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January 15, 1904.

Vol. XIX.

No. 1.

# THE HOMŒOPATHIC RECORDER

PUBLISHED MONTHLY.

At No. 9 North Queen Street, Lancaster, Pa.

Devoted to the introduction of new remedies, and to advancing our knowledge of the older ones.

SUBSCRIPTION PRICE, PER YEAR, \$1.00.

BOERICKE & TAFFNER

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Entered at the Lancaster, Pa., Post Office as Second-Class Mail

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Therap Gaz  
N. W. Cor. 14th & Spruce  
L. W. COOLIDGE

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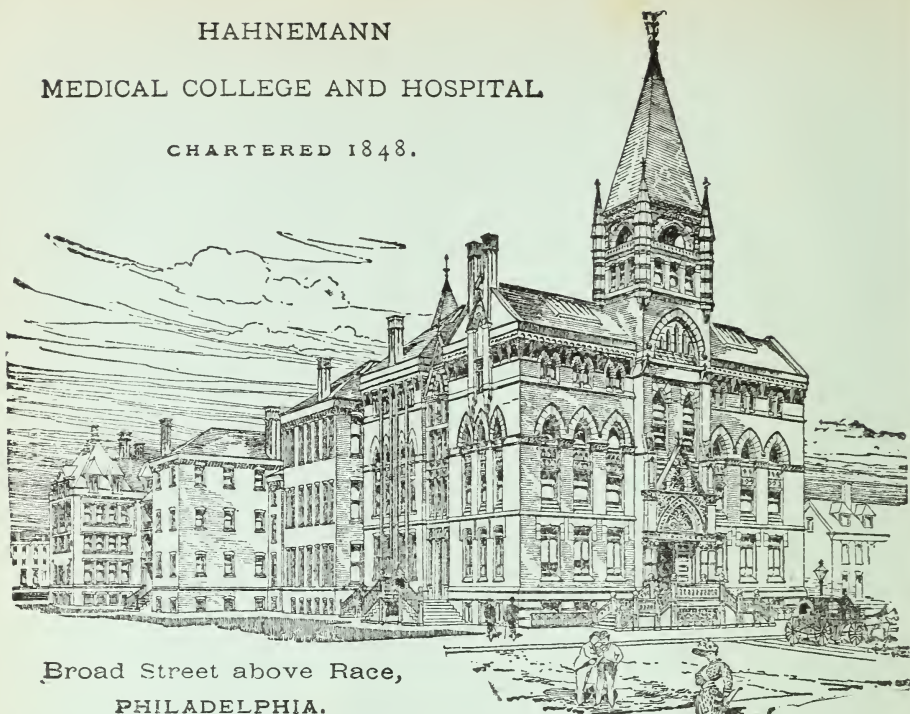
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THE  
Homœopathic Recorder.  
MONTHLY.

VOLUME XIX.

1904.

PUBLISHED BY  
BOERICKE & TAFEL.

AUG 18 1905



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# THE HOMŒOPATHIC RECORDER.

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VOL. XIX.

LANCASTER, PA., JANUARY, 1904

No. 1

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## REMINISCENCES OF A PROVER.\*

By A. M. Cushing, M. D.

Having received an eleventh hour invitation to work in the Garden of Materia Medica where others should have labored, you must not expect me to bring you a finished, scientific paper. If I should attempt that, I fear that before I should have it completed I should hear the great "Reaper" say: It is finished; making no reference to my paper, however. For just fifty years Materia Medica has been my companion by day, and sometimes by night. I believe ours is the best ever brought before the world and to-day work is being done to develop its power by proving remedies that will greatly improve and confirm it. For forty years I have, at times, tried to prove remedies upon myself, but I only kept a record of the remedy, the attenuations used, the size of the dose, how often taken and the symptoms I thought it produced. I will mention a few of the symptoms brought out in some of my provings.

*Artemisia abrotanum* gave symptoms similar to *Belladonna*, especially in rheumatism until there was swelling, then it was apparently useless. It had a wonderful effect upon the nervous system. The arms were nearly paralyzed; so much so that I dropped my reins while driving. One writer, referring to my proving, said it ought to be a very valuable remedy in diseases of the nervous system. Later, Dr. Gatchel reported a short proving by two provers and great weakness of the arms was mentioned. I am ashamed to say that for years I neglected the remedy till I read of epilepsy being cured by it. My proving of

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\* Read before the Homœopathic Medical Society of Western Massachusetts, December 16, 1903.

triturations of *Morphine* produced neuralgic pains such as it cures.

*Mullein oil* (so-called) produced involuntary urination, and attenuations, such as were used in the proving, often cure that trouble. My proving of *Salicylic acid* produced pains like rheumatism, first in upper arm, then thighs, then burning in region of heart, but did not affect the joints. That is why some succeed and others fail with it in cases of rheumatism. My proving of *Rhatany* produced almost unbearable itching of the rectum; our best remedy for pin-worms, and many physicians are using it successfully for diseased rectums.

My experiments with and proving of *Homarus* showed how eating lobsters and milk may produce death, and how to avoid or cure it. With any alcoholic drink it is liable to prove fatal. It will cure the most excruciating gastralgia, and no pepsin in the market can compare with its digestive powers. It produced a sore throat like diphtheria and pain in left temple accompanied with stomach troubles.

My proving of *Dioscorea*, which covered over forty pages in the *American Observer*, and copied in Allen's *Materia Medica*, covered over thirty-five pages, has helped cure many cases of chronic dyspepsia with constipation. One symptom which I noticed several times was colic, better by bending backward (the opposite of *Colocynth*). One symptom I have seen under no other remedy is a hard, dull, deep-seated pain above the nipple on either side, in connection with stomach troubles. In taking it in doses of a few drops of the tincture to three thousand drops of dilutions at a dose, prepared with pure water, it produced nocturnal emissions of semen, and in the hands of others as well as myself has cured cases that were almost idiotic from the disease. One case was readily cured after following other kinds of treatment for fifteen years.

*Bromide of Ammonium* gave a peculiar cough, sort of explosive; cough and inclination to cough come suddenly.

The proving of *Phaseolus nana* affected the kidneys quite noticeably, but before I began to record the symptoms (I never record the first ones) it nearly stopped the action of my heart and certainly stopped the proving. For disease of the heart or kidneys, even "Bright's Disease," it has been more helpful to me than any other remedy I ever used. Other doctors have reported to me cases of valvular disease of the heart cured, and one case said

to be fatty degeneration of the heart, given up to die, was soon relieved by taking the fifteenth decimal attenuation and recently wrote me he is a well man. I never saw him and fear there was a mistake in the diagnosis, but I hope not. I believe these symptoms will stand any test needed, but how much better it would have been if obtained under the conditions of to-day, when remedies are proved by those surrounded by all that science and money can command. If this is followed our *Materia Medica* will become the standard of the world, and we should be willing and proud to render all the assistance we can.

Among homœopathic physicians there has been much difference in opinions as to attenuations, some claiming the limit of divisibility was at or near the sixth decimal attenuation. Now scientists of both schools and outside of medical schools are coming forward to settle this question in favor of greater divisibility and somewhat upset the atomic theory. Now the whole world is on our side. They say that when atoms are changed they become ions, and imagination can scarcely limit their divisibility. They also claim that when atoms change to ions it changes their power. Now comes a new substance, Radium, that may set medical scientists to thinking. That substance has a hitherto undiscovered power, and it may be discovered that medicines have a similar lasting power. A high dilutionist who gives an attenuated remedy and sees the disease quickly disappear must wonder what the power is that makes the change. Now comes the question, how do medicines, medicinal substances, act? In two ways: Destructively as poisons and curatively as remedial agencies. Destructively they act first upon the immediate surroundings, but curatively they first affect the brain and that directs it to the desired locality. I think everyone must have noticed how quickly remedies act upon a person with a full developed, active brain and how unsatisfactorily they act upon a stupid one.

What is disease? It is an unnatural condition of the system caused, it is claimed, and I think undisputed, by a microbe lodging in some central portion, multiplying or rousing into action those already there. The longer they remain some of them, at least, extend farther towards the surface in smaller channels, becoming chronic, requiring more minute doses to reach them. We know every disease has a favorite location in the system; so has every remedy. We would not think generally of *Turpentine* or *Cantharis* for earache. Their home is not there. As we know where each

microbe locates and what remedy seeks that location we have to prescribe the remedy that produces similar symptoms in that location, and with the help of nature, which we believe is on our side, destroy or remove the microbe. In so doing we need not prescribe a dose as large as the microbe, but one more active that will follow, overtake and help destroy the microbe, and nature, which is the brain, will do the rest. If we prescribe a large one before it reaches the microbe it produces more excitement than the microbe and disturbs nature, and as it (nature) tries to destroy this the former goes on unchecked, and before we discover what we have done death results.

I do not believe any intelligent physician would attempt to cure any serious disease by the external application of remedies. Hahnemann said, "No disease is ever cured unless it is cured from the top down and from the inside out." For many years I have believed that cases of insanity and sometimes suicide are caused by local uterine treatment. My experience leads me to believe in the lately advocated idea that cancer of the liver, stomach or breast may be caused by local uterine treatment. I would as readily believe that as that cancer of the breast can be cured by removing an ovary. I believe many an invalid reached that situation by unscientific treatment, and will close by reporting one recent case.

I was called to prescribe for a gentleman of about forty-five years of age, who had been in poor health for several years; weak, poor appetite, emaciated, frequent severe headaches, bad troublesome cough. It was a blind case. I decided his lungs were not diseased, but stomach and liver wrong, and prescribing remedies acting upon those organs he was soon better. His shop-mates constantly urged him to see a certain old school doctor, which he did though he was improving every day. The doctor told him he would die in three months of consumption. He left me and bought and took various things for some five months with no special change. Then he came to me and inhaled medicated oxygen and in three days there was an improvement, especially in the cough. In three weeks he could walk along on the street with other workmen, which he had been unable to do in four years and walk a mile and a half over the hills to his home. One evening I was called in haste and wondered what I had done to him. I found he had a severe chill three evenings in succession. I asked him if he had ever had chills and fever. He said yes,

several years ago he had them bad for a long time. He told the doctor he had had them long enough and wanted them stopped. The doctor gave him a vial, to take the contents in one day. He did so and had no more chills till this time. This chill was in the evening and during the chill he was very thirsty, but at no other time. I gave him a powder of *Ignatia* ʒm., to be taken in two doses that evening. The next day his wife said she wanted a half dozen of those powders in the house. Ten days later he had a slight chill and I gave him a powder of *Natrum muriaticum* ʒoob, but now I think that was unnecessary. He had no more chills and now, after three months of treatment, is a well man. Four years of invalidism from taking pretended scientific medicine one day, and practically cured by taking one small powder of really scientific medicine.

*Springfield, Mass.*

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### A NUX VOMICA CASE.

By R. C. Das, Hom. Pract.

My *Picric acid* case being published in your issue of September last, I venture to send you another case for publication. It seems more important to me, as the patient himself is an allopath.

Mr. G. N. Das, then Assistant Surgeon, S——, was suffering from inveterate (the term being his own) dyspepsia for eight months. Formerly he had been in the habit of taking milk and butter in abundance, the other articles of food being not readily available at his station, but his illness caused milk to disagree. He had occasional attacks of abdominal pain, causing him to lie down for several hours, even sometimes for a day or more. The bowels are habitually constipated. He was afraid of taking a liberal diet, which caused flatulence and pain. Finding no relief from eight months' trial of his self-administered (allopathic) medicines, he came to me on September 13th; I prescribed *Nux vom.* ʒo. That very day he had the last attack of pain. The medicine was continued once a week and he is taking milk and other articles of food now without discomfort.

*19 Muddon Bural's Lane, Calcutta, India.*

## AN OPENING FOR A HOMŒOPATHIC PHYSICIAN.

PARKERSBURG, W. VA., Nov. 28, 1903.

Editor of the HOMŒOPATHIC RECORDER.

In reading over the October copy of the HOMŒOPATHIC RECORDER I noticed some communications of places where homŒopathic physicians were needed.

I wish to offer the name of Billings, Montana, as a place devoid of such a commodity.

Billings is a place of about 4,000 to 5,000 inhabitants, has electric lights, fine city water, good stores, efficient banks and a fine hospital.

Anyone wishing to enquire further into the matter may either write me or to Mr. Henry White, of Billings, who will be glad to give all the information in his power. (On receipt of a stamp.)

Hoping that this will be of some interest, I beg to remain,

Yours very truly,

R. G. LANG.

## TUBERCULINUM. (Heath.)

Editor of the HOMŒOPATHIC RECORDER.

*Dear Sir:*—In the HOMŒOPATHIC RECORDER for this month (November) you publish some very interesting facts respecting this remedy, which was made by myself just twenty years ago (1883). HomŒopaths know it well, as it has performed, in the 200th potency, many wonderful cures, and a book was written some years ago by the late Dr. Burnett extolling its use in tubercular and allied affections. Personally I can support all that has been said in its favor. It was made from a product obtained from a living patient in the last stage of phthisis, and although Dr. Burnett did not know how it was prepared, he remarked to me that it was worth its weight in gold.

My object in writing you is to say that the potency in question was a genuine hand-made centesimal 200th potency made by myself. The mode of sterilizing and preparing this remedy makes it impossible for there to be any bacillus present. The proof and test of its being *Tuberculinum* must therefore have been a purely

physiological one. Hahnemannian homœopaths know well the power of high potencies, but it is not often one gets official allopathic testimony to their activity. Messrs. Boericke & Tafel have the remedy. I am, dear sir,

Yours very truly,

E. A. HEATH, M. D.

114 Ebury St., Eaton Sq., S. W., London, England, Nov. 30,  
1903,

---

### CODE OF ETHICS.

Above all else, this change of base frees us from the old charge of bigotry, and brings up new and nobler issues, for this was the vulnerable spot in our armor at which our enemies of every kind directed their partisan attacks. Indeed, nowhere in the annals of human invective is recorded a more vehement, or a more continuous, or a more successful attack than the combined armies of all these "persecuted martyrs" made on this paragraph year after year, with the public as judges, with "allopathy," "old school," "crucifixion," "persecution," "jalap," "calomel," "salivation," "bleeding," "manslaughter," and a whole hatful of other fulminating nouns and adjectives added to make it expressive.

But all their literature was as nothing compared to the thousands of unfair and partisan tales told at the bedside, in the parlor, and on the curbstone to every man, matron and maiden who would listen to their harangues.

They even carried their attacks into all public questions; and contested for army appointments, naval appointments and political appointments; everywhere crying "persecution;" and so deeply did their missiles penetrate the public heart that some of those who were lured away from us forty years ago are to-day a hundred times more bitter toward "allopathy" and the "allopaths" than their medical attendants are, and would trust their lives to an empty-headed outsider a thousand times sooner than to the best "allopath" in the world. And there are at this moment people in every large community who would almost rather die under the care of an irregular than to get well under the hands of a regular. Why? Chiefly because that paragraph

shut out the eclectics, homœopaths, thompsonians and others, and kept them incessantly appealing to public prejudices, and in this way the code acted constantly and powerfully in favor of the very ones it was intended to destroy. These terrific attacks on us caused hundreds of thousands of valuable lives to be entrusted to irregular care, and millions of dollars to go into their pockets, while our clansmen "Megafied" by an overdose of "Magna Codex" sat in their arm chairs and slept as unconcerned as Rip Van Winkle, and thrice as long.—*D. W. Gatchell in The Post Graduate.*

What about the flood of vituperation from the other side? Furthermore it is clear that the modern allopath has no clearer conception of the vital principle, *similia*, than did Dr. Calomel of a past age.—Ed. HOM. RECORDER.

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## THE STATE OF "REGULAR" MEDICINE TO-DAY.

(The following under the heading, "Why the Quack?" is an extract from *Alkalodial Clinic*. It fits well with the preceding "Code of Ethics.")

There is no manner of sense in seeking to ignore facts. We may wrap ourselves in the fancied dignity of our professional robes, stalk through the streets like another Faust, absorbed in the contemplation of our own grandeur, but meanwhile the butcher is clamoring for his pay, the robes are getting threadbare, and Billy needs new shoes. And while dust lies on our threshold undisturbed Quackibus on the main street needs an automobile to hurry him around to his office, where throngs await him anxiously. Nor can we delude ourselves by thinking it is the fools alone who flock to him. Not one only, but every quackish cult that rises numbers among its patrons the rich and powerful, the wise and great.

We are told that Germany supports over 100,000 quacks—illegal practitioners. In a population of about fifty millions, that means one to each 500 inhabitants. We have not by us data as to the number of legal medical practitioners in Germany, but it surely is not above one to 1,000; more likely one to 2,000. For every legitimate practitioner the German people support two to four quacks. And yet the latter labors under great disadvantages, in

that he cannot collect his fees by law, and newspapers publishing his ads are pecuniarily liable if the promises made are not fulfilled, and the true composition of nostrums is published, and if disapproved they may be forbidden.

Men should face difficulties manfully. Instead of consoling our pride with euphemistic sophisms let us ask ourselves squarely the question: Why do people prefer quackery to us? And they surely do.

Why?

The answer lies in the discredit of therapeutics at the present day. Very largely this comes from ourselves. Contemptuous expressions in regard to drug medication, uttered by alleged leaders in the profession, are bandied about, quoted with relish, repeated with endless variety by men who think because Oliver Wendell Holmes said a lie smartly, they may gain applause by saying the same thing over in different words. The fact is, whatever Holmes may have been as an anatomist, there is little evidence extant that he knew anything whatever about the therapeutics he was so fond of decrying. The fact that he did not know enough to put up a prescription for asthma, but had to recommend a patent nostrum, fairly gauges his proficiency in this line.

But these things go to the people as the views of the greatest of physicians. They take root. They reappear in many forms. The idea of the doctor killing his patient instead of curing him is one of the stock jokes of the professional humorist, ranking with the plumber's diamond and the mother-in-law. And insensibly things said in joke come to be taken as earnest, through iteration.

Since Germany is the most pronounced in this desertion of regular medicine for anything and everything irregular, let us study the state of regular medicine there and see what it offers the people.

(1) Therapeutic nihilism. Surveying the field of clinical work, on which therapeutic applications are chiefly based, the illustrious pathologists, surgeons and bacteriologists, teachers and specialists, composing the university staffs, find it all so confused, contradictory and uncertain that they unload the whole mass and take refuge in mechanical applications ignoring the elements of vitality and drug-action. This famous principle of "nihilism" has ruled regular medicine for many years. How can we blame

our patients if they believe us when we declare our helplessness to influence their cases towards a favorable ending? Quite naturally they turn to anyone else who holds out hope and claims the powers we abjure. Can we blame them? Would we not do the same thing were we in the same place? *Don't* we do it? How many "regular" physicians resorted to Keeley, and now resort to "Osteopathy," to "Christian Science," Dowieism, *et al.*?

(2) "New-remedyism." The therapeutic efforts of Germany's physicians for many years have been confined to the exploitation of the novelties issuing in a constant stream from the German chemical works. We have not heard the cry of "commercialism" raised in regard to this matter, yet it is difficult to see how it can be avoided. Every last one of these remedies is proprietary; held rigidly under trade limits and sold at a generous profit; but all the literature we get from the European therapists relates to these articles.

An acute observer once said to the writer, when he recommended a prominent physician: "He may be great, but it is singular that in all his life he has never learned anything as to therapeutics. He always advises the last thing recommended in the German journals. That is an admission that his whole previous experience has not given him a solitary fact in therapeutics worth retaining. And as each year he advises something new it is an acknowledgment that the things he so warmly urged last year have not proved satisfactory." It is difficult to find a flaw in this argument. The assumption that each new remedy is better than all preceding it is scarcely worth mention—certainly not deserving of consideration.

(3) "Jackalism." We do not know whether the German medical profession has resolved itself into a *claque* for the mechanical practitioners, as is so much the case here, but it seems inevitable that it should be so. Having lost all faith in drugs it stands to reason that the doctor must avail himself of every mechanical device, surgery, specialty, applications, rest, exercise, the absurdly misnamed "physiological medication" methods.

This completes the doctor's abdication. He is now merely a sign-post, pointing the road to the surgeon and only utilized by those to whom the road is not familiar.

Under the circumstances we no longer ask why people cease to apply to the regular medical profession, but rather we put the query: Why should they?

The basis of the whole trouble is the rotten foundation on which the old therapeutics stands. As long as this consists of uncertain and variable remedies the results of their use can be but uncertain and variable. When one has mastered the pathologic condition and sees clearly what should be done to effect a cure, and then administers a remedy that he expects to cure, but which has no effect or makes the patient worse, how can the doctor help feeling disgusted? And what sort of a doctor is he who never knows what his remedies are going to do? We venture the assertion that for two-thirds of the drugs prescribed by the entire profession, the doctor neither knows what the effect is going to be, nor does he really look for it. He gives a prescription—got it out of a book—the patient is better, and he rests there; or he is worse, and he hunts up another formula. But as to knowing just what each element of that prescription is going to do, watching for that effect, recognizing it, giving just enough to get just the degree of effect he wants and then enough to keep it up just long enough—say, doctor, on your honor, did you ever do such a thing in your life? Really? Honest Injun? Except when you gave a physic, emetic or sweat?

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## NYPHÆA ODORATA IN PROLAPSUS UTERI INTERNALLY AND IN SUPPOSITORY FORM.

### The Vegetable Curette.

*Nymphæa odorata* is a remedy of value in the treatment of uterine troubles, especially those characterized by subinvolution, uterine catarrh and an excoriated and irritable os. The remedy is used internally and externally. For internal administration the dose is five drops in water every four hours, or about three drachms to four ounces of water. The external use consists in the application of the extract of *Nymphæa odorata* to the os. We have made for this purpose cocoa butter suppositories containing five grains extract *Nymphæa odorata* with five grains *Boric acid*. These are introduced in the vagina and up against the red, excoriated and irritable os uteri, a small tampon being placed against the suppository to hold it in contact with the diseased surface. This is allowed to remain twenty-four hours, when it is removed; the parts are to be liberally douched with warm, antiseptic solution, after which another suppository is applied as before.

We prefer to do this work ourselves rather than trust it to the

patient, for experience has proven that not one patient in twenty can introduce a suppository properly or use a douche thoroughly. So, when possible, we carry out this treatment personally, and only in cases at a distance, or those we cannot see, do we rely upon the efforts of the patient. It is not best for the patient's welfare, nor for our credit, to have them declare that they have taken treatment for a length of time and received no benefit, which is very liable to happen if they are treated at long range; and it is manifestly to the financial interest of the physician to see his patient often.

*Nymphæa odorata* has been highly lauded as a remedy that will cure prolapsus uteri. It does this by its derivative action. The remedy may be called the vegetable curette. It lightens a heavy womb, reduces the enlarged organ to normal weight and size, and thus removes one of the causes of prolapsus. The suppository is soothing, antiseptic and very slightly astringent, and produces a remarkably healthy change in the vagina and cervico-vaginal mucous membrane. We have used this application with varying success in young girls who were the subjects of vaginitis and in whom a specular examination was not desirable. But the special field of *Nymphæa odorata* is in prolapsus with ulceration, and most cases will be benefited, if not cured, by its use. Of course, if there is a ruptured perineum with rectocele or cystocele or both, repair is essential for relief, and no medicine will restore the prolapsed womb until the natural supporting tissues are repaired by surgical measures. Afterward recovery will be facilitated by *Nymphæa odorata* internally and locally. In most cases the treatment should be persisted in for two or three months, and patients should be encouraged to persevere, for many of them are prone to regard themselves as cured and to discontinue treatment too soon. Hence relapses sometimes occur and the treatment will have to be resumed.—*L. W. in Eclectic Medical Journal.*

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## OBITUARY.

Horace M. Paine.

Dr. Horace M. Paine, of West Newton, Mass., died Dec. 5th, at the residence of his son, Dr. Clarence M. Paine, Atlanta, Ga., of pneumonia. As we learn from a Newton, Mass. paper.

Dr. Paine was a lifelong and devoted member of the Presbyterian church. During his residence of thirty years in Albany, he was

a member of the Second Presbyterian church. After his removal to West Newton he became an attendant at the Second Congregational church.

He was connected with many social organizations, among which was the Society of Founders and Patriots of America, and the New England Society of Alumni of Hamilton College.

Horace Marshfield Paine, A. M., M. D., was born at Paris, Oneida county, N. Y., November 19, 1827. He was of English descent, his ancestors first settling at Salem, Mass., in 1637, and moving thence to Southold, L. I.

Dr. Paine was the son of Dr. John Alsop Paine, with whom he took his preparatory medical course, later attending the University of the City of New York, where he graduated in 1849. He at once began practice in Albany, later removed to Clinton, N. Y., and in 1865 returned to Albany where he remained in active practice for thirty years. In 1895 he relinquished his practice, and since then has spent his time at West Newton, and in Atlanta, Ga., at the homes of his eldest and youngest sons, Dr. N. Emmons Paine and Dr. Clarence M. Paine. Dr. Paine was the first young physician to begin homœopathic practice in Albany. During his long life he so identified himself with his chosen school of medicine, that a full description of his efforts in connection with it would constitute a fairly complete record of the development and progress of Homœopathy in New York State for the first forty years of its history.

He devoted the greater part of his professional life to medical society work, assisting in the formation and development of many medical societies, which owe much of their present standing to his untiring industry and practical sagacity.

Chief among these is the Homœopathic Medical Society of the State of New York, which was founded in 1850 and whose first meeting he attended. He was the last surviving charter member of the society. In the important work of the society he took a prominent part. He served as secretary and president, edited and compiled the first ten volumes of its "Transactions" and as chairman or member of many important committees, particularly that of medical legislation, he labored to advance the prestige, influence and high standing of the homœopathic school. He was also prominent in the long effort by which the school he represented became legally recognized in New York State, and acquired all the rights and privileges accorded to other systems of practice.

## L'OMIOPATIA IN ITALIA.

## Angina Pectoris.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Z.*,  
November, 1903.

The newly issued number (No. 46) of this journal gives us cheering news of the beneficent work of "The Homœopathic Institute" in Italy. Dr. Baldelli gives an interesting account of the work of the homœopathic Policlinic of Florence in the past year. The number of the cases treated was 328, with 834 consultations. Among the most interesting cases reported are three cases of angina pectoris, two of the cases being unattended with organic changes (the first case, that of a servant girl, being of a nervous character, while the second, that of a gouty lady, was due to diathesis); but the third case should be called organic, and was that of a man sixty-five years of age, laboring under diabetes and arterio-sclerosis with consecutive changes in the aorta. In all three cases the striking symptom was the *pain*; this was constrictive, attended with mortal anguish, obliging the patient to take complete rest, though neither movement nor pressure, neither respiration nor talking, really increased the pain. They stood still without moving, in constant fear of losing their life in one of these attacks. The author recalled the words of his celebrated teacher, Bacelli, who noticed that such patients could foretell the next attack with frightful certainty and were tormented every day more and more by anticipation of death. This frightful fear was only a little assuaged by the presence and confidence of the physician.

The author has seen this symptom at various times in a very pronounced way in the nervous form of angina, owing to the frequent periodical return or the long continuance of the attacks, though it is less to be feared in the latter case. The globus hystericus is also frequently found in this form and simultaneously a real intercostal neuralgia. Though the pains in these cases radiated farther, they were less convulsive and less productive of anguish than the cardio-thoracic cases.

As to the therapy, *Arsenic alb.* 30 yielded excellent results in the organic form of angina pectoris in assuaging the attack. But sometimes he had to have recourse to *Digitalis*, when the patient's pulse was retarded, irregular and intermittent; then also

*Veratrum album* in the period of general exhaustion, when the skin was covered with a cold, clammy perspiration, and there were cramps in the extremities.

In the *nervous* forms *Ignatia* generally proved to be sufficient, sometimes *Spigelia*, when the patient felt as if he would suffocate.

When there was pain behind the sternum, radiating into the thorax, also toward both sides, *Actæa racemosa* 3 was found most effective. The pathogenesis of that remedy shows pains extending from the cardiac region all over the chest and the left arm, with palpitation, congestion of the brain, dyspnoea, cyanosis of the face, cold and perspiring hands, heaviness of the body, heaviness of the left arm,—symptoms which appear more or less in all cases of angina pectoris.

Stimulants, such as cognac, whisky and champagne, when given at the right time, may prove strong adjuvants by preserving the patient from paralysis of the heart; in such moments of distress and anguish we ought also to keep in mind *Ammonium carb.*, *Veratrum alb.*, *Glonoïn* and *Stigmata maidis*.

*Glonoïnium* the author declares to be superior to any stimulant of the heart in cases of a threatened collapse. We use it on account of its secondary effect, which dilates the arterioles, and paralyzes the vasomotory constrictures, and thus enables the blood to reach the arteries, thus avoiding the frightful cardiac anguish.

More important yet than the assuaging of the severity of the attack is their prevention, whereby a real cure of angina may be effected, when we shall require no more palliatives. First in order of preventives is the avoidance of all causes of excitement, violent emotions, extraordinary exertions of the muscles, excesses in eating and drinking, and abstinence from alcoholic beverages as far as this is practicable.

In the case of nervous angina *Arsenicum alb.* and *Ignatia* taken from time to time have caused the attacks entirely to cease, and the young girl has now for a year and a half enjoyed perfect health. In the case of the gouty lady *Lycopodium* diminished the frequency of the attacks, but as she left Florence the further course of the disease could not be observed.

With the man who had an organic form of the disease, and who under allopathy had been oversatiated with palliatives, the attacks recurred three or four times a day, especially in the afternoon and

at night during the first sleep. Here *Lachesis* 24, a dose every twelve hours, soon proved its virtue. The violence and frequency of the attacks soon diminished and there then ensued a pause of rest lasting four months. In this considerable interval the pain reappeared a few times, but vanished after the patient's taking a sip of cognac and water, or a powder of *Arsenicum alb.* At the end of November, 1902, there appeared, probably on account of mental troubles, the pain radiating toward both sides with dyspnoea, but no full attack, though there was likewise a slight return of diabetes, which was kept back by diabetic measures. During January, 1903, *Lachesis* 200 was given, once every 24, 48 and lastly every 72 hours. No other remedy was given.

Besides *Arsenicum album* and *Lachesis*, *Naja* has sometimes proved of use when the pain and dyspnoea are accompanied by an organic disease of the heart and there are also irritations of the nervus glosso-pharyngeus.

*Aconitum* when the anguish and fear of death, which are so characteristic in this disease, are attended with cold skin, cold perspiration, weak pulse and severe pains in all directions.

*Spigelia* is suitable when every beat of the heart is attended with a lancinating pain; in palpitation of the heart, worse from every movement.

*Rhus tox.* is useful in a rheumatic diathesis, with or without cardiac troubles. The remedy is indicated in lancinations about the heart with a paralyzing pain and stiffness all over the body, including the extremities, and with a violent pain in the left arm.

*Cactus grandifl.* has among other symptoms also a sensation as if the heart were seized with the hand and constricted with an iron band.

Besides these also *Arnica*, *Crotalus*, *Cuprum*, *Laurocerasus* and *Phytolacca* might be considered.

DR. M.

## SAVING A FINGER.

By Dr. Mau, Kiel.

Translated for the HOMŒOPATHIC RECORDER from *Leipzig. Pop. Z. f. Hom.*  
Nov. 1, 1903.

I had not been settled long in Itzehoe when one day at noon a girl who worked in a factory came to my office. She had injured a finger on her hand (the particulars I cannot now recall with ex-

actness); she brought a letter from the owner of the factory, in which he asked whether the finger could be saved, and requesting me, if that was the case, to treat the patient. The (allopathic) doctor attached to the factory had treated the hand for about ten days and was talking of amputation. He had made applications of *Carbolic acid* so long and so strong that several fingers of the hand looked quite white and felt numb; an effect which is frequently found when the poisonous *Carbolic acid* is used too long and in too concentrated a form; gangrene then is apt to set in. Even an allopath, who thinks it necessary to treat all lesions with disinfecting remedies, might easily have avoided this ill effect by varying the disinfectant used, for science knows whole series of disinfectants besides *Carbolic acid*, e. g., *Sublimate*, *Lysol*, etc. By changing to one of these he might have kept out the bacilli of which the men of science are so mortally afraid. I merely applied compress with diluted *Arnica* tincture, on which the finger soon healed up.

I remember that Professor X., the medical Councillor whose lectures I attended, had said that *Arnica* was much used in Homœopathy in wounds and lesions, but that it was a dangerous remedy since erysipelas frequently followed its use. This objection is also mentioned in "Burnett's Fifty Reasons" (14th reason) as an allopathic objection. But no homœopath would be so foolish as to use *Arnica* in so concentrated a form, and if any effect on the skin should appear he would at once stop the remedy and substitute *Bellis perennis*.

My dear Councillor, the *Arnica* is not so bad as you think and as you wish us to believe. But how is it with the "scientific" remedies? Are they without danger? We have seen that in this case *Carbolic acid* was very near producing gangrene, and the doctor was talking about amputating. And now another question: What is worse, erysipelas or gangrene and the amputation caused by it?

Of course, if the finger, or even its last phalanx, had been amputated (if I mistake not it was the index finger, the most important of all), as the patient worked in a lace and fringe factory, she would not have retained her full ability to work and would have received a pension from her union. Also this was averted by *Arnica*. This case like many others shows how very important in its social relation Homœopathy proves itself, and how useful it would be if all the unions would employ homœopathic

doctors; this would secure a great saving of money, not only on account of the greater cheapness of the remedies, but also from the shortening of the time of disability to work and the diminution of the pensions.

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## HOMŒOPATHIC NOTES FROM HOLLAND.

By Dr. A. C. A. Hoffmann, Gouda, Holland.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*,  
October, 22, 1903.

### I. CURE OF A TUMOR RESEMBLING CARCINOMA, WITH *Arsenicum*.

Some months ago I read in this journal the announcement about a lecture on the formation of tumors resembling carcinoma from taking *Arsenicum*. As a case in point I would offer the case subjoined, *i. e.*, per contra the cure of such a tumor by the use of *Arsenicum*.

My father-in-law, Notary W. A. C. in Helvoirt, Province North-Brabant in Holland, being in his sixty-third year, fell sick of a disease of the stomach in the year 1900. He came from an unusually vigorous family. He himself was of a Bismarkian stature. In his family, carcinomas, I am sorry to say, are *very* prevalent. His father died of carcinoma ventriculi, his mother and sister of carcinoma mammæ. The sister of my father-in-law came under my own cognizance. She undoubtedly had carcinoma mammæ, ulcers, œdema of the left arm, etc.

The notary himself was seized with his disease of the stomach in 1900. For several years before he had had troubles from eating, but never on an empty stomach.

In a few months his Bismarkian stature had become a Moltke stature, but he was not as sound as Moltke. C. felt wretched. Icterus, severe hæmorrhages of the stomach, nausea, vomiting of all ingesta, pains in the stomach. C. had frequently gone in secret to various allopathic physicians in Hertogenbosch, a neighboring town, and I heard later on, that all had diagnosed the disease as cancer of the stomach.

In company of two physicians I examined the patient in his bed. We found a painful tumor in the pyloric region. The

lymphatic glands in the two axillæ and on the right side above the clavícula had all the properties of carcinomatous lymphatic glands. We all agreed that the case was one of carcinoma ventriculi.

The question was discussed, whether an operation was advisable; and C. was sent to the university in Uprecht, to have the question decided. Prof. P. Talma examined him in April, 1901, with his assistant, Dr. B. His written opinion, sent to me as the physician in Gouda, was sad.

To decide the question of an operation C. should return in May, if he was able. In the meantime the stomach of C. was daily rinsed out with a stomach-pump.

*The whole village was of the opinion* that the notary would die in a few weeks. The burgomaster and the minister spoke with me, advising me to communicate the matter to the family and to have the last sacrament administered to the patient. In May C. was taken back to the hospital of St. Andrew in Uprecht.

Prof. T. had several times examined him April, had rinsed out his stomach and examined the blood microscopically, etc.

In May, 1901, Prof. T. made another searching examination. Now came his opinion:

UPRECHT, May 7th, 1901.

I have again been able to examine Notary Coolen. The patient has been losing strength fast. There is achlorhydria, lactic acid, large bacilli, and sarcinæ in the contents of the stomach. There is much motory deficiency, macies and the beginning of cachexy.

The diagnosis is therefore: Quickly developing *Carcinoma* of the *Pylorus*, *no operation practicable*.

Therapy: The stool ought to be kept open by suppositories of *Glycerine*. The stomach ought to be rinsed out every morning. *Decoctum Condurango*. He should be dieted and keep to his bed.

Your colleague,

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

(Verbally translated from the Dutch.)

The examination of his blood had shown in April:

5.1 million erythrocytes.

10,500 millions leucocytes.

1:470 Hglb. Geh. 85 to 90°.

Polynucleine, 30%.

Lymphocytes, 30%.

Cornuphile, 3%.

C. also had cirrhosis hepatis, perhaps due to the absorption of injurious substances from the stomach. The liver was large and hard.

Prof. T. had pointed out, if I mistake not, as early as April, 1901, that the swelling of the axillary glands and of the right supra-clavicular lymphatic glands demonstrated a malignant disease of the stomach. The notary in the meanwhile could not attend any public sales. The farmers now and then saw him vomiting. Clysters had never been used. C. was always cold and the stool resembled coffee.

He once tried the Decoctum Condurango, which did not agree with him, as he could not even bear milk.

Then he came under homœopathic treatment. The physician of the village, Dr. L., withdrew with some irritation. The stomach-pump was used for a month, first by myself, then by one of his daughters whom I instructed in its application.

He now used exclusively for several months, very regularly, *Arsenicum album* 6, twice a day, ten drops at a dose.

I had taken him under my charge. A peculiar period followed. Very unexpectedly the bank of North-Brabant in Hertogenbosch failed. There was an immense excitement in the whole of the Netherland, C. lost all his property. He received a very honorable discharge from his notaryship from the Queen of the Netherlands, and this was followed by a year of dreadful pecuniary and family cares.

And still—his health kept improving more and more. In the last months of his notaryship he was already able to again attend to public sales in the open air.

*Every evening* for months, for his amusement, he played cards with the farmers in the village inn, drinking nothing but water.

\* \* \* \*

He is now living in Grave in an institute on a State pension, received as a former teacher, before he had become a notary.

The allopathic doctor in Grave, director of the hospital, wrote to me:

GRAVE, Sept. 18th, 1902.

*Dear Friend:*—The results of the examination of your father-in-law, Mr. Coolen, by the Life Insurance Co., was very good, at least quite satisfactory.

Your colleague,

DR. H.

The cause of the letter was, that C. had to be examined for the Insurance Co., "Nederland." C. was still taking *Arsenicum*. In the latter part of 1902 and the first half of 1903 C. had become *thoroughly healthy*. He had again become a Bismark. His clothes were too tight. He became cheerful, he ate as before, *i. e.*, like an epicure; he never vomited. He sang and took walks for hours. He went to the Hague, and came to see me in Gouda. He sat in my pew in the catholic church in Gouda and people would say:

"What a big man!"

He wrote as colaborer for journals and papers. His *glandular swellings had quite disappeared!* And all this had taken place during the troubles and trials which almost broke the heart of his children, and which were enough to make a well man sick.

On the 19th of June, 1903, he suddenly was taken sick while in the fields, and was seized with a *classic pneumonia*. Here the allopathic Dr H. was again called in to see him. On the day of the crisis he died from heart failure. Dr. H. and myself found not the slightest trace of his former ailment at the examination of the *body*.

Was this a case of carcinoma? I do not know. In any case it resembled carcinoma. If he had undergone an operation and it had turned out as well, I myself would have been compelled to exclaim: "All hail to modern surgery!"

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## HOLLAND NEWS NOTES.

The Secretary of the Interior has requested the Chambers of the representatives of the people in the Netherlands to appropriate a sum from the Treasury in order to carry out the plan of the Government to embody a treatise on *Homœopathic* medicines in the Pharmacopœa of the Netherlands. Perhaps a Professor or Docent of *Homœopathic* medicine may be appointed by the University at Leiden.

Even an *allopathic* Professor of the University of Amsterdam, Straub, Professor of Ophthalmology, is recommending in the leading allopathic medical journal of Holland the appointment of a *Homœopathic Docent* in Leiden.

This same professor in the year 1898 still publicly called homœopaths quacks.

**GOOD NEWS FOR DIABETIC PATIENTS.**

Translated from *Allg. Hom. Zeit.*, Aug. 27, 1903.

Everything moves! even the opinions given forth by medical science. Only yesterday potatoes were decried as poison for diabetic patients; to-day we hear that such patients cannot eat too much of this vegetable, since potatoes are not only *not* injurious, but are actually to be regarded as positively curative.

It is Prof. Mossé, of the University of Toulouse, who has undertaken to rehabilitate the potato in the good graces of the French "Académie de médecine." According to this professor potatoes furnish the diabetic patients not only with a valuable article of nourishment, but, owing to the abundance of vegetable and organic salts in the potato, this vegetable also supplies them with the elements for an alkaline treatment.

Start in, therefore, with your potato-cure!

**CLINICAL POINTS.****Kalium Jodatum in Uterine Fibroids.**

Dr. Gaudy communicates some cases of uterine fibroids in which *Kalium jodat.*, 3d tritur., had a remarkable effect, while stronger doses of the same remedy given before had only aggravated the case. (*Journal belge d'Homœopathie*, March and April, 1899.)

**Urticaria—China.**

Dr. Tessier has successfully used *China* in idiopathic urticaria. His treatment was based on the fact that the use of China-wine frequently causes urticaria. The remedy proved very effective. (*L'art Médical*, March, 1900.)

**CLINICAL NOTES FROM ITALY.**

By Dr. Bomino.

*Lachesis* 12. A man more than ninety years old who was psoric and suffering for sometime from arrhythmia cordis and troubles of the bladder had a case of Cheyne-Stokes respiration.

In January last he was seized with capillary bronchitis, with congestion in the right lung and violent fever. Several days ago that mode of respiration set in, especially by night, greatly endangering the life of the patient. *Lachesis* within four days greatly improved this condition.

*Mercurius cyanatus* 30. With the same patient there had developed for several days an aphthous inflammation of the buccal cavity and the fauces, a symptom quite serious in so aged a patient. *Mercurius cyanatus* in a few days removed these threatening symptoms. The symptom returned, however, later on, conjoined with a bloody-serous sputum, yellow, like turmeric, showing that the fundamental disorder still continued. *Sulphuric acid* 5 was required to complete the cure.

