice and resigned his membership of the Liverpool Medical Institute—to save himself from being automatically excluded by his own by-law!”

This was a by-law he himself had had passed directed against all who dabble in Homœopathy.

Thus after 20 years of the best allopathic practice Skinner became a homœopathist, he went to the fountain head for his knowledge, *i. e.*; the works of Hahnemann, the *Organon*, *Materia Medica Pura* and the *Chronic Diseases*, and became a high potency homœopathist.

Once at a meeting of the Liverpool Homœopathic Society he was challenged by the Hughes & Hendersonian homœopaths to bring forward a case cured by high potencies.

“His paper was the reply to this challenge. He narrated the case of a youth suffering from caries of the spine, with the usual abscesses and an unusual degree of suffering, which all kinds of treatment had previously failed to relieve. Guided by the symptoms alone, and particularly the very marked aggravation of suffering from sunset to sunrise, Skinner gave *Syphilinum* in high potency, which relieved the pain at once, and soon completely cured the youth of all active manifestation of disease; and though, of course, it did not restore the shape of the spine, it restored the patient to active life.”

Here is a bit of personal reminiscence of Dr. Clarke himself:

“In 1883 I joined Drs. Dudgeon and Hughes on the staff of the *British Journal of Homœopathy*. In 1885 I took over the HOMŒOPATHIC WORLD from Burnett, and brought out the first edition of my *Prescriber*. During this time I was feeling the limits of Hendersonian or Hughesian Homœopathy somewhat acutely, and at the same time I observed that the clinical experiences which to me were most valuable were to be found in journals devoted to the Hahnemannian side of Homœopathy. I was hearing now and again of patients of old homœopathic families who had had some trouble or other which no one had been able to relieve until they had been to Dr. Skinner.”

So Dr. Clarke says:

“On the principle that it is never wise to waste time or trouble in *doubting* or *believing* anything, when it is possible to *know*, I procured a set of remedies in potencies from the 500th to the 1,000, from a source which I had and still have every reason to believe trustworthy, Messrs. Bœricke and Tafel, of Philadelphia, and put them to the test. The result of my trials was that I was just as certain of the therapeutic power of the thousandth dilution as I was of the first. On this basis I was prepared to approach Dr. Skinner, and was received by him with a generosity and great-heartedness worthy of his master—Simpson.”

Dr. Skinner invented a potentizing machine which is now in use at Bœricke & Tafel's pharmacy, 145 Grand street, New York City, where by request many drugs have been “run up” on it.

In 1881 Dr. Skinner removed to London, where he had a large practice among the best class until the day of his death. He belonged to a dining club consisting of Skinner, Cooper, Burnett and Clarke. Of these four only Dr. Clarke remains.

“Thomas Skinner has made for himself an enduring place in the temple of Hahnemann and of British Homœopathy. He has done his share of the work, and has done it well. Whole-hearted, whole-souled, he spared not himself when truth was at stake and principle to be fought for. His work will live and grow—the *Welt-geist* will see to that. We can only do our little bits of the work, but the *Welt-geist* knows how to put the bits together. The author of *Erewhon* has wittily and truly said, ‘The quick are more dead and the dead more quick than we commonly think.’ The three strongest and livest men to-day in the Homœopathy of the Old World are—Skinner, Burnett, and Cooper.”

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## OBITUARY.

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### WILLIAM H. GRANT.

William H. Grant was born October 23, 1834, and died August 23, 1906, at Osippee, N. H. He received his education at New Hampton and Philips Exeter Academies, and graduated from Dartmouth Medical College in 1859. In 1883 he took up the study of Homœopathy, and in 1891 he became a member of the American Institute. Since 1899 he has spent the larger part of the year in Pinebluff, N. C., where he registered and practiced his profession.