*Conium maculatum* 6 was very efficient in a case of inflammation of the scrotum, which was hard but not very painful, and was also complicated with hydrocele. The patient, a man eighty years of age, recovered in two months without any external medication.

*Acidum lacticum* 1 will prove efficient in arthritis, also in guttosa, if this suddenly seizes on the feet with a rose-colored swelling, the pains continuing equally night and day (while *Ledum* affects chiefly the big toe, with nocturnal aggravation). This was verified lately in a number of cases, even with persons advanced in age.

*Medorrhinum* 6. The beneficent effects of this remedy in the intertrigo of atrophic children, especially where the father had before suffered with gonorrhœa, have been fully verified.

(From *L'Omioptia in Italia*, No. 46, 1903.)

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## KOCHIN IN TUBERCULOSIS.

By Dr. G. Jaeger, of Hildesheim.

Translated for the HOMŒOPATHIC RECORDER from *Hom. Monatsblätter*.

Dr. Jaeger reports that he has been now for a year using Koch's *Tuberculin*. in the 7. D. attenuation internally in phthisis, receiving results which were extremely favorable. The most surprising result so far has been, that since using this *Tuberculin*. he has not had to report any fatal issue, even in severe cases of tubercular consumption. While he had observed formerly, under the cus-

tomary homœopathic treatment, that the condition of the consumptives had slowly grown worse with brief intermissions. since using this *Tuberculinum* he could report that in all the cases treated so far, without any exception, improvement was developed. Dr. Jaeger uses, indeed, besides the attenuated *Tuberculin.* of Koch, also the other customary remedies as the individual cases may indicate. But the favorable effects of *Tuberculinum* may appear from the mere comparison between the cases treated with *Tuberculinum* and those treated without it. Dr. Jaeger does not assent to the statement that this remedy acts only when injected. On the contrary, his clinical experience has proved to him, that the internal use is quite as effective as the subcutaneous injections.

The preparation of the remedy is as follows: A cubical centimeter of the new *Tuberculin.* of Koch is mixed with nine parts of alcohol of ninety-six per cent. and is then further attenuated with ninety-six per cent. alcohol in the usual manner to the 6. or 7. decimal potency. He has not so far used any higher potency. This preparation differs from the *Tuberculinum* used so far in Homœopathy by using the new *Tuberculinum* of Koch, and diluting it with ninety-six per cent. alcohol; then also by using it in comparatively low potencies (6. and 7.). Dr. Burnett, of London, and Dr. Nebel, of Switzerland, had always warned against using a lower potency than the 100. or 1,000 potency, stating that lower attenuations of *Tuberculinum* caused dangerous aggravations. The favorable results obtained by Dr. Jaeger with low potencies show that the use of the high potencies of *Tuberculinum* is not always necessary, and may even at times be disadvantageous.

The effects so far observed by Dr. Jaeger in using this *Tuberculinum* were: 1. An exceedingly rapid disappearance of nocturnal perspiration. 2. A diminution in the rise of temperature observed in the evening. 3. An increase in the appetite. 4. A considerable increase in the bodily weight, amounting even to so much as twenty pounds in a few months. 5. A recession of the objective symptoms as observed by percussion and auscultation, while there is a general improvement in the health.

No allopathic remedy, and no single homœopathic remedy, seems to develop as favorable symptoms in phthisis.

We reproduce here only two of the cases reported:

I. Miss M., from St., tells me that she has now been suffering from cough for seven years, never having been altogether free

from it. She has lost considerable in weight; she has become so much accustomed to her cough, that she does not think much about it any more.

On the 10th of January an examination showed the following symptoms: The patient is suffering from a frequent, dry and tormenting cough, with pronounced redness of the cheeks which are somewhat hollow. An examination showed a dull sound in the whole of the upper lobe of the left lung, and moist rattling noises of medium size up to fine bubbles, sounding very near, audible as well in inspiration as in expiration. The left shoulder is flattened and is dragged along in breathing. Nocturnal perspiration, chilliness in the evening and lack of appetite.

The prescription was: *Tuberculin.* and *Bryonia alba.* (the potency and dose are not mentioned).

On the 29th of January an increase of weight could already be noted. The cheeks are rounder and reddish, her appetite improves, her acquaintances tell her that she looks better. In consequence of the favorable action the first prescription was repeated.

On February 19th there was further improvement; there was but little cough left. The dull sound has not entirely disappeared, but only scattered rattling noises could be heard. The symptoms complained of by the patient were so slight that she had not before to-day thought it necessary to come back to the office. To-day I prescribed *Tuberculin.* and *Pulsatilla.*

On March 20th the rattling noises had again increased and a friction of the pleura below the tip of the left lung could be noticed. The cough has also increased and there is hoarseness in the evening. She now receives *Phosphorus,* *Ipecacuanha* and *Tuberculinum.*

Up to October 28th Miss M. has felt perfectly well. On that day she came to the office, because she had taken cold. She stated that the slight aggravation in March had quickly disappeared, therefore she had not returned. An examination showed that the cold consisted of an acute bronchial catarrh, which had no connection with the former tuberculous disease. It must have been relieved quickly, as she did not return, but only sent me word by her father and her mother that she was doing well; only occasionally in the morning is there some cough with a slight expectoration.

II. Robert T., of H., has been for ten months suffering from

a cough, appearing chiefly in the morning, and from nocturnal perspiration. A lady in whose house Dr. Jaeger is the family physician brought him to the office with the request that I should treat the boy at her expense; his face especially had changed during the last months.

The first examination took place January 5, 1902. The most striking symptom was his yellowish waxy complexion. In respiring he drags the right shoulder along. The tip of the right lung shows a dull sound and is somewhat lower than the left side. The dullness extends to the middle of the upper lobe. Above the dull parts of the lung rattling noises are audible. In the evening there is hoarseness. He is tormented by a dry cough, sometimes attended with the expectoration of gray lumps. The appetite is bad.

He received *Tuberculinum* and *Phosphorus*.

In a week his general health had considerably improved. The nocturnal perspiration appeared more rarely and the appetite slowly improved. His complexion had improved so much that his relatives were astonished. The rattling noises were more rare. The first prescription was repeated.

In another week he had increased in weight, his complexion was healthy; the nocturnal perspirations had disappeared and his appetite was now invariably good. The patient now received *Tuberculinum* and *Bryonia*.

On the 27th of January, only three weeks after the treatment was begun, the boy was in blooming health; percussion showed only a very slight difference between the left and the right side. The cough now appeared only rarely in the morning and he could be dismissed as cured.

On the 12th of May the boy came to the office on account of an ulcer on the cornea. There was then *neither cough nor expectoration*. All who had seen him before and after his disease declared that no one could see a sign in this hearty and thrifty looking lad that he had ever been sick.

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## TWO CASES FROM ERRORS OF DIET.

By Dr. Mossa, Stuttgart.

Cases of acute poisoning through ingesta are usually quickly relieved through the self-help of the organism, especially by

means of vomiting up of the hurtful substances; but occasionally they appear with a complexity of morbid symptoms so malignant that if the causes are kept back by the patient or those around him, we may easily be misled in our diagnosis of the case. The following is a case in proof:

Last April I received a hurry-call in the evening and found a working-girl, about thirty years old, suffering from extremely violent vomiting and general prostration. She was in a very low state. At noon she had eaten her dinner with a good appetite, had then gone to her business, but about three o'clock she was seized with violent stomach troubles, dreadful nausea and violent vomiting, throwing up the food consumed for dinner. So she had to return home and go to bed. She was still every now and then seized with violent straining and with actual vomiting, and since the stomach was now pretty well emptied this was accompanied with an exhausting and violent headache. The face, which had always been pale, owing to her anæmia, was now quite white, the whole body was icy-cold; now and then cramps in the calves; the pulse very small and weak. There was a collapse, offering the very image of cholera nostras, but without diarrhoea. I could not find out anything as to the cause of the attack. I was told that she had taken her simple dinner which had included the salad eaten here every day in winter as well as in summer, and some cold potato-salad, which she had eaten with good appetite. I prescribed *Veratrum alb.* 6. In the beginning, three drops in a tablespoonful of water, every half hour; more rarely when she got better. External warmth.

Next morning I found the patient well, though weary in her bed.

The nausea and vomiting had soon ceased; then the body had gradually become warmer. She had a good night; some perspiration; in short, the storm had passed as quickly as it had appeared.

Now, after another searching examination, I also found out the real state of the case. The girl had made a mistake in reaching for the oil for the salad. Instead of the usual salad-oil she had taken an oily mixture, at least half a year old, used for oiling the floor!

II. The wife of a baker, pretty corpulent, thirty-six years of age, very active in her business, so that she did not take her meals regularly and often in a great hurry; at the same time in a

continual conflict with her servants, causing her to fret and worry, was on the 9th of May suddenly taken very ill, so that I was called in in the evening. She had suddenly been seized with chills and fever, and at the same time there was violent itching all over the body and a redness with raised elevations here and there all over the body; even the lips and the tip of the tongue were not exempt. I found her very restless, lying in bed full of anxiety at this sudden storm. The fever symptoms were especially pronounced.

The diagnosis was very simple: A case of urticaria acutissima! The proximate cause, beside the vexation and passion that had also beset her on this day, was a decided error in diet. The patient had again not taken her dinner in time, and had eaten it cold, accompanied with the inevitable salad, in a great hurry. That was cause enough for the self-infection. She ought to have been glad that her constitution relieved itself so quickly, even though in a stormy manner, by throwing all the poisons out on the skin; and that this was followed by a summary injection of the disturbing factor by vomiting, which took place in my presence, and I noticed beside the ingesta quite a quantity of bilious matter. Thus the endeavor of nature to right itself was in full progress. But it was hard to say how soon the exanthem would be relieved, and the itching and burning of the parts affected was quite severe; the patient also complained of pains in the limbs resembling gout, so that there was still something to be done by the healing art. So I prescribed *Urtica urens* (mother-tincture) three drops in a tablespoonful of water every three hours; and I directed her to occasionally wash the skin with a watery solution of the same remedy.

I could give her a favorable prognosis. She had a pretty good night, as her symptoms were soon assuaged, and the next day there was hardly a trace left of the exanthem and the attending symptoms; only the lips were still somewhat dry, rough, and sensitive. It is to be hoped that if the woman will follow my advice of a regular diet and more equanimity, there will not be any return of the urticaria.

## HAHNEMANN'S PSORIC THEORY VINDICATED.

By Dr. Beck, Monthey, Switzerland.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*

The following observations, communicated by Dr. Beck to the *Revue Homœopathique Française*, testify that Hahnemann's doctrine of the psora, which has of late also received support from the modern bacteriological investigations, may be of great value in actual practice.

### I. Furunculosis for Twenty Years with Psora.

An aristocratic lady consulted Dr. Beck, in 1863, on account of an inveterate furunculosis, which had been treated by both allopathic and homœopathic physicians without any result so far. The ailment had its seat on the anterior side of the body, where it had been ravaging for more than twenty years, sometimes the chest and sometimes the abdomen, down to the hips. The furuncles were large, usually isolated, two to four centimeters (.8 to 1.6 inch.) in diameter, including the induration of the skin which formed their base. Their development lasted 4-6-8 weeks, and sometimes a new set began before the last had fully healed. The patient could not remember where the first furuncle had been located, nor the way in which the ailment had developed during the first years. To diminish as far as possible the painful drawing and twitching in the skin the patient had gradually come to stoop over forwards, and this together with the contractive action of the cicatrices, had so drawn her together that she could not maintain an erect posture without effort.

The patient said to me: "I have had at least as many doctors as the disease has numbered years in its duration, but you will probably be the last, for if you should not succeed I shall have to consider my ailment as incurable."

*Sulphur, Silicea, Hepar, Arnica, Terebinthina, Thuja*, etc., were all used in vain, in order to cause a change in her constitution, and while these medicines were taken three new furuncles appeared.

Suddenly a light dawned upon him. "Before leaving me will you permit me to ask you a question which may seem indiscrete or even rude." She granted this. "Have you ever had the

itch? Should this be the case that might probably furnish an indication to the means by which you might be cured."

The lady knew nothing of this, had never heard it mentioned in her family, but she would write to her old mother in Podolia. The answer proved to be affirmative. As a child she had had scabies, having been infected by her nurse. She had been rubbed with a *Sulphur* ointment, and, as it seemed, she had been cured.

The druggist, Flemming, made the third centesimal trituration of *Psorinum*. The patient took one single dose of five centigrammes dry on her tongue. There was no aggravation. The furuncle with which she was then troubled healed more quickly, and it was the last. The lady could stand upright again. The anterior surface of her body is covered with pearly cicatrices. The cure was effected in the year 1865 and the last news I had of the case (in 1868) was excellent.

"There is at present a fine field," the author adds, "for disputes and contentions with: *Similia similibus, simillimum, æqualia æqualibus, homon, homoion, vaccine, toxins, antitoxins* and other missiles, but the spirit of Hahnemann will help the more peaceful practitioner *transire benefaciendo*."

## II. Reappearance of Scabies, Pulmonary Tuberculosis, Sulphur 30.—A General Cutaneous Eruption, Disappearance of the Morbid Symptoms, Restoration to Health.

In the year 1865, the author, on a journey, came to pay a short visit to his native place on the eastern end of the Lake of Geneva. Here he saw the wife of a friend, who was a rural justice of the peace, and she was very sick. She seemed like a mere skeleton who had merely a weak respiration left to her. A few years before she had commenced to cough; then there appeared expectoration, perspiration, attacks of fever with prevalent chilliness. Her strength vanished, her menstrual flux disappeared and her digestion was impaired. Especially her respiration was enfeebled. Her small, irregular, quick pulse surely contributed to her dyspnœa. Auscultation demonstrated in both lungs the usual signs of the last stage of consumption, and there were striking symptoms of asthma, which complicated the cutaneous trouble. The case seemed hopeless.

The woman belonged to a peasant family which was free from consumption, but in its bearing and language the family showed the pronounced type of the peasant.

How might her case be at least alleviated?

Among the questions as to the cause of the disease, which the author, as a faithful Hahnemannian, proposed to her, he could not forebear also to question her with respect to the psora which perhaps was involved in the case.

When the author asked her whether she had ever had the itch and when, the author received a rather rough and personal answer, as the patient replied that she considered herself as clean as the physician, that itch was usually found only with filthy people afraid of water.

But when he explained to her his kindly intention in the question, she grew ashamed and confessed that she and the rest of the family had been infected in the year 1847, but she had been cured by an ointment.

This circumstance gave some hope, but only a slight one.

The patient received five pellets of *Sulphur* 30. on her tongue.

In about three weeks the author saw the patient again, and found her not only relieved but on the high road to restoration. The rattling noises in the lungs had appreciably diminished, and the signs of cavernæ in the lungs were decreasing. Cough, expectoration, hectic fever—all was diminishing. In short, the remembrance of scabies or psora and of their miasma—I beg your pardon—of their toxines and of the part they play, had saved a life in this desperate case. For the improvement progressed, as appeared from a report received a few months later, until health was restored, at least to all appearance. This same person died in the year 1877 of acute pleurisy, incurred by traveling on a cold, snowy day. Some latent remnant of her former disease may have remained.

But what was the effect of that dose of *Sulphur*? In a few days violent itching of the skin set in, especially in the evening in the warmth of the bed; this soon became violent and burning. Then there came an eruption of numberless red confluent papulæ as large as millet, on the neck, the body, the inner surface of the limbs and on their joints, especially in the bend of the elbow and of the knee, less on the back and about the kidneys. Some of these eruptions appeared like pustules, though that may have been the effect of scratching with the nails. The itching was relieved with fresh cream, starch, cold or warm water, and rubbing with butter.

Soon everything was restored to order and the follower of Hahnemann celebrated one more triumph under the banner of Homœopathy. Dr. Beck concludes his interesting account with the words: "Oh, that the spirit of the prophet might come back to life, and complete for us the list of the miasmas, which he may have limited too much!" Let us hope that this spirit may show itself in the younger generation of his followers, and continue and complete the labors of the Master!

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### MISONEISMUS. THE DEEPLY ROOTED INCLINATION OF MANKIND TO COMBAT NEW IDEAS.

By A. Rose, M. D.

We find in the history of the world, and especially in the history of medicine, innumerable instances in which new ideas have been persistently rejected, which time has nevertheless proved to be of the greatest service to mankind; often, alas! after their originators, the men who have conferred on mankind these great and lasting services, have suffered persecution, physical or moral, or both, even in some instances, torture. In later days, it is true, we refrain from physical violence, but even so late as in the last century we have seen a great medical benefactor persecuted and his discovery rejected, until, mentally unbalanced by the calumny and ignominy with which he was treated, he was confined in a lunatic asylum and allowed to die there. Then a few years later we have welcomed his beneficent discoveries and raised a monument in honor of his name and achievements. Let us briefly recall this specific instance.

Ignaz Philipp Semmelweis, born in Ofen, on July 1, 1818, discovered in the year 1847, in Vienna, the etiology of puerperal fever. The records of the great lying-in institution of Vienna, with which Semmelweis was connected, furnished abundant and conclusive evidence of the correctness of his observations. In the year 1848, when the precautions against puerperal fever that followed necessarily from Semmelweis's theories had been put into force in that institution, puerperal fever was practically banished from it. Yet, in spite of all that Semmelweis wrote and said, none of the great gynæcologists of that time, viz., Scanzoni Spaeth, E. Martin, Braun, or von Siebold, would pay any attention to him; his communications were treated with silence and

disdain by some, and received with contumely and ridicule by others but the following instances show to what treatment he was subjected:

I. Späeh, Professor of Obstetrics at Vienna, published in the year 1861 these remarks: "On the origin and nature of the so-called puerperal fever certain views have been put forth and expounded by Semmelweis in a style more rhetorical and dogmatic than we are wont to see in scientific communications. Since, however, his views have now been promulgated these fourteen years, it would seem futile at this time to enter into any exposition of them."

In reference to these and similar remarks from many quarters Semmelweis wrote, in 1861, as follows: "This persistent ignoring of my teachings, this persistent ruminating of errors, impels me to make the following statement: I carry with me the conviction that, ever since the year 1847, thousands and thousands of women and infants have perished who need not have died if my observations had been considered, if I could have combated energetically every error expressed in regard to puerperal fever that came to my notice."

To convince those who might be under the impression that he was exaggerating, he gives the statistics of 2,674 deaths from puerperal fever in the two lying-in institutions of Vienna, during the years between 1847 and 1858, and compares the records of these institutions with his own. He continues: "This murder must cease. I see no other means to stop these massacres than to expose those who are guilty of them, and no honest man can blame me for doing so."

Semmelweis wrote to Scanzoni (to whom I have referred repeatedly in my writings as the one whose erroneous teaching in regard to carbonic acid gas has been productive of so much harm) and addressed him as follows: "Only two things are possible. Either you are convinced that my teaching is erroneous, or you realize that it is true. No third possibility exists. If you think me in error, I request you herewith to give me your reasons for assuming that my teachings are erroneous; should you, without controverting my teachings, continue to train your pupils in your doctrine of the nature of epidemic puerperal fever, I declare before God and all the world, you are a murderer!"

In 1861 Eduard Caspar Jacob von Siebold published a paper on puerperal fever without so much as a mention of the teachings

of Semmelweis. Thereupon Semmelweis wrote to him: "I remember with pleasure the time that we spent together in Pesth; much that is dear to me reminds me of you, but the cries of agony of the women dying of puerperal fever are louder than the voice of my heart, and my reason commands me to proclaim the truth, even though my heart suffer painfully at attacking you."

Von Siebold had based his opposition to the views of Semmelweis on the authority of the Academy of Medicine of Paris, which had, under the presidency of Orfila, declared itself against Semmelweis. Siebold considered it superfluous to summon any other reasons to his aid in his opposition to the theory of Semmelweis.

Semmelweis then published another open letter addressed to all obstetricians; this, together with those addressed to Spaeth, Scanzoni, Siebold and many others, was written after his book on the etiology, nature and prophylaxis of puerperal fever had been issued in 1861.

I was a medical student at the University of Jena during the years from 1860 to 1863. B. Schultze was then, and still is, professor of obstetrics and gynecology there. At one lecture,—it was at the end of a semester—we were shown a large number of pelves, freshly prepared, all those of women who had died of puerperal fever during the preceding six months. So far as I can remember, no woman who was admitted for confinement during that period, left the institution alive. All died from puerperal fever. Disinfection of the hands, insisted upon by Semmelweis, had not received any consideration, even by such an eminent man as Professor Schultze. Subsequently, the whole building was torn down and a new one erected.

The letters of Semmelweis furnish testimony of the agony this martyr to Truth and Science must have suffered until he was driven to excitement. He addressed people in the street, laborers, business men, to listen to him, since the prejudiced professors would not hear him. Upon this he was declared insane, taken to the lunatic asylum and died there, August 13, 1865, in his forty-seventh year.

And now a splendid monument has been erected at Buda-Pesth in his honor, from contributions by the medical profession throughout the entire world!

There are examples in the history of medicine of unselfish devotion, of indefatigable, ever active philanthropy, like that of Semmelweis.

The great American physician, Oliver Wendell Holmes, had already spoken of his observation on the etiology of puerperal fever, which was exactly the same as that of Semmelweis, in April, 1843, before a medical society. One of the greatest medical, so-called, authorities, Meigs, attacked him, saying: "I prefer to attribute this fact to accident or to an act of Providence, rather than to what you attribute it to, and of which I have no conception." Upon this great authority, the discoverer was attacked from all sides, exactly as Semmelweis was upon the authority of Virchow, who ridiculed the ideas of Semmelweis. One great Philadelphia university professor even wrote a libel against Holmes. The martyr replied: "I do not consider myself insulted and I will not render like for like. There exists no invective and no sarcasm in the lexicon which could touch me in such a controversy. I appeal from the libel of the Professor of the Gerveson School of Philadelphia to the sense of those whom I do not know, and who do not know me, nor have any personal interest in me, but interest only in my ideas. The teachings of both great universities are destined to be heard not only by their pupils, but by the medical profession at large. I am too serious to humble myself or to be unassuming. I beg those in whose hands life or death is laid, to hear me for this once. I ask no personal favor. I only ask for the sake of those whose lives are in danger until a more powerful voice than mine shall plead for them. Everyone who disregards my teaching and causes destruction thereby has to ask the Lord to be forgiven, for men cannot forgive him."

This dignified and kindly language forms a contrast to the abusive expressions of his opponents.

The two noble men, the German and the American, were not aware of each other's publications until later, certainly not before the year 1861.—*The Post-Graduate, December, 1903.*

But the greatest victim of mesoneism is Samuel Hahnemann.

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## CALENDULA IN SURGERY.

A. J. Clark, M. D., Loveland, Colorado.

[In looking over my father's papers I found the rough draft from which I have re-written the following paper. The paper illustrates a class of cases which to my personal knowledge has

been many times emphasized in his practice of more than thirty-seven years. Cases showing that *Calendula*, with only ordinary cleanliness, is as good if not far better than modern surgical cleanliness, with poisonous antiseptics. I am glad that not all of Denver's homœopathic surgeons have yielded to the unholy solicitations of the modern medical Circe. Their cases, as published in Denver's only homœopathic journal, "*The Critique*," show no need for either poisoning the surgical wound or the surgeon with poisonous antiseptics. They show no need to kill the patient with shotgun injections of *Strychnine*, *Digitalis*, *Cactus* and other unneeded and falsely called heart stimulants. They show no aping of the methods of those who, knowing nothing of "the science and art of healing," find it necessary by many unnecessary genuflections, ablutions and absurdities to impress upon less favored mortals their great learning (?) and skill. Many years ago my father impressed upon my mind the truth that knowledge always resorted to plain, simple and non-mystifying methods, while ignorance was always grand and intricate in its technique in order to cover up its ignorance.—EDWIN J. CLARK.]

Mrs. G., æt 30, had a tumor in the right breast about five inches in diameter. History showed about three years previously an inflammatory affection of the breast of a very painful character. Inflammation subsided, leaving the breast enlarged. Slowly it increased in size, at times becoming inflamed and painful. Four surgeons had pronounced it carcinoma. After a careful study of the case I thought the diagnosis to be incorrect and the tumor a cyst. The enlargement made it almost impossible to use the right arm. Professor Beakly, surgeon at the New York Homœopathic College, confirmed my diagnosis and advised operation as soon as she weaned her child. She was placed upon a general constitutional treatment for two or three weeks and then I extirpated the breast. The whole surface of the tumor was very dark, nearly black, and it looked as if operation must be followed by much sloughing, and healing by secondary process. Making a crucial incision four by five inches, the tumor was dissected out in its entirety. The flaps now lapped over each other about four inches. The wound was cleansed with a home-made infusion of *Calendula*, the flaps were filled with a pledget of lint saturated with the same *Calendula*, the lips of the wound were sutured except at the lowest part of the incision and a compress of *Calendula* was placed over the parts. The dark

color soon disappeared, the flaps contracted and the lint was removed. The wound closed up and healed without a drop of pus, notwithstanding the absence of that technique so necessary to present-day success.

Case Two.—Mr. Z. tried to stop a circular saw with his hand. The palm of the hand hung in half a dozen pieces. There were four physicians present; three advised amputation; one said he could save it. That one secured the case. After cleansing the wound with tepid water from the family tea kettle, in which was dropped a little *Calendula* the torn strips were carefully replaced and fastened with strips of surgeon plaster. A piece of sole leather was molded to the back of the hand as a splint, and with a *Calendula* compress over the palm a roller bandage was applied. Twice each day the wound was dressed with the *Calendula* and healed without any suppuration.—*The Critique.*

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SUPERIORITY OF HOMŒOPATHIC TRITURATE  
TABLETS OF POTASSIUM IODIDE IN THE  
TREATMENT OF SYPHILIS OVER THE  
INGESTION AND IMBIBITION OF  
ANTIQUATED IODIDES, WITH  
REPORT OF A CASE.

By Dr. Otto Sommer, Washington, D. C.

My personal observations in a large number of cases of syphilis, treated homœopathically and allopathically, have been that the antiquated imbibition of the liquid *Iodide of Potash*, no matter whether all precautions as to diet, taking it near or with meals, etc., are observed, invariably upsets the stomach to such an extent that it is barbaric to administer the iodides in crude form.

In private practice I have recently seen lamentable experiences with patients who insisted on some of the commercial proprietary tablets, tried them, and then came to me and begged me for homœopathic triturates, which were administered with resultant beneficial effects.

I do not say that there are not a number of cases filling our charitable institutions; bad cases, terrible cases, the worst cases on earth, a class of people who are used to being filled with all sorts of stuffs, and who will stand, endure or suffer crude drug

iodides ; but, in most cases, my observations have been that a little patience, a more refined, modern scientific and practical system of drug administration, with just a little lack of desire for an immediate dramatic effect, is ultimately better for the patient.—*American Medical Monthly.*

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## ECHINACEA ANGUSTIFOLIA.

Horace T. Dodge, M. D., Denver, Colorado.

There are many varieties of *Echinacea*, and some are inert ; but if a reliable preparation of the *Angustifolia* is obtained, the results from its administration will be highly gratifying. It is indigenous to the Northern and Central United States, and the most desirable specimens are to be found in Nebraska, the home of the introducer. It has long been used for medicinal purposes, and has been handed down to us from the aboriginal settlers of that section, by the backwoods country doctor.

The history of many important preparations of our materia medica reveal that they have passed through the same process of crystallization, and much credit is due the early users of this drug for their efforts in bringing it to the notice of the profession. Dr. Finley Ellinwood (*Chicago Medical Times*) considers *Echinacea* of greater value than any single remedy now known. I think myself it is a remarkable remedial agent in the treatment of all septic conditions, and it fills a place occupied by a number of toxic antiseptics, such as *Carbolic acid*, *Baptisia*, *Mercury*, *Bichloride*, etc., which, on account of their poisonous action, must be used with caution.

The homœopathic pathogenesis is as yet undetermined, but we hope to soon have a reliable proving.

From reports received since its introduction, the range of therapeutic usefulness is wide indeed, and if the testimony of those who are using it can be relied upon, it will yet displace many antiseptics, antiferments and antizymotics. The systemic action of *Echinacea* is similar to *Baptisia*, but *Echinacea* produces no toxic effect. When taken into the mouth there is experienced a burning sensation so long as it remains in contact with the membranes, and when ejected it leaves a tingling, reminding one of the action of *Aconite* or *Pyrethrum*. I attribute to this peculiarity its power to destroy the disease germ. If the plant is gathered

at flowering time and care exercised in the preparation of the tincture, it will exert a wonderful destroying and purifying influence upon such complaints which have for their origin bacteria, such as typhoid and typhus fevers, malaria, diphtheria and kindred affections of the mucous membranes, and in the treatment of those diseases of a septic character, as boils, carbuncles, cancerous and erysipelatous conditions, it has been used with flattering results.

It has been recommended in scrofulous and syphilitic affections, eczema and many obstinate skin, bone and blood affections. In wounds of a poisonous nature, caused by the introduction of the virus of serpents and insects into the blood, remarkable claims have been made for it, and it is said hydrophobia has been cured and prevented through its use. Some time ago I had a typical case of tetanus, the symptomatology of which was exceedingly rare, and with great faith in the healing properties of *Echinacea* I began its administration. The patient, I believe, was doing well under its influence, and I insisted that the remedy be pushed to the limit. The parents, however, through the knowledge of the dangerous fatality attending such cases, became alarmed and requested a consultation. I was, much against my judgment, persuaded to consent to a trial of tetanic antitoxin. (The patient died a few hours after.) As, with many new additions to our armamentarium, the claims made for *Echinacea* in some cases may be unreliable, yet the testimony of many of the leading scientific and careful observers have been rather in favor of giving credit to the drug when the reports were of a doubtful character. It behooves every homœopathic physician to find just where the plant belongs, and to give any experience worthy of detail in the interest of the profession.—*Progress*.

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### SCUTELLARIA LATERIFLORA.

Its most important properties are those of an anti-spasmodic. It is also reputed to possess tonic and alterative virtues. Its specific indications are two : (1) Irritable nervous system, with restlessness and nervous excitability, with inability to sleep, but without pain. Here it soothes the irritability, and promotes quiet and restful sleep. (2) Diseases characterized by irregular muscular action, restlessness, twitching, tremors, etc., as in chorea, epilepsy

and delirium tremens. A particularly valuable quality of its action is that its soothing influence is manifested for some time after its use is discontinued.

My first knowledge of this herb dates back to my childhood, when my father used to gather it in the fields and pastures and steep it for "nervousness." I presume it was the memory of this which has led me in later years to make use of it in my practice as a physician. I have found it not a remedy of great power, but one filling a niche that nothing else filled as well. With women and children it is especially valuable, as it is not unpleasant to take, is without danger from an overdose, and has no unpleasant after-effects. It has none of the disadvantages of opiates, yet in a considerable proportion of cases it will fill their places perfectly.—*Dr. J. M. French in Eclectic Medical Journal.*

It is given in material doses.

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Hahnemann summarises *Ammonium muriaticum* as follows :

"Whining, peevish, insociable mood ; *muscæ volitantes*, in daytime and in the evening by candlelight ; (hard hearing) tingling and buzzing in the ears ; ulcerated corners of the mouth ; tensive pain in the articulations of the jaws, when masticating or opening the mouth ; empty eructations ; painful stitches in the left hypochondrium, early on waking up in bed, with difficulty of breathing, which obliges the person to sit up ; the groin, when touched, feels as if there were swelling and subcutaneous ulceration ; disposition to costiveness, discharge of blood during stool ; soreness up along the rectum, when sitting ; vomiting and diarrhœa during the catamenia ; pressive and contractive pain at the belly *and back during the catamenia* ; pain at the small of the back during the catamenia ; tearing in the feet during the catamenia ; laceration in the nape of the neck, as far as the shoulder, when sneezing ; violent cough ; tightness at the chest when doing some kind of labor with the hands ; stiffness in the small of the back ; stitches in the right scapula, when breathing ; lancinating pain as from a sprain, in the left hip ; *cold feet* ; paralytic weakness in the limbs, with dizziness ; sleepiness during the day, with laziness, and indisposition to work ; night-sweats."

## BOOK NOTICES.

**The Pathogenic Microbes.** By M. Le Dr. P. Jousset. Authorized translation by Horace P. Holmes, M. D. 192 pages; cloth, \$1.00.

This little brochure, the last work from the pen of our brilliant confrere, Dr. P. Jousset, is brimful of information and solid deductions. Like the late Pasteur, our author refuses to accept an hypothesis until it is a demonstrated fact.

For a careful analysis of that which is established regarding pathogenic microbes we know of no work equal to the above. No pet theory is recognized, no popular opinion accepted, only facts which anyone may verify.

The faculty of producing a pathogenic condition is an accidental state of the germ and not a necessary character. It depends so largely upon the condition of the organism that one may say a pathogenic germ is not a pathogenic germ until the condition of the organism renders it so. For instance, the cholera bacillus requires an inflamed intestinal mucous membrane to render it pathogenic. We must then have a chain of events, a concourse of conditions necessary to empower a microbe with disease producing capabilities; the healthy organism; the microbe in the latent state, a harmless tenant; a change in the vital medium; the harmless germ becomes pathogenic and the disease begins. Without the predisposing factor the germ is innocuous and health reigns in spite of the presence of the microbe.

With this statement of the case we ask the question: Do the germs *per se* cause the disease? Certainly not. Are they a necessary factor in the production of the disease? Apparently so, but they are powerless without the consent of the organism, without the predisposition. In tetanus the microbes are so few that if the disease is prolonged it is not possible to find the microbe in the autopsy. It has disappeared and the toxins alone evolve the malady. In the rapidly fatal yellow fever the bacillus has not had time to multiply and is not found in the autopsy. In certain terrible cases of cholera the bacillus is not found.

On the other hand, the pathogenic bacteria may inhabit the organism without being able to produce the disease. Loeffler's bacillus is found in the throats of many children who do not have

diphtheria. Eberth's bacillus is found both in people who do not contract typhoid fever and in those who have long ago recovered from that disease. The bacillus tuberculosis of Koch is found in a large number of healthy people. It has been verified that 96 per cent. bear glands that, inoculated into guinea pigs, produce tuberculosis. Then why are not 96 per cent. seized by the disease? The *predisposition* is lacking.

The question of immunity is clearly dealt with. Many people are naturally immune against the ordinary diseases and that is why they escape epidemics. Certain influences may change this condition of immunity to receptivity. The cold-blooded animals, like the frog, turtle and alligator, do not contract tetanus by inoculation. Neither does the hen. Both are naturally immune. But raise the temperature of the frog by placing it in warm water, and lower the temperature of the hen by placing its feet in cold water, and both contract tetanus on inoculation. You have overcome immunity and created receptivity, *i. e.*, predisposition.

Morbid spontaneity, the spontaneous generation of disease, so effectually laid aside upon the universal adoption of the germ theory, is again placed by the author in the field of etiology. In the many proven cases where the pathogenic microbe is present without being able to produce the disease, the fact seems demonstrated that a morbid spontaneity is necessary in order for the microbe to take on its disease-producing properties. In other words, the organism must change from a condition of immunity to one of receptivity, and this is an action on its own part and is not due to the microbe—it is a morbid spontaneity, a spontaneous generation of a disease-permitting condition.

Antitoxines, alexines, phagocytosis and serum-therapy are ably and fully treated. We believe that every person interested in bacteriology as an etiological factor will find food for thought in this timely monograph.

H. P. H.

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**Pocket Manual of Homœopathic Materia Medica**, comprising the characteristic and cardinal symptoms of all remedies. By William Boericke, M. D., Professor of Materia Medica and Therapeutics in the Hahnemann Hospital College of San Francisco. Second edition, revised and enlarged. 682 pages. Flexible leather, \$3.50. Postage, 7 cents. San Francisco. Homœopathic Publishing Company. 1903.

The unusual success attending the publishing of the first edition of this book led the author to very thoroughly revise it and to enlarge it by the addition of nearly 150 pages. Another excellent feature of the second edition is the addition of a "Clinical Index," mentioning the principal remedies for the various diseases and conditions and thus enabling the practitioner to turn at once to the pathogenesis of the remedies he may be looking for.

The general style of treating the remedies is the same as in the first edition, namely, first comes the name of the remedy, say "*Ceanothus*" then under this its synonym, ("New Jersey Tea"), then a few lines of its recognized remedial action. "This remedy seems to possess a specific relation to the spleen. A left-sided remedy generally." Then the pathogenesis boiled down to its bones; and, lastly, the "dose." Practically every remedy that is even in remote use is mentioned in the book. A very excellent condensed *Materia Medica* that will, no doubt, be as popular as was the first edition.

**Memorial de Therapeutique Homœopathique** par le Docteur P. Jousset et le Docteur Marc Jousset. 356 pages. Paris Librarie. J. B. Bailliere et Fils. 1904.

The following review of this book is clipped from *La Medication Surrenale* :

C'est un livre absolument pratique; c'est un recueil contenant, par ordre alphabétique, le traitement de toutes les maladies et d'un certain nombre de symptômes. La plupart des traitements sont homœopathiques, c'est-à-dire inspirés de la loi de similitude; mais comme les auteurs ne sont pas des exclusifs, comme ils ont à cœur de se tenir au courant de tous les progrès de la thérapeutique, pour en faire profiter la santé des malades, on trouvera, toutes les fois que cela sera nécessaire, des traitements tirés de la sérumthérapie et de l'opothérapie, médications très voisines de l'homœopathie, des traitements empiriques et même des médications empruntées à la loi des contraires, principalement dans les affections chirurgicales ou pour obtenir un effet palliatif. Enfin, les auteurs donnent avec détails les traitements locaux utiles dans un grand nombre d'affections, les régimes appropriés et les prescriptions hygiéniques, ainsi que les traitements hydrothérapique, électrique et thermal.

The book is one of undoubted merit. It is arranged after the

style of Clarke's *Dictionary of Domestic Medicine*. In each case the potency of the medicine is given, ranging from the "D. M." to the 30th.

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**How to Attract and Hold an Audience.** A popular treatise on the nature, preparation and delivery of public discourses. By J. Berg Eisenwein, A.M., Lit. D. 227 pages. Cloth, \$1.00. Hinds & Nobles, publishers, 31 W. 15th St., New York City. Professor Eisenwein has written a very interesting book and has very thoroughly covered the ground, and if you can learn from a book how to become a good speaker this book ought to be able to teach you. How to speak is much easier learned than what to speak. Many men pour forth an unceasing stream of "words, words, words," but to have something to say, "aye, there's the rub."

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**Compend of Diseases of the Ear, Nose and Throat.** By John Johnson Kyle, B. S., M. D., Lecturer on Otology, Rhinology and Laryngology in Medical College of Indiana, etc. 280 pages. Cloth, 80 cents. 85 Illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut St. 1903. This is "No. 19" of Blakiston's excellent "quiz compends." This one, as its title indicates, gives in a condensed form, for student and general practitioner, the latest procedures and essentials in the field of ear, nose and throat.

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**A Non-Surgical Treatise on Diseases of the Prostatic Gland and Adnexia.** By George Whitfield Overall, A. B., M. D. Formerly Professor of Physiology in the Memphis Hospital Medical College. 207 pages. Cloth. Chicago: Marsh & Grant Company. A very interesting little book advocating the use of electricity and the local application by means of instruments in the disease of the prostate gland. Among the local applications are *Thuja*, *Verbascum*, *Ichthyol*, *Echinacea*, etc. The author urges on physicians the importance of examining the prostate gland as a possible source of many obscure diseases in men. "I can recall,"

he writes, "several suicides of prominent men, who, if their prostatic condition had been properly diagnosed and relieved, could have been saved an untimely death." The book is appropriately illustrated.

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"A Review of Some of the False Claims, Erroneous Deductions and Self-Contradictions of the Upholders of the Vaccination Dogma" is the title of a 31 page, paper covered pamphlet by Dr. J. W. Hodge, Niagara Falls, N. Y. The author, we believe, contracted small-pox during the present epidemic brought on by the Spanish war—Scripture is right when it couples war and pestilence—but as he had, as we are informed, been vaccinated seven times, the fact of taking the disease does not make him less an antivaccinationist. The pamphlet is a strong marshalling of evidence against the practice of vaccination. Price, 10 cents.

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*Burning Bush Songs* is published by the religious *Puck* of Chicago, i. e., *The Burning Bush*. The price per copy of the songs is ten cents and the address is 223 N. Kedzie Ave., Chicago, Ill.

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Dr. W. E. Rotzell, of Narbeth, Pa., a homœopathic physician, has started a journal, *The Atlantic Slope Naturalist*, No. 5 of which bears the date of December, 1903. It is a very interesting little journal to any one who likes to know of the denizens of the woods and fields of nature. No. 5 contains a two-page dictionary of the Seminole indian vocabulary. The only two words the omniverous English language has taken from Seminolese is "Pickinny," child, and "Squaw," woman. Doubtless Dr. Rotzell will send a sample copy to any of the RECORDER'S readers requesting one.

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Dr. Richey Horner, he of the *Cleveland Medical and Surgical Reporter*, writes of Dr. Clifford Mitchell's late book, *Diseases of the Urinary Organs*: "The author of this book needs no introduction to our readers and in this one volume he has given our school a work of which it may well be proud."

# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.,

By BOERICKE & TAFEL.

SUBSCRIPTION, \$1.00, TO FOREIGN COUNTRIES \$1.24 PER ANNUM

*Address communications, books for review, exchanges, etc., for the editor, to*

E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

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## EDITORIAL BREVITIES.

“FORTY DOCTORS TAKE TARANTULA VENOM.—So runs the headline of a half page article in the *N. Y. Herald* of Nov. 8th, together with a photograph of the good looking group who are making the proving, and are described as “heroes of science testing violent poisons on themselves for the advancement of remedial therapy.” The account says they are testing the *Tarantula Cubensis*, “the poison from the largest volcano in Iceland,” and the dust of certain rocks in Switzerland which is said to give the natives drinking the water flowing over those rocks those fearful swellings in the neck called goitre.” The only criticism that might be offered is that the *Herald* does not mention the fact that the men are connected with the New York Homœopathic Medical College.

DIPHTHONGS.—“The diphthong æ should be retained in words derived from the Greek *αἷμα*, conveying the idea of blood in some of its relations. Take, for instance, the word *hæmiangiosarcoma*. If spelt with the diphthong, one who has never before seen it would understand at once that a hæmorrhagic vascular sarcoma was alluded to; but without the diphthong, the first part of the word—‘hemi’—would signify ‘half,’ and possibly cause a momentary hesitation as to which was meant.”

“The word homœopathy without the diphthong is etymologically meaningless; if for no other reason, the diphthong should be retained in order to avoid embarrassment in reading the word when it is so divided that opathy comes upon the second line. ‘Home-opathy’ is a pronunciation no one could seriously advocate.”—From Presidential address of Dr. John L. Moffat before the N. Y. State Homœopathic Medical Society.

ECHINACEA IN RATTLESNAKE BITES.—Dr. J. W. Harvey (*Therapeutic Digest*) relates the case of a boy who was badly

bitten by a rattlesnake. He bathed the bite with the tincture of *Echinacea* and injected some in the wound, and also gave it in thirty drop doses internally. "Next morning on visiting my patient, I found the swelling had entirely subsided and there were no indications of constitutional poisoning. In three days the wound was healed. I continued giving thirty drop doses of the *Echinacea* three times a day for a week. The prompt action of the preparation gave me great satisfaction."

The same treatment also saved a Japanese who had been bitten in the scrotum by a tarantula and the part when seen was swollen to ten times its natural size. Recovery was prompt and satisfactory.

*Echinacea* ought to be a great remedy in India where so many perish from bites of serpents.

"WHEREAS."—The *Detroit Medical Journal* reprints the "Whereases" and "Resolves" of the Colorado homœopaths inviting "all allopathic physicians in good standing to become members," conditioned on their giving Homœopathy an impartial investigation. It prefaces the resolutions as follows: Our Colorado brothers of the homœopathic persuasion are not to be outdone in courtesy by the sectarian American Medical Association, for with a polite "After you, my dear Gaston."

ECHINACEA IN SMALL-POX.—Probably the latest remedy for small-pox is *Echinocœa*, internally, and a solution of it as an external application. It promptly dries up the pustules, allays the itching and leads to early recovery. From what is known of this remarkable drug, and its action in all depraved conditions, there is no apparent reason why it should not be a most valuable remedy in this most loathsome disease.

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## NEWS ITEMS.

Dr. Carl Herman Wintsch announces his removal to 188 Fairmount Ave., between South Orange and Fifteenth Avenues, Newark, N. J.

Dr. Gilbert J. Palen has removed to suite 1001-3-5 in the Professional Building, 1833 Chestnut St., Philadelphia, Pa.

Dr. H. P. Hess, of Pine Grove, Pa., would like a young physician as assistant.

Dr. F. F. Laird has removed from Los Angeles, California, and in the future will be permanently located at No. 1 Hobart St., Utica, N. Y.

# PERSONAL.

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A new, a grave source of danger has been unearthed in the waving handkerchief or the "Chautauqua Salute."

Scientists want to ventilate the lower strata of air in the streets. Dead easy—put up a few "flat iron" buildings.

What does "Money makes the mare go" mean?

When you enclose a stamp always lick it, so the other fellow can't use it without soaking it off.

Scientists tell us, that worry kills by affecting certain brain cells. Now will they tell us how to worry when we have cause for worrying?

They say a man with money wants more, but a man with seven daughters is satisfied.

*Ferrum met.* 6th is a valuable remedy in rheumatism in the shoulder joints and arms.

Never mind those naughty boys, Mary; if your church needs a fire escape turn in and help the pastor raise the necessary funds.

Jenner said, after a year or two investigation, that cow-pox inoculation made one "forever after secure from the infection of small-pox."

The Woman's Southern Homœopathic Hospital of Philadelphia is in need of an assistant resident physician. Any woman desiring such a position may communicate with Dr. Amelia L. Hess, 1911 Mt. Vernon St., Philadelphia, Pa.

A paper in the December *Century* seems to demonstrate that education rather than ignorance fills our penitentiaries.

Boericke's *Pocket Manual of Homœopathic Materia Medica*, second edition, is a dandy.

That's a most interesting paper by Dr. Cushing that leads this RECORDER.

There are so many ways to health and medicines to cure that it is amazing that any remain ill.

And even now 1903 is vanishing in the mist of the past.

# THE HOMŒOPATHIC RECORDER.

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VOL. XIX.

LANCASTER, PA., FEBRUARY, 1904.

No. 2

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## CONSISTENCY.

By T. L. Bradford, M. D.

In the ethics of the present practice of medicine, with its various tenets of medical theory, while there is a most emphatic belief on the part of the doctor that the patient owes the doctor a first-class living, there seems to be a very nebulous idea among certain members of the profession regarding the duty of the doctor to the patient and the rights, moral and legal, of the patient.

I assert that when a man sends for a doctor who professes to practice according to the dogmas of any particular school of medicine he has a right, moral and legal, to be treated in strict accord with such dogma and that the doctor has no right to treat his patient in any other way.

But you say: The patient believes in his doctor and whatever he tells him is the correct treatment the patient will believe in. This is in some measure true, but unless the patient is an idiot he believes in some particular medical system and usually selects that physician to attend him who professes to cure according to the rules of that system.

It being one of the few rights left to the ordinary citizen to select his religion and his system of medicine according to the dictates of his own erratic fancy, that right ought to be scrupulously respected.

When a man goes to a priest he expects to win heaven by an observance of the forms and ceremonies of the priesthood; when he appeals to a Protestant clergyman he has a right to the soothingments of the Protestant creeds. So when he goes to the "school doctor" he expects and has a right to a purge, a blister and an anodyne, an antipyretic and a polyglot prescription. It is what

he went for and he would be very much disappointed did he not get them.

Or he may seek the dusky vendor of a voodoo charm and if he thinks that will expel the demon of disease it seems to me that he has a right to his opinion, so long as it hurts no one but himself. If he wishes to take the persuasive *Lobelia* and bow down to the shades of Thompson there is no reason why he should not do so; or he must be allowed to submit his muscles and joints to osteopathic healing; or he certainly has a perfect right to reverentially endorse Faith Cure and declare that there is no such thing as anything; that there never was any pain in the world, and never can be, and that therefore he only thinks he is sick.

Or our patient may believe that in the homœopathic system is to be found the best way to regain his impaired health, and in such case he certainly has a right to be treated in accordance with the principles of the Law of Similia.

I contend that when a man is ill it is his right to employ the doctor who follows the medical system he believes in, and he also has not alone an ethical, but a legal right, to demand and receive the medical treatment peculiar to the practice he considers the best practice.

I contend that when a person who believes in a medical system sends for one of its practitioners it is the duty of that doctor to treat his patient according to the tenets of that system; the faith curist must be soothed and healed by suggestion and prayer; the believer in electric treatment must be shocked; the allopath receive the *strong* medicine that the patient thinks his very strong, robust system demands.

And, by the same token, the man who is a homœopathist, who believes that the small dose is the right dose, and that drugs should be given according to the principles laid down by Hahnemann, has a right to expect when he sends for an avowed homœopathic physician to be treated by homœopathic medicines properly selected. The anxious mother who sends for a homœopathic physician to treat her ailing baby does not wish that baby dosed with sedatives, or antipyretics, or analgesics, or soporifics, she wants the good homœopathic treatment that she believes in. She knows what the properly selected homœopathic remedy will do, and she demands it for baby. And it is her right to have it; nor has the physician who has been summoned because he is supposedly a member of the homœopathic school any right to use allopathic or eclectic procedures or treatment.

Had the mother wished for the sophisticated coal tar elaborations of the pharmaceutical chemist she would have sent for the old school man.

When we proclaim ourselves homœopathic physicians, affiliate ourselves as members of homœopathic societies, present ourselves to the public as believers in the Law of Cure proclaimed by Hahnemann, and are called upon as homœopathic physicians to attend people who really believe in Homœopathy we have no right to use anything but the real homœopathic remedies that are demanded in the case. We have no right to use coal tar derivatives empirically, or hypodermics, or antitoxines, or gland serums, or any other of the hyper-scientific discoveries, eclectic and experimental, of up-to-date medicine (so-called) that to the real believer in the law of Homœopathy must be but the false lights of pseudo-science.

And, if we do believe that it is best for our patients to use hypodermics, and sedatives, and coal tar products, and combination tablets, and patent cure-alls, we have no right as honest men to call ourselves homœopathic physicians.

I am not denying to any man the perfect right he certainly has to believe and practice medicine as he thinks proper, I am only declaring that if he claims to practice under the rules of a law he ought to comply with the rules. If he thinks it best for the welfare of the patient to follow the fashionable fads of modern medicine, then let him so declare his faith, but not, by practicing eclecticism and allopathy under the guise of a homœopathic physician, lead people to lose trust in the system he is supposed to represent. For the result is very apt to be that the patient, if a real believer in Homœopathy, will lose faith in the doctor, and if his first experience in the use of the homœopathic system, he will see so little difference between the practice of the two schools and so very little of the effects he has been told by his homœopathic friends result from Homœopathy that he will decide that if its avowed practitioners are obliged to use the same procedures as the allopathic physician there certainly can be but little truth in Homœopathy.

When the Governor of this State was visited by some gentlemen regarding the refusal to reappoint a homœopathic pharmacist upon the State Pharmaceutical Board, he asked this question: What is the difference between your schools, anyhow? I send for a homœopathist sometimes when I am sick and sometimes I em-

ploy an allopath, and I cannot see much difference in the treatment. This was given as a reason for not making the reappointment by Governor Stone. And the fact was told me by the gentleman to whom it was said.

It was decided years ago, by a judge in New York City, and declared to be law, that when a man called upon a homœopathic physician he expected and had a legal right to be treated according to the law of Homœopathy, and that if the physician used other methods he could be held legally responsible.

Aside from the pathetic spectacle of the boneless physician who says he practices both ways, there is no more heart-rending sight than that of the man who calls himself a homœopathic physician and yet carries in his gripsack the specious fallacies of the modern analytical chemist. For Heaven's sake, let us be fish, flesh, fowl or good red herring. If we think that Homœopathy is the right way, if we think that the small dose is the right dose, then let us have the courage of our convictions and use that drug. If we do not believe this, then let us cease to be hypocrites and no longer preach what we do not practice. Let us be consistent. Let us no longer present the spectacle of a medical school reluctant to rely on the medical law from whence we derive our name. And let us cease to talk of merging our school with the allopathic school, for if Homœopathy is a law it never can be merged into allopathy, and if ever such mergement is made, if ever we give up our distinctive name, then will we as a school be much in the condition of this misguided woman:

There was a young lady of Niger  
Who smiled as she rode on a tiger;  
They returned from the ride  
With the lady inside  
And the smile on the face of the tiger.

The truth is that the so-called, up-to-date homœopathic physician does not know what a good thing he has in the real homœopathic law of cure because he has allowed himself to be persuaded by the pharmaceutical chemists' glittering circulars that the anti-kamnia, or the petroleum food, or the phenalgin, or tannalbin, or Amminol, or Betul, and so on ad infinitum, like the fleas in Hudibras, forms the easier and quicker plan of treatment. And there is better Homœopathy to-day to be found in some allopathic journals than in some of our own. They do not call it Homœopathy, but the principle is there and the single remedy, while

the best of the allopathic physicians are trying to simplify prescriptions, using oftentimes single remedies and minute doses, reaching out through Isopathy toward the LAW of Cure; certain of our men, notably the younger, are depending on compound prescriptions,—sugar coated, silk-lined, up-to-date in marvellous nomenclature, and yet in reality the same old bizarre mixtures that Hahnemann so ridiculed in the preface of a certain book he translated—the same old polypharmacy. Only, we have improved on Dr. Sampson's charming combinations by the endless synthesis of these jugglers in medical orthography of the pharmaceutical chemists.

And while certain of our men who assume to practice Homœopathy are dabbling in narcotics, nerve stimulants, and temperature depressants, here is the opinion of a celebrated German physician, Dr. Schweningen, Bismarck's physician:

*"Some doctors strike me like nickel-in-the-slot machines. You drop your fee in the ever-itching palm, mention your disease, and presto! out comes the name of the 'method' drug, health resort or medicinal spring that will cure it; pardon, that alone is capable of curing it. During several centuries man praised God for planting in far away America a tree, the bark of which cured intermittent fever, malaria, etc. But now, they say, we can do without this prize. Antipyrin is making the tour of the world, and Quinine must take a back seat, for Antipyrin allows a doctor a la mode to regulate the temperature at will.*

*"But of course the appetite comes with the eating. Inventor Knorr's laurels stirred up the whole ambitious fraternity and after antipyrin we got phenacetin, kairin, salipyrin, antifebrin, lakto-phenin, pyramidol, analgesin, migranin, etc.*

*"And after we had reduced temperatures for twenty years and had boasted of it and beat our breast with satisfaction, we concluded one fine day that it was all wrong and that sick persons are better off if their high temperature is not interfered with, for high temperature means increase of vitality, and every layman ought to know that vitality, when it asserts itself, should be backed up rather than diminished or suppressed. To err is human, you say, but, I ask, is it right, is it lawful, is it moral to subject sick people to experiments of that sort?*

*"The worst of it! The quinine-antipyrin episode has not taught the fashionable physician a lesson—far from it. He continues to wear his mantle short today and long tomorrow, to administer*

*phenacetin in the morning and laktophenin in the evening. Yet no sensible physician expects these so-called medicines to stand the test of time, that is, to become standard drugs. The physician a la mode alone will tell you that his own experiences with them were of the most encouraging character.*

*“ Take a look at the catalogue of any successful chemical factory. Ten, twenty, thirty doctors assert that they had wonderful success with eulaktol, piterazin, or sozosodol, while just as many more, or more, swear by protargol, itrol, or argentin. And, besides, there are plenty of testimonials from grateful patients endorsing these cure-alls. It is as if sufferers and physicians vied with each other which may succeed in making the most absurd and unscientific statements.*

*“ Everybody who desires to be anybody in medicine nowadays wants to teach us something new, to exploit unheard of phenomena, startling methods. Medical writers of the fashionable sort are forever boasting with statistics, queer individual observations, records of many sorts, no one thinks of criticising, of digesting the new material, or giving it a trial on the basis of science. If laboratory workers experiment, theorize, very well, that's their business, but for the practical physician to join in these sensational doings is a very dangerous thing, even though the dangers he runs are nothing compared with those menacing the patient, attracted by the catch-words—The Very Latest. The very latest, indeed, until the chemical factory changes the tune and produces a new medicine costing less to manufacture and promising bigger sales.”*

And to think that men who call themselves homœopathic physicians, men who know about *Aconite*, and *Bryonia* and *Belladonna*, whose action is today just as certain as on the day when Hahnemann and his provers wrote their symptoms down one hundred years ago, should allow themselves to be seduced into following the uncertain methods of modern medicine, that even its own members declare are uncertain and fixed upon no scientific basis.

But perhaps there may be value in some of the drugs patented with freak names. If so let us prove them carefully according to the law of our school, before we endanger our patient's well-being with their administration. Let us not permit the pharmaceutical chemist to dictate by the twaddle of their circulars and pamphlets, to us our action as physicians.

Would it not be well also for us to be very sure that the views

of Hahnemann are back numbers before proclaiming them to be so? Where in the history of medicine in the hundred years since Hahnemann's declaration of principles can you find another system that has not been found to be as erratic as a windmill? But given the right homœopathic remedy for the disease and it cures it just the same as it did in 1800. It is the application of a law. And this we are inclined to throw to one side as a back number and substitute for it the fallacies and fantasies of modern medicine. This great scientific medicine whose dogmas are changed about once a week!

And would it not be as well for us to try and cure the tumor or the skin diseases by constitutional treatment before we resort to the knife so freely. Cutting out a tumor or suppressing an eczema is not removing the constitutional dyscrasia that has caused it.

Our forebears did it. Why not hold to our law and do it too?

A young physician, graduate of a homœopathic college, said in my hearing when the remarkable cures of Bœnninghausen and Jahr were under discussion: "Well, I do not believe they made them." This is the spirit of the men who carry about the allopathic medicines in the homœopathic case.

Were the men whose sturdy purpose it was to discover medical proof, the men who after blindly groping in the uncertain ways of the prevalent practice, turned gladly to the certain and mathematical law of similia, the men whose writings have successfully withstood the trials of time—were they all liars?

I say that the homœopathic physician, if he fulfill his duty to his patient and to himself, must practice Homœopathy, and if he does not know enough *Materia Medica* to use with confidence the remedies of our school then instead of trusting to the wobbling crutches of the pharmaceutical chemist he should study the homœopathic *Materia Medica*. Else he has no right to call himself a homœopath with any sort of consistency.

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## THE INFANTILE LIVER OF INDIA.

By Nripendra Nath Set L.M.S., Calcutta.

Within the last twenty years, the Province of Bengal has given birth to a very peculiar malady which is making terrible havoc among our infant population. I mean the infantile cirrhosis of the liver, or the simple "infantile liver," as it is popularly called.

Many a home in Bengal has been rendered gloomy and desolate, and many a mother's life made miserable forever, by the disappearance of the beloved little ones, under the cruel tyranny of this wretched disease. Cases are not very rare where all the babies have been snatched away, one after the other, from the laps of helpless mothers, all being victims of this singular disease. Of course I do not mean that hepatic derangements were not observed at all among the children of the previous generations; but this insidious and intractable cirrhotic condition to which we refer today was a thing unknown in those days. If I am not greatly mistaken, the American physicians have scarcely seen a disease of this variety among the babies of their own country.

One of the most marked characteristics of this malady is that it mostly attacks the children of Bengali parents. Our Province of Bengal contains men of various creeds and nationalities; but you will seldom find a case of infantile liver in a Mahomedan or a European family. So prominent and universal is this feature of its etiology, that in places far from Bengal, for example, in the Simla Hills, where our British Government makes an annual exodus for eight months of the year, all the cases are observed among the children of Bengali clerks, either of Hindu or Christian faith. The age at which it attacks the babies varies. I have seen cases of prenatal origin in which case the prognosis is invariably fatal. But cases which occur after the tolerably advanced age of three years can be generally given a favorable prognosis. The majority of cases are met with between the physiological age of dentition, and an age of eighteen months or thereabouts. The prognosis of a case can be pronounced as more and more favorable the older and older the child is at the time of its attack. While we can hold out practically no hopes for a case occurring at the age of two or three months, those occurring at the age of three years can be generally brought round by careful, judicious treatment. Some of the cases of infantile liver run their courses very rapidly; good results can scarcely be expected in diseases of this nature. The psoric contamination of these little patients is so deeply seated that our well selected homœopathic remedies prove of no avail.

The worst of all this is that at the commencement of the attack the patients are scarcely brought to the notice of physicians. The unwary parents of the poor baby do not think anything amiss, till a persistent or oft-recurrent fever attracts their atten-

tion which compels them to seek the advice of their medical attendant. But, by this time, the physician finds, by careful examination and enquiry, that the disease has begun two or three months before, and the liver has become pretty large in size. I can confidently assert that a considerable number of cases, if not of prenatal origin, can be effectively nipped in the bud by our homœopathic medicines. But unfortunately we get the opportunity very, very rarely. One of the earliest symptoms of its onset is persistent constipation, and the disappearance of the normal yellow colors from the stools. With this, the baby loses appetite and becomes weak and emaciated. This condition may go on for a month or two before the feverish symptoms appear. Happy is the lot of the mother in whom these premonitory symptoms excite suspicion and lead her to consult her family physician.

A good deal might be said about the etiology of this singular disease, but I must confine my remarks within a short space. I am not fully aware whether or not our worthy friends, the germ-detectives, have found out a powerful bacillus as the causative agent for this disorder. It is much more prevalent in the cities. In our metropolis of Calcutta, the rate of infant mortality owing to this disease is simply appalling. And the reason is not far to seek. The general unsanitary condition of large towns like Calcutta, with its narrow, ill-ventilated houses and impure food supply affords a prolific breeding ground for dyspepsia, neurasthenia and other diseases which indicate a damaged health of its innumerable citizens. When we add to all this, the high-pressure life, the luxury and the nervous tension that are the unavoidable accompaniments of an up-to-date city life, we feel no wonder that it ruins the health of thousands of young men and women who bequeath a miserable heritage of undermined constitution to their offspring. There is scarcely an Indian home, in Calcutta, where there is not a dyspeptic or hysterical mother, which is a matter of daily observation to the medical profession. This wretched condition of vitality is greatly augmented by the institution of early marriages, so prevalent in this country—a custom handed down to us from the time of the Mussulman rule in India. The puny, undeveloped couples are allowed to consummate their sexual relations, and it is no wonder, that their children, the offspring of children themselves, will come into the world as pitiable specimens of humanity. Another exciting cause of this peculiar form

of hepatitis is the supply of adulterated and injurious milk throughout the length and breadth of Calcutta. Excepting the mother's milk, cow's milk is the principal diet of infants in this country. But, in spite of the strenuous efforts of our Municipal Corporation, the cow's milk supplied to the citizens is of the most objectionable variety, which produces a very deleterious effect upon their digestive apparatus. Little infants cannot be expected to properly digest this fatty and adulterated milk; and thus they gradually acquire a chronic kind of inflammation of the hepatic tissue. It cannot be denied that malaria which rages enormously in Lower Bengal is also an important factor in the causation of this disease.

All the characteristics of this infantile cirrhosis of the liver need not be described in detail. The chief characteristic is the incipient beginning, which has been alluded to before. The condition of the liver, when the disease is pretty far advanced, gives a feeling of stony hardness, which indicates a bad prognosis. With a softer liver, we can give some encouraging hopes. The size is sometimes enormously enlarged, and in the case of big enlargements we feel some increase in the spleen with it. From hypertrophy atrophy comes in most cases, which accelerates the fatal issue. Constipation is the general rule, but towards the latter part in the fatal cases diarrhœic stools may occur. In highly advanced cases, general anasarca, ascites, jaundice, bronchial troubles and other complications appear which lead the malady to a speedy termination. When the latter symptoms are observed, the patient is practically beyond any hope of recovery. Some of the cases run a very rapid course, and it seems they defy our best medical help. However, it is a matter of some consolation that cures have been reported from apparently desperate cases.\*

Regarding treatment, a few words will suffice. It is now an established fact, happily recognized by the lay public, that there is but one system of treatment for this intractable disease, which is the homœopathic. Infinite patience is required, both from the physician and the patients' relatives, for the regular homœopathic treatment, which must be continued steadily, calmly and thoughtfully, for months together. As for drugs, I have seen two remedies efficacious in this disorder—the simillimum and plenty of *Sac. lac.* Practitioners of our ranks are accustomed to speak of some special medicines as being specific in infantile liver, but in my humble opinion different cases require different medicines ac-

ording to their symptomatic manifestation. *Calcarea*, especially its arsenical compound, *Silicea*, *Nux vomica* and *Sulphur* hold prominent places in its treatment, as they always do in the diseases of children. The value of *Sac. lac.* as a first-class medicine should not overlooked; and I have no doubt that many a case is spoiled altogether by a too frequent repetition of dose. A careful regulation of diet is a necessary adjunct to the successful treatment; and in many severe cases the feeding of milk has to be stopped altogether.

*Beadon St., Calcutta, December 10th, 1903.*

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## SOME CASES OF APPENDICITIS.

By Dr. M. Jaeger, of Schw. Hall.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
Dec. 17, 1903.

From the report of the fall meeting of the homœopathic physicians of Wurtemberg in the *Homœopathische Allgemeine Zeitung* for December 17, 1903, we take the following account of Dr. M. Jaeger on cases of perityphlitis, *i. e.*, appendicitis, treated by him. He says:

I shall report here four cases of appendicitis in the months of August and September of this year, of which I have made mention before. The one was the case of a man of sixty-eight years of age, another a man sixty-two years old, the third a man fifty-two years of age and the fourth a child between six and seven years of age.

The first case (a man sixty-eight years old and a trackwalker) came under my treatment for pains in the abdomen, the man having vomited once, and having been lying down for three days without fever and without any other physical signs of severe disease. On the second day he got up again, on the sixth day he got the doctor to pronounce him well and on the eighth he traveled to Mannheim, where his daughter was going to be married. On the tenth day he returned with violent pain in the abdomen, vomiting and eructations. Being called in to see him next day, I found an extreme case of tympanitis, the abdominal walls being very sensitive to pressure; in the lower parts of the abdomen percussion showed a dulness of sound, the temperature was 39, 16 (102.5°). Rapid sinking. Decease on the following morning.

Diagnosis: Perforation of a suppurative perityphlitic focus; septical peritonitis.

In this case there were no plain physical symptoms of a disease of the abdomen before the catastrophe of the perforation took place, but in the next three cases there was a formation of at least two exudations as large as the fist in the right iliac fossa as the unmistakable symptom of the disease, attended with high feverish temperature. These all recovered and are hearty and well up to this time. The disease in all these cases commenced with vomiting, colic and retention of the stool, accompanied by a considerable rise in temperature. As to the development of these cases, it proved lightest with the man who was fifty-two years of age (a farmer, living about four miles from here). The fever disappeared at the end of the first week, the exudation at the end of the second week, at least as far as it was palpable. In the fourth week the man gradually left his bed, and in the fifth and sixth weeks he gradually returned to his normal diet, and in the eighth and ninth weeks he again attended to his work. The stool was checked for a week in the beginning of the disease; after that it took place from time to time.

The most severe case seemed to be that of the day-laborer, sixty-two years of age (living two and a half miles from here). The high temperature in his case lasted for more than two weeks, being generally above  $102^{\circ}$  F. The exudation occupied the whole of the right iliac fossa, and extended in the abdomen to the left, beyond the median line, and it continued to extend even after the cessation of the fever up to the end of the third week. The stool was totally retained for eight days from the beginning of the disease. Later on it appeared of its own accord, assuming sometimes the form of diarrhoea. The pains in the first two or three days were very violent. Vomiting only appeared a few times. The man kept his bed for about five weeks, after which he gradually began to get up, and in the seventh week, *i. e.*, in the midst of October, I found him at my visit eating sour-kROUT and fried potatoes, at which I was duly indignant. The exudation at that time had disappeared all but a trace, and despite my threatening prophecy at his indiscretion the man is up to this time well and free from ailments.

The fourth case also, that of the seven-year-old boy, was a rather severe and tedious one. The fever also in this case lasted almost two weeks. The abdomen was also severely dis-

tended from tympanitis, and the exudation had mounted up from the right iliac fossa, nearly to the umbilicus. He had only vomited and had colic during the first few days and these soon diminished. The last trace of the exudation, so far as it could be felt or followed up by percussion, only disappeared in the fifth week. The child kept to its bed up to the beginning of the sixth week, and beginning with the seventh and eighth week it gradually received light and wholesome diet. The stool was alternately retained, and then again diarrhœical. In the eighth week the child was dismissed as cured. It has ever since been healthy and merry, showing a better appetite than before.

The treatment as to its external part, consisted, of course, largely in making the patient stay in bed, then, of an absolutely liquid diet, chiefly milk diet, and where it can not be taken by itself, tea made of linden-blossoms is added to the milk. During the fever stage, compresses were laid over the whole of the abdomen, the water being from  $64^{\circ}$  to  $71\frac{1}{2}^{\circ}$  F., according to the temperature and the feeling; the compresses were covered with a woollen cloth, and they were left on from one to two hours, and during the day the compresses were changed. Later on, in order to disperse and absorb the exudation poultices of bread, milk and linseed took the place of the water compresses. No clysters were used. A retention of the stool from eight to ten days, or even longer, is, according to my fourteen years' experience, during which I treated some fifty to sixty such cases, unattended with any danger or trouble; though this only applies to cases where it has not been artificially caused by preparations of *Opium*. I never use ice or *Opium*. I consider their use a cause of danger and I suspect that to their use is chiefly due the failure in the internal treatment of this disease by our opponents.

Internally I nearly always begin the treatment by giving *Atropin sulph.* 4 and 5. To this I especially ascribe the fact, that from the beginning of my treatment, unbearable pains do not play any important part in this disease; so that it is not necessary to treat the pains separately.

In all my many cases I had only to use injections of *Morphine* in two cases, and only once in each one of these cases. The fact that I was from four to five miles from the drug store where the prescriptions had to be filled, and that the patient was writhing in pain, made me, in these cases, put human feelings above medical principles.

The remedies used afterwards, especially in the second stage of the disease, differed according to the special indications of each case, being *Mercurius solub.* 3 and 4, and *Bryonia* 2 and 3, each remedy being used generally by itself and usually for several days. In rare cases I had to use *Phosphorus* 4 or 5, or when I suspected the presence of a scrofulous or tuberculous taint, *Hepar sulph.* or *Arsenicum*.

In all these cases I found no necessity for employing a surgical operation. Besides the one case mentioned above, I only lost one other case from perforations. I do not remember any relapses, except in one case, where there were two relapses in three years. But these relapses also were successfully treated, and the lady patient in question has not shown any sign of the disease since the last relapse which took place some three years ago. I may say in general, that there is hardly any other disease in which I am so well satisfied with our method, and undertake a case with so much confidence as in perityphlitis. I believe that at a time when nearly all persons are doubting the possibility of curing this disease by internal treatment, Homœopathy might best show what it can do in this very field.

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## AN INITIATORY PSYCHOSIS WITH THE CHARACTER OF JEALOUSY—HYOSCYAMUS NIGER.

By Dr. Mossa, Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
Dec. 17, 1903.

A lady, thirty-five years of age, of slender, well-developed bodily structure, regular and pretty in countenance, coming from a healthy, well-situated family, has been married ten years and is mother of three children. She has not so far experienced any severe disease. Her confinements had been favorable, the only thing that might be noted, that the last confinement left behind it a slight dislocation of the uterus, causing pains in the small of the back, which are increased at the time of menstruation.

With this cheerful lady, of sanguine temperament, there has developed during the last months a noticeable change in her habitual disposition. For one thing she is now dejected and melancholy, then again excited, irritable and disposed to quarrel with those

around her, especially with her husband, with whom she had formerly lived in harmony. Now she continually reproaches him, that he has wasted her property and cast her and the children into penury. These reproaches, indeed, are not without some foundation, since her husband, in consequence of imprudent, risky speculations and unlucky conjunctures, has lost the greater part of the large fortune which she had brought him, so that the family would have had to suffer privations if it had not been for the support given them by wealthy relatives.

It is easily understood that this lady, grown up in the sunshine of good fortune, would be deeply moved by the loss of her property. Still her mental state had lately developed a peculiar trait, which closely touched the threshold of pathology. She was now seized with a violent jealousy of her husband, disagreeable scenes and pouring out the most insulting accusations followed. At last her rage one day went so far that she took her children and left the house, taking her refuge with a married sister in a neighboring town.

Here I was consulted, but as her relatives requested me to touch the patient with a light hand, and represent her case as nervousness, I could not make a more searching investigation.

Her nervous system had, indeed, become deeply affected, though when she appeared before me she at the time appeared with her pale face and resigned expression rather like a suffering Niobe than like a vengeful Medea. She complained of bad and restless sleep or a total insomnia. The appetite was pretty good, the stool was retarded.

As to the sexual functions, I found that her menstruations were always regular, but copious, though without any attendant troubles, excepting the pains in back before mentioned. With respect to her accusations against her husband, her brother-in-law when questioned assured me in private that they were wholly without foundation. Her husband had, no doubt, always fulfilled his marital duties satisfactorily, not a difficult task with his pretty wife, who had formerly also been so amiable. A characteristic of the patient was then also mentioned, which may throw some light on the sexual direction and coloring finally assumed by her morbid state: The patient even when a young girl had a decided inclination to erotic talks and representations.

Although I am well acquainted with the difficulties presented to therapy by psychosis, especially when associated with jealousy,

the prognosis in this case seemed less desperate, because it was still new and the patient in her obscure instinct had already taken the right way through her sudden flight and her removal from her unfavorable surroundings and her entrance into a favorable, orderly sphere.

The totality of the symptoms as described to me, as well in their psychical as bodily aspects, directed my choice to *Hyoscyamus niger*, which I accordingly prescribed in the 6 D. dilution, three drops in the morning and evening.

The effect of the remedy soon showed itself, as it caused a quiet and continuous sleep, and also regulated the stools. Her eyes with their steady light showed the gradual calm following on her psychical turmoil.

At the end of ten days she confessed to her brother-in-law that she could see now that she had unjustly accused her husband. Being asked whether she would not like to return to him, she answered, she would think about that yet, and she actually left for home a few days afterwards.

A complete cure in this case of course presupposes a better ordering of her circumstances.

The erotic trait in the sphere of action of *Hyoscyamus* is shown plainly in the hallucinations caused by it, which may also have a connection with the jealous disposition, suspecting those around, and the symptoms of fearing persecution from others.

The soporific effect of *Hyoscyamus* on an overexcited nervous system in sensitive, irritable persons we have proved in many cases; but if anyone would in consequence proclaim it a universal soporific we would rebuke this as an unscientific generalization. Used in such an indiscriminate manner by crude empirics, it will often fail them: *Qui bene distinguet, bene curabit.*

As a pendant to this case we would here adduce a case of decided psychosis with erotic character in a young man, as reported by Dr. Gauwerky in this journal (No. 8 of 1852, on p. 122), as this also presents convincing proof of the great value of *Hyoscyamus niger*.

A young man, twenty-four years old, had been in an insane frenzy for ten days, so that the physicians treating him had declared that he must be taken to an insane asylum. But the father wished first to make trial of Homœopathy. The family history showed a considerable psychical encumbrance on the part

of the patient, since an uncle and a brother of his father had been insane. His mother also during her pregnancy had often been frightened by the idiotic uncle who then was still alive.

The patient had practiced masturbation from his fifteenth year up, and while in the gymnasium (*i. e.*, college), and also later when he took up mercantile life, he had shown great predilection for the female sex. A year before, following on a severe vexation, he was seized with an apoplectic fit, with hæmatemesis. During the last year and a half he had been very capricious, and irritable, and his memory which before had been excellent was now failing him. His pronounced insanity showed itself, after a slight venesection, to which he submitted because his head felt very dull during extreme heat, while also under the influence of a love affair.

At first secretive, he in secret wrote about this love affair, his speech became confused, an ever-increasing *insomnia* and *sleeplessness* developed, then attacks of violent madness attended, with copious perspiration and rapid, vehement talking, while ideas crowded upon him. The leading characteristic here was again love; he practices masturbation as often as he is able, and his talk is smutty and lascivious. He continually walks and talks, smashes breakable objects and destroys them. He spits in his nurse's face, rages and is in unrestrainable fury. At times there is a lucid interval of a quarter of an hour; during this he is conscious of his vice and ruefully confesses it.

His face is pale, distorted, sunken, his glance unsteady and penetrating, his eyes glittering. His constitution is vigorous; he has no fever, and his appetite and digestion are pretty good, though his tongue has a yellow coating.

In the beginning of his disease as also later on, the patient kept complaining of violent pains in the neck.

His treatment so far consisted of venesection, *Zincum acet.*, cold douches, *Elixir acid*, *Holl.* and *Camphor.* After half a gramme of *Morphin. acet.* he slept for an hour, but when this dose was repeated two hours later, it had no effect; so also two grains of *Opium* every two hours proved ineffectual.

Dr. Gauwerky justly considered that according to homœopathic principles *Hyoscyamus* was indicated. He gave *Hyoscyamus* 12, and *Hyoscyamus* 200, six drops of each, mixed together in sixty grammes of water, a teaspoonful every three hours.

July 20. Sleep and quiet set in. The patient is rational for

hours at a time, then again symptoms of frenzy appeared. The prescription was continued, one teaspoonful, morning and evening.

By August 10, he had fully recovered, so that the young man has fully regained the use of his reason; there is no more trace of frenzy. He attends to his mercantile work in a perfectly orderly manner.

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## FISTULÆ IN BONES.

By Dr. G. Sieffert, Paris.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*,  
December 17, 1903.

In diseases of the bones I have always had such good success from the use of *Silicea* and *Aurum muriat.* that I do not think of turning to any other remedy when a case of this sort occurs in my practice.

Leo P., twenty-one years old, had fallen down stairs into the cellar when ten years old, and had at that time suffered a contusion in the region of the hip. But as there were no immediate evil consequences, the parents of the child, poor peasants, did not give it much thought.

When he became fifteen years of age, he became a valet, and shortly afterwards he discovered that whenever he had worked hard his hip would be painful. A country physician whom he had consulted said that these pains were rheumatic and prescribed a sedative to be rubbed in. And thus he continued for four years, sometimes better, then again worse, until the patient came to Paris, where, in November, 1901, he was sent to the Beaujou Hospital on account of abortive typhoid fever.

This disease was quickly cured. But on March 10th, 1902, he again entered the hospital, owing to violent pains in the thigh, leaving the hospital again on April 14. This time the official diagnosis and the accompanying report, which I simply copy, were as follows:

“Cold abscess of the region of the trochanter, originating from osteomyelitis of the trochanter, which affection was chronic from the first, and probably bacillary. The abscess was laid open and the foci, whether superficial or more deeply seated, bordering on the posterior trochanteric region, were scraped clean, but without

discovering any lesion of the bone; they were reunited and a draining-tube inserted."

On February 9th, 1903, the patient still continued in a wretched state. A copious discharge of pus, with great emaciation and sinking of the vital forces again brought L. P. back to the hospital. This time the diagnosis was as follows:

"Tuberculous abscess of the region of the trochanter, having its seat in the same place where the trochanteric region had formerly been scraped clean. There are no manifest lesions of the bones. The bone is leveled. A bandage with *Iodoform*."

On March 27th, 1903, the patient left the hospital and was sent to the sanitarium in Vincennes. There was now a double fistula, and it had not yet improved when the patient was dismissed from the sanitarium on April 24.

Then at last in his despair and utter exhaustion he came to my office, with the hope that where all other curative efforts had failed, Homœopathy might still bring aid.

When his chest was examined, there was no trace of tuberculosis. I, therefore, prescribed complete rest; the wound was daily washed out with a diluted solution of —\*, while an antiseptic bandage was applied. At the same time he received internally *Silicea* 6, two drops in the morning and evening, and an hour before dinner and before supper he received a tablespoonful of *Aurum muriaticum* 1-10, 2 decigrammes; *Aqua destillata*, 200 grammes.

The patient who only came to my office once a week, continued this treatment for six weeks. Then his state had improved so much that he could go to his parents in the country, and while there he reported to me every week by letter. I never felt any need of changing this treatment. Gradually the flow of pus diminished, until finally it ceased entirely with the healing up of the wound.

The youth who had become so emaciated and debilitated recovered his good looks and his strength. Not the slightest pain remained in the wound, and on October 1st, 1903, he again entered on his position as groom without feeling any ill results from it.

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\*This word could not be deciphered in the original (ED. *Allg. H. Z.*).

**APHONY TREATED AND CURED ACCORDING TO  
RADEMACHER'S METHOD.**

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit*, Dec. 17th, 1903.

Dr. Kissel in his "Memorabilia from Medical Practice" tells of some cases of aphony, the treatment and care of which offer much that is of interest to us.

1. A girl, twenty-five years of age, came to my office on account of total aphony or lack of voice. She could only whisper, and complained of a pain in the larynx, which came spontaneously, as also when a severe pressure was made on it. But as soon as she pressed upon the nervous medianus immediately above the wrist, or upon the nervous tibialis above the ankle, her voice regained its resonance, though there was still some hoarseness.

This also took place as soon as she closed her hand, or as soon as Dr. Kissel strongly pressed upon the fourth dorsal vertebra. The disease had already lasted half a year, and all the curative efforts of a number of physicians had been in vain. It had started in with a chill, which appeared frequently in the course of the day, and this was soon attended with a drawing in all the limbs.

After these symptoms had continued for three weeks, complete aphony had set in. An objective examination showed, beside the sore feeling of the larynx, on pressure a pain in the second, third and fourth dorsal vertebræ, but chiefly of the latter, when touched, also a coated tongue. The complexion was normal, nutrition was good, the girl being plump and rounded in form, but she had a pappy taste in her mouth.

It was manifest that there was a spinal irritation and, indeed, so interesting and rare was the case that it is well worth observing if only from the pathological standpoint. It was necessary to determine whether this affection was primary or secondary, being caused by an affection of the blood or of another organ. The question was immediately solved by the examination of the urine. It was deep yellow in color, turbid and neutral and contained much white gravel of triple phosphates. Thus there was *an old affection of the kidneys with formation of renal gravel.*

*Prescription:* First of all *Ferrum* by itself. On the 23d the

tongue was clean, and the appetite and taste normal, but the urine remained light yellow, turbid and still rich in white gravel.

Two days after beginning the use of *Iron* the voice had again become full, but after this the old aphony returned. A pressure on the nerves of the hand and foot, however, no more exerted its former effect of restoring the voice. Only the pressure on the fourth dorsal vertebra still served to recall it. Thus the *Iron* had already produced a change and a partial improvement in the morbid process. But since this effect had not been permanent. it was manifest that the kidney affection could not be cured by this blood-remedy alone. The patient, therefore, received *Iron* and *Coccionella*.

On the 25th the voice became normal and remained so till the 31st, when the author found the urine clear, light yellow and weakly acid and containing very little gravel.

On continuing the remedies, the gravel entirely disappeared fully in a few days. The dorsal vertebræ lost their painfulness to pressure and the voice continued normal, as the author had the opportunity to observe, two years later.

This is a very remarkable case of hysterical aphony successfully treated by Kissel with a blood-remedy, *Iron*, in connection with the organ-remedy for the kidneys, *Coccionella*, used on account of the symptoms pointing to a chronic renal affection. The author failed to note anything respecting the menstrual state of the patient.

2. Another case of aphony cured by the joint use of *Ferrum* and *Coccionella*.

A lady, thirty years of age, pregnant in the seventh month, had for several weeks suffered from catarrh of the larynx, which had reached its height when she, on the 10th of May, asked for medical aid on account of total aphony which then had continued for five days. She complained of pain and scraping in the larynx, as also of pressure in the region of the stomach, weariness, a pappy taste and poor appetite. Her tongue had a white coating, the color of the face was pale, the urine light yellow, clear and very slightly acid. To meet her anæmy and acidity of the stomach, Dr. Kissel first gave her *Natrum carb.* 15, *Ferrum oxydat.* 7 for two days.

On May 12th, the tongue was clean, the taste normal, all the rest was unchanged. As the aphony might be due to the mucous membrane of the larynx, especially as she had been sick for

some time, the author gave her four times a day twelve centigrammes of *Golden Sulphur*.