## BOOK NOTICES.

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**Genito-Urinary Diseases and Syphilis.** By Henry H. Morton, M. D., Clinical Professor of Genito-Urinary Diseases in the Long Island College Hospital, Genito-Urinary Surgeon to the Long Island and Kings County Hospitals and the Polhemus Memorial Clinic. Illustrated with 158 half-tone and photo-engravings, and seven full-page colored plates. Second edition, revised and enlarged. Royal octavo. 500 pages. Bound in extra cloth. Price, \$4.00, *net*. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

Since the first edition of this book was issued there has been so many advances, especially in the surgical part of the treatment, that the author was compelled to largely rewrite much of it, and to add new matter. It is a handsomely printed book, and the colored plates are well done and binding excellent.

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**A Compend of Genito-Urinary Diseases and Syphilis, including their Surgery and Treatment.** By Charles S. Hirsch, M. D., Assistant in the Genito-Urinary Surgical Department of Jefferson Medical College Hospital. Illustrated. 351 pages. Cloth, \$1.00. P. Blakiston's Son & Co., Philadelphia. 1906.

This book is one of the series of Blakiston's excellent "Quiz-Compend," the questions being at the back of the book. Probably this plan is better—for the thorough grounding of a student—than the plan of having question and answer follow each other. It is well written.

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**RHYTHMOTHERAPY, or a Discussion of the Physiologic Basis and Therapeutic Potency of Mechano-Vital Vibration, to which is added a Dictionary of Diseases, with Detailed Suggestions as to the Technic of Vibratory Therapeutics, with Illustrative Plates.** By Samuel S. Wallian, A. M., M. D., Chicago. Price, \$1.50, *net*. Postage, 10 cents. Ouellette Press, Chicago. 1906.

The volume before us was evidently written by a practical man for practical men. Its author has something to say and says it with little regard for either apologetic preludes or prevailing con-

ventionality. He presents the physiologic arguments that have a bearing on his subject, for which he has coined a very appropriate term, "Rhythmotherapy," in a vigorous and logical manner. We shall be surprised if the book does not have a wide sale, even among practioners who have not yet investigated and therefore do not use vibration in their practice. The illustrations are unusually fine for works of this kind.

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Is the Compulsory Infliction of the Jennerian Rite by the State Expedient, Justifiable or Possible? By J. W. Hodge, M. D., Niagara Falls, N. Y.

Such is the title of a strong pamphlet by that fighter, Dr. J. W. Hodge, written in his best vein. If you want anti-literature write him for a copy. Thirty-two pages.

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### LILIENTHAL'S THERAPEUTICS.

Messrs. Boericke & Tafel announce that the fourth edition of Lilienthal's Homœopathic Therapeutics is now completed.

It is a grand unabridged dictionary of homœopathics and its value was never so much appreciated as during the past two years when it was out of print.

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DEAR DOCTOR KENT :

Some time ago you wrote me asking my opinion of your Repertory, and as to what criticism I would make. In reply I can only say that in my opinion there can be no criticism of it made, at least none but a most highly favorable one. I have but one fault to find and that is that it was not placed on the market sooner. I have gone over every line page after page and column after column in searching for "peculiar symptoms" and I have certainly taken it all in. I can only add my thanks for your *extremely* valuable work.

Most sincerely yours,

Denver, Col.

SAMUEL F. SHANNON, M. D.

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E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

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## EDITORIAL BREVITIES.

THE "OFFICIAL" JOURNAL.—Judging from our various and esteemed exchanges of the "regular" persuasion the *Journal of the American Medical Association*, in other words, the so-called "official" journal of the allopaths, is a veritable thorn in their sides, as it ever must be. The whole thing is an absurdity, as at present run. The only model official journal is our Uncle Sam's *Congressional Record*, which puts in print what was said and done and stops there. Imagine *The Record* laying down the law and "editing" Congress and the Senate and you have the absurdity of the thing fully before you.

ALUMINIUM MET.—We trust all the readers will carefully read what Bœnninghausen has to say in this month's installment of the RECORDER concerning *Alumina* and *Aluminium metallicum*, *i. e.*, the pure clay and the metal obtained from the clay. It will pay you to do this.