On the 15th, there had been no improvement, the urine was light yellow, clear, very slightly acid, and several times there had been pain during micturition.

This strangurial ailment pointed to the presence of a renal affection, wherefore Dr. Kissel gave her *Ferrum acet.* 30.0; *Coccionella* 7.0 for two days. After this remedy had been continued to the 25th, the patient had recovered her voice; her complexion also became normal and the urine had its normal acidity. The medicine was continued for a few more days, and the cure was permanent. The confinement took place at the normal time. The indication for *Coccionella* in this case seems to us less well founded.

### 3. Aphony—Inhalation of *Chloroform*.

A man, thirty years of age, had been suffering for three years from total aphony, while as to the rest, so far as an objective examination could determine, he was quite healthy. He had at various times during his disease used very many remedies, but without any result. As no other disease could be discovered, which might have caused the aphony, and since all possible nerve-remedies and remedies of the mucous membrane had proved of no avail, Dr. Kissel determined to use *Chloroform* in the form of inhalations, as this might prove useful either in an affection of the nerves or of the mucous membrane. The patient had to inhale daily four times 24 drops of *Chloroform*, by means of a simple apparatus, continuing fifteen minutes each time. In order to avoid the narcotic effect, the apparatus also admitted some air. At first the patient only felt a slight burning in the larynx and the trachea; but after three days the voice was no more aphonous but rough, and in the course of three weeks the voice was quite normal.

Kissel numbers these weak inhalations of *Chloroform* among the remedies which, like *Belladonna*, *Lobelia*, *Carbonic acid*, and *Pimpinella* have a specific relation to the larynx. The *Materia Medica* of the Homœopathic School proves, however, that the circle of these remedies embraces many others besides those here mentioned.

## CASES FROM PRACTICE.

By Dr. R. Haehl, Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from *Hom. Monatsblätter*,  
January, 1904.An *Argentum Nit.* Case.

Wm. M., a confectioner, twenty-three years old, came to my office for the first time on July 10, 1899. For the last three months he had been frequently affected without any special cause with hoarseness, and he complains not only of a hoarseness almost amounting to aphony, but also of a dryness in the throat and a frequently recurring tickling cough, as also of emaciation, lack of appetite and great weariness. The physician who had treated him hitherto had diagnosed it as an ulcer in the larynx. But since no improvement appeared, in spite of careful obedience to the directions given, he finally resolved to turn to me.

A careful examination established a deep redness and dryness of the mucous membrane of the fauces and larynx. Both the vocal chords instead of their dazzling white color appeared of a dirty red. But in spite of repeated examination with the laryngoscope I could not discover any ulcer. In examining the chest I found the part above the right clavicle somewhat sunken in, while a crepitating noise and a slight wheezing sound is audible all over the tip of the right lung. This manifestly showed catarrh of the fauces and larynx, which, considering its three months' duration, might be viewed as half acute or chronic. Taking in consideration the emaciation and the results of the examination of the chest, the idea that tuberculosis was setting in could not be altogether set aside.

The patient received *Argentum nitricum*, 6 dilution, five drops three times a day. This remedy I have learned to value highly in affections of the larynx.

On July 27th a striking improvement had already set in. The voice had gained some resonance, the patient felt better and anorexy had given way to a normal sensation of hunger. In view of the favorable results the remedy was continued, and as a consequence the voice became continually stronger and clearer. Only one thing was peculiar, that the patient, in spite of his good appetite, showed no increase in weight.

I now prescribed *Iodium* 4, and with the beginning of Septem-

ber he could be dismissed as cured. His weight had increased by five pounds, the hoarseness had vanished entirely and there were no longer any abnormal sounds in the tip of the right lung. In June, 1901, I received a letter from the patient, who had accepted an employment in foreign parts, stating that he was suffering from constipation and hæmorrhoids, but that he was otherwise well. In December, 1903, I found out, on inquiry, that his hoarseness had never returned.

### Inflammation of the Conjunctiva and Ulceration of the Cornea.

Clara, a girl twelve years of age, had measles when she was nine years old, and had suffered several times from inflammation of the eyes. She first came to my office on November 6, 1898. Her condition had been much aggravated in the last three weeks. The right eye was severely inflamed and the nose and upper lip were strongly swollen. She especially complained of a burning sensation in the right eye.

An examination showed great photophobia, especially in the right eye, and when this was opened by force a viscid, yellowish-white pus was discharged. The whole of the right eye was deep red and sensitive to the touch; an ulcer could be clearly discerned above the right pupil. Her father had given her from his domestic case a number of homœopathic remedies; but all had proved ineffectual, including *Aconite*, *Belladonna*, *Euphrasia*, *Hepar* and *Silicea*.

I prescribed *Mercurius corros.* 5, ten drops in half a wineglass-full of water, a teaspoonful every two hours. Besides this I gave her a two per cent. solution of *Boric acid* with which to wash out her eye three times a day. In a week there was a manifest improvement. On the 18th of December photophobia and inflammation of the cornea had much diminished; the eye could be opened without my help; the nose and upper lip were again normal and the ulcer on the cornea was much smaller. *Silicea* and *Calcarea* completed the cure.

### Epilepsy.

In spite of all my care in the selection of homœopathic remedies I cannot enumerate many successes in my epileptical cases. I frequently succeeded, indeed, in diminishing the frequency and violence of the fits, but I have also been frequently disappointed

by relapses. According to my opinion, it is frequently overlooked in the reports of cures of epileptic patients that it is no absolute proof of a cure when an attack does not appear for six months or even longer. For with such patients, even without medical treatment, such free intervals now and then appear. But in the following case I believe that I may properly claim a cure, since there has been no attack for several years:

A young man, twenty-one years old, came to my office. He had for two years suffered from epileptic attacks, sometimes recurring every two months, but lately twice a week. He was of a quiet, somewhat melancholy disposition, only before his attacks he was generally very much excited. The patient received *Artemisia vulgaris* 4, five drops three times a day. He had one more violent attack in March, then a very light attack in April, after which the disease entirely disappeared. To prevent a recurrence of the attacks I directed him to take the remedy at rare intervals up to July, 1899. Since then he has received no medicine and is in good health at present.

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## ACIDUM NITRICUM IN MOUTH AND HOOF DISEASE.

By Dr. Fischer, Berlin.

Translated for the HOMŒOPATHIC RECORDER from *Homœopathische Monatsblätter*, Jan. 1904.

The chief remedy in this disease which mostly affects animals with split hoofs, such as beeves, sheep and hogs, and is found only sporadically among other animals, is *Acidum nitricum*. This disease may also occasionally affect persons who drink milk that has not been boiled, and then it shows itself by producing blisters in the mouth. *Nitric acid* is not only able to shorten the duration of the disease, but when used in season, it will prevent the breaking out of the disease. The blisters formed in the mouth of children through drinking the milk coming from such diseased animals, will also soon disappear on giving them *Acidum nitricum*.

It is not my intention at this time to enter more exhaustively into a discussion of this disease which affects so deeply our national economy, as I shall soon treat of it more fully. At this time I would only advise all to omit the inoculation of cattle

according to the prevailing method and only to use our homœopathic medicines which are far more effective. We have quite a number of intelligent farmers with extensive herds of cattle, who use only homœopathic remedies in curing the diseases of animals, and who do this very successfully, openly confessing that where homœopathic remedies are unsuccessful the others will be even more sure failures. That many dairies use these remedies is shown by the large quantities of veterinary remedies sold by our purely homœopathic pharmacies.

What need is there anyhow in introducing such diseases by inoculation in a stable or a whole region?

All homœopathic veterinary doctors agree, that *Acidum nitricum* is the chief remedy which aborts the disease, and when rightly used, is able to prevent it. The late homœopathic veterinary physician, Dr. Guenther, whose book on this subject is most favorably known, has recommended a specific for the mouth and hoof disease; although this is kept as a secret, it is nothing else than *Acidum nitricum*. Also allopaths apply *Nitric acid* externally in this disease, when it becomes malignant.

I therefore advise all whom it may concern, wherever this disease shows itself, to at once put a teaspoonful of *Nitric acid* into the general drinking supply of the cattle. Great care should then be used also in the stables, providing good food, clean bedding and pure air.

To abort the disease, veterinary Dr. Boehm gives one drop of *Nitric acid* in a spoonful of water. I myself give three drops of the first or second dilution to be taken slowly four times a day in water. In mouth-disease the mouth is to be washed out once a day with a weak dilution of the remedy. In hoof-disease the hoofs are to be washed several times a day with a stronger dilution. It is also necessary to obey the orders of the veterinary health-officers.

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## OBSERVATIONS ON THE THERAPEUTIC USES OF THE TINCTURE OF AILANTHUS.

By Alfred C. Pope, M. D.

Homœopathy enables us to utilize accidental cases of poisoning for therapeutic purposes, as no other therapeutic method of enquiry will do—a poisoning is a proving, and when carefully studied one of the best kind. The *Ailanthus glandulosa* is a

tree, a native of China, attaining a height of 30 to 60 feet, of rapid growth, and by reason of this and its graceful foliage, and also that it is avoided by caterpillars and insects, is rendered attractive as an ornament for streets and parks. Hence it has been largely planted in the streets and parks of New York, Brooklyn, and other cities in the United States; but on the other hand, so much illness has arisen during the flowering season that many of them have been cut down. In this country its seeds have ripened at Reading, and also at Belton Park, Lord Brownlow's place, near Grantham.

Its activity is chiefly, though not exclusively, developed during the flowering season. The tincture should be prepared from the fresh plant, the dried root and bark being, if not absolutely inert, far less powerful than the juice of fresh, well developed flowers and bark.

Our knowledge of the pathogenetic properties of the *Ailanthus* was, in the first place, accidentally obtained, and the provings, which have since been made, have confirmed and somewhat extended our knowledge of its action. A full record of these provings is given in Allen's *Encyclopædia of Pure Materia Medica* and also in the *Encyclopædia of Drug Pathogenesis*; in addition there is a very excellent study of the pathogenesis, and the sphere of utility of the drug in disease, by Dr. Dyce Brown, in the *Monthly Homœopathic Review*, vol. xxi.

The history of the adoption of this drug into the practice of medicine is a striking proof of the value of a therapeutic principle in putting to a useful purpose cases of accidental poisoning, as the results which have arisen from its use in practice are proofs of the value of the homœopathic principle.

A daughter of the late Dr. Wells, of Brooklyn, and a young friend, had been amusing themselves one evening by stripping the outside bark of the young and tender shoots of the *Ailanthus*, and then after writing letters on the stalks with the point of a pin, these were rubbed on them by the end of the finger. This process was many times repeated, and by it the juice of the stalk conveyed to the buccal membrane in considerable quantities. The following is Dr. Wells' account of the illness of his child which followed, from the *American Homœopathic Review*, vol. iv., p. 385 :

"A girl, 15 years of age, rose in the morning feeling slightly ill, dressed, and went immediately to the breakfast table. She

could take no food ; the sight of it made her feel so much worse ; she immediately left the table and went to her room. She was seized suddenly with violent vomiting ; severe headache ; intolerance of light ; dizziness ; hot, red face ; inability to sit up ; rapid, small pulse ; drowsy, and at the same time very restless ; great anxiety ; two hours after the first attack the drowsiness had become insensibility, with constant muttering delirium ; did not recognize the members of her family ; she was now covered, in patches, with an eruption of miliary rash, with efflorescence between the points of the rash, all of a dark, almost a livid, color ; the patches between the points of the rash were of a dingy, dull, opaque appearance. The eruption was more profuse on the forehead and face than elsewhere, and especially on the forehead. The whole aspect of the eruption, and the whole condition of the patient, were so just like those so many times seen in cases of this variety of scarlet fever, that the case was unhesitatingly recognized as an example of it, and in its most violent and hopeless form. The pulse was now small, and so rapid as hardly to be counted ; the surface had become cold and dry ; the livid color of the skin, when pressed out with the finger, returned very slowly ; the whole was a most complete picture of torpor, and seemingly a perfect instance of that manifestation of it which immediately precedes dissolution in those rapidly fatal cases of scarlet fever. There was apparently no prospect of the patient's living more than a few hours. Such cases in the practice of the writer had always gone to a fatal termination, and this had been more rapid in its progress than any he had ever seen. The patient being his own child, he had opportunity for most carefully watching the case. In about three hours from the first appearance of the eruption the livid color began to lose something of its dark hue ; the restlessness and anxiety diminished ; the pulse became more distinct and less frequent ; consciousness partially returned ; the eruption became a brighter red ; and the whole train of symptoms so similar to this pernicious form of the fever gradually gave place to a train of phenomena scarcely less remarkable, but not at all like those of any variety of scarlet fever. Both the experimenters were made ill, with similar symptoms, but the symptoms were much less violent in the patient's friend. It is a singular fact that this patient has been attacked by a similar miliary rash each year since this poisoning, at the season of the blossoming of the *Ailanthus*, and is now always

more or less ill each year from this cause. That it was the result of the *Ailanthus* poison is sustained by the fact that the juice of the green stalks was introduced into the mouths of the two girls, that they both soon after sickened, suffering from similar symptoms, differing chiefly in degree of severity rather than kind; and in the case of my patient showing subsequently a train of symptoms precisely like those witnessed in the case of a lad who was poisoned by taking the seeds of this tree."

In a letter which I had from Dr. Wells, he informed me that the train of phenomena to which the primary symptoms gave place were of the nature of a series of rigors followed by burning fever, attacks of which continued for a fortnight. The following were the characteristic symptoms:—

"During the chill there was great hunger, with a distressing sense of general emptiness. Any food taken was speedily vomited. Intolerable pain was felt in the back of the neck, the upper part of the back, and in the right hip-joint. During the hot stage there was urgent thirst, with delirium, and a strong desire for brandy. The chill was always preceded by a miliary eruption, most copiously developed in the forehead and face."

Dr. Wells, in introducing this case as one calculated to teach us something in the treatment of scarlatina, very cautiously says, that it gives us some reason to believe that it may be found valuable in cases characterized by symptoms of intoxication of the brain. Dr. Wells drew this inference solely from the fact of the close similarity of the symptoms of his child and those of what is termed malignant scarlatina. But for his knowledge of the law of similars this accidental poisoning would have taught him nothing, save that *Ailanthus* juice was very deleterious, and beyond having given him a knowledge of the symptoms by which the injury it effected might be recognized, this poisoning would have been useless and would only have added an interesting curiosity to the many already collected in toxicological works. But, guided by this law, Dr. Wells was able to suggest its use in scarlatina of a type in the treatment of which we were well nigh powerless. Believing that the unintentional proving made by Miss Wells and her friend were of great importance, I introduced them, with a few comments, to the notice of English physicians in the *Monthly Homœopathic Review* of 1867.

### Clinical Evidence of the Value of *Ailanthus* in Malignant Scarlet Fever.

Though my own practice has so far not afforded me an opportunity of testing the powers of *Ailanthus* in cases of scarlatina presenting symptoms similar to those appearing in Miss Wells, other physicians have had such opportunities and have successfully employed it. Of these one of the earliest was Dr. Chalmers, of Sheffield, at that time practicing at Thornhill in Dumfriesshire, and engaged in an experimental investigation of Homœopathy. An epidemic of scarlatina raged in the village and its neighborhood. The type of disease was adynamic throughout and the mortality great. Dr. Chalmers wrote to me at this time to the effect that in the malignant form of this disease he was much disappointed with the medicines he had used. In reply, I told him that I doubted the existence of any true *simile* to malignant scarlatina unless it were *Ailanthus*. I sent him a copy of my paper and some tincture which the late Messrs. Turner, of Fleet Street, had obtained from New York. Up to that time Dr. Chalmers had lost nearly every, indeed, if I remember aright, every case of the truly malignant type that had come under his notice. Subsequently to this he met with seven cases of this character; all were treated with *Ailanthus* and all recovered. One swallow does not make a summer, neither do seven. But prior to the use of *Ailanthus* it must be remembered that Dr. Chalmers had lost all such cases, while subsequently to his using it every one he met with recovered. That is a fact sufficiently striking to render one disposed to put the same remedy to test in similar cases. The late Dr. Madden mentioned to me that he had seen several cases apparently saved by it—one which he saw in consultation appeared utterly hopeless but rallied promptly and recovered well after its use. The late Dr. Fischer, of Sidney, too, has had large and gratifying experience of its use.

Dr. Chalmers published a very interesting report of his cases in the *Monthly Homœopathic Review*, December, 1868. From them I will select the following:—

“CASE 3.—A. S. æt. 2 years and 5 months. August 30, 1868. One of two ill; rather a delicate child and prone to bronchial attacks. She has been fretful and uneasy for two days; at night, feverish and restless. Eruption appeared on the face last night,

and on the body and extremities this morning; she had a very bad night and was threatened with convulsions; and there are still very bad twitchings of the muscles, particularly of the right side. Eruption is dark colored, scanty and patchy. The mother tells me that it has disappeared from places where she saw it. Skin is hot and dry; pulse very frequent, weak and irregular. She is quite incoherent, and does not appear to know anyone or comprehend anything; breathing quick and irregular; eyes suffused and congested, and when she is roused have a wild, startled look; glands of neck are swollen and apparently tender; swallows with freedom and greedily, but the stomach rejects everything almost immediately. It is impossible to see the mouth or throat, she is so restless and uncontrollable.

“To have *Ailanth. gland.*  $\text{ix}$ , gtt. ss every hour. A light poultice for the throat. Milk for diet.

“*Vespere.*—She has had seven doses of the *Ailanthus*, is much calmer, and has slept a good deal at intervals, but is still stupid and unmanageable. Skin generally covered with eruption, which is bright and normal looking; muscular twitchings abated; she swallows well and desires drink greedily; vomiting has not occurred for several hours; bowels have moved three times; pulse is more marked, but still very frequent and feeble; expression still wild.

“Continue *Ailanth.*  $\text{ix}$ , gtt. ss every second hour.

“3<sup>rd</sup>. Passed a very restless night and refused to take anything—medicine, milk or water—until early this morning; pulse not so frequent, rather more vigorous, but still weak and shaky; skin is moist, and eruption general and well colored, but mixed with miliary points over the body; the nose bled a little this morning, supposed to have been caused by a knock during her extreme restlessness; she appears to be more conscious; the eyes more natural in expression; she is swallowing well, and took now a dose of the *Ailanthus* and a little milk; twitching of muscles quite gone; no vomiting; bowels rather relaxed.

“Continue *Ailanthus* every fourth hour. Milk as before.

“*Sept. 2d.*—From this date improvement was continuous; the eruption gradually disappearing; the glandular swelling rapidly diminished; a discharge of blood and pus took place from the nose today, and some fissures were noticed around the angles of the mouth.

“She was ordered *Merc. viv.* 3 twice daily, and in a few days

was quite convalescent. Her complete recovery took place rapidly and completely."

During the year 1870, Cambridge was inundated with scarlatina, chiefly of a very malignant type. From several cases which had come under his care, the late Dr. Newton arrived at the conclusion that "*Ailanthus*, in a low dilution, is capable of antidoting the virulence of scarlatina maligna, when the poison acts on the nervous system."

One case narrated by Dr. Newton (*Monthly Homœopathic Review*, vol. xv., p. 207) is both striking and instructive. Summoned at 10 o'clock in the forenoon, he found his patient, a girl of 13 years of age, delirious and insensible, a state of things which had been inaugurated with violent greenish slimy vomiting. The pupils were widely dilated, and the pulse was small and quick, the skin of the face and forehead was of a dark mahogany color, but the rest of the surface was free from all eruptions, except petechiæ on the back. The mother told me that the whole body was yesterday of a bright scarlet hue, and she was quite unable to account for the alarming change. A drop of *Ailanthus* was ordered every two hours. After taking four such doses the stupor was removed, and the character of the rash totally changed, it was now a brilliant scarlet, and her recovery was satisfactory.

Five or six years prior to the appearance of the case reported by Dr. Wells, Dr. Allen, of New York, published the net results of a series of experiments upon himself and three friends in the *North American Journal of Homœopathy*, vol. vii., p. 385. In these all the symptoms characterizing the case of Dr. Wells' daughter were present, and in addition tenderness and enlargement of the submaxillary and parotid glands, together with a series of pulmonary symptoms, to which I shall refer presently.

### A Remarkable Case, with Sloughing and Pus.

In *The Monthly Homœopathic Review*, vol. xxiv., p. 467, Mr. S. H. Blake gives very full details of a case of malignant scarlatina with glandular enlargement, in which *Ailanthus* was strikingly useful. When visiting the boy, who was two years old, Mr. Blake found that a very scanty rash had appeared on the face and neck. This disappeared and the throat was enormously swollen, on the left side so much so that the line of the jaw

seemed almost on the level with the neck, the swelling being continuous and uniform, as if the whole of that side of the neck were infiltrated. It was of a dusky, livid red color, and when pressed on was doughy, and the skin was easily made to pucker over the swollen part. The great swelling pressing on the fauces, and the struggles of the child to get free, made it impossible to get a proper view of the pharynx; such as could be had revealed a greyish-white exudation about the left tonsil, but the shreds which came away on the handle of the spoon were pultaceous and soft. Two drops of *Ailanthus* were added to three ounces of water, and a teaspoonful was given every two hours. Thirty hours later, and through a dark and rugged aperture formed by sloughing in the middle of the neck, copious yellow pus free from fœtor was discharged. A large slough separated in the course of five or six days, and recovery was rapid and complete.

So severe an illness, such a thorough condition of toxæmia in so young a child, is rarely if ever recovered from, and one can scarcely doubt that but for the medicine given this one would not have done so.

In another case to which Mr. Blake refers as having come under his care, after having been abandoned as hopeless by the medical attendant and two consulting physicians, he says, "The symptoms, which at once began to abate under *Ailanthus*, were especially delirium, sleeplessness, refusal of food, enlarged cervical glands, and discharge from the ears." The patient, it should be added, when first seen by Mr. Blake, had been delirious for twenty-one days, and presented the usual array of typhoid symptoms superadded to those of scarlet fever.

#### Indications.

It is thus in malignant scarlet fever that this medicine is especially useful, to which it is so strikingly homœopathic. The characteristic symptoms of the cases of scarlatina in which it is indicated are the commencement of the fever with severe headache, rapidly followed by vomiting, delirium, unconsciousness, and convulsions; an imperfectly developed and soon suppressed dusky, livid and patchy eruption; the tonsillary swelling is somewhat considerable and livid in color, and the glands of the neck may be enlarged. The tongue and lips are more or less livid; the pulse is rapid, weak, and thready; and there is often diarrhœa. In such cases as these half-drop doses of the 1st dec. may

be prescribed with hope and confidence. Some have reported to me their want of success in prescribing it in scarlatina, but I have generally found on enquiry that the cases in which these medical men had given it were cases in which the symptoms did not indicate it; they were rather cases requiring *Stramonium* or *Rhus*, or even *Belladonna*, than *Ailanthus*. It is only of service in the class of cases I have described.

Further experiments (*Cyclopædia of Drug Pathogenesis*, vol. i.) have shown that with the patchy, livid, miliary eruption there are conjunctival and nasal irritation, with cough, dyspnœa and diarrhœa. These symptoms, taken in connection with the cerebral oppression, prostration and feeble circulation, indicate *Ailanthus* as a hopeful medicine in an epidemic of malignant measles, where the eruption is livid, scanty and retrocedes suddenly.

It is also one of several medicines adapted to individual cases of the *genus* diphtheria. One prover notes "great accumulation of matter, part of which is easily expectorated, while a portion is with much difficulty detached in flakes." In cases of diphtheria where the false membrane is feebly organized, but the nervous prostration excessive, where the brunt of the disease is cerebral rather than faucial, and where there is some miliary eruption, *Ailanthus* will be a useful medicine to trust to.

These experiments also show that *Ailanthus* produces great mental depression, indifference to anything and everything, with sometimes great restlessness and anxiety, with considerable confusion and mental weakness. The experimenter is unable to concentrate his thoughts, and has to read a passage several times before he can comprehend it, even in an imperfect way. He will add up, for example, columns of figures, and does so with difficulty and often incorrectly. Memory is enfeebled. At the same time we find him suffering from vertigo on moving, with nausea and retching—he walks straight with difficulty, and sees objects as if they were moving up and down. He has also a dull, heavy, pressure pain in the forehead, which indisposes him to or incapacitates him for mental labor. At the same time there is a marked feeling of tightness or constriction of the chest, with oppression and pain below the hypochondria; by some provers it is described as like a stricture below the ribs. Further, numbness is felt down the left side from the scapula to the hip, and pain in the region of the scapula preventing movement of the right arm is experienced. Numbness down the left arm to the fingers, which

feel asleep, occurs in others. In other cases there is tingling, pricking feeling all down the left arm, and one prover describes an "electrical thrill" extending to the ends of the fingers. Similar symptoms are noted as occurring in the lower extremities. The limbs feel as though they were asleep, with numbness of the left leg and tingling, pricking pain in the foot and toes; a feeling of uneasiness and aching restlessness in the limbs, heaviness of the extremities, pain in the right foot prevents walking, a severe pain in the left foot, a kind of tension in walking. Finally, the sleep is disturbed and unrefreshing at night, while during the day there is marked heaviness and drowsiness, increased by taking a glass of wine. All these symptoms reflect a condition of cerebral oppression. They correspond closely to the cerebral condition present in some fevers, especially those of a typhoid or malignant type; the hyperæmia with drowsiness, headache and low delirium. In relieving this state *Ailanthus* has been found useful.

#### Cerebral Congestion.

They also resemble a cerebral congestion which appears to be the precursor of an apoplexy in feeble and organically diseased persons. As Dr. Dyce Brown in his essay on the drug says, "they point not so much to acute congestion, as to an oppressed brain, with a state of passive or venous, rather than active or arterial congestion, and they indicate *Ailanthus* in the dull, heavy, confused state of brain which forewarns an apoplexy." Mr. S. H. Blake records three cases of headache of this type in the *Monthly Homœopathic Review*, vol. xxv, p. 284. One of these patients was a man sixty years of age, who had suffered from a cerebral lesion for several years.

"At times he had very severe headaches, localized and associated with cerebral disease. With the paroxysms of headache there have also been neuralgic pains in various parts. At the time when these symptoms had passed away he suffered from a troublesome drowsiness throughout the day; notwithstanding that he slept well at night. There was also a dull, confused state of mind and marked mental depression at times. The drowsiness had lasted for several weeks, but *Ailanthus* cured it in a week, making the head feel much better at the same time."

In another instance, a woman sixty-five years of age, also one where the health had been enfeebled by long-continued cardiac degeneration and dilatation, Mr. Blake says:

“She was also subject to cerebral congestion, with dull headache, general and occipital. This headache has been repeatedly relieved by a copious nose bleed during the attack. On one occasion nose-bleeding occurred and relieved the vertex headache to a considerable extent, but there was left afterwards a dull, stupefied and very drowsy state, continuing even during the day, with dull sub-occipital pain. *Ailanthus* 1st cent. cured this state of the head in twelve hours, giving great relief and making the head feel lighter and clearer, but it left the occipital pain, for which *Gelsemium* was given with success.”

It is in headaches of this type, depending upon passive hyperæmia arising from either a toxic degenerated condition of the blood, and not such as are due to brain fag, that *Ailanthus* has proved an efficient remedy, and it is precisely to these kinds of congestive headache that it is homœopathic.

Probably, as Dr. Dyce Brown has also suggested, it will prove of service in some cases of cerebro-spinal meningitis. The peculiar cord-like tightness around the body to which it gives rise, the low type of fever it excites, and the miliary eruption it produces, all point to it as a medicine the pathogenesis of which ought to be studied in healing a disease of this kind.

In nearly all clinical illustrations of the action of *Ailanthus* which have been recorded it has been used in the first decimal or first centesimal dilution.—*Monthly Homœopathic Review*.

*Monkton, Near Ramsgate, Dec. 10th, 1903.*

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## HOMŒOPATHIC SURGERY.

We have several times had occasion to write about the surgical cases treated therapeutically with indicated remedies. In these days of surgical instrumental interference nobody cares to believe that such diseased conditions are ever amenable to medicinal help. But whatever may be the censure of our old-school friends we in true Homœopathy ought to know the real strength of our medicines. It is a matter of regret that many among our rank side with the Allopaths and think us eccentric. They consider our attempts to cure as vain and chimerical. But we have facts before us and facts are stubborn things.

In this country, Europeans and Anglo-Indian gentlemen do not put the slightest faith in the curative sphere of homœopathic medication. They always laugh and ridicule the idea of a case

of disease curable with such a minute quantity of medicine. But I am glad to see they are now coming round after observing some marvelous cures with our remedies.

I will give below a few cases of undoubted surgical nature but which have been successfully cured by medicinal agents alone, without the interference of the knife.

#### Aborted Abscess.

1. A young boy, æt. about six years, complained of pains in the right side of the iliac region. It gradually swelled and assumed the form of an abscess. Lancinating, burning and throbbing sensations were complained and of a good deal of swelling noticeable. The family physician was consulted and he declared it to be fit for operation.

He was brought to me and on percussion I found pus almost formed in the abscess. I gave the father of the patient a guarded prognosis, with an assurance that we would be able to cure the boy ultimately. I gave him a few doses of *Merc. sol.* 30 and, strange to say, the abscess disappeared as if by magic. I was called to the patient's house in order to ascertain whether there was any portion of the disease left. I observed a complete disappearance of the abscess.

#### Appendicitis.

2. A respectable Eurasian gentleman took me to his house to see his daughter for pains in abdomen and fever. The patient was a delicate looking young girl, æt about 14 years, suffering from appendicitis. I was called on to treat her. She was under an able allopathic surgeon attached to the Medical College hospital who, after treating her for about two weeks, declared that nothing could be done except by an operation. Blisters, poultices and many internal mixtures of many allopathic drugs had been tried in vain.

Fever generally came on in the evening, when pain in the part was aggravated. Bowels very much constipated. There was no appetite but a good deal of thirst during fever. Copious perspiration without any amelioration of fever. Pain on movement and on stretching the legs.

I gave her a few doses of *Merc. sol.* 30, morning and evening. On my next visit, three days after, I noticed the swelling was less and tenderness much diminished.

No medicine for three days, improvement stationary.

*Merc. sol.* 30, one dose every morning before breakfast. Improvement was steady after two days' use of the remedy. *Sac. lac.* one powder a day. Complete cure was effected in two weeks.

### Gangrene.

3. Gangrene of the foot and leg. An elderly lady, of worn out and emaciated countenance, had a slight ulcer in her right foot just above the lower end of the tibia. Ulcer was unhealthy looking with burning pains but very little discharge. It had a tendency to run up the leg. There was no history of syphilis or any other constitutional ailment.

I was consulted on the 20th of August, 1898, when half of the lower third of the leg was invaded by the gangrenous process. The allopathic doctors were of opinion that if an operation were not performed within a day or two life would be in danger.

I commenced treatment with *Arsenic* 30, three times a day. Gangrene continued its upward march without restraint. This went on till about three inches down the knee joint. I was somewhat alarmed, when it struck me to try *Ergotin*, which is a true medicine for dry gangrene. I gave a dose or two of that medicine in the 3x trit. and to my utter astonishment the whole process was checked and a perfect cure was effected in a short time.—*Indian Homœopathic Review.*

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## PHTHISIOPHOBIA.

Private phthisiophobia has resulted partially from the Federal and State phthisiophobia just discussed, and partially from the excessive caution of those who are not sufficiently educated in the matter. Let me give you a few instances of the form it takes: Poor sewing women have been discharged, not because they were consumptive themselves, but because they were imprudent enough to mention in the presence of their employers that they were living with or related to some consumptive. Employees in offices, having an innocent cough, are discharged for fear of contagion. Of the number of cases of phthisiophobia which came under the observation of Prof. A. Jacobi, of this city, and which he was good enough to relate to me, one seemed particularly pathetic. A man with a large family to support, but strong, vigorous, and of excellent physique, was discharged from employment because of a non-tuberculous cough which, however, did not get well fast enough to suit his employer.

Had the following case not come under my observation I would not have thought it possible that phthisiophobia could be productive of such cruelty. The husband of a woman of beautiful character, and devoted as only a woman can be, declared that since there was no longer a doubt that his wife was suffering from consumption he would have to leave her, for he would take no chances. The little sweet-faced sufferer proved to be a most conscientious patient and most eager to carry out all the precautions which would render her a safe companion to associate with.

I wonder if the Surgeon General of the Marine Hospital Service and his advisers, our solons at Albany, and our distinguished Governor ever realize the sufferings of mind and body they have caused by fostering this new disease, phthisiophobia? Heart-rending as the results of this senseless fear, senseless ruling, and senseless legislation have been to the unfortunate persons afflicted with tuberculosis, still more serious are the results of this official phthisiophobia in its sequel of an exaggerated fear of the presence of consumption considered from another point of view. Individuals who suffer with the early symptoms of tuberculosis, or others who feel themselves in danger of becoming consumptive, will hesitate to seek medical advice for fear of being declared to suffer from a dangerous contagious disease and becoming subject to social ostracism. What a fearful loss of life a retarded diagnosis in pulmonary tuberculosis means, I need hardly dwell upon in an audience of this type. All our hopes in phthisio-therapeutics are centered on the early recognition of pulmonary consumption. Our American sanatoria report as many as 75 per cent. and more of recoveries of incipient cases. How very much lower the percentage of cure is when the patients have passed the incipient stage we all know only too well.—*From paper, A Plea for Justice to the Consumptive, by S. A. Knopp, in Medical Record, January 6th.*

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## BOOK NOTICES.

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Life and Work of James Compton Burnett, M. D. With an account of The Burnett Memorial. Compiled by Dr. J. H. Clarke. 142 pages. Cloth, \$1.00. Homeopathic Publishing Company. London. 1904.

This is a biographical sketch of the life of one of the greatest and most broadminded healers of this or any other age. He believed that medicines could and should *cure*, and in this belief he persevered, and many of his cures were little short of miracles. Dr. Burnett was of Scotch descent of excellent ancestry. He was born on July 20, 1840. After a thorough education he began his study of medicine at Vienna, devoting especial attention to anatomy, in which branch he was wonderfully proficient. Taking his degree of M. B. he then went to Glasgow University for three years, here also taking the degree of M. B. He did not take the degree of M. D. until 1876, because the Faculty thought his thesis, "Specific Therapeutics," was too much tinctured with homœopathic heresy. How he came to take up Homœopathy is most convincingly told in that best of missionary works, *Fifty Reasons for Being a Homœopath*. His practice until the day of his death was enormous and if some of his brethren were sceptical his patients were not, for they knew by experience of the wonders he wrought. His methods are revealed in the twenty-six works credited to his pen, every one of which is a precious heritage to his brethren who will *study* them.

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**Morrow on Social Diseases.** The Relation of Social Diseases and Marriage. By Prince A. Morrow, A. M., M. D., Emeritus Professor of Genito-Urinary Diseases in the University and Bellevue Hospital Medical College; Surgeon to the City Hospital; Consulting Dermatologist to St. Vincent's Hospital, etc., New York. In one octavo volume of 390 pages. Cloth, \$3.00, *net*. Lea Brothers & Co., Publishers, New York and Philadelphia, 1904.

The importance and practical value of this new and timely volume, written by a man of profound learning, long experience and sound common sense, upon a subject which so vitally concerns mankind, individually and collectively, ensures its wide recognition.

Heretofore no comprehensive treatise upon the subject has existed in our language, and it is fortunate for the profession and laity alike that an author of Dr. Morrow's achievements and established ability is the first to enter the field.

The work sets forth clearly the dangers introduced by venereal diseases into marriage—dangers to the wife, dangers to the offspring, and dangers which come from their morbid irradiations in family and social life. The fulfilment of the protective duty

which has for its object the preservation of the helpless and innocent from infection, realizes the highest ideals of preventive medicine; and, while this duty devolves especially upon the physician, every member of the community is, and should be, the protector of the wife and mother and the preserver of the health and welfare of future generations.

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**A Study of Man and the Way to Health.** By J. D. Buck, M. D. New Edition Issued 1903 and Enlarged. 260 pages. Cloth, \$1.50.

The author writes: "Between faith without reason, and reason, under the garb of science, without faith, agnosticism was being insidiously transformed into a soulless and Godless materialism. Problems the most vital to man were labeled 'Unknowable.' So-called science virtually declared the quest for the soul altogether visionary and did its best and its utmost to discourage the search altogether." These words in a manner outline the scope and spirit of this remarkable book. Here is another specimen: "For the great majority of mankind the sole criterion of truth is traditional authority. Not only does this hold in matters of religion, codes of ethics and civil rights, but the whole tenor of individual life is determined by birth and geographical location. So in matters of science, the authority of a great name is considered sufficient evidence for most persons who cultivate this department of knowledge." Not every one will agree with the author, but we think there will be few who will not read what he has written with interest and profit.

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**The Blues (Splanchnic Neurasthenia). Causes and Cure.** By Albert Abrams, A. M., M. D., (Heidelberg), F. R. M. S. Illustrated. 240 pages. Cloth, \$1.50. New York, E. B. Treat & Co., 1904.

The object of this volume is to direct attention to a new and heretofore undescribed variety of nerve exhaustion, characterized by paroxysms of depression of varying duration, and popularly known as "the blues." Writes the author: "Its recognition, and the factors involved in its causation, imply our ability to cope with the evil and to offer to the sufferers not only amelioration, but a cure. From many years' experience with neurasthenics I know of no variety of neurasthenia which is more amenable to treatment than the splanchnic form. A perusal of the subject

matter of this volume will show that I have referred its origin, in brief, to a congestion of the intra-abdominal veins."

"Among the many resources of Nature to combat this tendency, the vigor of the abdominal muscles is paramount. The tonicity of the muscles in question is impaired by mal-hygienic clothing, occupation, disease, lack of exercise, and a host of other conditions. The decadence of the abdominal muscles is a modern heritage; and so are hæmorrhoids, constipation, hernia, and a multitude of other evils that may be traced to enfeebled abdominal muscles."

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**The Self-Cure of Consumption Without Medicine**, with a chapter on the prevention of consumption and other diseases. By Chas. H. Stanley Davis, M. D., Ph. D., Member of the Connecticut State Medical Society, etc., etc. 75 cents. Cloth. New York. E. B. Treat & Co. 1904.

Dr. Davis says, in italics: "Without the entrance of this particular germ (*bacillus tuberculus*) into the human body from without, tuberculosis cannot develop in it. Without the transmission of this germ in some way or other in a living condition from the sick to the well tuberculosis cannot spread." There, reader, you have the keynote of the book. Drugs are useless. Outdoor life, hygiene, climatic methods, deep breathing, etc., are the only solutions. Those who hold these views—we do not—will find this book a little treasure house of facts in relation to tuberculosis and how to conduct the outdoor treatment, which, by the way, is good for nearly every disease.

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**Syllabus of Lectures on Physiology.** By WILLIAM H. BIGLER, A. M., M. D., Professor of Physiology and Pediatrics, Hahnemann Medical College, Philadelphia, Pa. Second Edition. Revised and enlarged.

The appearance of the second edition of this handbook offers sufficient proof of the usefulness of such a work. Although the author has not entirely rewritten this book, he has introduced many alterations, rearrangements and additions which enhance its usefulness. The section on development of the embryo, which appeared in the first edition, has been omitted from this edition, as it was not considered to come within the scope of the subject treated. The writer has used the book as the basis of his lectures for the past ten years, and has in this edition made use of all the suggestions which have occurred to him in this continuous use of the text during that time.—*Medical Record*.

# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.,

By BOERICKE & TAFEL.

SUBSCRIPTION, \$1.00, TO FOREIGN COUNTRIES \$1.24 PER ANNUM

*Address communications, books for review, exchanges, etc., for the editor, to*

E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

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## EDITORIAL BREVITIES.

MATERIA MEDICA PURA.—“Hahnemann’s *Materia Medica Pura* has been assailed with ridicule by homœopath and allopath alike; yet every assault has only served to burnish its armor of truth and verify its scientific accuracy. Dr. Watzke and his colleagues, the Austrian provers, honestly attempted to disprove Hahnemann’s pathogenesis of *Natrum muriaticum*; but years of labor earnestly devoted to the work not only ended in confirming and verifying his symptom record, but in adding many valuable facts to our therapeutic knowledge of the drug.”—*Medical Advance*.

TABLETS AND “TABLOIDS.”—The *Monthly Homœopathic Review* of London for January deals at some length with “the ‘Tabloids’ case” in which the proprietary right to the word is involved. Commenting on this the *Review* says:

As to the use of the word “tabloids,” we are under the impression, and we think we are correct, that the tablet form of administering triturations, and also tinctures, in this form of sugar of milk,—certainly, we think, the triturations—was initiated by homœopathic chemists, and called by them “tablets” long before “tabloids” were heard of. For our own part we have always, on this very ground, continued to use the word “tablet” in prescribing, specially objecting to their being called “tabloids.” If we are correct, and some of our homœopathic chemists can corroborate or otherwise our belief, then it would look as if Messrs. Burroughs and Welcome, who produce some homœopathic medicines in the form of “tabloids,” wished to avoid the appearance of adopting too closely homœopathic appearances and so coined the word “tabloids” to escape such appearance.

Tablets are the invention, if the term be permissible, of Dr. Robert M. Fuller, of New York, and the first mention of them is to be found in the *Medical Record*, N. Y., March 9, 1878. Dr.

Fuller, though of the majority school, was a friend of the late A. J. Tafel, of the firm of Boericke & Tafel, and this firm was the first to prepare tablets under the direction of Dr. Fuller, for obvious reasons that follow. Apparently Dr. Fuller saw the immense possibilities and actual achievements of Homœopathy, and also, with equal clearness, the hopelessness of inducing the "regular" profession to adopt anything "homœopathic." By means of tablets of 1-10, 1-100 or 1-1000 gr. the same thing could be done. The enormous quantities used since shows that Dr. Fuller was right, and, as the *American Druggist* in 1886 said, "voluntarily denied himself the very considerable income which would have resulted from a patent right."

ONE EXCEPTION.—The *Medical Century's* admiral says that his ship—we mean journal—will give a "wider reading than any fourteen journals in the school combined." Of course he excepts the RECORDER from the fourteen. Or does he refer to the width of his pages?

AVENA SATIVA.—A contributor to the *Medical Summary* has the following to say of *Avena sativa*: "It is a sovereign remedy in impotency." One writer in speaking of the drug says it has given him better satisfaction in the impotence of young, newly married men than any other remedy or combination of remedies. In the treatment of morphine habit is a remedy of great usefulness. In regard to this, an eminent homœopathist says: "If no more than four grains have been taken daily, the opiates may be abruptly discontinued and the *Avena* substituted. If more than this amount has been taken, withdraw gradually but you need not increase the amount of *Avena* taken. When the amount of *Morphine* has reached four grains daily stop it at once and give the *Avena* in fifteen drop doses four times daily, in a wine glassful of hot water. At the end of a week the patient will find life quite bearable. No drug habit is formed by its use."

"THE MEDICAL FORUM."—Such is the title of the latest venture in the field of homœopathic journalism. The *Forum* is published in Kansas City, Mo., and is edited by Dr. Charles Ott. Dr. W. E. Cramer looks after the business end. Subscriptions, \$1.00 per year. Address, 1103 Main St.

ISN'T THIS BEGGING THE QUESTION?—"Of all that Mr. Spencer has written referring to medical subjects, the writer knows of but one article that showed the man as being behind in

his knowledge of the best general principles of our science. His last published work contains a chapter on vaccination that does but scant justice to so great a man. The writer can only account for such an article from him on the theory that in his old age he was strongly influenced by his lifelong friend, Alfred Russel Wallace. While the article is in no sense partisan, as are the writings of Wallace, it displays a lack of grasp of the entire subject that is remarkable for Spencer."—*N. Y. Medical Journal*, Dec. 26.

AN OLD CUSTOM JOLTED.—Atlanta recently gave a banquet at which no speeches were permitted, of which the *Chicago Tribune* says: "The Atlanta Chamber of Commerce has broken a hallowed tradition, but it has set an excellent example and one which might be followed to advantage in every other city. Half the pleasure of banquets is lost, and nearly all of it marred by the fag end speeches, which are looked forward to with dismay when the cloth is cleaned and joy should abound. One dispatch says "the banquet was the most successful ever held in Georgia," and another says that "the event was a most enjoyable one." How could it have been otherwise? The merchants of Atlanta are to be commended for their good sense in muzzling four professional banquet orators. 'There are others' who should be muzzled."

THE FIRST APIS CURE.—"In 1847 Dr. Marcy had a lad, twelve years old, troubled with ascites and hydrothorax for several months. Old school treatment, tapping and homœopathic remedies, failed. The secretion of urine was nearly suspended; skin dry, hot, pulse weak and rapid, respiration short, difficult, dry mouth and throat, restless, anxious, sleepless, with short irritating cough. At this stage a strolling Indian woman, one of the few survivors of the Narragansett tribe, suggested to the family the use of a honey bee night and morning. She enclosed the bees in a covered tin pail, placed them into a heated oven, then powdered them and administered one in syrup night and morning. After twenty-four hours skin less hot, respiration easier, pulse slower, urine increased. Dropsy diminished daily and patient cured in a few weeks. This is the first cure by *Apis* ever recorded."—*Dr. Wm. Boericke in Medical Century*.

DIGITALIS WARNING.—Dr. E. R. Snader in *Hahnemannian Monthly* for January in a paper on *Digitalis* gives the following

warning: "Sudden stoppage of the drug after it has been given for some time is an extremely dangerous procedure, and I have seen more toxic symptoms from *Digitalis*, from this factor, than I have seen from direct administration, provided there were decent precautions taken. If the drug has proven unsuitable, do not cease its administration at once and abruptly. Take two or three days, or two weeks, if necessary. Remember you have been lashing that heart, in all probability, and you do not want it to feel altogether without some kind of help in its distress. Administer, meanwhile, the other drug you have chosen to supersede the *Digitalis*."

SMALL-POX PASSED AWAY.—"The small-pox scare has passed away. This disease, which really seemed to have obtained a firm footing in Tasmania, has now entirely disappeared. It must be from some quality in the air, unfavorable to the spread of the disease, for it certainly is not from vaccination, which is most imperfectly performed all over Australasia. It is curious how long the prejudice against vaccination lingers. The diseases which, in rare instances, were propagated by inoculation from diseased vaccinifers, cannot be produced now that calf-lymph is used, and human vaccine absolutely prohibited. Yet we find the anti-vaccinators as furious as ever. *Quare fremurunt gentes?*"—*From New Zealand Letter to Medical Record, Jan. 2.*

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### NEWS ITEMS.

Dr. Petrie Hoyle has removed to Santa Cruz, California.

Dr. O. Hartman has removed from Austin to 314 S. Pressa St., San Antonio, Texas.

The New York Homœopathic Medical College sent out cards for January 27th, special lectures, by Drs. H. F. Biggar, W. A. Dewey, J. B. Gregg Custis and Frank Kraft. It was, doubtless, with this galaxy of stars a most successful event.

The New York Homœopathic College has a greater number of students than in any period for the past 12 years. The increase is largely in advanced students' drawn by the clinical advantages afforded by the hospital where they have over 1300 beds and treat over 50,000 patients a year. A "practitioner's course" begins May 2d, this year and extends to May 21st.

Dr. Chas. Lloyd has removed from 36 West 93d Street, New York City, to 176 Amity Street, Brooklyn, New York.

## DR. MENDE-ERNST.

This homœopathic physician in Zurich, Switzerland, as has been stated before, has received a call as Professor of Materia Medica in the Dutch University at Leyden. A number of allopathic journals showed their vexation by adding to this information the remark that the future professor had formerly been a clergyman. A reputable American allopathic journal showed its malice by stating that "a certain Mende-Ernst, of Zurich, formerly a clergyman, who is known in Switzerland as a *quack and a Homœopath*," had been appointed professor. After careful inquiry we can inform our readers that all these malicious remarks are *cut out of whole cloth*.

Dr. Mende-Ernst was born in the year 1853, and received his diploma as practicing physician in July, 1875, after a regular examination in Switzerland, and received his patent for practicing his profession on July 22d, 1876, in the Canton of Zurich. His diploma as doctor dates from December 22d, 1876. From this time on he practiced medicine in Zurich without any interruption. One of our Swiss subscribers sends us the following additional information: "Dr. Med. Mende is a most suitable man for such a position. He is of a sympathetic presence and possesses a very extended medical culture. He was a pupil of Professor Bakody in Budapest, and as homœopath he is to be counted as of the modern school. Dr. Mende has always been much sought after and very busy in his profession as homœopathic doctor and has never been a clergyman."

Dr. James T. Kent will lecture on Materia Medica in Hahnemann Medical College of Chicago, in the future. His superb book on Materia Medica is rapidly running through the press. It will be a pleasure, and an interesting task, to study Materia Medica as served up in this book.

A number of inquiries have come in as to whether Boericke & Tafel's Baltimore Pharmacy was swept away by the awful fire that devastated that fair city of good cheer and genuine hospitality. They escaped, though the fire started quite close to them, but the wind drove it in the opposite direction.

## PERSONAL.

Man taketh great comfort in a chemical stink, for he believes it protects him from "germs."

The scientist who is going to kill the mosquitoes with music is a—benefactor to summer girls.

Instead of writing "dominant school," why not write majority school?

A prominent "regular" but with homœopathic proclivities says that *Silphium* is wonderfully efficacious in all respiratory affections. In the tincture.

Whistling may be good for dyspeptics but it's — for the long suffering public!!

"Many persons are seasick—so seasick as to throw up their state rooms—before sailing."—*N. Y. Med. Jour.*

**WANTED.**—A homœopathic practice. Terms must be easy. No fancy price. Address, P., care of P. O. Box 921, Philadelphia, Pa.

"Every disease in its most pronounced typical form, has one unequivocal absolutely diagnostic, pathognomonic symptom. In rheumatism this is profuse, sour-smelling, acid perspiration."—Dr. Winters.

A writer in the *Century* says that the Grand Lhama of Thibet is trying to put down boodling.

"If the slightly modified monkeys which make up what styles itself polite society," is the way the *Denver Medical Times* puts it.

Our latest exchange, the *Indian Homœopathic Reporter*, writes of the "mongrels" of Calcutta as "these double barreled guns."

The California State Board of Health have "Resolved" to kill all the rats. Bet two to one on the rats!

No, Mary, you cannot find the Anheuser-Busch in any work on botany.

She said her favorite music was the "Wedding March," and he looked rather grave.

Says Fra Elbertus: "Life ain't in holding a good hand but in playin' a poor hand well." But the good hand takes the—cake.

A "bargain" is where you think you are getting something for nothing—but you afterwards have another think.

Health boards want to place pneumonia with scarlet fever, etc.

Was it "the pneumonia or the 20 grain dose of *Calomel* that killed the patient," asks a correspondent of an esteemed contemporary.

"When the ice begins to freeze" is the peculiar title of a recent poem. It should be followed by "When the dead begin to die."

Why not become a subscriber to the RECORDER?

# THE HOMŒOPATHIC RECORDER.

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VOL. XIX.

LANCASTER, PA., MARCH, 1904

No. 3

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## LAST YEAR'S GRASS.

*My Dear Classmate:*

I have been looking over a lot of pamphlets, circulars, booklets and pufflets, each one setting forth in marvelous words the virtues and curative powers of some new medicine scintillant with the effulgence of a gorgeous name, and said to be in urgent demand by every up-to-date doctor, every fellow who really is something in the world medical. And the more I have read these missionary tractlets, the greater has been my amaze at the amount of sound medical logic, outdoing Oesterlin, the vastness of the pathological knowledge, the erudition and the prescience concerning the most occult processes that are forever going on in the interiors of living human beings. It is no more a question—the digestion, the organ lesion, the cause of disease. The pharmaceutical chemists have solved it all and they have evolved from the mysterious depths of their laboratories the health endowed—and *patented*—preparations that are warranted to cure every ill and to make a man to live to be as old as the old men of the Bible.

And to think, here you and I have been placidly blinking along through the world with our little pill cases, dealing out our *Bryonia*, and our *Belladonna*, and our *Pulsatilla*, calming the troubled, grief-stricken, with our *Ignatia*, soothing the cross-patch baby with *Chamomilla*, following the teachings of our teachers, and fancying that an old German gentleman, one Samuel Hahnemann, knew a thing or two about the action and uses of medicines upon the body. Why, the simple accuracy of the mathematical exactness of our method of prescribing is not in it with the wonderful, wonderful results (on paper) of the sophisticated coal tar extracts. I tell you, old fellow, the more I

read me of these discoveries, these analgesics, and digestants, and sedatives and heart bracers and heart quieters, the more I realize that I am only a back number, out of date, old foggy sort of a fellow, not up to the advancements of modern, scientific medicine, that I am browsing in the pastures of old knowledge. And I am sorry, for myself and for you, my chum, for you seem also to be satisfied to nibble at last year's grass. To be sure it is of well-tried sweetness and there may be poison weeds in the gorgeous meadows beyond. One does not always feel sure of unknown things, but still it is last year's grass. "What is that? Our patients get well." Of course they get well, they get well as quickly as the patients of the fellows who are biting off big mouthfuls of chemical clover, but that does not alter the fact that we are feeding on last year's grass. And there can be nothing useful of the past. Are we not living in "A World of Progress?" Is not this a "wonderful age?"

Oh, great and silk-gowned Science! Yesterday some great medical Ego informs us that we can catch consumption from the milk of kine and from its flesh, and bids us kill the poor beef critters and no more eat their flesh; to-day the same great medical Ego tells us that it is all right, that nobody can possibly catch tuberculosis from cattle. Yesterday a medical Ego told us that there is nothing in the attenuation of homœopathic medicines, that it is not possible to subdivide matter to the limit of our potencies; to-day comes the man who hands us Radium and here we have a force, an intense force, and yet there is no slightest diminution in weight, a medical force whose tiny molecules are so minute in their diffusion that no finest instrument of man can compass their secret. And so it goes. Is modern medicine really any more scientific, is it half so much so as that medical system, the only one founded on fixed Law, the only one where we may mathematically obtain, given certain causes, sure and certain results? No, a thousand times no. And so dear boy, let us still eat last year's grass.

But—yes, I know, great results have been obtained from these new methods. Witness the booklets, the medical testimonials, the doctors' letters. And the pamphlets. I have taken the liberty to quote somewhat just to show you what remarkable pathological and physiological truths may be found in these emendations, scattered broadcast by the patent right pharmaceutical chemist. And, my classmate, it is by means of such

products, with great names, loud sounding and of wonderful fabrication, that that army of chemists, graduate from the soda water, cigar vending, perfume and face powder merchant druggist of the bygone, have succeeded in convincing the great body of up-to-date physicians that they, the chemists, are *IT*. That to them must be given the credit of modern scientific prescribing. And so we behold the curious spectacle of the chemist and druggist leading the doctor round by a pharmaceutical nose ring. The doctor does not elaborate from his knowledge of disease and from his experience the proper remedies. No, sir, it is the pharmaceutical chemist who concocts remarkable productions from the shining clusters of coal tar extractions, who writes down what he expects each article to do for the sick man, after he has patented his discovery, and then the modern physician, the up-to-date doctor, who laughs at the old fogies, obediently goes to work to make the punishment fit the crime, and by all means possible tries to prove by means of the long suffering bodies of his patients that the chemist is right, that the nostrum will cure everything. And such is modern scientific medicine. I think I'll stick to the old way—*Similia*—a little longer, even if it be moss-grown.

But let us look at some of these medical booklets. For the most part coal tar productions by analysis or synthesis, yclept stimulants, depressants, tonics and antipyretics, analgesics, astingents, and other scientific names.

Here is one for "Nervous Cases." We quote:

"While a considerable proportion of patients suffering with La Grippe are in need of stimulants the individual who is liable to profound nervous depression is in special need of an occasional 'bracer.' In these distinctly nervous cases, however, the use of alcoholic stimulants is usually contraindicated, because of the depressing reaction which so often ensues. *Kolacardinette* can be ordered without fear of producing an unpleasant after depression. This ideal stimulant has been described as a combination of the four best heart tonics with a firm 'backbone,' and consideration of the subjoined formula will explain a physician's reasons for thus dubbing it."

The valuable prescription follows: "Kola, 30 grs.; Coca, 7 grs.; Cinchona, 1 gr.; *Nux vomica*,  $\frac{1}{3}$  gr.; Cereal phosphates, 5 grs.; to each fluid oz."

Have there not been stories whispered about the depressant action of Kola and Coca? And why is whiskey worse than this combination as a stimulant?

Here is another cure for Grippe and by the same firm:

"In view of the marked constitutional prostration which usually accompanies the disease, the patient emerges from the attack both anemic and debilitated and needs a combined hematinic and nutrient as Hemaboloids, or, better still, HEMABOLOIDS-ARSENIATED (WITH STRYCHNIA). This latter preparation combines the blood enriching and tissue building properties of Hamaboloids with the tonic alterative action of arsenic and the nerve-toning effect of strychnia. Both iron and arsenic exist in this combination in true organic form, the latter as an immediately absorbable nucleate. As Mitchell Bruce tells us that 'Arsenic enters the blood and combines with the corpuscles (not the serum) as an albuminate,' the advantage of such an organic combination is readily appreciable. Each tablespoonful represents the equivalent of 1-40th grain arsenious acid and 1-30th grain strychnia. The dose is one tablespoonful four times a day—children in proportion."

Now, if this isn't real scientific talk where can you find it? Think of the *nutritious* properties of Arsenic and Strychnia! But, chum, do you not remember how nicely that Grippe case recovered under *Bryonia* and *Gelsemium*? There was no anemia left there!

Here are some very learned statements about a Petroleum oil emulsion that, *if true*, are worthy of note:

"From an experimental investigation on animals, and also clinical experience with petroleum, White concludes that petroleum emulsion is inhibitory to the growth of putrefactive and pathogenic bacteria that interfere with digestion, and is, therefore, an agent for relieving flatulence, and an internal antiseptic. By its stimulation of peristalsis and increased diffusion of intestinal contents it aids nutrition, helps the natural movements of the bowels, relieves constipation and favors elimination. Its weight-increasing action is beyond doubt, from the experiments recorded. The weight gained under its influence is much greater in proportion than it or any other oil could afford, even if digested and absorbed. While petroleum is uncombinable and indigestible in itself when mixed with emulsion or digested food material the effect is very different. It then causes an increased flow of this digested assimilated material through the portal system, and produces tissue more readily."

But *are* these statements true? Is petroleum "uncombinable and undigestible in itself" really of value as a food because it is mixed with certain foods said to be predigested? And is it the petroleum that fattens or is it the food? And why use a mineral grease that is acknowledged to be "uncombinable" when there are plenty of natural food fats to be had? And when you put this mineral oil in emulsion or solution in its vehicle into the stomach, how do you know that the mineral oil does not separate itself from the natural food, and act only as an irritant? For they will not mix any more than oil and water. Set your emulsion away for a few hours and you will see that the mineral part

will be at the bottom of the mixture as distinct from the rest as different geological strata. So with the cod liver oil emulsions; the beautiful and bland looking food part will be on top and the cod liver oil will have settled down at the bottom of the bottle and it is hard to make a homogeneous substance of it again even by vigorous shaking. No, it is nonsense. Better let the barbers have the petroleum for hair grease, and even then an animal grease is better. A mineral oil is always an irritant, even to the skin of an animal, and much more to the mucous membrane. Mutton tallow will soothe a sore place on the body while cosmoline only irritates it.

But here is a booklet with a red, red heart, while a grim skeleton hand is poking its index finger into the red, red heart; the legend: "A supplanter of Opium, the ideal analgesic, antipyretic, hypnotic and expectorant."

### Phenâlgin—In Pain and Pyrexia.

In selecting a drug for the treatment of any disease, the physician considers the evil effects that may attend its employment with the same degree of care that he does the immediate relief it may afford his patient.

The fact that recent discoveries of the synthetic chemistry of coal-tar products have given us substances which do not cause the deleterious effects of the earlier opiates should not disguise certain specific disadvantages which must be considered in their successful employment in medicine.

The engendering of the drug habit, and interference with the normal secretions of the body frequently result from their use, a depressing effect upon the heart and cyanotic conditions are occasional results from the administration of most products of synthetic chemistry, which are designed to act as analgesics or antipyretics.

These objectionable features may be controlled and prevented, and it is quite possible that many fatal terminations of diseases in which they have been employed might have been averted had a proper and stimulating antipyretic or analgesic been administered.

Phenâlgin is a synthetic coal-tar product containing ammonia in a nascent state; the ammonia is liberated on entry into the stomach, being loosely combined, and hence acts as a TONIC STIMULANT, *i. e.*, it does not assert its power over the heart's functions above the normal point, but as Hofheimer says (*N. Y. Med. Journal*, Dec. 24th, 1898): "It stimulates the pulse rate for a short time after taking, and then the heart's action gradually slows down with a strengthening of the first impulse."

Now here is a man who actually admits that coal tar products (the ones made by the other fellows, not his) often engender the drug habit, interfere with the normal secretions of the body, depress the heart, produce cyanosis, and it is true, too. But

phenalgin has ammonia hidden in its pink top capsules; and the aforesaid ammonia gets loose in the stomach and acts as a tonic stimulant—just up to the normal state; “it stimulates the pulse rate for a short time after taking it, and the heart’s action gradually slows down with a strengthening of the first impulse.” Now, isn’t that plain? And—scientific?—And safe? Here are some formulæ for diarrhœa that would do credit to the Edinburgh or the Old London Dispensatories. Variations on the theme *Tannalbin*. *Tannalbin*? Why that is an organic intestinal astringent. It is tannin and albumen. How does it act? We quote:

It coagulates the mucus, precipitates the ptomaines resulting from bacterial action and the fermentation and decomposition of food, constricts the intestinal walls, and empties the capillaries. It removes the cause of the diarrhœa by depriving the bacteria infesting the intestinal tract of pabulum for their continued existence, renders the toxic ptomaines resulting from bacterial action inert by forming practically insoluble tannates with them, and acts as a local astringent and healing agent upon the irritated mucous membrane of the intestines. Thus, it is said, *Tannalbin* acts indirectly as a disinfectant, overcomes putrefaction, and removes the tendency to undue acidity from fermentation.

This is up-to-date, and must “fill a long-felt want.”

And here are the diarrhœa prescriptions with *Tannalbin* as their base:

#### Formulas for the Use of Tannalbin.

Tannalbin, . . . . .	1½ grn.
Calomel, . . . . .	1 grn.
Dover's Powder, . . . . .	15 grs.

Dispense as 20 powders. One every 2 hours for first three doses, then every 4 to 6 hours for child of 1 year; 2 powders per dose in children 3 years old.

(In acute infectious diarrhœa, with pain.)

Tannalbin, . . . . .	3 dr.
Morphine Sulphate, . . . . .	1½ grn.
Salol, . . . . .	1 dr.
Camphor, . . . . .	12 grn.
Ichthalbin, . . . . .	2 dr.

Divide into 12 powders. One every 1 or 2 hours.

(In asiatic cholera.)

Tannalbin, . . . . .	3 dr.
Ichthalbin, . . . . .	1½ dr.
Powd. Opium, . . . . .	10 grn.
Oil Cassia, . . . . .	2 drops.

Divided into 24 powders. Two every 4 hours.

(In phthisical diarrhœa of adults.)

The question suggests itself: Is it the *Tannalbin* or some of the other things that check the diarrhœa? Camphor will settle the cholera WITHOUT the *Tannalbin*, and that is stolen from Homœopathy! And in what respect is this an improvement on old formulæ?

After a man has been quickly curing these intestinal catarrhs with homœopathic *Arsenic*, and *Podophyllum*, and *Crot. tig.*, and *Sulphur*, and *Merc. corros.*, *Tannalbin*, and *Ichthalbin*, and *Cassia*, and Dover's Powder, and *Morphine*, and *Bismuth*, do not seem so very scientific. Their use seems crude and it seems experimental.

Another coal tar product for which much is claimed is *Ammonol*. It is "of the Amido-Benzine Series." It braces, and depresses, and soothes, and—it's Ethical! Here is the circular letter:

*Dear Doctor:*

"We send you herewith a sample of AMMONOL. This is a coal tar product chemically known as Ammoniated-Phenylacetamide. It has remarkable Stimulative, Antipyretic, Analgesic, Antiseptic and Expectorant powers. The enclosed circular will afford more complete information regarding its characteristics. In view of the fact that all other coal tar derivatives which are Antipyretic or Analgesic are also *depressant*, and are more or less liable to unfavorably affect the heart, and that AMMONOL is, on the contrary, STIMULANT and calculated to regulate the heart's action instead of depressing it, and is therapeutically of a much wider range of usefulness than other coal tar products, we respectfully request you to test it in order to confirm our statement that AMMONOL is the only remedy which is effective as an ANTIPYRETIC and ANALGESIC and at the same time STIMULATING, ANTACID, ANTISEPTIC and CHOLAGOGUE, promoting digestion and preventing fermentation in the stomach, and a perfectly safe remedy without toxic effect when used in accordance with the directions.

We believe you will agree with us that AMMONOL is an invaluable therapeutic agent, superior to all others designed for similar purposes."

This "superior therapeutic agent" is also capable of being combined with *Caffeine*, *Morphine* or *Quinine*. It is said to cure dyspepsia, pneumonia, bronchitis, coryza, headache (they all cure headache), neuralgia, gastric catarrh, jaundice, delirium tremens, constipation, uterine colic, etc., etc. And of course it cures Grippe. Here are some reasons presented, with the sample, to the doctor, for its use:

### Some Reasons Why Ammonol is Unique Among Coal-Tar Derivatives.

- I. It is Stimulating.
- II. It is a Stimulating Expectorant.
- III. It is a Stimulating Analgesic.
- IV. It is a Stimulating Antipyretic.
- V. It is a Stimulating Antiseptic.
- VI. It is a Stimulating Cholagogue.
- VII. It is a Safe Remedy to use when other coal-tar derivatives are contraindicated.
- VIII. Ammonol aids digestion; will correct hyperacidity of the stomach and prevent fermentation during the digestive process.
- IX. It is Anodyne and Anti-Spasmodic.

In what does all this differ from the assertions of the Nervura man, the Peruna man, the Celery Compound man, or any other quack advertiser? Pure empiricism and reasonless.

Here is a handsome pamphlet devoted to Phenocoll-hydrochloride. Antipyretic, Analgesic, Anti-rheumatic, Nervine, also—Patented! We quote:

“The impulse to the search for new synthetical remedies, and especially antipyretics, given by the success that a few of them have attained, has had the effect of introducing into *Materia Medica* a long series of compounds with curious names and still more fantastic formulæ. It has, however, been frequently observed already that few of these substances are destined to maintain their position as useful additions to our armament against diseases, and this for a variety of reasons. With respect to antipyretics, for example, the requirements for an ideal remedy of this class are various. The more important are:—

1. It must be powerful and prompt in action.
2. It must be free from secondary and dangerous effects upon the organism.
3. It should be soluble in water.

These requirements are fully fulfilled by Phenocoll, a substance prepared by the interaction of phenetidid (para-amidophenetol) and glycocoll (amido-acetic acid), and closely related to phenacetin.

Comparing Phenocoll with the three chief synthetical remedies of the same class that have been brought forward, Acetanilid, Phenacetin and Antipyrin, it is infinitely preferable to the two former on account of its ready solubility in water, these two being practically insoluble; Antipyrin is very soluble, but it has been proved beyond doubt that its effect on the heart is often dangerous, and on this point—safety of administration—Phenocoll is perfectly harmless, even when taken in very excessive quantities. The original discovery of Phenocoll was not accidental, but was the result of a large number of systematic, comparative experiments with other similar bodies, out of which it was chosen as the best and most convenient.”

Its harmlessness is asserted because it is non-poisonous to animals. But—does that really prove that it is harmless to man?

Betul-ol seems to be capable of great good in the system. Its action is most exactly described as follows:

### Betul-ol—Methyl-oleo-salicylate.

"The alkalinity of the blood converts Betul-ol into salicylate of soda during its absorption, and at the same time the sedative action of the methyl radical is produced. The amount of salicylate of soda thus created in the blood itself is exactly equivalent to the amount of Betul-ol absorbed, so that one minim of Betul-ol represents one grain of salicylate of soda and very much smaller doses suffice (as compared with the dose required internally) to relieve the pain in acute rheumatic affections."

Now, is not that convincing? And truly chemical?

Salipyrin. Useful in many things and warranted harmless. Also *patented*.

### Salipyrin-Riedel.

*Antipyretic, Analgesic, Anti-rheumatic.*

DOSE.— $\frac{1}{2}$  to 2 grammes; daily maximum, 6 to 8 grammes.

"SALIPYRIN ( $C_{18}H_{18}N_2O_4$ ) is a *chemical combination* of 57.7 per cent. Phenyl-Dimethyl-Pyrazolon and 42.3 per cent. Salicylic acid; it dissolves readily in alcohol and in about 200 parts of water. It is best administered in powder form (in wafers, cachets, capsules, etc.) or in mixtures—rubbed up with glycerine and flavored with raspberry syrup.

Its chief advantages are comparative harmlessness, no cardiac influence, and freedom from unpleasant side and after-effects. Especially favorable results achieved with it in influenza, neuralgia, and all rheumatic affections."

La, la, la!

One of the great efforts of modern medicine is when a fellow has a fever, to reduce that fever, lower the temperature, never mind the disease that causes the fever, kick down the temperature, knock it down, any way to get it down. Here is where *Thermol* fills a long felt want:

THERMOL removes FEVER and PAIN, PRESERVES the TISSUES of the body and prevents exhaustion.

It removes fever, (1) by being a THERMOTAXIC and restoring the normal heat regulating powers of the nervous system. This sedative and controlling influence over the heat producing centre checks increased tissue combustion and prevents the formation of fever; (2) by heat dissipation and the ELIMINATION of the toxins that have formed in the system, through its diuretic and diaphoretic action; (3) by removing the cause of the fever through its ANTISEPTIC property. When placed within the system to the point of saturation by frequently repeated doses, it is added to the culture medium that supports germ life, and being inimicable to it and not injurious to human life, moderates very much the severity of the disease, and when given in the early stages of the disease it seems to be almost a specific, especially in typhoid and scarlet fevers and pneumonia.

Suppose you "check tissue formation" too much?

Here is a formula for Apetol, "an appetitious appetizer:"

### Apetol Whets a Keen and Hungry Edge to Appetite.

FORMULA: Nux Vomica, Gentiana Purpurea, Calumba Jateorrhiza, Quasia Amara Lignum, Prunus Virginiana, Prinos Verticillatus, Simaruba Amara, Spiræa Tomentosa, Cinchona Rubrum, Sumbul Moschatus, Aurantii Cortex, Aromatics, Vinum Xericum Fortior.

Good Lord! after a fellow has got all that compound in his stomach we may well add to the abracadabracal theriacum the following *Apetol aphorism*:

"Appetite is the subjective manifestation of vaso-motor excitation of certain glands, and announces their readiness and ability to secrete.

"Appetite is the psychical factor in a physiological process, *i. e.*, a functional part of digestion, procreation, reproduction, etc."

Here are a lot of circulars about glandular extracts describing "Thyroid Extract," "Suprarenal Extract," "Parotid Extract," "Mammary Extract," "Ovarian Extract," "Thymus Extract," "Testicular Extract," "Splenic Extract," and "Renal Extract."

But how do these extracts act? Surely not by supplying dead tissue to living. Then how? I must look up my copy of old Sampson, he recommended lots of choice animal extracts, and animal excretions as well.

But time forbids. O dear, my classmate! Is it to such pseudo-science that men turn from Homœopathy? And is the body only a chemical laboratory into which we drop certain chemicals as the chemist does in his laboratory, and by this means obtain metamorphosis of tissue and a new lease of life? What is the use of the subtle something we call the life spark? Grease the body up with pharmaceutical greases, fill the furnaces with carboniferous oils, see that the stoker has plenty of chemical wedges to brake the wheels if they revolve too fast, and—let her go.

Of course, the human body is only a machine. And that spiritual spark, that divine electron that some have considered needful for *mens sana in corpore sano*, is it all an old wife's fable?

My classmate, really I think we had better go on nibbling at last year's grass.

BRADFORD.

*Philadelphia, February 20, 1904.*

## GLEET, A CASE.

E. B. Fanning, M. D.

Several years ago a Mr. B. came to me for relief from an attack of this trouble which he said he had been carrying around with him for two years. I prescribed for him once every week for five weeks without any appreciable results. After he left my office with the fifth prescription, I began thinking that perhaps gleet was only a catarrhal condition due to suppressed gonorrhœa, and if he returned I would try and bring on a renewal of this discharge. On his return I asked him a few questions then prepared a small vial of *Sili. m.*, dose every four hours. He came back in about a week, saying: "I am worse than ever." After explaining to him that the medicine was given to him for that very purpose he seemed more at ease. Now said I we will cure you properly, which I did with two prescriptions of *Cannab. Ind.* and *Merc. sol.*, thirtieth dilution, dose every two hours alternately. I saw him last summer and he informed me that he had never had any trouble since.

*Philadelphia.*

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 GAULTHERIA.

By T. L. Bradford, M. D.

Mr. A. B., æt. 56, had gastralgia—with sensation of clawing in epigastric region—sharp pains extending from stomach to back. Attacks occurred daily or at intervals of two and three days. Relief from hot water bottles was but slight—the ordinary remedies did no good. Patient would rise in A. M. without pain thinking to enjoy some food—a few mouthfuls of breakfast would bring on pain. A single swallow of iced water would bring on the pain.

In Mr. Anshutz's valuable compilation, "*New, Old and Forgotten Remedies*," under *Gaultheria*, I found certain cases cited in *re* the value of *Gaultheria* in neuralgia and rheumatism. Following the directions there given, I gave my patient, who was then hugging a hot water bottle—and greatly cramped with pain—*Gaultheria* 1x, six drops on a little sugar; in a few moments the pain was eased. I then sent for *Gaultheria* oil and the next

attack the man had I gave him six drops of the oil on sugar. This produced speedy relief. At one time it was necessary to give six drop doses of the oil until twenty drops had been given. For six months my patient has been free from the attacks of gastralgia, and can eat and drink as usual.

Mr. A., æt. 40, had for several weeks been mentally overtaxed and exhausted, complained of the same gnawing, tearing, unbearable pain, worse after eating, of gastralgia. I gave him a small vial of *Gaultheria* 1x, with directions to take six drops on a little sugar or in a spoonful of water whenever he felt pain and to take it only at that time. In a week he reported that he was better, the attacks less severe. In about two weeks from the time of first giving medicine the attacks ceased. For the last three months my patient has been able to eat as usual and has had no pain. I directed him to rest as much as possible and to get plenty of sleep. Doubtless when gastralgia results from the depression of nervous energy *Gaultheria* will be an important remedy. I know that it relieved one case of sciatica.

It is certainly a remedy that will prove of value in neuralgias.  
*Philadelphia.*

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## TWO CLIPPINGS FROM THE TRANSACTIONS OF THE HOMŒOPATHIC SOCIETY OF THE STATE OF NEW YORK, 1903.

Dr. Edwin D. Simpson, of New York, contributes the following interesting paper concerning

### Conium.

My intention, in this short paper, is to call attention to a use of *Conium maculatum*, in the 3x and 6x potency, which has been invaluable to me, for some years, and which I believe is homœopathic and based upon the physiologic action and symptomatology of the drug.

If we analyze the poisonous action of a reliable preparation of *Conium* upon the human organism we find depression and paralysis of the endings in skeletal muscles standing out prominently as its specific effect, overshadowing all other symptoms; in this it is allied to *Curare* and *Nicotin*. The ascending coldness, weakness and paralysis have been indelibly impressed upon the mind

of every investigator by the classic account given by Plato of the death of Socrates.

For the purpose of this paper it is unnecessary to speak of its other spheres of action further than to mention that it depresses the central nervous system and paralyses the ganglia; its effect upon the glands is well known.

Our old school brethren, ever alert to conquer disease by "rational" methods, make use of our drug in large doses in diseases characterized by excessive motor activity, and find here, as elsewhere, not a curative, but a dangerous palliative measure.

Our own school thinks of *Conium* in tumors, in scirrhus, especially of the testicles and mammæ; in some sexual diseases, in vertigo, in cough, etc., as a remedy for "old men and old maids." But, so far as I know, its use as a tonic in conditions of motor depression has not received the attention it merits.

My experience has taught me that in neuræsthenia, anæmia, malnutrition, convalescence from acute diseases, and in chronic conditions, in which muscular weakness, especially of the lower extremities, is marked, *Conium* acts as a veritable tonic, soon changing the picture to one of normal strength. It matters not in these cases whether there be concomitant cerebral or psychic depression; nor does age seem to cause any difference in result; young and old alike respond and frequently ask for more of the "tonic."

I have found it especially serviceable in convalescence from *la grippe*, quickly relieving the psychic and physical depression following the onslaught of that protean malady; similarly, after recovery from typhoid and malaria, it has been a boon, quite replacing the numerous tonics with which our stores are overstocked.

And here I leave the subject; the symptom-picture presented by the class of cases alluded to seems to be so closely allied to that of *Conium* poisoning in mild degree, as to at least suggest the homœopathicity of the drug, and my experience has caused me to be well satisfied with its therapeutic effect. I bespeak for it a more extended trial, that the experience of others may prove me right or wrong.

Though not germane, a word about that symptom, "vertigo when turning over in bed;" too often, it seems to me, is *Conium* given when this symptom is in evidence, for frequently, in my experience, does this point not to the sphere of action in *Conium*,

but rather to the symptom-complex known as Meniere's disease, in which the semicircular canals are involved; in several cases, in which I have been led to make this diagnosis, believing that the cause of the trouble was local "uric acid" irritation, I have given *Bryonia* or *Macrotin* with good, and sometimes curative effect, after having failed to obtain any relief from *Conium*.

### Homœopathic Remedies for Eye, Ear, Nose and Throat.

This is clipped from a paper by Dr. J. I. Dowling, of Albany:

Were it not for surgical and simply mechanical therapy the specialties of the eye, ear, nose and throat could hardly exist, but granting that, those of us who limit our practice to this class of work are constantly reminded of the greatness of the immortal Hahnemann, for through his investigations and scientific study of drug action our school of practice is enabled to boast of specialties within specialties, for we have homœopathic specialties of the eye, ear, nose and throat, and this article would not be complete without reference to a few of our proven drugs which are in daily use.

Some of those which are most useful and in which I have unbounded confidence are:

*Pulsatilla* 3x for styes of either eye or lid. Given before suppuration will abort fully ninety per cent. *Hepar sulphur* 6x is a serviceable complementary remedy.

*Calcarea picrata* 6x quickly relieves boils of the external ear, provided there is no persistent mechanical irritation.

*Eserine* 3x was introduced into our practice through the investigations of Dr. MacBride, of New York, and is valuable when prescribed for twitching of the eyelids, soreness of the eyeballs, dimness or blurring of vision after using eyes in reading, pains over eyes, vertex or occiput, the keynote being aggravation by use of the eyes.

*Sulphur* 3x is a grand remedy and completes the cure of many a stubborn eye, ear, nose and throat affection. It is useful after failure of other remedies and especially beneficial in blepharitis in which there is a most crusty condition of the lids, continued suppuration of the middle ear in scrofulous children, chronic rhinitis due to intranasal irregularities superimposed upon debilitated general condition. If with any local affection of the special organs under consideration there is any skin lesion which is aggravated by ointments or water this remedy may be prescribed

with added confidence. Its sphere of action is wide and rarely fails.

*Baryta carb.* 2x is of proven value in those of the quinsy habit if given before the onset of suppuration. *Baryta iodide* 3x I consider a most reliable remedy to be used after the removal of adenoids, and its use should be continued over a period of months.

An investigation of the action of these few remedies would lead the skeptic to further research and win to our ranks those who scoff. However, the statement made in an earlier paragraph should be remembered, viz.: First seek the cause of the existing disorder, study its pathology and after obtaining a thorough and comprehensive knowledge of the case, prescribe the remedy, which will then prove of unfailing value.

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### HOMŒOPATHY MUCH BETTER.

(The following is from an open letter from Dr. M. R. Levenson to Dr. Darlington. It certainly looks as though "serum" is not one of the fixed stars of medicine.)

But we have other and yet more reliable statistics upon this subject, presented to us by Dr. and Prof. Kassowitz, of the University of Vienna, who devoted four articles in the *Therap. Monatschrift* to the subject of serotherapy. Not having access to that publication, I avail myself of a translation thereof into French, which appeared in *Le Medicin* for February 7, 1904. Dr. Kassowitz says:

" . . . Lately Dr. Baginsky published the following: . . . 'By Serotherapie the terror formerly inspired by diphtheria is banished. The serum is prophylactic and curative.'\*

"Unfortunately, the assurance with which the above propositions are made is inversely proportional to the facts. Let us take a town in which there has long reigned a large mortality from diphtheria; at a certain date measures are taken to ensure the application of the serum without delay to every case of diphtheria or suspected diphtheria the moment the physician is called to the case. •

"If it were true that the serum is a medicine powerfully curative of diphtheria (these are Baginsky's very words), it ought to happen that from that moment there should be no more fatal cases of diphtheria, or at the least they should be very rare. If, on the

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\**Archiv. für Kinderheilkunde*, Vol. 24, Cah. 5-6.

contrary, in spite of the general and prompt employment of the serum, the number of the victims of the malady do not diminish, and still more if they increase, we shall be forced to admit that this curative action is simply a product of the imagination.

“This experiment has been made and it declares against the serum.

“Since 1889 deaths from diphtheria in Trieste have been constantly increasing. That year there were 98 deaths from it, and in 1893 there were 222. In the first months of 1894 this increase continued and the deaths were 140 against 111 in the corresponding six months of 1893. In August, 1894, the serum treatment was fully instituted, thanks to the munificence of the municipality which procured all the serum that could be needed, and was aided by the willing exertions of all the physicians of the town. . . . In 1894 and in 1895 nearly all the sick with diphtheria were inoculated. . . . All these pains were of no use. Instead of diminishing the number of fatal cases, the contrary happened, and the number of deaths attained a formidable height. To such an extent was this the case that during the last three months of 1894, that is to say, during a period *absolutely seropathic*, there were 120 deaths from diphtheria, a figure never before attained. During these three months there died in Trieste from diphtheria more than in the whole year from 1888 to 1890.

“In 1895 Serotherapy was applied with rigor. . . . There died 270 from diphtheria, a figure never before attained in the entire pre-serotherapy era.

“In the hospital at Trieste there died of diphtheria:

In the aseric year 1892, . . . . . 43

In the aseric year 1893, . . . . . 58

In the aseric year 1895, . . . . . 193

“Part of this enormous increase is due to the fact that a larger proportion of the sick were treated in the hospital than formerly; but the figures are a fatal reply to the thesis of Baginsky.

“Croup presents a still more doleful picture. In this hospital there died of diphtheria of the larynx:

During the pre antitoxin year 1892, . . . . . 16.

During the pre-antitoxin year 1893, . . . . . 29

But in the thoroughly aseric year 1895, . . . . . 104

“This frightful number of deaths from croup, in spite of serotherapy, is not in accord with general report, but compels one to affirm that in spite of serotherapy diphtheria has lost none of its horrors.”

## ECHINACEA ANGUSTIFOLIA IN BLOOD POISONING.

By Dr. A. C. Hermance.

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

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

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

Finger greatly swollen, dark blue or purple in color.

Lancinating, burning pain, running up the arm arterially.

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

Axillary gland swollen and very painful.

General muscular soreness, "seems as if pounded."

Vertigo, with deathly sick feeling all over.

Trembling of lower limbs, cannot walk.

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

General and extreme prostration.

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

Nausea and vomiting.

Diarrhœa, with frequent, offensive stools.

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

Inability to swallow. Raises bloody mucus when coughing. Tongue swollen, bluish color, very sore to touch.

Temp., 103°. Pulse, 100.

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

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

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

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

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

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

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

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

Hand much swollen.

Purplish areola around wound.

Red streaks running up forearm, muscular soreness, continued

burning pain shooting up arm, swelling in axillary gland, severe frontal headache; nausea and vomiting. Temp, 102°. Pulse, 101.

R. *Echinacea* 1x in solution every hour.

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

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

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

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## LYCOPODIUM—CLUB MOSS.

By W. J. Hawkes, M. D., Los Angeles, Cal.