DISINFECTION.—Dr. C. D. Chapin, for years Health Officer of Providence, R. I., read a paper at the last meeting of the American Medical Association that must seem to some to be almost medically anarchistic. In effect he claimed that fumigation and disinfection, as practiced by the ordinary health boards, is all but useless. Soap and water, he claimed, were far better, and he is probably right. But it will be difficult to make the public believe this, as it has for years been educated to believe that if there is a bad smelling chemical odor about the house it is safe from "germs." Dr. Chapin claims that what is needed is cleanliness—"wash and make you clean."

"DEATH FROM SANITATION."—Such is the burden of much

that has been printed lately in the lay and medical press anent the death rate among the negroes employed on the Panama canal. It is claimed that in Jamaica, where most of them hail from, they live and thrive under most unsanitary conditions and that when subjected to the rigid sanitary conditions prevailing on the isthmus they sicken and die. Poultney Bigelow, however, who investigated the state of affairs prevailing where the canal is supposed to be under process of construction (*Cosmopolitan Magazine*), tells quite a different story. Though millions of dollars are spent for sanitation there is no sanitation and the state of the laborers is wretched—far worse than in Jamaica; their food is wretched, medical attendance worse and the whole affair is one great scheme of graft, worse than under the French administration. So it was put in late issues of the *Cosmopolitan*. It really looks absurd for any one to claim that good sanitation would cause any one to die.

FRAXINUS AMERICANUS.—Dr. R. F. Rabe, a good homœopathist, contributes a paper to the October *Critique* on this remedy. The case was diagnosed as subinvolution of the uterus; there were "soreness, heaviness, and bearing-down pains in pelvis and hypogastrium." As there were no special other symptoms, *Fraxinus Americanus* was given, according to Burnett's directions in his book, *Organ Diseases in Women*, and great improvement at once followed, with ultimate recovery. Burnett writes in that book: "I would summarize the whole thing thus: Where the organ ailing is primary to the organ, use organ remedies in material doses frequently repeated; where the organ ailing is of a piece pathologically with that of the organism use the homœopathic similimum in high potency infrequently repeated. That is how I work with much satisfaction and delight at the curative results obtained."

Burnett's works are veritable therapeutic gold mines.

THE APPENDIX.—Dr. V. A. Hutton, in October *Critique*, quoted C. W. Gannon, of Florence, Colorado (an instructor in physical culture and athletics), to the effect that he can tell by the skin one who has had his vermiform appendix removed from one who has not—"can pick them out every time." Those who had had this "useless organ" removed cannot perspire freely, some not at all. Guess dame nature knows what is right.

TUBERCULIN.—"One word about *Tuberculin* in diagnosis. I

advise you never to use it. The cases where the *Tuberculin* test has caused a generalization of a seemingly incipient tuberculosis are by no means rare. I personally do not approve of *Tuberculin* as a diagnostic means because it is not infallible, is not infrequently productive of harm, and last, but not least, I would not wish to have it injected into myself, and it is well for physicians to practice the Golden Rule."—*S. A. Knopf in Critic and Guide.*

That is sound advice and it should especially be applied to cows, who are the worst sufferers from this form of "scientific" barbarism.

THE LATEST MEDICAL SCIENCE.—The following is clipped from the pages of our esteemed contemporary, the *New York Medical Journal*, which in turn condenses it from *La Presse Medicale*. It is very instructive:

"SPECIFICITY OF THE ANTIBODY.—Hallion says that each antibody is specific; that is, each exercises its own peculiar reaction. Alexin produces hæmolysis and induces profound changes in the red corpuscles after the manner of a proteolytic ferment, but in order that the red corpuscles may undergo this modification, it is necessary that another substance, sensibilatrice, should previously be present."