This plant is found in the dry woods of the greater portion of the globe. *The National Dispensatory*, under the head of "Medical Uses," says:

"This powder, on account of its extreme lightness and dryness, is used as a convenient protection for tender and raw surfaces of

the skin, and by druggists to place in boxes containing pills to prevent their adhering together."

The *American Dispensatory* makes no mention of it whatever. Bartholow's *Materia Medica and Therapeutics* makes no mention of the drug, neither does Page, Trousseau, nor do any of the more recent works of the old school on Therapeutics, Principles and Practice of Medicine; in fact, no work of the old school, even of the most recent date, makes mention of this remedy.

In our own school all authorities of prominence on *Materia Medica* and Therapeutics give great prominence to it as a curative agent. Professor Henry N. Guernsey, than whom there is no more reliable authority, recommends it for sixty-five different ailments and gives accurate indications for its use in each. Raue recommends it in almost as many complaints, and says: "It is one of the most important remedies in tubercular meningitis." He also gives it prominence as a remedy in diphtheria, pneumonia, constipation, hæmorrhoids, enteralgia, dropsy, and all diseases of the kidneys. Farrington devotes to it seven pages of his admirable *Clinical Materia Medica*, and says: "We have in it a peculiarly valuable medicine, which Hahnemann proved for us, and one, too, which we need in practice every day. I love to extol the virtues of this valuable drug; for Hahnemann, with his invaluable law, rescued it from its ignominious use as an infant powder and elevated it to the highest rank among the potencies." He recommends it highly, also, as a remedy in many of the severest ailments, and especially such as are based upon the psoric diathesis.

The immortal Carroll Dunham devotes to it eight pages of his *Lectures on Materia Medica*, and gives valuable indications for its use in many of the diseases having their base in the strumous diathesis.

Lilienthal, in his work on *Diseases of the Skin*, mentions twenty-eight different affections in which *Lycopodium* is curative, and devotes more space to its consideration than to almost any other remedy.

Hering, in his *Guiding Symptoms*, devotes sixty-one pages to a consideration of this remedy, and quotes three solid pages of names of writers on this subject whose writings he has consulted. In short, all our recognized authorities on *Materia Medica* and Therapeutics give great prominence to this drug as a curative agent. It was proved by Hahnemann himself, together with a

number of his most earnest co-workers, in their usual thorough and painstaking manner.

In my own experience there is no more reliable, far-reaching and important curative agent in our *Materia Medica*. When it is clearly indicated by the symptoms, which are clear-cut and peculiar, it never fails to produce curative results. I quote some cases from my note-book illustrative of its action and its characteristic symptoms:

CASE I.—Patient, aged 31, has been troubled with jaundice and dyspepsia for several months. He complains of great distress in and distension of the stomach, with much belching of gas, dryness of the mouth, white-coated tongue; complains also of feeling full immediately upon eating a small quantity, although he began the meal with good appetite. This is followed by great rumbling in the bowels in the left side; pain in the small of the back, relieved by urinating, and aggravated by retaining the same unduly; observes a reddish, sandy sediment in the urine; feels tired, exhausted after 4 o'clock P. M.; all his symptoms are aggravated between 4 and 8 P. M.; complexion of the face yellowish; whites of the eyes yellowish, with a generally jaundiced appearance. The characteristic symptoms in this case are: The very unwholesome sallow complexion; distension and sense of satiety after eating but little; pain in back, aggravated by retaining the urine and relieved by passing it, with reddish, sandy sediment; and aggravation of all symptoms at 4 o'clock P. M. *Lycopodium* was prescribed, and the result was that the patient was promptly relieved and an ultimate cure resulted.

CASE II.—Chronic inflammation of the kidneys; patient 44 years of age; has been troubled for a number of months with severe pain in the small of the back and in the abdomen; at times this pain is so severe that she can hardly breathe; pain extends from region of kidneys toward bladder; pain in the back greatly aggravated by being obliged to retain urine after desire to void it has been felt; passage of the urine relieved this pain; reddish, sandy sediment in urine; appetite disappointing; little satisfies, producing a sense of satiety; bloating in region of stomach till she is obliged to loosen her clothing; aggravation of all symptoms after 4 o'clock in the afternoon. December 8th received *Lycopodium*. December 15th, reported marked improvement; has had pain but twice since beginning the use of the medicine. March 8th the patient reported entirely relieved from pain since last visit

until yesterday, a period of nearly three months. The pain returned yesterday, beginning in the back and right side, extending to the left. Prescribed *Lycopodium* in a higher potency. March 15th patient reported herself well and was discharged.

CASE III.—Renal colic; passage of large calculus. I was called to see a gentleman, aged 38, suffering from "terrible pain in the side." He had had several such attacks; had consulted all the physicians in the surrounding towns, and had been given as many opinions as there were physicians consulted. The pain was not located directly over the kidneys, but over the crest of the right ilium; vomiting followed or accompanied the more violent attacks; urine showed a tendency to deposit red sand; patient was weak and debilitated; face sallow and earthy-looking; deep semi-circles beneath the eyes; breath cadaverous and horrible. My diagnosis was renal calculi and colic; but as all the other physicians consulted emphatically disagreed with me, their advice and treatment were followed several months without improvement. After an unusually protracted and severe attack a stone weighing three grains was passed with the urine. The suffering was intense and sickening during its passage; both through ureter and urethra, especially the latter.

He improved promptly and rapidly under the influence of *Lycopodium*, prescribed by me on the following indications:

Renal colic on the right side; red sand in urine; earthy complexion; aggravation of all symptoms between 4 and 8 o'clock P. M.; dyspeptic symptoms, with much noisy borborygmus.

CASE IV.—The strumous diathesis. I was called to attend a sickly, puny, whining little one, six weeks old. I learned from the father that this was their second child, and that they lost their first when three months old. He said the first one had simply cried and moaned itself to death under old-school treatment. This one was apparently going the same way. All the old school could do had been done for the other, and the only hope they had for this one was in the change of practice. The second little one cried, as did the first, from its birth. Scarcely ever slept a sound sleep; it did not seem to be nourished by the breast milk, of which there was plenty.

The appearance of the mother first attracted my attention; her face had a dirty, yellow, earthy appearance. Her family history as to healthfulness was bad. She suffered from disease of the kidneys; the urine showed a profuse sediment of red sand. In

short, her condition and symptoms presented a very clear case for *Lycopodium*. So with the child. From the hint received from the mother's condition and symptoms, systematic inquiry discovered the facts that the child's diapers were stained of a deep, reddish color, and had frequently red sand on them after the child urinated; also that it cried and showed by other signs discomfort before urinating; it was also much distressed by wind colic.

*Lycopodium* was given to both mother and child. The child improved rapidly and became entirely well. But the most remarkable and significant fact was the eruption of the worst-looking crop of eczema it had ever been my fortune to see. The child became covered literally from the crown of its head to the soles of its feet with a most disagreeable and badly-smelling eruption, which did not wholly leave it until after its first set of teeth had all appeared.

A third child was born to these parents. Their residence was in a town some distance from my home. This child also suffered with symptoms similar to those of the other two, but in a less degree. The father called upon me for advice in its interest. He said that he had employed a homœopathic physician in his town, but that he did not seem able to relieve the child as I had done the other. I advised him to return and tell the physician to give the child *Lycopodium*. After some time he returned and said that the physician said he did not have *Lycopodium* among his remedies. I prescribed *Lycopodium* and gave him some of the medicine, with a result similar to that in the other case, only much less marked.

CASE V.—Male, aged 26 years, suffering from rheumatism. He was suffering intense pain; his finger-joints were much swollen and very painful. But the greatest distress was in the chest in the vicinity of the heart. The suffering was so great he could not remain long in one position, but the moving of him by the attendants (he was unable to move himself) caused him to scream with pain and the sweat to stand in great drops on his face. The effort of breathing caused great pain, so that he breathed with a short, spasmodic cry. His pulse was full and bounding and showed the heart to be very much irritated. I think I never saw a more painful and threatening case of rheumatism.

It required no skill to diagnose his ailment. Something had to be done promptly to arrest the evident and dangerous progress toward the heart, and relieve his great pain; and it must *not* be an

anodyne. The right remedy *had* to be found; many others had been tried without relief. What was to guide us in the search? Not the fact that he had rheumatism; that guide had already proved a will-o'-the-wisp. The peculiar symptoms of the patient, if any such could be found, must determine the choice of the remedy. The first peculiar symptom I observed was the unusual motion of the wings of the nose—"fan-like motion of the *alæ nasi*."

I have heard prominent physicians in our school ridicule the idea of attaching any importance to that symptom. Why should the wings of the nose have such exaggerated motion in this case? There was no unusual expansion of the lungs; there was, in fact, the opposite. There was no unusual need or demand for air, as in cases where we see a physiological increased motion of the nostrils. The man was moving his chest as little as possible, and, consequently, taking in proportionately little air. There must, therefore, be other than a physiological cause for this remarkable fan-like motion. This phenomenon was the key-note to the case—the "blazed tree" in the wilderness of symptoms—and it indicated the probable path out of the labyrinth.

Inquiry developed the following additional symptoms: Aggravation of all symptoms regularly about 4 o'clock in the afternoon; pain in the renal region; "brick dust" sediment in the urine; dyspepsia, with much rumbling of gas in left hypochondrium, and sense of satiety and fullness immediately after swallowing a little food; pain in the renal region was aggravated by retention of urine and relieved by passing it.

Under the action of *Lycopodium* the patient became perceptibly easier in half an hour after taking the first dose, and he steadily improved from that hour, so that when I saw him next day he was lying quietly and in apparent comfort. There occurred no relapse and the patient gradually and steadily recovered, showing no indication of sequelæ.

I desire to emphasize this statement, viz., a patient suffering from no matter what ailment will *always* be benefited by the action of *Lycopodium* in a proper potency, if three or more of the following symptoms be present: 1st. Aggravation of all symptoms between the hours of 4 and 8 P. M. 2d. Pain in renal region, noticeably aggravated by undue retention of the urine, and relieved by passing urine. 3d. Reddish, sandy deposit in urine. 4th. Dyspepsia, with sensation of fulness and satiety after

eating but little, although beginning the meal with good appetite, and audible rumbling of gas in left hypochondrium. 5th. Fan-like motion of wings of nose, when there is no sufficient pathological cause.

No remedy in our materia medica of equal value with *Lycopodium* is so seldom used. The reason why this is so is because comparatively few physicians have confidence in or experience with the potentized drug, as has been seen by the quotation from the dispensatory giving the uses to which this remedy is put by the old school.—*Pacific Coast Journal of Homœopathy.*

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## TWO CLINICAL CASES.

By Dr. K. W. Higgins.

*Argentum nitricum* in Polyuria:—Girl, seven years old; dark, thin, irritable; had to pass urine four or five times during night; in large quantity; could not attend school because of frequent urination and not able to control it to get to the closet; has always been troubled, and her mother, before she was born, was not expected to live on account of kidney trouble. The child craved salt; but little appetite for anything but sweets.

R *Arg. nit.*, 30, one powder at bed time for five nights. That was three months ago, and she now has no trouble with the urine; has gained in weight, eats well and is going to school.

*Arsenicum* in Cystitis:—December 1st.—Mr. S., seventy years old; very thin, cold, shivering; sandy complexion, very weak. Called to see him at 6 A. M.; wanted urine drawn, had not passed urine for thirty six hours; bladder very full, distended, causing distress and restlessness; rise of temperature; had been thirsty all night; some constipation. The urine had been coming slow for the past week, with burning. Gave *Ars. C. C.* and in one-half hour urine started. Had two powders of C. C. put in hot water, given every hour, and followed by S. L. in hot water. On the 3d of December was as well as usual.—*The Critique.*

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## CAMPHORA.

“The sufferings which eminently indicate *Camphor* are those usually called asphyxia, “sinking of the forces;” paroxysms of embarrassment of the respiration and circulation, with coldness of

the surface and extremities, for the most part attended by tremors or even severe cramps in the muscular system, and cold sweats, especially about the head and neck. If this or a similar state be connected with catarrhal discharges, or with diarrhœa, the indication for *Camph.* is strengthened."

"It seems to me that the manifold antidotal virtues of this drug are owing to its wonderful control over the pneumogastric nerve as its primary affinity with the living organism. I have found it often efficacious in interrupting the development of paroxysms of epilepsy, for which end I have given it in one or two drop doses every three to five minutes, during the premonitory symptoms of a fit, continuing the exhibition of it till these were fully subdued. *Camphor*, as is well known, is very efficacious when administered by olfaction, but does not sustain dynamization."—*Dr. John F. Gray.*

## A CASE OF OTITIS MEDIA.

By Dr. Mossa, Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*, February 11, 1904.

From a longer article on this subject we excerpt the following interesting case:

On the 7th of March last, I was called to a patient living outside of Stuttgart. The lady had before been of good health and was twenty-eight years of age. Soon after her confinement she had an attack of influenza which strongly affected her right ear. Otitis had developed with pretty high fever and violent pains; the tympanum had been pierced with it, with a copious discharge of pus. This last was still going on. The patient also still complained of occasional pains shooting through the ear, somewhat of a tearing character and extending to the facial bones. I prescribed *Hepar sulph.* 6, twice a day three drops. The ear was syringed with lukewarm *Chamomilla* tea, after having been first gently cleansed and dessicated with raw cotton.

March 10. The suppuration is somewhat diminished, the general health somewhat better.

March 19. The pains in the ear frequently are quite severe yet. On the preceding day the woman had a swoon (as a girl she had, according to her own statement, frequently suffered from vertigo and nausea). A copious discharge of pus has appeared again,

which this time is *fetid* and mixed with blood. Since it was evident that there was here a case of otitis media, if not otitis interna, I advised the patient to go to a hospital, as in such cases it is necessary to exercise a daily continuous supervision and nursing, while she had no one at home, and had at the same time to take care of her suckling. But she could not make up her mind to this, and so I had to make a virtue of necessity and continue her treatment according to my best knowledge and ability.

Since the discharge still continued to be fetid, although it was now a little thinner, I prescribed *Asafetida* 15, five drops twice a day.

March 26. On the preceding day the patient felt a detonation in the right ear, after which a considerable quantity of fetid pus was discharged, after which the hearing in that ear (which had before been much impaired), showed improvement on being tested with the watch. Nevertheless, her condition was still serious, as there was a continuous pressive headache.

*Silicea* 6 trit., three times a day, as much as would lie on the tip of a pen-knife.

April 16. The headache still continues, the discharge is more watery, not fetid. The hearing is pretty good.

May 9. The patient, who had been attending to her housework and the baby as well as she could, was to-day seized with vertigo, causing her to fall down; this happened after having three stools. A few days before some coagulated blood had been discharged from the ear affected; she now hears equally well with both ears.

There has been hæmorrhoidal bleeding; the menses also appeared and were quite copious. All these factors favored an anæmic condition, especially where nutrition was probably defective. But I was more guided by a *pressive pain in the forehead*, which strongly affected the brain, and which was especially pronounced *in the morning*, as was also the case with the vertigo, so I gave the patient *Zincum met.* 6 dilution, 5.0, twice a day three crops.

May 21. Since the last prescription she only felt the vertigo twice, inclining her to fall forward. The menses were normal and this time without any pain (effect of *Zincum*).

The hearing is now good; there is no more discharge from the ear; the tympanum seems to be normal. The cerumen forms as it did before, and on June 21 I once more examined her and found her well. The result was satisfactory *post tot ex tanta discrimine rerum*.

**HERPES CIRCINATUS AND SEPIA.**

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
February 11, 1904.

I. A widow, fifty-six years old, of a vigorous constitution, a blond of very sanguine temperament, was suffering from herpes circinatus on the right side of the face. The eruption had already spread itself over the nose, cheek and upper lip. The patient had for some time given no attention to it, but as it kept extending she was compelled to call in a physician. According to her statement she had neither had a cutaneous eruption nor any other ailment. She received six powders of *Sepia* 15 and was directed to dissolve one powder in water every day and take the solution in three portions, morning, noon and evening. At first there was no change, so that the remedy had to be given her twice. But then the herpes gradually diminished, until it finally disappeared entirely and has not returned in the course of a year.

II. An apprentice to a mason, seventeen years of age, of very phlegmatic temperament, mentally indolent and awkward, had been suffering for nine months with herpes circinatus on the right cheek, accompanied with a very irritating itching. Nothing could be got out of him as to his health.

*Sepia* 6, twelve powders, healed the eruption.

**ACTION OF DIURETIN ON THE URETERS.**

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
February 11, 1904.

Dr. Anton Mosauer in Karlsbad has proved *Diuretin* on twenty-one persons with healthy kidneys.

They received 4 g. as daily dose. In examining the urine as to its contents in albumen the *Ferro cyankali* test and the boiling test were used. In ninety analyses of urine after giving the *Diuretin* hyaline cylinders were found twenty times; in eight cases slight albuminuria was demonstrated, in two cases without cylindruria and three times conjoined with it, so that in four persons there was not only a discharge of hyaline cylinders without simultaneous albuminuria.

The cylindruria was always transitory and in most cases it did not last a whole day after the cessation of the medicine. The cylin-

ders always were only few in number. These experiments showed that *Diuretin* has a more or less power to irritate the kidneys and that a prolonged use of the remedy, especially in strong doses, with persons diseased in the kidneys may have harmful consequences.—*Wiener mediz. Wochenschr.*, 1803, No. 27.

According to homœopathic principles we may conclude inversely that according to the pathogenetic effects here developed *Diuretin* in minimal doses may be indicated in many cases of albuminuria.

DR. M.

### HYOSCIN IN MASTURBATION.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
February 11, 1904.

French psychiaters have experimented with injections in *Hyoscin* on persons of disordered minds who were passionately devoted to masturbation. With twelve out of nineteen patients experimented on the results were decidedly favorable and the improvement when the report was made had already lasted eight months. In six of the other seven cases the effects were merely temporary, while one was a failure.

The effective doses fluctuated between one-half and two milligrams (!) a day. It is better to ascend only gradually from one-fourth of a mgr. The action appears in three to four days, but to insure its permanence it is necessary to continue the injections with extreme caution and with diminishing doses for 12 to 15 days. The symptoms of poisoning resemble those from *Atropin*. No cumulative effects were noticed. The doctors reporting think that the *Hyoscin* acts on the spinal genital centre and that it may produce temporarily complete impotence.

This report corresponds with our provings of *Hyoscyamus*, as this remedy in its first effect considerably augments sexual desire, but eventually (and in strong doses probably from the beginning) causes impotence.

### MOSAIC FROM MY PRACTICE.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*, January, 1904.

“I had a strange experience,” so a lady whom I had been treating for many years writes to me. “I do not know whether you remember that for a number of years I had an osseous excrescence

on the left wrist, for which you prescribed *Silicea*. Here in Switzerland it had much increased and last year had attained this shape—an accompanying drawing showed that it was about the size of a filbert. But in the course of a week, without any perceptible reason, the excrescence disappeared, and has not since re-appeared.

### Calcarea Carbonica in Epileptic Convulsions.

Since two years and a half, Mr. B., a pupil in the trade-school, has been suffering from convulsions. On the 15th of September his treatment began. *Bromide of Potassium* (allopathic prescription) had not helped him any. There was a suspicion that he had a tapeworm, but no part of such a worm had ever been seen to be discharged. B. makes the impression of narrow-mindedness, and also complains of some indefinable sensations "in the brain."

The attacks might be intermitted for weeks, as at one time for six weeks after Whitsuntide, then it would appear again. There is also at times fetor from the nose, polypous excrescences and attacks of sneezing. The nose symptoms proved of use in deciding on the remedy. I gave as the leading remedy *Calcarea carb.* and as an intermediate *Belladonna*, and had the satisfaction of preventing any recurrence of these epileptic attacks, *i. e.*, since October, 1901, till to-day (April 10th, 1903), when the mother inquired whether the epileptic attacks he formerly had might prove sufficient to exempt her son from military service. In such cases I prescribe *Calcarea carb.* in the 12th decimal attenuation, the frequency of the doses depending on the frequency of the attacks. These paroxysms sometimes only appear to resemble epilepsy, *e. g.*, where there was no assurance and steadiness of the limbs, where, *e. g.*, the pen involuntarily dropped from the fingers, etc.

An equal success was obtained by the use of *Calcarea carb.* in the case of a girl of nineteen, where the attacks appeared at night, but sometimes also by day. In this case the girl would fall down and become unconscious, a plain case of epilepsy. As in a number of other cases, so also in this, I only accidentally discovered the fact that the attacks had not returned for a number of years, showing a complete cure.

These clinic experiences present nothing new to the practical homœopath, for the specific curative properties of *Calcarea carb.*

in epilepsy and other convulsive conditions is well known, as also its therapeutic value in curing the irritation caused by worms, which, especially with little children, forms a fruitful cause of convulsion whether these be light or most violent.

In a work by Dr. Goullon, Sr., entitled "*Darstellungen der Homœopathie,*" the assured indications for *Calcarea carb.* are treated of. Among the first we read: *Epilepsy* and all cramps and convulsions of children. But the symptoms which follow show that it chiefly applies to scrofulous children, for among the symptoms recounted we find: Swellings of the lymphatic glands, chronic inflammation of the conjunctiva of the eyes, scall, polyp and fatty swellings; then also chronic watery diarrhœa and dental irritations with children, and finally chlorosis, which is closely akin to scrofulosis.

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## ARNICA IN PUERPERAL FEVER.

By Dr. Moll, Brixen.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, January, 1904.

*Arnica* is a leading remedy in lesions, external as well as internal. It has also an extended use in hæmorrhages subsequent to lesions. Though in the latter case it is excelled by *Hamamelis*. I have especial reason for valuing *Arnica* highly owing to its brilliant action in a case of puerperal fever, where both myself and the consulting physician had given up all hope.

The case was a puerperal fever which had set in after a very difficult detachment of the placenta. As is frequently the case in such a disease, all the remedies applied proved ineffectual. Even the repeated rinsing of the uterus brought only a very transient alleviation, although we had looked to good results, because this rinsing washed out gangrenous pieces of membrane, which had caused this dangerous infection. The woman, a mother of seven healthy children, was of vigorous constitution, strikingly tall and strong. For about eight weeks she lay in an almost continuous fever, for which I prescribed cold applications on the chest and back. But suddenly there were violent pains in the side. There appeared infiltrations in the lungs, which soon began to secrete profuse, very fetid masses of pus. The state of the patient evidently became continually worse, her strength had

failed her entirely and death seemed imminent. The relatives desired to consult another physician, but also he gave up all hope of saving the life of the patient. He prescribed *Guajacetin*. This remedy had to be procured from a drug store some twenty miles off, and before it arrived I had made a dilution of *Arnica*, which I directed to be given every half hour. When I called next day, thinking it probable that the patient was dead, a manifest improvement had set in. A colossal secretion of pus had set in and this was discharged from the lungs almost without any cough. Soon the fever abated and the patient felt somewhat stronger. This induced me to confine myself to *Arnica* and to put off the use of the other medicine, which had not been received before the next morning; of this I advised the consulting physician.

The improvement continued and made so striking and rapid progress that I was very much astonished. For a few days the copious secretion of pus continued, then it rapidly diminished while the fever disappeared. The patient was saved, the mother was preserved for her children and is well and healthy to this day.

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## VOMITUS GRAVIDARUM.

Dr. Mossa, Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
January 28, 1904.

*Bryonia*.—A pregnant woman had for two months and a half been continually suffering from nausea and vomiting. She could scarcely leave her bed to look after her domestic affairs or to eat something, but would soon have to take to her bed again. *Pulsatilla*, *Ferrum phos.*, *Ipecac.*, *Cocculus* and other remedies brought no improvement. Finally Dr. Fisher, in view of the symptom that every movement made her deadly sick, and because she was also suffering from constipation, give her *Bryonia* 6 D. trit. The effect was remarkable, rapid and good. He then used various potencies and preparations of the same remedy and they all proved useful. Finally he retained the 6 dilution for three or four days, and the nausea, which had proved so distressing to the woman during her pregnancy, disappeared and did not return.

At other times the author found *Kreosotum* most useful with pregnant women.

*Petroleum.*—A young woman, lately married, pregnant for two months, had suffered from nausea at various times, but now she was suffering from a more violent attack. She was seized with the most severe nausea, compelling her to take complete rest in bed. The least movement aggravated her nausea, even when she only raised her head from the pillow or moved her arm. At the same time there was no repugnance to food, but the stomach could not retain anything. A sensation of emptiness and exhaustion; much thirst; constipation; sensation as of a heavy load in the stomach when she partook of anything, followed quickly by vomiting; incipient eructation, which proved incomplete; the tongue is coated white with a red border. For four days *Bryonia*, *Nux vom.* and *Pulsat.*, but without any real result. On being again questioned it was found that the patient was always inclined to nausea when riding in a carriage or in a boat; she was also suffering from chaps on the lips and the fingers. This pointed to *Kreosotum*.

*Petroleum* 200, a powder every two hours, immediately and permanently relieved the patient. The patient had not had any relapse after four and a half months.

According to the prevailing symptoms, the following medicines may be found useful:

*Arsenicum* in severe, tedious cases, with great weakness, paleness, diarrhoea after meals; aversion to cold things, especially to cold water.

*Cuprum arsen.* in constant nausea, when the stomach cannot retain anything; convulsive pains in the uterus.

*Sepia* in severe cases, where even the sight and smell of food produce nausea (*Colchicum*); sensation of emptiness and of a void in the stomach; vomiting up of a milky fluid.

*Veratrum alb.*—Nausea and vomiting; the body icy cold; cold perspiration in the face and on the forehead. Eagerness for cold water and juicy fruits. Diarrhoea.

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## PODOPHYLLUM PELTATUM.

By C. Zbinden, M. D., Toledo, Ohio.

E. B. Nash (Leaders) says: *Podophyllum* is a powerful cathartic. The diarrhoea of *Podophyllum* is characterized by (1) the profuseness of the stool; (2) the offensiveness of the stool; (3)

aggravations in the morning, hot weather, and during dentition. Concomitants are prolapsus ani; sleep with eyes half closed, rolling of the head from side to side, moaning, frequent gagging or empty retching.

I have used this remedy mostly for diarrhœa and cholera infantum. In former years I sometimes used *Podophyllin*, but have abandoned it and now use nothing else but preparations of the homœopathic tincture, with much better results.

There was a great number of cases of diarrhœa among children in our city last summer. After observing a few of them I found that they were all of one kind; they all had watery passages, mostly yellow; some had an offensive odor, others had not; they had some colic; some patients vomited, others did not. After experimenting a few days I found that *Podophyllum* was the remedy for all these cases. From that time on I prescribed it for every case during the season. Before that I had a few times used *Sulphocarbonate of Zinc* as an intestinal antiseptic, also *Pepsin*, but found that *Podophyllum*, when indicated, needs none of these adjuvants, but does its work alone and is all-sufficient. Stupor is not seen in every case, as it is not an early, but rather a late symptom, but when present calls invariably for *Podophyllum*. Vomiting, when present with the diarrhœa, needs no *Ipecac* nor any other stomach remedy, *Podophyllum* cures it.

The result I had with this drug was a prompt cure in the great majority of cases, and improvement in nearly every case. The few patients who did not get well with it needed another remedy to complete the cure, and this was *Mercurius sol.* I had two deaths from said disease last summer, but both were complicated and neglected cases. There are always weak and sickly children who will die of an attack of diarrhœa, no matter what we may do. The doses, I used were from six to twelve drops of the 3x dilution a day.—*Medical and Surgical Reporter.*

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### BARYTA CARBONICA.

The following are Hahnemann's generalities on *Baryta Carbonica*: "This drug may be advantageously used in the following affections, provided it be homœopathically indicated: whining mood; anxiety, as regards domestic concerns; dread of strangers, of company; headache close over the eyes; susceptibility of the head to cold; eruption upon the head; baldness; eruption upon and behind the ears; tubercles behind the ears;

eruption upon the lobule ; buzzing and tingling before the ear ; pressure in the eyes ; inflammation of the eyeballs and lids, with dread of light ; agglutination of the eye-lids ; flying webs and black spots before the eyes ; dimness of sight ; he cannot read ; the eyes are dazzled by the light ; scurf under the nose ; eruption upon the face ; single jerks in the teeth ; burning stitches in the hollow tooth, if something warm touches them ; *dryness of the mouth* ; constant thirst ; eructations after eating ; sour eructations ; *waterbrash* ; chronic nausea ; *pressure at the stomach*, also after eating ; pain at the stomach, fasting and after eating ; pain at the stomach on touching the pit ; difficult, knotty stool ; hard and insufficient stool ; tenesmus of the bladder and frequent micturition ; *weakness of the sexual powers* ; leucorrhœa immediately before the menses ; coryza ; troublesome dryness of the nose ; *night-cough* ; hoarseness of the chest with night-cough ; excessive secretion of mucous in the chest ; palpitation of the heart, perceptible without any previously exciting cause ; *pain in small of the back* ; stiffness of the small of the back ; *stiffness of the nape of the neck* ; stitches in the nape of the neck ; pain in the deltoid muscle, on raising the arm ; the arm goes to sleep when lying upon it ; the fingers go to sleep ; traction and tearing in the legs ; ulcers on the feet ; *fætid sweat of the feet* ; painful lymphatic swelling of the ball of the big toe ; twitches and jerks of the body by day ; heaviness in the whole body ; loss of strength ; general weakness of the nerves and body ; susceptibility to cold ; WARTS ; raving when asleep ; twitches of the muscles of the whole body, at night ; *night-sweat*."

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## MOSAIC FROM MY PRACTICE.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Populære Zeitung*, February 1, 1904.

### I. Calcarea Carbonica.

Without *Calcarea carbonica* I would not like to be a homœopathic physician; without it I would not like to undertake the cure of any case of chlorosis. In typical chlorosis *Calcarea carb.* is infallible, and it is of great value even in complications or in the so-called pernicious chlorosis, where even the largest doses of iron fail to act.

Miss L., a girl from the country, nineteen years of age, came to me on April 2d with headache, a pallid complexion, weariness and palpitation of the heart when mounting the stairs or making other bodily exertions. A striking feature were her white, well-preserved teeth, which she claims to have inherited from her father. Her headache sometimes appears as soon as she wakes up, though she sleeps well, and then it lasts all day.

In two weeks the girl had much improved. Her headache was gone, though for eight weeks before April 2d she had had it every day. She could perform her dairy work again, had increased in weight and had a better color. She had also been at a dance without ill effects. Of course, I had given also in this case *Calcarea carb.* But the third powder given contained *Sepia* and the fourth *Ferrum carb.* 12 D. Also the other remedies given were of this potency, four or five drops being poured into a tumbler containing fifty grams of water, two teaspoonfuls being given morning and evening.

An allopath will probably smile at these minute doses and will especially take umbrage at the use of the innocent and indifferent *Calcarea carb.* It is manifest that it is really the homœopathic method of preparing this substance which makes it effective; the same being true of quite a series of substances which in the eyes of non-homœopathists are considered as indifferent, *e. g.*, *Lycopodium*, *Carbo vegetabilis*, *Carbo animalis*, and even the mineral charcoal—*Graphites*. But since it has been an accepted fact that even the 200 C. of *Tuberculinum* still possesses properties which call forth medico-physiological, *i. e.*, pathogenetic symptoms, we should not be much astonished at success obtained with *Calcarea carb.* 12 D., although, of course, *Tuberculinum* cannot be considered as an indifferent substance. But, view it as we will, *Calcarea carb.* has positively curative virtues in chlorosis. But even if someone should say: "I also have practiced for forty years and used *Calcarea carb.* after the homœopathic method *without effect*," I would, indeed, be astonished, but my own personal experience would, nevertheless, remain unshaken, for it is founded upon a rock.

## II. Acidum Nitri.

Mrs. L. had a very troublesome affection of the mouth, the corners of the mouth where the lips join together being sore, with chaps and peculiarly coated with white mucus. In her country

fashion she drastically described it as a "sore mouth." Of course she attributed it to "acidity." It is peculiar how this soreness is affected by everything sour. She declares that even when she opens her barrel of sour gherkins the smell at once produces an aggravation, but the same also occurs on eating bacon or any pork. Chaps and tears on the lips are, indeed, always painful, but in this case there was a real radiation of intense pains from the proper seat of the affection in the corners of the mouth all the way up into the lower part of the eye.

An allopathic physician had prescribed an ointment with the comforting assurance: "That must help you;" but the prophecy was not verified by events, and the woman correctly concluded that the affection would have to be cured by internal remedies. This dyscrasy or "acidity" was only localized on the lips.

The correctness of the homœopathic treatment was further attested by the fact that another ailment belonging to the same category disappeared at the same time, namely, a sharp secretion from the pudenda, which had become very troublesome to the patient. Both these affections were cured by the use of *Acidum nitri* followed by *Arsenicum*. The *Nitric acid* I consider to have been the sovereign remedy, but I did not wish to omit the mention of the other remedy. We cannot always, as we should like to wait for the full effect of the one remedy, though this would be the more correct and certainly the more instructive way. I would like much to have the opportunity to make the pure and simple experiment.

There are, of course, several other homœopathic remedies for "acidity," and specially for this affection of the mucous membrane of the lips and mouth, which so frequently proves so obstinate. Next to *Acidum nitri* and *Arsenicum* I would mention especially *Graphites* and *Causticum*. The difficulty of healing this affection is increased by the fact that the sore places are always again torn open, and the small tears enlarged by opening the mouth and by eating.

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### KALI HYPERMANGANICUM IN DYSMEN- ORRHŒA.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
December 17, 1903.

In *l'art médical*, September, 1903, there is an article by Dr. Khoury (Beyrouth) drawn from the *Journal des Practiciens* in which *Kali hypermanganicum* is presented as a remedy most

efficient in a great number of cases of dysmenorrhœa. The preparations of *Manganese* in general have of late been used and lauded as equivalent to *Iron* or supporting and supplementing this remedy in the treatment of chlorosis.

Now, *Kali hypermanganicum*, which up to now has been used in the old school only as a local antiseptic, is among the preparations of *Manganese* introduced for internal application with chlorotic patients as an emmenagogue. Dr. Khoury reports the following five cases in which he used it with success:

1. A girl of 17, troubled with dysmenorrhœa from the first appearance of menstruation, the menses being always delayed, received *Kali hypermang.* twenty days before her menses were again due. The menstruation appeared at the proper time; the pains, which had always caused the period to be feared, were much lightened, but the quantity of blood remained minimal. The remedy was continued through the menstrual flow. In the following month there were no pains at all, the discharge was more copious and the blood had become red. In the third month the flow was perfectly normal, as also in the three periods that followed.

2. A girl of fifteen years old, who had for seven months been suffering from dysmenorrhœa, was on the 20th of January put under the same treatment. Twenty-five days afterwards the menses appeared with only slight pains. The blood was slightly reddened. Next month the pains were still less; the color of the blood was still pale, but the quantity was perceptibly increased. In the third month both the quantity and the quality of the blood were normal and the pains so insignificant that the case could be deemed cured.

3. A girl, aged sixteen years, had been afflicted with dysmenorrhœa for five months. The iron-pills prescribed at first she could only take for six days; then she received *Kali hypermangan.* The menstrual blood had always been red, but amounted only to a few drops; the pains were always moderate. After using it for twenty-two days no change could be noticed. The blood was always slight in quantity. In the second month there was no improvement, only that the pains had totally disappeared. In the third month the quantity was somewhat increased; but in the fourth month there was a decided success, the flow of blood being all that it should be.

4. A woman, twenty-two years of age, has been married for

five years and has ever since had dysmenorrhœa; she is childless. Anæmia of high degree. After using *Kali hypermangan.* for two months and a half the quantity and quality of the flow, which before had been extremely scanty, had become almost normal, though the anæmia was not cured.

5. A lady, thirty-two years of age, multipara, has had amenorrhœa for fifteen months, accompanied with the signs of a spurious pregnancy. It lasted eleven months and ended in expelling—nothing. After this time the abdomen and the breasts of the patient were sunk in, the colostrum dried up, the disturbances in digestion and all other ailments attendant on pregnancy disappeared. Only the amenorrhœa continued, and still continues to this day, in spite of all treatments. The author ascribes his failure to a very probable cause of the ailment, namely, to a high-grade nervousness, which refuses to be influenced by this remedy.

As to the *mōdus operandi* of *Kali hypermangan.*, it operates according to the author, as a salt of manganese directly on the blood-corpuscles, whose structure and biology it changes. It probably operates on the process of nutrition, on respiration, and on the chemical life of the blood-corpuscles, according to the oxidizing properties generally accredited to it. This ability established by biology is then also confined by clinical experiments.

But the remedy also acts as an emmenagogue in the proper sense, as has long been well known. The remedy is borne easily by the stomach, causing neither diarrhœa nor constipation. In only one case it gave a slight violet tinge to the urine. The author gives it in doses of between 0.05 and 0.30, mostly in the form of pills, without adding any other substance.

## FROM THE CLINIC OF THE HOMŒOPATHIC HOSPITAL, SAINT JEAQUES, PARIS.

Translated for the HOMŒOPATHIC RECORDER

### A Case of Putrid Diphtheritis.

A case of putrid diphtheritis—Injection of *serum*—*Mercurius cyanatus*—considerable albuminuria—failure of the heart—*Arsenicum*—*Cantharis*—cure followed by paralysis—electricity.

A girl, thirty-eight years of age, came to the hospital on February 1st. Being otherwise internally in good health and of a vigorous constitution, she had caught diphtheritis from a child in the house where she was serving; the child having died within forty-eight hours.

When received in the hospital, the disease had its characteristic appearance; she was pale, prostrated, had a temperature of  $103.6^{\circ}$ , with an extraordinary swelling of the cervical glands. Dyspnœa, a rough cough. The pharynx was stuffed up with the tonsils, which were much enlarged and covered with a false membrane. The microscope showed numerous "bacilli Lœffleri." The urine was scanty, 250 grammes in twenty-four hours, containing 6 grammes of albumen.

*Treatment.*—The patient had while at home received an injection of thirty cubic centimeters of serum. She now received in the hospital *Mercur. cyanus* 3, dilution, also injections of serum; on the evening of her reception, 20 grammes, a second one next day, a third one on the fifth day, and the last one on the sixth day. In the three last injections she received each time 10 grammes of Roux's serum.

On the fourth day the mother tincture of *Belladonna* in alternation with *Mercur. cyanat.* 3 was prescribed. But the disease would not yield; the temperature fluctuated between  $102.2^{\circ}$  and  $103.6^{\circ}$ ; but on the fourth day it sank to  $100.4^{\circ}$  and was never afterwards higher than  $102.20$ .

But the pallor, prostration, anorexia, the copious coating of the tonsils, and the severe swelling of the lymphatic glands continued. The urine was still scanty and there were eight grammes of albumen to the liter.

On the seventh day there was a remission, the temperature in the morning  $100.7^{\circ}$ , in the evening  $102.2^{\circ}$  and only once after that, *i. e.*, on the evening of the eighth day, it rose to  $102.2^{\circ}$ . After the ninth day it was always decidedly below  $100.4^{\circ}$ .

In proportion as the fever decreased the false membrane sloughed off and the glandular swelling diminished. The albuminuria remained at eight grammes—and now there was added paralysis of the velum palati: *Lachesis* 6.

The local condition on this improved strikingly, the false membrane grew rarer, the neck had almost receded to its natural size—on the tenth day. But the weakness was more pronounced; the pulse weak and small, the heartbeat dull and weak; death from syncope was to be dreaded: *Arsenicum* 3, twenty centigrammes.

On the eleventh day another symptom appeared; a polymorphic erythema, such as often follows the injection of Roux's serum. This continued until the seventeenth day, when it changed into articular pains in the knees, but not severe.

On the 14th, owing to the action of *Arsenicum*, the heart had

recovered, but the albuminuria remained, causing anxiety. The quantity of urine continued small, 300 to 400 grammes; albumen 8 grammes; though the specific gravity at 1.030 and presence of sixteen grammes of urea pro liter quieted the anxiety to some extent.

*Cantharis* 3 dil., twenty drops.

The next day, the fifteenth of her sickness, there was given only 300 gr. of urine, and 8 gr. of albumen. Dr. Jousset, therefore, prescribed the mother tincture of *Cantharis*, one drop. Next day an improvement set in; urine, 500 gr.; albumen, 6 gr.

On February 22d, the twenty-second day of the illness, after using *Cantharis* for seven days, the quantity of urine amounted to one liter and a half, while the albumen had receded to 0.30. On the twenty-sixth no more albumen could be found.

Still the paralytic symptoms increased. To the nasal sound in speaking and dysphagy, formication in the hands and feet and disability for the finer movements of the hands in sewing. The patient cannot walk without help. Sensitiveness to pressure in the parts paralyzed is considerably dulled. Still the muscles of the eyes were untouched, and the general state and nutrition was good.

*Gelsemium*, *Secale corn.*, *Nux vom.* and *Rhus tox.* brought no relief. Faradization quickly relieved the paralysis of the muscle of the velum palati. The limbs continued weak for some time and only gradually improved through the use of electric local baths.

So long as there was a pronounced albuminuria, the patient received milk, eggs and mashed potatoes; after it ceased, she received meat and wine.

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## BOOK NOTICES.

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Diseases of the Urinary Organs, Including Diabetes Mellitus and Insipidus. By Clifford Mitchell, A. B., M. D.

In this large work on diseases of the urinary organs Dr. Mitchell has set before his readers the results of fifteen years' practice, together with the observations of others in the same field. The book is at present the most complete of its kind in the English language. In addition to medical treatment reference is also made to the place of surgery in coping with these diseases.

Dr. Mitchell has not followed slavishly in the footsteps of German authorities, as is too often the case with American writers of

the present day, but has given attention to the work of English, French, Italian and American authorities as well as that of the indispensable Germans.

The book is full of references to the use of homœopathic remedies, more than one hundred of which are mentioned throughout the work in their therapeutic application.

The author has sought to bring before his readers all known methods of treatment for the obstinate cases so often met with in urinary disorders, in accordance with the definition of a homœopathic physician by the American Institute of Homœopathy.

The pathological classification of kidney diseases, on which so much depends, has been elaborated with care and clearness. There is no other therapeutic work in which the latest modern pathology is more fully treated.

The chapter on Diabetes Mellitus is a valuable monograph on this subject and the matter of management of these cases, in which Dr. Mitchell has had a very extensive experience, is carefully elucidated.

Among the features of the book which are of modern interest we observe, in addition to the pathology, reference to Senn's operation for movable kidney, Edebohl's operation for decapsulation of the kidneys, Acute Interstitial Nephritis, Uræmic Paralysis, Arterio-Sclerotic Nephritis, Hypernephroma, an extensive study of so-called irritability of the bladder with Bierhoff's observations, Ureteritis in the Female, the modern operations on the prostate, Cryoscopy, the Methylene-Blue test, and a number of original journal articles by Dr. Mitchell of practical value which are published in the appendix.

The book is in every way far superior to any of the author's previous works and will repay the careful reader.—*The Medical Visitor*.

**Are We to Have a United Medical Profession?** By Chas. S. Mack, M. D. 44 pages. Paper, 10 cents. Published by the author at La Porte, Ind.

The mission of this pamphlet is to define the particular cure of *similia similibus curantur* is the law, for the author admits which there are other laws and "unless the difference between that cure and other cures be recognized the next two thousand years of discussion will no more settle the real issue than the last two thousand years of discussion have done." It is an interesting pamphlet.

**Howe's Hand-Book of Parliamentary Usage.** 54 pages. 50 cents. Hinds & Nobles, 31 W. 15th St., New York City.

Open this book in the middle and you have by means of every leaf in the book being of a different length the whole contents at your instantaneous command. The slim little booklet gives you the necessary information as to how to run a meeting, and, incidentally, many good hints to those who aspire to be good and popular speakers.

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### HOMŒOPATHIC BOOKS ARE NEVER OUT OF DATE.

“Thirty-seven years ago there appeared a book on obstetrics, written by Dr. Henry N. Guernsey. It has been so popular that numerous editions became necessary, because of the constant demand for it; and it still retains its hold and is appreciated by the homœopathic profession as one of the best books, if not the best of all the works of this kind ever written. The objection that it is old and antiquated has not been of so much force as to make it unreliable as a source of therapeutical information; on the contrary, it makes it more valuable. Why should this be possible when the rule that any medical book ten years old should be laid aside as unreliable and antiquated has been almost universally observed? The answer is not difficult. We always retain our interest in the works of masters. Dr. Guernsey was a man of great ability. His book is filled with sound information, and is written in a manner that gives evidence of a master mind. Therefore it is read with pleasure by those who are able to understand it. But it is not only a literary curiosity, or a classic, that we read and respect because of the man who wrote it, or because of its literary worth; it is still an authority, especially if we come to questions of therapeutics.”

“But have not the therapeutic been revolutionized? If the followers of Hahnemann are called on to answer that question, they will say, ‘No!’ and they will be ready to add: ‘*And they never will be.*’ Can such an assertion be maintained as a fact? Yes, as far as the present practice represents the truth, the whole truth and nothing but the truth. Truth is unchangeable. The

therapeutics of the future will exemplify the truth; error must vanish. Therapeutical methods based on falsehoods may flourish for a time, but finally they must make room for those which are in accordance with the truth."

"There is one fact which we do not emphasize enough—namely, that Homœopathy has stood practically unchanged for more than a century. What changes there were have been those of development. When it began a law was presented. That is still unchanged. As time passed on there were, in accordance with this law, provings of various drugs made. The number of remedies thus proved has grown as the years passed by, but the provings are now as much an indication for their use as they ever were; and they never will change, because they are the truth. That is why the writings of Hahnemann, Jahr, Lütze, Ruddock, Hering, Guernsey, Hempel, and many others have not become worthless in a few years. Instead of that, these old volumes become more valuable as the years pass by."—*The Medical Forum*.

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### BOOK GOSSIP.

The manuscript of a new work by Dr. Homer I. Ostrom, of New York City, entitled *Diseases of the Uterine Cervix*, etc., has been given out by Messrs. Boericke & Tafel to their compositors. Dr. Ostrom's high standing in the profession is a guarantee of the excellence of his work. It covers the medical and surgical treatment of the diseases embraced in the title.

Bartlett's *Diagnosis* is a big book and the medical student is "up against it" when he tries to fathom that branch. To aid him in this branch of his studies, Dr. W. F. Baker, of Philadelphia, has prepared a "syllabus" of that work in the form of questions, the answers to which are to be found in Bartlett's work. It will be of immense aid to all medical students in passing their examinations. It will be sold at a very low price in pamphlet form. Publishers, Boericke & Tafel. Will be out before this number of the RECORDER is.

A new and enlarged edition of the *American Homœopathic Pharmacopœia* is in the binder's hands. Thirty-two remedies have been added to that excellent work, which follows the directions of Hahnemann and the provers, in preparing medicines.

A new edition, or, rather, reprint, of Henry N. Guernsey's *Obstetrics*—the fourth in the past fifteen years—has just been delivered to the binder by the publishers, Messrs. Boericke & Tafel. It lives by reason of its homœopathic therapeutics and no doubt is the most helpful book in print to-day on obstetrics.

One of the best known members of the "senate of seniors," when informed that Boericke & Tafel were reprinting the theoretical part of *The Chronic Diseases* for use of medical students, strongly endorsed the new work. "A man," he said, "cannot understand the principles of Homœopathy without studying that work and no man, who has made a study of it, will ever be anything else than a sound homœopathic physician." The book is all in type and will be out soon.

Bear in mind Dr. Perry Dickie's work, *Hay Fever, Its Prevention and Cure*, for the coming season if you have anything to do with that distressing malady.

Messrs. Boericke & Runyon have just published a neat catalogue of their books, in which each author is half-toned.

One of the most useful little books ever printed is Bradford's *Index of Proving*s. By reference to its pages you can tell at once whether any drug has been proved, who proved it and where the proving is to be found.

Fifteen years ago there were, so we were told, about two hundred and fifty sets of Allen's *Encyclopædia* unsold; to-day there are less than twenty, and in a comparatively short time that grand old work will be "out of print" and may well command a premium. One exceedingly strong point in this work is that every symptom given is accompanied with a key showing by whom it was reported.

In these days of card-indexes and condensations, when everything is boiled down—all very useful and even necessary in this day of rush and scramble—not every one appreciates the value of the work done by that grand old homœopath in his *Encyclopædia* and its successor, the *Handbook of Materia Medica and Homœopathic Therapeutics*. When these works are gone, what is there to take their place?

Before the new edition of Gross' *Comparative Materia Medica* was brought out a few years ago, second-hand copies in good order commanded as high as \$10.00 per copy.

# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.,

By BOERICKE & TAFEL.

SUBSCRIPTION, \$1.00, TO FOREIGN COUNTRIES \$1.24 PER ANNUM

*Address communications, books for review, exchanges, etc., for the editor, to*

E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

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## EDITORIAL BREVITIES.

THE DANGER IN FOOD PRESERVATIVES.—Dr. Brouardel, of Paris, spoke strongly at the Madrid Congress of Medicine of the dangers arising from the addition of antiseptics to wine, beer, cider, milk, syrups, butter, fish, preserved fruits and other commodities which are in daily use as food. It is well known that Salicylic acid, Salicylate of soda, Sulphites, Borax, Boric acid, Formaldehyde and a variety of other chemicals are employed to make the substance in question “keep,” the pretense being that they are used in such small quantities as to be innocuous. To this allegation Dr. Brouardel opposed two indisputable facts determined by analysis and experience—first, that the preservatives employed are used in far larger quantities than the users admit, and, secondly, that the continued consumption of alimentary substances containing these antiseptic materials, even in very small proportions, becomes gravely detrimental to the human organism, amounting in the long run to slow poisoning. Man’s constitution, he said, had not been made for the daily elimination of minute doses of poison.”—*Drug Topics*.

All this applies with especial force to unfermented grape juice when it is prescribed for invalids. Too much care cannot be exercised in this respect. Unfermented grape juice that will not ferment when given a chance is preserved with what Dr. Brouardel terms a “poison.”

BERI-BERI.—A correspondent of the *Homœopathic World* sent the following clipping from the *Daily Mail* concerning the disease “beri-beri:” “So closely does the beri-beri resemble some cases of arsenical poison that *Arsenic* has been cited as the cause of the disease, a theory seemingly finally disposed of by the fact that

*Arsenic* does beri-beri good." Therein is contained a proof of the law of similars and a hint to any one of our readers who may have cases of this disease to treat.

MEDICAL FANATICS. — The "Health" Officer of Calcutta, India, it seems is on the war-path against homœopathic dispensaries. Before the court he testified that "he did not recognize Homœopathy and that homœopathic medicines were very poisonous, and that homœopaths used large doses of poisonous medicines." All of which is flatly contradictory of his forebear's contention that homœopathic medicine is all "imagination"—a drop of the medicine diluted in the Pacific ocean.

It also illustrates the never ceasing grasping for power by official medicine, which would, if it could, be the beginning and the end of all things medical.

TYPHOID "GERMS" AND SEWAGE. — Professor Edwin O. Jordon, of the University of Chicago, asserts that sewage kills the "germs of typhoid," whereas in pure water the "germs" will live a long time. On this line of reasoning we ought to turn our sewage into the streams supplying us with drinking water. Bacteriology is a remarkable science—or, at least, some of its devotees are.

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## NEWS ITEMS.

Sixty-eight warehouses and properties belonging to Johns Hopkins Hospital were destroyed in the Baltimore fire. The income from these were over \$100,000 per year. The amount of insurance is unknown.

Dr. N. Emmons Paine, of West Newton, Mass., writes: "Some of the friends of Dr. Conrad Wesselhœft planned to celebrate his seventieth birthday, which will occur on the twenty-third of March. They found a general interest in the plan, and that many, outside of Boston and its vicinity, would be pleased to join them. They have planned a banquet and the presentation of a Loving Cup on the evening on that day, and have invited the profession to join them in showing Dr. Wesselhœft the high appreciation in which he is held for the long and valuable work he has accomplished. The occasion promises to be a noteworthy one in the history of Homœopathy in New England."

## PERSONAL.

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Castor oil for the diarrhoea of typhoid comes from the majority side. Doesn't that smack of "similia?"

It is reported that Russia said "dam ski" when Port Arthur was heard from.

*Corallium rubrum* is indicated when the "head feels very large." It needs reproving, for there are two kinds of large head.

The weigh of the coal man is sometimes light.

"Czaplewski has described small bacilli as occurring in the sputum of whooping cough cases." *Post-Graduate*: Now who is C——?

The weak spot in the dog is his implicit trust in man.

You can now obtain *Radium* 6x trituration from B. & T. What are its indications? Who knows?

Dr. Eugene Austin, of New York, says: "We have no occasion to apologize for Homeopathy. Homeopathy might often apologize for us."

Well, Mary, the torpedoes "thrown by the Japs" are slightly different from those you "used to throw on the Fourth of July." Yes, they are different.

"Should a man marry on less than a thousand a year?" Nine hundred would be a princely income to the street sweeper and he marries.

Can you rush the stationary business?

"Blood will tell," but the tale is not always a pleasant one.

The theoretical section of *The Chronic Diseases* in a separate volume ought to be welcome. It is really a companion volume to the *Organon*.

The melodious "Yalu" is a jewel of sound when compared with those words made up of Russian consonants.

"The pedagog read the decalog thru while walking the thorofare." That's said to be "reformed" spelling, but it doesn't look it—looks more like "escaped from Sing Sing."

After skimming through forty or fifty papers on pneumonia by ye "regular" one thinks of Babel where every man started a jargon of his own.

Every man has a creed, even those who deny the fact—that is, provided you do not believe in anything, even in your own wisdom, then you are without a creed.

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THE  
HOMŒOPATHIC RECORDER.

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VOL. XIX.

LANCASTER, PA., APRIL, 1904

No. 4

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FORMIC ACID.\*

By C. M. Boger, M. D., Parkersburg, W. Va.

To-day we take up the drugs containing Formic Acid as a constituent, they are principally *Apis*, *Formica*, *Vespa*, *Bombus*, *Pinus sylvestris*, *Medusa* and *Urtica urens*; there are others, but we will not notice them now; they all cause stinging, burning and nettlerash.

Plants and insects containing this acid have been used from the most ancient times and among primitive peoples for gout, rheumatism and loss of muscular power, being mostly applied as counter-irritating flagellations with nettles, or as stimulating embrocations made from ants; many authors mention it in one form or another as a sexual stimulant.

It has lately been shown that it probably plays the principal part in the production of rheumatism through the action of a ferment producing micro-organism.

We will take up the most important of these remedies first, *i. e.*,

*Apis*.

Œdema and its associated processes are indissolubly connected with our homœopathic *Apis*. Œdema is defined as a swelling due to the presence of serum in the areolar tissue; *Apis* produces this in all its phases, from the common nettlerash through giant urticaria even to fully developed dropsy.

All of you have seen the sudden rosy red swelling caused by a bee sting. In some cases this may be quite extensive, even involving the whole body; if it so happens that the poison quickly

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\*From a lecture by Dr. C. M. Boger at Pulte Medical College during the special course session 1903-04.

reaches the central nervous system it affects the vaso-motor nerves and the trophic centers, giving rise to symptoms of all grades of severity, and may cause sudden death; in the ordinarily severe cases there is a sudden cessation of digestion, with great epigastric distress, followed later by urticaria, often of the giant type, commonly called "bold hives," the angio-neurotic œdema of medical parlance; or the process may be reversed and the skin manifestations show themselves first, when the mistake of making external applications will usually cause a metastasis to some internal organ, mostly the stomach, but sometimes to the kidneys, heart or brain; you will bear in mind that affections involving both the digestive tract and the vaso-motor system are peculiarly liable to show these sudden manifestations in other organs or parts, when this takes place in hives, and such instances will not be uncommon in your practice, one or two doses of *Apis* 1m or cm will quickly remove the whole trouble.

This pictures the sudden form of œdema, but there is another type; after the sting the skin takes on a tint varying from a rosy pink to a deep scarlatinoid blush, intermingled with a miliary rash, and like scarlatina it often goes on to desquamation, at the same time the kidneys are involved, taking on œdema and later, if the patient survives, an acute desquamative nephritis follows, finally secondary dropsy closes the scene, so you see all of the pathological processes are of one piece.

Now dropsies as you know are apt to locate themselves within the serous sacks, the meninges, the pericardium, the pleura, the peritonæum and lastly the joints. From what we have said you will infer the primal usefulness of *Apis* to be in scarlatina, erysipelas, hydrocephalus, hydrothorax, ascites, Bright's disease, diphtheria, etc.

Sometimes the sting penetrates a lymphatic gland, then you will see a red streak slowly spreading from the infected point and know that you have to deal with a true tubular lymphangitis, the exact counterpart of certain most dangerous septic infections for which *Apis* has won great renown; the most similar remedies here are *Belladonna*, *Rhus tox.*, *Pyrogen*, *Lachesis* and *Crotalus hor.*

*Belladonna*: Particularly when the mammæ become infected through an abraded nipple, which as you know leads to serious trouble; there are cutting, throbbing pains, worse from any jarring of the part, while the pains of *Apis* have a distinctly hot sting

which is probably the most common of all pains in inflammation of the breasts.

*Rhus tox.*: When sepsis takes on a typhoid state or earlier when the patient is still chilly; on the other hand, the *Apis* patient is nearly always hot; all three remedies have streaks of inflammation.

*Lachesis*: When excessive hyperæsthesia and aggravation from sleep are present.

*Crotalus horridus*: When gangrene threatens and physical torpor predominates.

*Pyrogen* is hardly to be distinguished from *Rhus tox.*, in that it lacks much of the typhoid state, and if given right after the chill will in nearly all cases abort the whole process; this is particularly true of post partum septic infection; if you will give one or two doses as soon as you are satisfied that your labor case shows signs of having been infected through carelessness or otherwise you will generally save all further trouble.

But while we have been talking of the pathological aspect of its action little has been said that would enable you to choose *Apis* from among other remedies acting in a more or less similar manner.

The characteristic *Apis* patient has a rosy red nose and cheeks, with thick, heavy pouting lips, and is inclined to jealousy, with silly behavior especially during the menses; quite in keeping with this the sexual instinct is greatly heightened; like the bee, she is extremely excitable and nervous, with numbness of various parts, particularly the hands; this combination gives rise to a nervous awkwardness, causing her to drop things; she is continually breaking something.

The predominant sensations are those well known to you as the result of stings; there is sharp, stinging shooting giving rise to piercing outcries. In one case the person stung gave a piercing shriek and fell to the ground; this is followed by an exquisite soreness, rosy, often deepening into an erysipelatous redness, and then swelling so tense that in some parts like the eyelids it causes a stiff feeling; this is its primary and most valuable action, the later manifestations due to the prolonged infiltration and certain septic factors which finally manifest themselves as carbuncles, gangrene, etc., are secondary effects, therefore not as helpful in deciding the choice of your remedy, and you must in the nature of the case not expect as rapid results when using them as guides.

The sudden sting, which causes an outcry or shriek, has led to its use in hydrocephalus, which disease, as you know, has the "cri encephalique" as a marked symptom. Farrington lays particular stress upon its usefulness in tubercular meningitis, but as the same "cri" is present in anæmia of the brain, spurious hydrocephalus, tubercular meningitis and night terrors it will be just as well to be quite sure of your diagnosis and see to it that the general modalities fit the remedy before claiming miraculous cures from its administration; its action will be prompt in an inverse ratio to the amount of effusion present, as shown by the bulging of the fontanelle; nevertheless, sudden shrieks during sleep will help you clear up many cases of disease; after the symptoms of irritation have subsided and the disease slowly shifts to the paralytic (or pressure) stage *Apis* will be decreasingly indicated, but *Hellebore* may, perhaps, still save the little one if in addition to the general apathy and the paralyses which mark the disease there are present a frowning or corrugated forehead, chewing motions, and perhaps a sooty darkness just within the nostrils.

It is a right-sided medicine; the sore throat, erysipelas, paralysis, etc., first show themselves there; it also affects the right ovary most prominently; this distinguishes it sufficiently from *Lachesis*, with which it has many symptoms in common.

The *Apis* patient is very intolerant of heat; if her eyes are inflamed, which they often are, with everted lids and a general puffiness around them, she can't bear the heat and light of the fire and is much relieved by bathing them in cold water; if it is a case of diphtheria and the throat is so œdematous as to cause difficult swallowing and at the same time it has a glazed appearance, all hot food will be rejected and only cold drinks are craved. The heat of the bed or room is intolerable. the heat of the fire increases the chill and there is a desire to bathe the parts in cold water.

This remedy has not been proven as thoroughly as some others, and in the urinary sphere, upon which it expends much of its force, the proving is far from thorough; few cases where it is otherwise indicated will run their course without showing at first an increased quantity of urine due to primary irritation of the kidneys, followed by a decrease or even suppression; the dropsy following this has, of course, quite a different cause from the acute œdema which appears so suddenly after a sting; it is, therefore, in the nephritic complications of scarlatina, diphtheria, typhoid fevers, etc., that *Apis* has shown its principal power, for

they imply an irritation caused by the presence of a toxic substance within the body, and when the general conditions correspond the result of its administration will be brilliant.

It is interesting to know that just as the snake bites quickly and the bee stings suddenly so their venoms act with rapidity; suddenness characterizes their action, therefore the class of acute diseases to which they are suited includes the rapidly running types of acute toxæmias, scarlatina, diphtheria, erysipelas and septic infections generally, all of which, as you know, greatly debilitate and prostrate their victim, even in their very beginnings, and unless soon relieved a fatal termination is not far off; in all of them when *Apis* is indicated the prostration is so great that the patient slides down in bed (like *Mur. ac.*), involuntary evacuations occur and there is inability to protrude the tongue (like *Lachesis*, *Hysocyamus* and *Lycopodium*), or it has blisters on its edge; there is intense anxiety and the surface of the body is either excessively sensitive or there is a universal sense of numbness; moreover, if the blood infection is severe purple spots may appear on the skin.

With all this there will, quite unexpectedly, be a lack of thirst, one of the grand characteristics of *Apis*.

The fever of *Apis* comes at 3 P. M., like that of *Belladonna*, but otherwise the resemblance is not close.

We have for review then the six grand keynote of *Apis*, as follows:

1. Stinging pains which make the patient cry out and leave an exquisite soreness behind.
2. Absence of thirst, even during the fever.
3. Intolerance of heat, it even aggravates the chill. Can't bear a warm or close room.
4. Right-sided affections or those moving from right to left.
5. Rosy redness and œdema of the affected part. Dropsies.
6. Sudden onset in acute diseases.

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## PICRIC AND BORIC ACID IN BURNS.

F. G. Oehme, M. D.

An infant, of eight months, while rolling on the floor, put its right hand accidentally on a very hot stove. I saw the child soon after and found nearly the whole palm and fingers covered with

blisters. As the child was much excited, crying and struggling, I did not open the blisters, but dipped pieces of cloth in a solution of *Bicarbonate of Soda* and applied them to the blisters. The next morning I opened the largest blisters and removed some of the dead skin, and also during the next two days more loose pieces. Although the infant's hand had probably been in contact with the stove only a moment, yet there was a large part of the burn one of the second degree, on account of the very tender tissue of so young a child.

I made a solution of *Picric acid* in a proportion of one drachm of the acid to one pint of water and applied pieces of cloth dipped into it. As the child kept the hand clenched it was kept open by a splint to prevent contraction.

The child, with the exception of the first night and day, slept well six hours and more every night and frequently two and three hours during the day. It did not worry during the day or show signs of suffering.

At the end of the first week the fingers looked as if the acid had penetrated through their whole thickness and the little finger resembled a piece of amber. Fearing poisonous effects from absorption *Boric acid* was substituted for the *Picric*. The former was dusted on wet pieces of cloth and these applied to the hand. At the end of the third week the hand was healed without a scar or contraction.

The change of acids afforded an opportunity of comparing their advantages and disadvantages in burns.

The *effect* upon the burn seemed to be alike, as it healed with one acid as fast as with the other.

As *Picric acid* is readily soluble in water while *Boric acid* is not, the chance of *absorption* and *poisoning* from the former is therefore greater. Besides *Picric acid* is a stronger poison than the *Boric*. The U. S. Dispensary says of the former: "In some cases the external application causes a great deal of pain, especially in children; it produces vomiting, purging, jaundice, etc." We may add high temperature, even death.

The *yellow discoloration* of the wound by *Picric acid* is another objection. With struggling children it is still more objectionable, as the clothing gets spotted.

Soon after the occurrence of this case I happened to see in a large city hospital a man whose right arm had been burnt by a dynamite explosion. After the *Picric acid* solution had been ap-

plied for about a week a rash, resembling somewhat scarlatina in some places, appeared over the whole body with much itching, heat and turgescence of the skin, followed afterwards by a general desquamation in large patches. The attending physician for this reason substituted *Boric* for *Picric acid*.

*Picric acid* may, generally, be the better remedy of the two in burns, nevertheless in using it it is best to be on the watch.

*Roseburg, Oregon.*

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## IGNATIA IN A CASE OF INTERMITTENT FEVER.

By Dr. A. W. K. Choudhury.

Patient, Mâjér Ali Kahar, a Mohommedan, aged about eighteen years, came to dispensary for treatment of intermittent fever, from which he had been suffering for two weeks. His case runs as follows :

Type—Tertian.

Time—1 P. M.

Prodrome—Nothing mentioned.

Chill—Severe; *thirst*; headache; longer than heat which follows; body hot.

Heat—Severe; *no thirst*; *sleep*; sleep continuing till he sweats.

Sweat—Finds himself sweating when sleep ceases.

Apirexia—Complete.

Bowels open once daily; stool soft, insufficient, with bad smell, with occasional discharges of thread worms; urine red with no burning when passing; appetite wanting; taste in mouth saltish; tongue clean with two or three small cracks; sleep not good; bad smell of mouth; pain all over body since yesterday, pain in right thigh, upper part outer aspect, since day before yesterday; the painful part of the thigh is a small circumscribed spot. No pain on percussion on right hypochondrium and epigastrium.

Was given *Ign.* 6, one dose. Diet: *K'hoi* and milk. Bathing not allowed.

2-11. No fever yesterday, one stool yesterday; no stool today; urine red; appetite good; sleep better; taste in mouth no longer saltish, but normal; no bad smell from mouth; pain all over body but less; thigh-pain much less.

2-12. No more fever; no more pain all over body; no more pain of the upper part of the right thigh; one insufficient stool

yesterday; no stool to-day; urine red with no burning; appetite good; sleep good; taste in mouth good; no more bad smell of mouth; no complaints of fever; pulse weak and small; tongue clean with cracks.

Repeat one dose.

2-13. No more fever; one stool yesterday; urine increased and not colored; appetite good; sleep good; taste in mouth insipid.

Placebo.

2-14. No more fever; going on well.

*Result*—Recovery.

*Remarks.*—Here is another case of intermittent fever treated homœopathically where the first dose stopped the fever. See once more the wonderful efficacy of homœopathic medicine in the treatment of a case of intermittent fever, the first dose putting a stop to the fever. Quinine may put a stop to the fever of an intermittent fever case by the first dose of gr. v, x or xx, but that will not cure the case, more doses will be required to be used as a tonic.

By the above I don't pretend to mean that all cases of intermittent fever (of course I understand it to be a rather big class comprising all sorts of fever, complicated, simple, malarious, misformed by the administration of quinine or other medicines) are cured by the first dose. In one of my former papers I had stated that almost three-fourths of the cases are recovered by the first dose, fever ceasing not to appear again after first dose. I invite you, my dear reader, to spare an hour per month to publish your cases of intermittent fever, treated homœopathically, in the HOMŒOPATHIC RECORDER. To some it may be a shame to publish cases of intermittent fever treated homœopathically or otherwise in any medical journal, considering this below their dignity. As it happens, doctors prefer to publish queer and complex cases, as if these only contain new things to engage the mind of the public; but, dear doctor, is there nothing new in the green grass blade of the roadside, trampled under feet every moment, to wake up curiosity? Observe with a searching eye and you will see everything replete with curiosity and wonder. There is nothing insignificant in the creation of the Creator.

Every different case of intermittent fever (which may be considered very insignificant by some) would surely add something new to your store house of knowledge if you pay attention and study it thoroughly and properly.

You may ask why *Ignatia* was given in the case? *Thirst only in chill, sleep in heat* and the *pain on right thigh on a small spot* (circumscribed) led me to select *Ignatia*.

*Magura P. O., Dist. Jesor, Bengal, India.*

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## FICUS RELIGIOSA. PROVINGS AND THERAPEUTIC PROPERTIES.

By Sarat Chandra Ghose, M. D., Bhowanipore, Calcutta, India.

Author of "Cholera and Its Cure" and "Plague, Its Prevention and Homœopathic Treatment;" Corresponding Member of the French Homœopathic Medical Society, Etc., Etc.

### *Ficus Religiosa.*

*Indian Name*—Ashwathya.

*Habitat*—India.

*Parts Employed*—Fresh leaves.

*Time of Collecting*—June to August.

#### Proving No. I.

Prover: Sarat Chandra Ghose, M. D.

Age: Twenty-six at time of proving.

I was as healthy as could be expected. I took forty drops of the tincture of *Ficus Religiosa* in one dose. The result was I had a frequent desire to micturate. The urine contained blood in an abundant quantity. I had also an inclination to cough which caused me to spit blood. A slight, dull headache was present; giddiness and nausea troubled me; the sight appeared to be dim; "I was very weak and restless." No other symptom appeared in my own case. I took the tincture three drops every two hours, and after the third dose, the symptoms vanished.

#### Proving No. II.

Prover: My wife.

Age: Seventeen.

My wife took the tincture in twenty-drop doses repeatedly throughout two days. On the third day dysentery and menorrhagia set in simultaneously; the blood was bright red; she had slight headache, very weak and restless, the sight was dim, burning at the top of the head appeared, the face became yellowish,

difficulty in breathing existed, became sad and melancholy, with the profuse discharge of bright red blood; there were bearing-down pains in the lower part of the abdomen.

“It is remarkable that the same treatment (minute doses of the same remedy) was effectual in arresting the effects of the drug.”

### Proving No. III.

Prover: A dog.

I gave the animal forty drops of the tincture one morning. The dog was perfectly healthy when the tincture was administered. No result followed that day and the dose was repeated next morning, and the animal commenced and continued to vomit blood of a bright red color. It kept quiet and was very unwilling to move. I gave it five drops of the tincture in one dose. Two more doses were required to stop the vomiting.

### Leading Uses.

It is used with success in the following diseases:

- (a) Hæmatemesis.
- (b) Hæmaturia.
- (c) Menorrhagia.
- (d) Metrorrhagia.
- (e) Hæmoptysis.
- (f) Dysentery mixed with blood.
- (g) Bleeding piles.
- (h) Epistaxis.

Let me now quote the following from Dr. J. H. Clarke's monumental work—*Dictionary of Practical Materia Medica*. (Vol. I, page 779-780).

### Characteristics.

We owe this remedy to Dr. Sarat Chandra Ghose, who made the first proving and thereby discovered its power to cause and cure hæmorrhages of many kinds. Dr. Ghose kindly sent me a supply of the remedy, and I have had very satisfactory results with the 1x potency in controlling menorrhagia. \* \* \* \*  
Dr. Ghose relates some striking cases cured with the remedy—dysentery, hæmatemesis, hæmorrhage of typhoid, bleeding piles, and epistaxis.

RELATIONS.—*Compare: Acalypha, Ipec., Arnica, Phos., Sanguinaria, Cactus, Ferrum,* etc.

**Symptoms.**

*Mind*—Quiet and disinclined to move—sad and melancholy.

*Head*—Nausea, vertigo and slight headache (with hæmorrhages). Burning at vertex.

*Eyes*—Sight dim.

*Nose*—Epistaxis.

*Face*—Became yellowish.

*Stomach*—Vomiting of bright red blood.

*Abdomen*—Bearing-down pains in lower part of abdomen.

*Stool and Anus*—Dysentery, with menorrhagia. Dysentery, blood bright red.

*Urinary Organs*—Frequent desire to micturate. Urine contains much blood.

*Female Sexual Organs*—Menorrhagia, bright red blood, bearing-down pains in lower abdomen.

*Respiratory Organs*—Difficulty of breathing. Inclination to cough, causing him to spit blood.

*Generalities*—Very weak and restless.

**Clinical Cases.**

CASE NO. I.

The eldest daughter of Babu Jamini K. Mukherjee, a police officer, was suffering from chronic dysentery from her very cradle. The stools contained blood. Not a single stool was without it. She was placed under the treatment of skilful physicians, but no perceptible improvement was wrought by their prescriptions. Her condition was indeed serious. She was reduced to a mere skeleton. What the feelings of the parents were under the load of this calamity that had suddenly fallen upon them can better be imagined than described. I took the girl under my treatment when her life was in a precarious condition. I gave her *Ficus Religiosa* in one drop dose every four hours. The result was beyond my expectation. The stools became normal within fourteen hours.

CASE NO. II.

A friend of mine was suddenly attacked with a violent type of hæmatemesis. The vomiting of blood was generally preceded by coldness in the extremities, heat and heaviness at the epigastrium, pallor of the face, oppression, fainting, ringing in the ears, vertigo, loss of appetite and prostration. More often the vomit-

ing occurred after intervals of several hours. I administered *F. Religiosa* to the patient. The medicine acted like magic to nip the malady in the bud and offered a cure as instantaneous as radical. The patient regained his former vigor and rose-bud of health within a short time.

## CASE NO. III.

An old woman was attacked with typhoid fever. She was attacked with bronchitis while the fever was disappearing. Her weakness was so very great that she could not expectorate the mucus secreted. The stools contained much blood and spitting of blood was present. She was very sad and despondent. Dimness of sight was present. Difficulty of breathing existed. Burning sensation at the top of the head was felt. The face was very pale.

I prescribed *F. Religiosa* in drop doses and to my great surprise all the sufferings vanished in an incredibly short space of time.

## CASE NO. IV.

Babu Hira Lal Ghose was suffering from long-standing dysentery. He was very sad and melancholy; there was vertigo; the breathing was difficult; the stools were full of blood and mucus. I prescribed *F. Religiosa* in drop doses every four hours. He was cured in a week's time.

The above cases are reproduced from my note-book and these cases were placed under my treatment while I was practicing at Midnapore, Bengal.

## CASE NO. V.

Babu H. N. Naug was suffering from epistaxis. Profuse epistaxis of bright-red blood was present and the bleeding was preceded by nausea; the face was yellowish; the sight was dim; the breathing was difficult; the patient was very weak and restless. I prescribed *F. Religiosa* 3x every four hours. The patient was all right within fourteen hours.

## CASE NO. VI.

Babu N. C. Ray was attacked with hæmatemesis all of a sudden. Several allopathic doctors were called in, but nothing could arrest the disease. The patient was placed under my treatment on the fifth day. The following symptoms were prominently marked :

*Mind*—The patient could not endure the slightest noise; the patient was very quiet and sad.

*Head*—Headache was present with giddiness.

*Eyes*—The sight was dim; the pupils were dilated.

*Ears*—Ringing in the ears was present.

*Face*—The face was yellowish.

*Mouth*—The tongue was white—copious secretion of saliva was present.

*Appetite*—Want of appetite; great repugnance and dislike to all food.

*Stomach*—Vomiting of bright-red blood, preceded by nausea; horrible indescribable pain and sick feeling in the stomach.

*Respiratory Organs*—Difficulty of breathing; inclination to cough, causing him to vomit blood.

*Pulse*—Very weak pulse.

I prescribed *F. Religiosa*  $\text{ix}$  every hour until the vomiting of blood was stopped. The patient came round within two days.

CASE NO. VII.

The wife of Babu P. K. Bānerjee was suffering from hæmoptysis. Expectoration of blood-streaked mucus, or spitting of bright-red blood took place every now and then, preceded by nausea; headache and vertigo existed; sadness and despondency were present; burning at the top of the head; the breathing was difficult and oppressed; the face was pale; the pulse was slow and weak.

I prescribed *F. Religiosa*  $\text{ix}$  every three hours. Only six doses were required to bring about a complete cure.

CASE NO. VIII.

WOUND.—The son of Babu Gispati Ray Choudhuri fell accidentally upon a sharp-cutting instrument and a wound was made upon his right thigh. The bleeding was very profuse. It was so profuse that no allopathic medicine could arrest the hæmorrhage. I prescribed *F. Religiosa* to be applied externally and the hæmorrhage disappeared within ten minutes.

CASE NO. IX.

WOUND.—The daughter of Mati Lal Ghose fell upon a sharp-pointed instrument. The result was that a very deep wound was made upon her left hand. Blood began to flow as if from a hydrant. *F. Religiosa* was applied externally and the hæmorrhage was arrested immediately.

## CASE NO. X.

CUT.—My daughter had a cut on her left arm. I was not at home when the accident took place. An allopathic physician was called in. He prescribed *Tincture of Steel* and other medicines and nothing was strong enough to stop the bleeding. I came back after four hours of the accident. I applied *F. Religiosa* externally and the bleeding was instantaneously stopped.

These are facts which can be verified by any doctor if he has a mind to do so. Its power to arrest the progress of hæmorrhage was so speedy that I was tempted to call its action *magical*.

## DRY POINTS VERSUS GLYCERINATED VIRUS, FROM A BACTERIOLOGIC STANDPOINT.\*

By M. J. Rosenau,

*Passed Assistant Surgeon and Director of the Hygienic Laboratory,  
U. S. Public Health and Marine Hospital Service.*

Is glycerinated virus superior to the dry point; that is to say, granting equal immunizing power from the two forms of virus, is the one freer from impurities than the other?

The answer to this question resolves itself almost entirely into a bacteriologic study of the numbers and kinds of micro-organisms that contaminate vaccine virus and a comparison of those found upon the dry points with those found in the glycerinated pulp. Clinical results cannot be depended upon to settle this question, because infected "takes" may result from other causes than a contamination of the virus.

Vaccinia is a specific disease the cause of which has not been determined. We are, therefore, working somewhat in the dark. We are compelled to vaccinate our patients with a virus containing micro-organisms other than those causing vaccinia. The importance of using a virus as pure as possible need not be emphasized here, for we do not want to inoculate our patients with any other infection than the one which protects the individual against small-pox. It is on account of this danger that human virus has been discarded in so many countries, despite the fact that human virus is superior to all other forms so far as the reliability and duration of its immunizing power is concerned.

The production of bovine virus by propagating it from heifer to

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\* From Annual Report of the Surgeon General of the United States.

heifer is credited to Negri, of Naples, about 1842. It took some years for the advantage of this virus to be appreciated, although practically no other kind is now used in the large communities of Europe and in our own country. The great advantage of bovine virus, in addition to the ease with which it may be procured, is that it absolutely eliminates the possibility of the transmission of syphilis and other infections to which the human family are liable.

Now, although the bovine virus is free from the danger of conveying the infectious diseases peculiar to man, it is liable to other equally undesirable contaminations. For instance, in addition to the micro-organisms that are specific for vaccinia, it contains the pus cocci that the bacteria live normally upon and in the skin of the animal, and these micro-organisms always contaminate bovine virus. It must be evident to anyone who watches the propagation of bovine virus that even the greatest care will not insure its freedom from "foreign" infections, particularly those of the dejecta and the stable. In order to eliminate this danger Dr. Monckton Copeman, in 1891, devised the method of making the pulp with sterile glycerin of first quality. The advantages which Copeman claimed for the glycerin was that it not only prevented the growth and multiplication of the bacteria always found in bovine virus, but gradually destroyed those which were present.

Glycerin can hardly be dignified with a place among the antiseptics, although that is the object of adding it to vaccine virus. Bacteria are killed slowly by glycerin, just as they are killed by drying, for the glycerin is supposed to cause death by a process of slow dehydration. So feeble is it that it requires eleven days to kill streptococci and twenty days to kill diphtheria bacilli. Germs with thicker envelopes resist it indefinitely. It has no action upon endogenous spores at all; in fact, it is a preservative of such infections as tetanus, malignant œdema, and the like. As common and readily destroyed an organism as *Staphylococcus albus* may live seven months in glycerinated vaccine virus. It is well known that in diluted form glycerin is a very favorable culture medium.

The effect of mixing glycerin with the virus is to destroy gradually both the bacteria and the vaccine, but fortunately the ordinary pus cocci and nonsporulating bacteria generally succumb before the viability of the vaccine organism is destroyed, and therefore there is an interval when the glycerinated virus will still cause a typical "take," but will contain comparatively few for-

eign micro-organisms. It is evident that if the glycerinated virus is used before this interval it has no advantage over the dry point, and if used after this interval it is inert. Therefore, from a theoretic standpoint, glycerinated virus should be freer from impurities if used just at the right time. Manufacturers state that they usually glycerinize the virus from four to six weeks before putting it on the market.

The dry points, on the contrary, are sold as soon as made, and, if kept in a cool place protected from the light, probably remain viable a longer time upon the average than the glycerinated virus under similar conditions. It is well known that pus cocci and the other bacteria which frequently contaminate vaccine virus die quickly when dry. On the contrary, the same bacteria live a comparatively long time in dry vaccine virus, probably on account of the protection of the albuminous matter in which they are embedded.

With these facts in view we conducted bacteriologic studies of vaccines in order to determine whether the glycerinated virus as sold to the physician is freer from impurities than the dry points. Samples were purchased in the open market, care being taken to buy unbroken original packages from reliable pharmacists who keep the product under proper conditions of light and temperature. The samples were always examined before the time limit, as stated by the manufacturer, expired.

Without going into the details at this time of the technic employed, I will only state that the virus was suspended in a measured quantity of sterile bouillon and agitated so that all the clumps were broken up and as nearly as possible a uniform suspension obtained. The dry points were first softened in the bouillon about an hour and then rubbed clean, always using the usual bacteriologic precautions to prevent any contamination from the outside. The glycerinated virus was mixed with the measured quantity of the bouillon and the capillary tube washed out by drawing the liquid in and out of the tube a number of times. The mixing was done in test glasses of appropriate size and the mixture thoroughly agitated.

This suspension was now planted in agar and plated on petri dishes. No less than three plates were made of each point or capillary tube, 1 or 2 drops of the suspension being planted in the first plate, 5 or 10 drops in the second, and the total quantity remaining into the third plate. In this way the figures give an

accurate count of all the colonies that grew from each vaccine examined.

The plates were grown in the incubator at 37° C and the counts made upon the third day. The counts must not be taken to represent the absolute number of organisms present in vaccine virus, for the virus consists of an inflammatory product very variable in its physical characteristics. Upon dry points it coagulates into a hard film, soluble with difficulty, and mixed with glycerin it always contains little masses, flakes and particles agglutinated together, that hold enmeshed the micro-organism. It is practically impossible to ultimately break up these masses. Therefore the suspensions are not uniform and the counts we make are only an approximation. Micro-organisms have a well-known tendency to group or cling together, so that every colony upon an agar plate does not represent one microbe. The figures, as given below, are misleading only in that they give an underestimate of the number of organisms contaminating vaccine virus, and therefore some of the results, as bad as they are, do not fully represent the actual conditions.

Of the 92 samples counted from 8 manufacturers, 41 were dry points and 51 glycerinated. The results are summarized as follows:

(Here follows detailed report of each specimen examined.—  
Editor HOMŒOPATHIC RECORDER.)

The capillary tubes containing glycerinated virus vary considerably in capacity; some hold ten and fifteen times as much as others. This fact partly explains the discordance in some of the figures, but is not sufficient to justify the marked discrepancy which we have found existing between tubes from the same package and bearing the same laboratory number as given by the manufacturer.

These studies were not made so much to determine the bacteriologic possibilities of glycerin as to determine the purity of this form of vaccine matter as sold to the physician upon the open market, compared to the dry point. For this reason samples were purchased from time to time without announcing our intention. These samples were sometimes examined at once and sometimes kept until the time limit as stated by the manufacturer had nearly expired, which partly explains the apparent irregularity of some of the figures.

The number of bacteria have little significance if they are all of a harmless variety; we, therefore, conducted a series of investiga-

tions to determine the kinds of micro-organisms found in vaccine. As already mentioned in the above tables, various micrococci of suppuration have been isolated from both the dry points and the glycerinated virus. We have also found several short rods, very virulent for laboratory animals, belonging to the hæmorrhagic septicæmia group in the dry points.

We have examined a great number of tubes and points for tetanus, but have been unable to discover this organism. These studies are still in progress, and will be made the subject of a subsequent communication.

We believe the impurities found in the glycerinated virus upon the market are largely due to an over-confidence in the germicidal value of glycerin; operators become careless of contamination, trusting to the glycerin to purify their product. We know glycerin is too feeble in its properties to purify vaccine matter which has initial contamination such as our work indicates.