FADS IN WORDS.—The *New York Medical Journal* of November 17 pokes a little fun at the pompous use of medical terms, or, rather, the way new terms are run after by writers. Here it is in part:

"The words 'metabolism' and 'therapy'—both reincarnations—have slipped jubilantly from many a pen of late years. The pens are not yet tired of them, but they are always agog for something new, and now an extension of meaning for the prefix para comes to gladden them. Para, indeed, seems to be encroaching on the domain of the time honored pseudo, and in a way to make the nosological Cullen turn in his grave, to say nothing of Piorry. And the opportunity is fine for the young and ambitious diagnostician. Let him but make a diagnosis of para-something, and mouths agape shall acclaim him a master. There is an alluring field, too, for the imagination, and one may now eclipse the humorous declaration of the late Prof. Willard Parker that scrofula was 'the great-grandson of syphilis.'"

As Hamlet remarked: "Words, words, words."

A HEADACHE CASE.—J. W. F., in *Eclectic Review*, relates a case of a man who called on him for relief from a most intense headache, from which he suffered extreme agony. There were no other symptoms, temperature, clean tongue, etc. Medicine was prescribed.

“The next morning I was called to the man's home, and there found that his headache had not greatly improved, and that no further symptoms had developed. Still, the headache had to be reckoned with, and some cause for its existence had to be found. In reviewing the patient's condition and the history of the case I excluded every disease frequently presented for treatment until I came to typhoid fever, but here I paused, and finally told the man's wife that her husband had typhoid fever. This was doubted by the friends of the family, and I decided to call eminent counsel. The physician called confirmed my diagnosis, and it was justified later by the development of a typical case of typhoid fever, which yielded to treatment in about twenty-one days. All headaches have a cause—they are but symptoms—and unless they promptly disappear on being properly treated, they should be thoughtfully watched.”

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### NEWS ITEMS.

Dr. Frank A. Gardner and Marion Ruth Fuller were married on October 31, at Salem, Mass. They will be at home to friends after January 1st.

A long record of membership in American Institute of Homœopathy is that of Dr. John H. Sherman, 534 Broadway, South Boston, Mass. He joined the Institute when it met in Boston, Mass., June, 1850, and should he live until 1899, will then be a member for fifty years. Has been located in South Boston for 33 years and is at present the president of Massachusetts Homœopathic Medical Society; term of office expiring in April, 1907.

# PERSONAL.

The bank cashier is not judged so much by his appearance as by his disappearance.

"For the sake of self-respect let us stop this eternal talk about a unification of schools which nobody really wants."—*Arndt*.

We never know what a good man he was until we read his obituary.

What little power the press has in politics! The men it backs up are generally defeated.

A self-made man generally has a tailor-made wife.

To make the best of the worst is true philosophy.

No, Mary, the muffs made by base ball players in that good old summer time are not available for use in winter to keep the hands warm.

A Colorado doctor demonstrated how to blow off the top of the head. The coroner said it was a success.

The guns of a political campaign are generally machine guns.

An English witness recently declared that a sunshade keeps the sun away while a parasol is used in flirting.

A man may be "a bird" and at the same time fly.

A man has the right ring, thinks the girl, when he produces the engagement ring.

Many of the highest in the land are white-washers.

"And he *winkt* the other eye." Deformed spelling.

"I never loved a dear *gazel*," *i. e.*, gazelle. More deformity.

"I *fixt* him." But what's the use!

Father Time and his *silhe*. Couldn't help just one more.

"Au reservoir," said the Englishman. "Tanks," replied the Frenchman.

The question does motor boats scare sea-horses, is worth considering by those Englishmen who got excited over the question: "When is a kitten a cat."

Lilienthal's *Therapeutics*, that grand old work, is off press.

It has been said that "one drink of whiskey is enough, two is too many and three is not half enough.

The old English physicians once said: "It is owing to our ignorance that instruments or a surgical operation are ever necessary." Is it?

Send your papers to the RECORDER—*materia* or *therapeutics* especially.

"The one thing that imperils a man's reverence for woman is knowledge of woman," so says a writer in *Naturopath*.

Per contra the same might be applied to man. "There is none good"—

A doctor had a grave dug for a patient doomed to die; patient recovered. On being jollied by his brethren he replied he was the only doctor whose graves are unfilled.

A man took twenty bottles of a patent medicine and then signed the pledge.

An Irishman asked for soap. "Scented or unscented?" "I'll take it wid me."