Before concluding, I desire to acknowledge the work of my colleagues in the laboratory—Dr. Grubbs, Dr. Francis and Dr. Parker, of the Marine-Hospital Service, who made all the counts and otherwise assisted materially in the preparation of this paper.

#### SUMMARY.

Of 41 dry points examined we found an average of 4,807 bacteria per point.

Of 51 glycerinated tubes and capsules we found an average of 2,865 bacteria per vaccine. This is in excess of what a good glycerinated virus should contain.

This difference in numbers does not justify the confidence placed in the glycerinated virus over the dry points as found upon the market, judging from the limited number of counts made.

So far as the kinds of organisms are concerned, we found pus cocci in both the dry points and the glycerinated virus.

We think we have demonstrated that some of the glycerinated virus on the market is "green"—that is, not kept a sufficient length of time before it is sold.

From our studies we have concluded that we ought not to discredit glycerinated virus, for we consider the superiority of the virus amply demonstrated, but to condemn the practice of manufacturers who place an unripe product on the market.

Much of the vaccine sold must have a high initial contamination to contain an average of 2,865 bacteria per tube, and it is evident too great a reliance is placed upon the glycerin.

## A NEW HOMŒOPATHIC HOSPITAL.—THE IROQUOIS MEMORIAL.

From Chicago *Evening Post* we learn that Chicago is to have still another strictly up-to-date hospital—a memorial to victims of the Iroquois Theatre fire. It is to be built on the West Side at a cost of \$500,000. It will be constructed at the northwest corner of Hermitage avenue and York street in connection with the Chicago Homœopathic College. It is to have all of the most modern appliances and accommodations for the care of the sick and is to be managed by a board of trustees composed of ten leading citizens in business and professional circles. This plan is distinct from the one recently urged for an emergency hospital in the downtown district.

The heaviest contributors to the new hospital are W. M. Hoyt, the wholesale grocer, and R. T. Crane, of the manufacturing concern that bears his name—both of whom lost relatives in the Iroquois fire.

Mr. Hoyt's daughter and grandchildren—Mrs. Emily Hoyt Fox and daughter, Emile Fox, and her two sons, George S. and William Hoyt Fox, of Dover, Del.—were killed in the disaster. They were visiting at the Hoyt home and attended the presentation of "Mr. Bluebeard" on the fatal December afternoon. The death of the members of his family rendered the husband and father, Morton Fox, a nervous physical wreck and he died a few days ago at his eastern home.

Two grandchildren of R. T. Crane—the children of A. F. Gartz, treasurer of the Crane company—were killed in the Iroquois Theatre catastrophe.

The new hospital building, which is to be the most complete in the West, has been designed by Holabird & Roche, the architects, and it is planned so as to be absolutely fire-proof. No efforts have been spared to make the new hospital the most convenient, practical and sanitary of any in existence.

The new hospital will be constructed and managed by a board of trustees which has at its head John C. Fetzer, formerly the manager of the McCormick estate and confidential adviser of the McCormick interests, and at present managing receiver of the Union Traction and underlying companies. County Judge Carter, Probate Judge Cutting, West Park Commissioner Edward H.

Peters, who is treasurer of the board; F. F. Bullen, Alderman Luther Friestedt, Dr. E. J. George, Dr. N. B. Delamater, Dr. W. M. Stearns, who is secretary of the board, and Dr. M. B. Blouke, who is chairman of the hospital committee, are members.

LAND GIVEN BY W. M. HOYT.

The ground on which the new hospital will be built was contributed by W. M. Hoyt, who some time ago expressed a desire to devote a part of his fortune to some memorial which would be of service in the care for the sick and injured. A similar desire was expressed by a member of the Crane family immediately after the theatre fire which cost nearly 600 lives. Those who are connected with the faculty of the Chicago Homœopathic College were not slow to take advantage of these sentiments, and immediately sought to interest Mr. Crane and Mr. Hoyt in the project to erect a strictly modern hospital on the West Side.

The architects were given instructions to spare no time and expense in investigating modern buildings used for the care of the sick in the East. After assimilating all the information and studying carefully the purposes and necessities of such an institution as the benefactors of the Chicago Homœopathic Hospital seek to construct, they have designed a building embodying all the best features known in any hospital, so far as the site, lot and conditions will permit.

The building is to be eight stories high to the main cornice; to have a large solarium on the south side and a series of private operating-rooms, with all their various appurtenances, and ante-rooms facing north, forming an attic at the eighth story, superimposed above the cornice. The architectural style chosen is Italian renaissance, treated in a free but simple and bold manner.

The hospital is to accommodate 150 to 180 patients, most of whom will be put in private rooms, there being a number of wards (of five to seven beds) for children and charity patients. There will be an out-patient department, as now at the college.

The building is to be absolutely fire-proof, and it is hoped to make it germ-proof and as absolutely sanitary as human ingenuity can devise. It will be heated by direct and indirect radiation, and will have a ventilation system by fans—separate for toilet and service rooms; refrigeration by brine system; water filtered and distilled; garbage crematory; hydraulic elevators for patients and attendants.

BASEMENT AND FLOORS.

In the sub-basement will be the boilers and pumps, heating and vent fans, ice machine, water sterilizers, engines and dynamos. In the basement will be the emergency, examination and operating room, sanitarium, with electric spray and Turkish baths; gymnasium, kitchen, serving-room, refrigerators, laundry and fumigators, storeroom and workrooms, and X-ray laboratory.

The first floor is devoted to administrative offices, patients' waiting-room, examining-room, superintendent's living rooms, house physicians' and house surgeons' sleeping rooms, internes' rooms, lecture-room for nurses' training operating amphitheater, with its accessory anæsthesia, recovery, sterilizing instrument and surgeons' dressing and locker rooms.

The second and third floors will have a number of men's and women's free surgical and medical wards, containing seven beds each; also a free maternity ward of ten beds. The fourth, fifth and sixth floors will be arranged for private patients, and so planned as to suit the various requirements of the patients. The seventh floor is to have special arrangements for the care of children, both in wards and private rooms

The eighth floor will embrace solarium and private operating rooms. Over the York street ring there will be a large solarium connecting with a promenade on the roof, with awnings, sheltered seats, etc. On the north side, will be the operating rooms and the various rooms belonging to them.

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WITH RESPECT TO RADIUM.

Dr. F. Cartier, of Paris, in the *Revue Homœopathique Française*, February, 1904, says that *Mr. Curie is the son and also the grandson of homœopathic physicians*, and asks, "*Will Radium advance the cause of Homœopathy?*"

The whole world, he says, is at present turned upside down by the late discovery of radium, due to Mr. and Mrs. Curie. After the Roentgen rays there was nothing left but to discover vitality in mineral matter, a source of heat in a substance without life, radio-active effluvia in an inert body, which does not become exhausted. Everybody is now searching his mines to see whether he cannot find there some trace of this metal more precious and more expensive than the diamond.

Though Mr. and Mrs. Curie, totally absorbed in the labors of their laboratory, do not in any way occupy themselves with medicine, we can nevertheless say with a certain pride that the father and the grandfather of the discoverer of radium were homœopathic physicians. Our obliging and distinguished colleague, Dr. Depouilly, who has the great honor of being first cousin to the chemist, has been kind enough to furnish us with the following information as to the genealogy of this family:

Grandfather Curie, a French physician originally from Alsatia, after having practiced for some time in France, was attracted to England about the time that Homœopathy began to spread. He continued to live in England, devoting his care to a large circle of patients, owing to which he accumulated quite a fair fortune.

His son, the Dr. Curie of the second generation, the father of the present distinguished savant, remained in France, where he also practiced Homœopathy. He was established in the Quartier St. Germain, but not having the same aptness as the grandfather, and having more taste for scientific researches than for medical practice, after some years of practice he accepted the post of Inspector of Nurses in the Departement de la Seine, which post was offered to him by one of his political friends, and which he still holds.

Dr. Curie, the father of the savant, is still living at Fontenay-aux-Roses, near Paris, and is about sixty-five years of age; his name is well known to homœopaths for he made experiments with *Bryonia*, *Chloride of Gold*, and especially with *Drosera*. About the year 1868 *l'Art Médical* and the *British Journal of the Homœopathic Society* published the researches of Dr. Curie concerning *Drosera*. The father of the discoverer of radium had poisoned some cats with *Drosera* and had demonstrated the existence of an inflammation on the pleural surface of both the lungs. At the time it was thought that consumption might be cured with *Drosera*, but its use in this malady has proved only palliative.

As to the celebrated chemist and his no less remarkable spouse, as mentioned above, neither one is occupied with medical studies, they being solely chemists or physicists.

The family lives with the father at Fontenay-aux-Roses, and Mr. and Mrs. Curie, who are ardently devoted to the wheel, may frequently be seen cycling from their country home to their laboratories. This distinguished lady comes from Varsovia, in Poland, and made the acquaintance of Mr. Curie during her

studies of chemistry in Paris. They were attracted toward each other and married, forming thus a new Franco-Russian alliance.

As to radium, which overturns the accepted data as to the nature of bodies—will this tend to overturn modern therapeutics? Will there be found in it the remedy which cures all, the universal panacea, the warrant for a long life? There is already some talk of its curing cancer, of the restoration of sight to the blind, etc., etc. It would be childish to give one's opinion at the present time, nevertheless it is well to remember that when electricity was discovered, which by some was pompously styled the vital fluid, it was thought that the remedy for suffering humanity was found, nevertheless, after a century of existence and of constant development, electricity now occupies only a restricted field and will never occupy more.

The X-rays have not as yet overturned therapeutics to so great a degree, still curious applications are made of it in certain diseases; they are certainly new and useful additions to our therapeutical armory, which take hold and occupy their place beside the ancient methods.

What now will radium do? Will it cure cancer? That may be so where the cancer is superficial; it may act like caustic, for momentarily it is especially consuming before it exercises its calming influence.

By putting radium before the eyes of the blind, will we be able to make him see? This is about to be attempted.

Finally, to arrive at the point which interests us particularly: Will it turn away the public attention from our doctrine, or will it serve our cause? The general public will say without hesitation: The new discoveries, it is true, will make ancient lore seem more old, but the future alone can clear up a new point.

What will be said if radium comes to prove that there is an immaterial part in matter, or at least that there are still other bodies in existence outside of matter and beyond it? Substances which yesterday were as yet inert now send forth radio-active effluvia. A particle of radium in the laboratory, isolated from other objects by a thick tube of quartz, overturns the most precise instruments. The loving needles become foolish! no electrical apparatus performs its functions with regularity! This body develops radio-active rays, gases without chemical reaction, heat and light without any apparent exhaustion! Is there then beyond matter something new and unknown? This fact ought not to pass unperceived by

the eyes of homœopaths, who, with all the strength of their conscience, believe in the action of infinitesimal doses. Will radium enable us to prove that beyond matter there is still something else? Will this discovery, which seems about to snatch away a part of therapeutics from the ancient methods, serve the cause of infinitesimals?

Let us take the matter as it stands: Under the name of radioactive rays, or effluvia, we designate a spontaneous force which at present shows its maximum intensity in radium; but that point which establishes the grandeur of this discovery is, that radium is not alone in possessing this quality; uranium, polonium and rhallium, are equally radiferous, *i. e.*, they have the power of sending forth rays. Even bodies not radiferous of themselves become so temporarily under the influence of radium; such bodies are bismuth, glass, etc. There is some hope that this radiferous power may be found in a greater or lesser degree in all bodies, even the most common, such as copper. This is a discovery of life on the most material plane, even in the stone itself, paradoxical as it may seem. This material world, this mineral kingdom may perhaps explain to us, what the vital effluvia are, the nature of the human organism and its radiations, the cases of telepathy, the communication of thought at a distance, hypnotism, animal magnetism, etc., all of them matters established in the case of some rare personages, criticised by many, inexplicable to all.

Shall we homœopaths remain behind? Shall we not endeavor to find out whether beyond the remedy there may be perhaps an equally unknown substance, an active force which separates itself from matter? Like the vital effluvia, infinitesimalism in therapeutics is authenticated by some few persons, criticised by many and remains inexplicable for all.

Beyond the sixth centesimal attenuation, in the twelfth, the thirtieth, the hundredth and still beyond, the remedy can no more be discovered, neither by the most sensitive reagents, nor by the most perfect polarimeters; nevertheless, Homœopathy has existed for more than a century and homœopaths have struggled all this time for their convictions. There is no more any trace of matter, nevertheless something is still there. Experience shows this, but we are not able to prove it.

If we can arrive at the scientific demonstration of the presence in infinitesimal doses of any force separate from matter, this will be the triumph of Homœopathy and its rehabilitation in the eyes of all.

## HOMŒOPATHY IN HEART DISEASE.

By Dr. Goullon.

Patients suffering from heart disease are especially suitable for homœopathic treatment. Even where there are organic ailments they will find from it more relief than from continued heavy doses of *Digitalis*. To give *Digitalis*, when this is done in rational comparatively small doses, is by no means anti-homœopathic, but our chief remedies are of a different kind. Among them we number especially *Kali carbonicum*, *Sepia*, *Spigelia*, and *Aurum muriaticum* and *natronatum*. These remedies, singly and conjointly, do excellent service, with a diet appropriate to cardiac diseases, concerning which see below.

*Insomnia* especially troubles those who have heart disease. Soporifics like *Morphine*, and opiates in general, here cause a direct injury; they either excite still more or they induce a sleep ending with great anguish, headache and the feeling, "Oh, that I had done without this gift of the Danaaus!" Without curing the heart, *Kali carb.* frequently induces a natural sleep of several hours' duration. Intermittent pulse, lancinating pains in the cardiac region, fugitive lancinations, inability to lie on the left side point to *Kali*.

*Sepia*, though allopathic pharmacy declares it to be altogether heterogeneous to *Kali carb.*, nevertheless shows analogous properties to *Kali carb.* when measured by homœopathic therapy. For in this therapy other principles rule, *i. e.*, *provings on the healthy*. The pathogenic results of *Kali carb.* and of *Sepia* agree in many points with respect to heart symptoms, and from this fact comes their successful use in affections of the heart, and especially in insomnia. At the sick-bed it has been proved empirically that these two remedies supplement each other, and one may be substituted for the other. They are by no means antidotes, as has been proved to be the case with *Arsenicum* and *Ipecacuanha*, or with *China* and *Arsenicum*.

*Spigelia* and *Aurum*, however, can do more than merely cure some symptoms. The more stormily the heart beats and the more the palpitations of the heart manifest themselves, the more surely will *Spigelia* prove of use; this remedy also corresponds to the rheumatic diathesis; it also corresponds most exactly to myocarditis. There can be no doubt as to the frequent connection and

etiological relation existing between heart disease and rheumatism. On this account *Bryonia* also frequently proves to be an excellent intercurrent remedy. It is of great practical use to give these remedies in alternation every two hours, though this may not be the ideal homœopathic practice. In this method we, as it were, harness two horses to our wagon instead of one, and as they pull in the same direction we thereby reach our goal more quickly; the allopathic 'horses' in their manifold prescriptions very frequently pull in opposite directions, and thence do not advance at all.

*Digitalis* I give by itself as soon as it is indicated, using the first or second decimal potency, ten drops in a wineglassful of water, two teaspoonfuls every two or three hours. It presupposes very quick but weak pulse (weakness of the heart). It is equally useful in the pneumonia connected with influenza. The large allopathic doses of the acrid poison of *Digitalis*, which are usually continued without rhyme or reason, only aggravate the situation and effect no strengthening of the heart, but an enfeeblement amounting to paralysis. If such a patient afterwards comes under homœopathic treatment, he usually exhibits a pile of prescriptions containing a steady repetition of *Digitalis* in ever-increasing doses, according to the old maxim, "Where a little won't help, much must do it." The same continually occurs with *Iron* in pernicious anæmia.

*Aurum* is the heart remedy *par excellence* both in the chronic nervous form of palpitation and also in the affections of the heart appearing in the form of paroxysms, with or without an organic change in the valves. Only *Arsenicum* disputes its palm. *Aurum* is also a specific in atherosclerosis.

Dr. Burnett, that past master in homœopathic therapy, recites among his "Fifty Reasons" a very instructive case of this kind, which we briefly recapitulate here: Besides the attacks of angina pectoris there was a continual chronic pain in the cardiac region and thence over the chest. For years the patient had applied at various times Spanish fly, giving her occasional relief, until the patient could bear them no more. She was extremely melancholy, sad and dejected—(this symptom is very important for *Aurum*, though, of course, allopaths will never recognize it.—EDITOR).

*Aurum metallicum* 3 cured the constant pain in a week and the attacks returned no more, so that the patient can again enjoy life.

Quite an analogous case I have lately myself contributed to

these pages, but without the doubts of our over-modest colleague, who did not ask us to ascribe the cure to *Aurum*, I ask that the cure be ascribed to it, for if there ever is any cure by remedies this is one.

As to the diet with cardiac patients, first of all the patient must be guarded against all excitement whether in his business, his employment or at home. Visits and much talking are frequently injurious. The patient should eat but little at a time, because the expansion of the stomach produces pressure on the diaphragm and thence on the heart. A large meal correspondingly increases the pressure on the heart. Great bodily exertions, quick walking or running must be avoided. Ascending hills with a gradual systematic increase in the exercise, as proposed by Dr. Oerrel in his *Cure by Exercise*, may, nevertheless, be useful. But of the greatest importance is a lengthy residence in the pure air of forests and mountains rich in ozone.—*Leipziger p. Zeitschrift, March, 1904.*

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## WHO WAS RIGHT?—HÆMORRHAGE FROM KIDNEYS.

By Dr. Granow, Liegnitz.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*, March, 1904.

Last March Merchant G. came to my office and told me: "For three months I have had hæmorrhages from the kidney. I have consulted the physicians here and also the professors in the neighboring University. They declare that my only refuge would be an operation, *i. e.*, the excision of a kidney. On parting the professor told me: 'Dear G., you must be operated within two weeks, else you will bleed to death.'" He asked me whether I could not help him. One of the physicians here had also acknowledged his inability to cure his hæmorrhages. They had found that the hæmorrhage came from the left kidney.

I could not, of course, promise anything, but I gave him *Terebinthina* 3, and directed him to take five drops three times a day. This was on Monday. On Thursday the patient returned bringing some urine with him. The urine which on Monday had been dark black had now a transparent light red color. I prescribed the same remedy, five drops once a day. When Mr. G. returned, in three days, the urine was quite clear, only showing a slimy sediment.

Mr. G. was not yet quite restored, for the cause of the renal hæmorrhage lay in renal gravel, which had to be gradually dissolved by going to the springs and changing his diet, nevertheless all danger had been removed by the use of this simple homœopathic remedy.

The doctor who before had said: "If I could only check the hæmorrhage!" was a very able surgeon, and when Mr. G. told him of his comparative good condition he answered: "But you are not well yet. There is some obscurity about your case." Still I would ask: Who was therapeutically more successful? And would the patient, who was fifty-six years of age, have been able to bear the extirpation of his left kidney without grave injury to his health? Would he not have probably succumbed even after "a brilliant operation?" That it was the effect of the *Terebinthina* which caused the cure is manifest from the gradual change in the color of the urine. Who then was right?

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### THE ACTION OF INFINITESIMAL DOSES DEMONSTRATED.

Dr. Haupt, of Chemnitz, presents a report in the *Revue hom. berlinoise* concerning the experiments made by Dr. Sand with the intention of determining the action of *Arsenious acid* on microbe cultures in starch-water.

The arsenical solution containing one-thousandth part of *Arsenious acid* killed them in a few minutes.

When containing one-ten-thousandth part it killed them in two days.

The solution of one-hundred-thousandth at first produced a slight proliferation of the microbes, which died at the end of five days.

In the solution of one-thousand-millionth the microbes continued to live, but they multiplied more slowly than in the pure starch-water.

A solution of the five-thousand-millionth part gave only a few more microbes than the plain starch-water.

In a solution of the ten-thousand-millionth part the number of microbes increased by one hundred, while in the starch-water it increased by fifty.

The seventh decimal dilution shows double the vital action of the microbes.

A higher solution gave no result at all.

The preceding facts confirm the axiom of Dr. Schulz: A weak dose of the remedy excites the vitality, a strong dose paralyzes.

It also shows that the higher potencies may produce evident results, but their power has its limitations. Nevertheless we cannot deny the curative action of dilutions much higher than the seventh or even the thirtieth; this may be explained by the great sensitiveness of the living cell when it is overexcited by a state of disease.—*Revue Hom. Francaise, Feb., 1904.*

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## CASES OF MANIA AND HERNIA.

By Dr. Kœlle, Obersoutheim.

Translated for the HOMŒOPATHIC RECORDER from *Homœopathische Monatsblätter*, March, 1904.

As one of the oldest surgeons in the country, who has for several decades employed Homœopathy in his cures, I would communicate a few cases from my practice, which may be of interest to the readers of your journal.

Last November I was roused early in the morning by a man who had come all the way from a Bavarian town. He had come for aid for his wife who was suffering from puerperal mania. According to his account, the patient had been raving and raging so that it often took three persons to hold her from doing mischief. This state had already continued for three weeks. As the man had to return right away, I had no time to give a careful study to the case, but gave him *Belladonna*, *Bryonia* and *Apis* in the sixth dilution, directing him to dissolve the medicine in water and give the patient a teaspoonful every half hour.

In two days I received a letter from him bringing the glad tidings that there was a great improvement, and that it was only now and then that the patient was confused in her speech. About a week later, I had an opportunity of visiting the lady, and how did I find her? She was sitting up in her bed merrily fondling her baby. On her head I noticed several places bare of hair. I supposed that like as it is with some other women in childbed, her hair had fallen out. But after I left the room, I was told by her relatives that she had torn the hair out herself during her attacks of frenzy. I prescribed in addition *Pulsatilla*, and in two weeks I was told that the woman had wholly recovered. As the

allopathic physician who had treated her for weeks had not been able to do anything, the cure caused a good deal of talk.

Quite as surprising was the help afforded in a case of inguinal hernia. I was called last September to a woman advanced in life. I had several times before reduced her hernia in a short time, but in this case I labored in vain, first from ten to twelve o'clock at night, and then at four o'clock in the morning; but all my efforts to push back the incarcerated bowel proved in vain, so that I requested her to call an additional physician. But as the patient was reluctant, since she did not desire to have an operation performed, the other physician only came at two P. M. In the meanwhile the woman had taken *Nux vom.* and *Arsenicum* in alternation every fifteen minutes. When I returned to the patient with the other doctor, the incarcerated hernia had reduced itself, much to our glad surprise. The two remedies prescribed had unfolded so favorable an action, that the patient had been enabled to reduce this incarcerated hernia all by herself.

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### A WARNING.

By Floyd Clendenin, M. D., La Salle, Ill.

We offer a few words of warning to practitioners, that, if heeded, will save much trouble, and many lives as well.

Don't use *Sugar of Lead* in the eyes, as it is very liable to become infiltrated into the cornea and form an opacity that cannot be removed. Hundreds are made blind from eye washes that contain *Sugar of Lead* (*Plumbi subacetate*).

Don't cauterize an inflamed throat with *Nitrate of Silver*, as it is very liable to drive the inflammation down into the bronchi, setting up an inflammation that is extremely dangerous; in fact, such inflammation will prove fatal in nine cases out of ten. Why this form of bronchitis is so extremely dangerous is not easily told, but during the last thirty-five years we have known of several deaths from this cause. Well do we remember an instance of this kind where a young doctor lost a lady patient, and was telling the writer about his patient's going from him so suddenly. He said she had a sore throat, not very severe, "And," said he, "I cauterized it, and that night I was called to see her and she died before the next night from what appeared to be bronchitis." We asked him if he used *Nitrate of Silver*. "Why, yes; my pre-

ceptor always used it." We then told the young doctor why he lost his patient.

You may cauterize a throat with *Nitrate of Silver* once, twice, or more times, and not have any bad results; but the next case may prove fatal from an extreme bronchial inflammation that runs its course so very quickly that you will be left in amazement only to wonder what did it. We say, don't hazard it.

We remember an instance where a doctor who writes for several medical journals (and he is an investigator—a man of good education and a good, fair practice)—made the mistake of recommending in a medical journal the cauterizing of a throat with *Nitrate of Silver*, which surprised us so much, to see such recommendation emanating from a doctor of his experience, that we criticised it in a mild way through the pages of the same journal; but the good doctor took offence at us, tried to defend his recommendation, saying many writers recommended the same. But, although he never quite forgave us for what we intended for his own good as well as that of others, we do not believe that doctor has cauterized a throat with *Nitrate of Silver* since. We hope not, at least.

Again, we wish to warn against giving *Chloroform* to women within at least three weeks after confinement. We give *Chloroform* during confinement, but never within three to four weeks after that event, as it is very liable to prove suddenly fatal.—*Eclectic Medical Journal*.

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### OPSOMANIA.

A new disease is always a thing to be welcomed, for it adds variety to life and sometimes to death. But when, with the advent of a new disease, there comes also the announcement of a sure cure for it, the event has a double interest for physicians. Opsomania is the latest new disease and hypnotism is its remedy. Like dipsomania and pyromania this new creation in the world of pathology is a process of degeneration, but whether or not it has yet received the approval of Nordau we cannot say. We herald opsomania as a new disease, because its discovery has just been announced by a very respectable newspaper, but we regret to say that when we come to look the subject up we find that the newspaper, as is not unusual, is away behind the times in pathology. Opsomania has had a place in the medical dictionaries for some years, and was, if we mistake not, announced by the London

*Lancet* as long ago as 1892. It is characterized by an uncontrollable desire for sweet and dainty food. As such it would not be an alarming disorder if it were not that it attacks young women and demands for its relief a supply of confectionery at the hands of young men. It therefore urgently demands a remedy, and to meet this demand a recent work on hypnotism gravely suggests that a cure for it is found in hypnosis. We publish these facts for what they are worth, but for ourselves we doubt whether there is any cure for this disorder in young women. It is worth while noting, however, that the science of hypnotism seems to be itself degenerating to the level of trivialities.—*Journal of Medicine and Science.*

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### DEADLY ANTISEPTIS.

The notion which prevails among medical men that a drug can only do the particular bit of work for which it is prescribed is responsible for untold damage to patients and for no small item in the general bill of mortality. In a general way unintentional poisonings by medical men are regarded by themselves and their victims as mysterious dispensations of Providence; but occasionally the truth does "hit them in the eye"—if we may be allowed the expression—in a way that cannot be mistaken.

That blessed word "antiseptic" and that equally blessed word "aseptic" suggest to the medical and surgical mind all that is pure and sweet and healthful and conducive to happiness and longevity. The widespread damage occasioned to patients and surgeons by the famous carbolic spray—which was never known to kill a single germ—did at last bring its long career of mischief to an end; but it left the word "antiseptic" no less "blessed" than of yore. And now the life-preserving, germ-killing substance to which the hope of surgical salvation is pinned is no longer carbolic acid but corrosive sublimate.

Numbers of "accidents" with this antiseptic have been reported from time to time. As a matter of fact they are not accidents at all, but simple poisonings. It is true the preparation may have been prescribed to kill germs only, and when a drug exercises its natural properties irrespective of the object for which it has been prescribed, this is regarded as an "accident" in the orthodox medical world, which knows nothing whatever of a drug's powers taken as a whole. But there is no more accident

in it than there is in deliberate poisonings with the same substance.

The truth of this is at last beginning to dawn on the orthodox mind, as will be seen by a note which we quote below from the *British Medical Journal* of February 20th. In the case there related serious poisoning occurred from the use of a solution of *Mercurius corrosivus* in the strength of 1 to 8,000. Some of the typical mercurial symptoms were present, and among them the bladder and urinary symptoms should be well noted by homœopaths. "Accidents" of this kind are especially instructive to us. We have known of severe cases of poisoning in nurses who have had to "disinfect" their hands with solutions of this most popular antiseptic of the present day.

We will now let the *British Medical Journal* tell its story :—

#### Perils of Sublimate Solutions.

"In midwifery and operative surgery antiseptic solutions and solids are so freely used that it is important to bear in mind that their use requires caution. Hence it is advisable that all cases where toxic effects are observed should be published. M. Boisard and Coudert recently reported before the Société d'Obstétrique de Paris a bad case where anuria and sore mouth followed the administration of a weak solution of perchloride of mercury in the puerperium. On the tenth day, after a normal labor at term, there was a rise of temperature, so three and a half pints of a one in eight thousand solution of sublimate were injected into the uterus, the same amount of pure water being thrown up immediately afterwards. Hæmorrhage following, the uterine cavity was swabbed and the intrauterine injection repeated, just as before, a few hours later, except that over five pints of pure water were injected after the sublimate solution. The flooding continued, and caffeine and artificial serum injections were administered. Vomiting and diarrhœa with tenesmus and bloody stools followed. For five days the patient was very ill, complete suppression of urine existing throughout that space of time, excepting when a few drachms of highly albuminous urine were drawn off on the third day. On the sixth the gums and buccal mucous membrane appeared ulcerated, but the vomiting, which had been severe until that date, ceased after free washing out of the stomach. Under appropriate treatment the patient recovered, but it was not until the tenth day that she could pass urine without the catheter, and the soreness of the mouth increased, the breath

growing foul. The diarrhœa did not cease until the thirteenth day, and it was not until the end of a fortnight that the patient began to rally from the severe debility caused by the poisoning. MM. Boissard and Coudert attribute the very rapid toxic effects of the weak sublimate solution to direct entrance of the fluid into the venous sinuses patulous on account of detachments of fragments of placenta. They believe that with stronger solutions accidents of this kind are rather frequent[!]. The evidence in this case is not very conclusive, but the danger is one which certainly exists when perchloride solutions are imperfectly prepared. This is especially likely to be the case when compressed drugs are hurriedly dissolved in boiling water, the nurse occasionally hastening the process by crushing the solid with the handle of a toothbrush or some other appliance at hand. When an imperfect solution thus prepared is thrown into the uterine cavity minute solid particles of perchloride of mercury may enter the circulation with disastrous results. The anuria in the above case was significant." —*Hom. World.*

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## CASES OF APPENDICITIS TREATED BY HOMŒOPATHIC MEDICINE.

By Dr. Lorenz and Others.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
December, 1903.

This interesting paper is from the Proceedings of the autumn meeting of homœopathic physicians in Wuerttemberg, Germany, from which we excerpt the following:

To make clear what I am treating of I would premise that I include under appendicitis inflammations which produce phenomena in the region of the vermiform appendix, which are clinically discernible. I purposely leave open the question of the origin of the inflammation. I also omit those inflammatory processes which, though proceeding from this region, *i. e.*, from the vermiform appendix, run so rapid a course that they do not produce any locally discernible changes in their starting point. If early diagnosed, they may at most be met by a surgical operation, but they offer hardly any prospect for internal treatment.

I would now introduce some cases from my practice:

I. I begin with a case which had been treated for two weeks according to the rules of the old school, but was transferred to

my care because the relatives were not satisfied with the results obtained. A man, hitherto healthy and vigorous, forty-five years of age, was taken ill two weeks ago with vomiting, constipation and violent pains in the epigastric region on the right side. Vomiting had now ceased, but the other symptoms continued unchanged, but were now accompanied with dyspnoea, restlessness and weakness.

I found the following condition:

The very expression of the patient showed the existence of violent pains; the patient was lying on his back without venturing to move; his breath came quick and short; the pulse was agitated and accelerated (110); the temperature nearly 40° R.;\* the tongue was thickly coated, with pronounced fœtor; the whole abdomen is distended; the right hypogastric region shows a circumscribed hard resistance, a slight pressure causing severe pain; the urine was highly colored. I prescribed *Bryonia* 6, three drops every two hours. Priessnitzian compresses on the abdomen. For two days there were but slight changes in his condition; the high and almost constant fever caused the fear that there would be a puriform dissolution of the exudation, but on the third day the temperature began to fall, the general condition improved, and a clyster was followed by a copious discharge. In two weeks more the patient had recovered; only a certain feebleness yet remained.

Less favorable was the next case:

II. A boy, eight years of age, who was inclined to inflammation of the tonsils, had been suffering for several days from diarrhœa, with considerable colic and *lack of appetite*. On the third day vomiting, restlessness and more severe pains set in. There was no fever. *Nux vom.* 6 and careful dieting brought no relief. The pains being in the umbilical region, the dilated pupils and milky urine caused me to give *Bryonia* 6. Next day the pains were aggravated; the vomiting recurred; there had been no stool for two days. A greater remittance was found in the region of the vermiform appendix, the whole abdomen was distended. Temperature, 40° R. (*i. e.*, 40° C. or 104° F.). I prescribed *Bryonia* 6, and in case there was no relief in the attacks of colicky pains I left *Opium* 1, which was given several times during the night with good results. A clyster was also directed to be given. This was followed by the discharge of some dark-colored, hard balls of tæces; but the vomiting had also recurred, and there was increas-

\* This would be 120°. It ought probably to read 40° C., or 104° F.

ing weakness. The fever, however, began to diminish, and during the next weeks ranged between  $38^{\circ}$  and  $38.7^{\circ}$  ( $100.4^{\circ}$  and  $101.6^{\circ}$  F.). The pains were not so severe, but kept recurring; local symptoms showed no change. There was no stool except after clysters. In spite of cautious diet and quiet rest, the temperature, on the thirtieth day, rose again over  $102^{\circ}$  F., and the pains also increased. Although there was no appearance of fluctuation, all the symptoms made suppuration probable. The patient accordingly received *Hepar 30*. Next day the threatening symptoms yielded after thin stools had set in; but even then the pains and the increase of temperature would not wholly cease. *Mercurius sol. 6* and *Arsenicum alb.*, given successively, failed to make an impression; on the contrary, the evacuations again became more frequent, and also the fever threatened to increase. No immediate danger seemed to threaten but slowly increasing debility. Now I took my refuge to *Opium 1*, my first intention being to quiet the bowels. The diarrhœa ceased even after the first doses, and the fever at the same time receded, and he commenced to mend slowly, but steadily. A hard, but painless, swelling in the region of the cœcum remained, but disappeared by a treatment at the Salt Springs. Since this time, about three years ago, the boy has not complained of any serious abdominal troubles. In this case at various times a surgical operation was considered, and this would probably have been resorted to if the use of *Hepar 30* had not shown a prompt improvement. It was peculiar that no pus ever appeared in the stools, though these were always carefully examined. In other respects the crisis exactly resembled those cases where a perforation of an abscess into the bowels takes place. As to its ætiology the case also presented peculiarities: The symptoms in the first few days closely resembled those caused by round worms; the inflammation which ensued may also have been due to this cause.

III. Even more difficulty was presented in a case treated some twelve years ago. A girl was taken sick the day before with violent colic, vomiting and fever. The abdomen was moderately distended; the celiac region hard and very sensitive to the touch; the tongue and lips dry; respiration superficial and quick; temperature,  $40^{\circ}$  ( $104^{\circ}$  F.); pulse, 120. After receiving *Ferrum* and *Nux vom. 6*, the fever somewhat receded in the two days that succeeded, but vomiting was not altogether checked, and the function of the bowels had totally ceased. *Opium 6* was now

substituted for *Ferrum*. Vomiting then ceased, some flatus was discharged and, two days later, hard fæces. The remittance and dulness of sound in the cæcal region did not diminish, but it even extended somewhat to the left. On account of the general peritonitis thus threatened I gave her *Bryonia* and *Mercur. sol* in alternation. Next day there were repeated *thin stools*, with a further abatement of the fever; also, in this case, the diarrhœa lasted a week and did not cease when *Arsenic 6* was given. The tympanitis and the temperature again increased during these last days. Suddenly there was a copious discharge of pus with the stool and a noticeable improvement in the general condition. Still, even then recovery was delayed for the discharge of pus continued with hardly any change for four weeks in spite of the external and internal remedies used, but it finally ceased quickly after *Silicea 6*. The girl fully recovered and had no relapse. It may be a question in this case whether a surgical operation might not have shortened the duration of the disease. In spite of the favorable outcome, there is no question that the result might have been different, as it was beyond my power to determine in what direction the pus should be discharged.

But there are also a number of cases of appendicitis in which homœopathic remedies refuse to act altogether.

Dr. Jaeger, of Halle, stated that he had treated fifty to sixty cases of perityphlitis, all of which except one showed a favorable result. The fatal case resulted after a perforation of an abscess of the peritoneum; but three others were cured, even after such a perforation, the fever slowly ceasing. He treated his cases according to their individuality, either with cool or hot compresses. Usually he first gives *Atropin*, later on *Mercury*. He considers the application of ice and the use of *Opium* as injurious.

Dr. Gochrum stated that he had treated about sixty cases of appendicitis. One of these died away from home, he having been in an advanced stage of the disease when he undertook his treatment. One patient near Bonn was operated on one day after he began his treatment, and he died. One patient whom he began to treat in the beginning of his practice passed under another treatment because he was then too one-sided, being devoted to cataplasms. In another case, after a fifth relapse, was recommended to undergo an operation, which was successful. All the other cases, some of them very severe, were cured. None of these cases had more than one relapse, except with some scrofulous

children, with whom there arose a chronic state of irritation, which was finally cured by salt baths.

As to the etiology of this disease, Dr. Gochrum differed from Dr. Schlegel, and he pointed to the fact that there is a great difference between the diet in cities and that used in the country; and perityphlitis is frequently caused by constipation, especially in the case of children. He also thought that the more frequent occurrence of perityphlitis of late years is connected with the prevalence of influenza; though he willingly acknowledges the fact that there must be a morbid disposition to the disease.

In treatment he follows Weike's method. According to this *Mercurius*, *Rhus tox.*, *Bryonia* and *Apis* are most frequently indicated. These remedies are used in high or low potencies according to the epidemic or the personal peculiarities. As an intercurrent remedy or to remove the last remains he uses *Tuberculin* Schwarzund Nebel (always 200 C or 1000 C), *Syphilin*, *Psorin*, *Gonorrhœis*, *Thuja*, *Silicea*, *Hepar*. A case of suppurative peritonitis, in its initiatory stage, which rapidly improved from the use of remedies corresponding to the pains in alternation with *Pyrogen* 30 C, has induced him to determine to use *Pyrogen* in future in cases of perityphlitis with purulent exudation. Of external applications he uses cataplasms (mostly made of linseed-flour cooked with water into a thick porridge), hot or cold compresses, according to the preference of the patient—never ice. He holds that warm clysters of oil in constipation, especially where this is the probable cause of the inflammation, are necessary, and he has never seen any ill effects from them. In the beginning he gives half tea, half milk (since pure milk often causes stomach troubles), and where there is no vomiting, also mucous soups, porridge made of flour, not of rice, for this might prove injurious if there are any hard grains in it.

As to the necessity of a surgical operation where pus forms, he stands on a conservative basis, without binding himself in all cases. He has seen three cases of chronic inflammation of the middle ear, with symptoms of meningitis, permanently cured without operation; he has also treated two cases of severe encysted purulent exudation consequent on perityphlitis according to Weike's method and permanently cured them, so that he would only favor an operation when the process of the disease is of lightning-like rapidity. Of the two cases just mentioned, the one was that of a peasant woman of the neighborhood who had a fis-

tula in the right inguinal region discharging huge quantities of thick pus of feculent odor. She kept about her work, and lifted heavy milk-cans on a wagon every morning and evening though this was painful for her. She was cured in about ten weeks by the almost exclusive use of *Hepar sulph.* 200 C. The other case was more difficult: A boy, about nine years of age, belonging to a workman's family of small means, had a resistant tumor which gradually with feverish symptoms had filled up all the right hypogastric region, and the physician treating him had determined on an operation to excise this sarcoma. The pale diaphanous boy continued feverish, while he was treated according to Weike's method for several weeks with cataplasms, when a red spot developed on the navel and broke open. It kept discharging for weeks, first a copious discharge of thick pus; then this gradually grew less in quantity and more watery, until in about half a year the tumor had disappeared and the patient was fully cured. After these and similar experiences Dr. Gochrum thinks he can claim that suitable homœopathic medicines excite the tissues bordering on the focus of the disease to more quickly form a line of demarcation cutting off the invasion of bacilla and their toxines. The pus formed is encysted and is either absorbed or it is discharged, either outside of the body or into one of the excretory passages (the intestines or the bladder). Since the surrounding tissues are always protected in such cases by the thick walls of the abscess and the opening is always a small one, the danger to which this expectative treatment is by the other side alleged to be exposed is small or non-existent. The disadvantage of a longer treatment is balanced by the natural immunization which always takes place.

Dr. Schlegel expressed the opinion that cases like that of the King of England, where the development is extremely rapid and violent, are best suited to surgical operation.

Dr. Mossa expressed the opinion that cases which develop so rapidly and which also occur in peritonitis where the cæcum is not specially involved, have a very unfavorable prognosis.

## LIFE AND WORK OF J. C. BURNETT.

By Dr. Mossa, Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
March 10, 1904.

The admirers of the late Dr. Burnett (who is also well known among us) have determined to preserve to posterity the memory of this eminent physician who has done so much for Homœopathy. This is to be effected by means of an endowment, and for this fund collected for this purpose Dr. John Clark, who for so many years was the familiar friend of Dr. Burnett, has collected his "Life and Work" in a biography, which we would heartily recommend to every adherent of Homœopathy acquainted with the English language.

The book is not, however, intended merely to serve the practical purpose of establishing in connection with the London Homœopathic Hospital a Professorship of Homœopathic Practice, but is also intended to give, both to the medical and non-medical public, an insight into the theoretical views as well as into the practical activity, so successful, of Dr. Burnett. The author chiefly uses for this purpose the expressions and utterances used by Dr. Burnett in his various works, thus enabling the reader to form a competent judgment of the thoughts and the actions and the whole character of this original man. What chiefly strikes the reader in this biography as the essential characteristic of Dr. Burnett is his indefatigable zeal in enlarging as far as possible in the whole field of therapy the capabilities of the homœopathic healing art, and to discover for this purpose curative agents on all the ways and byways of inquiry, also outside of the pathogenetic results acquired by provings on healthy persons, and to apply these in practical clinic action. This tendency is very plainly set forth in an extract adduced by Dr. Clarke from Burnett's work on the "Curability of Tumors by Medicine." He there says:

"The practical question with me is this, Is it not time that our definition of Homœopathy should be *enlarged* with respect to the choice of remedies, and while we give full force and validity to the choice of remedies according to the totality of the symptoms, we should call to our aid all the helps which may guide us to the choice of the right remedy, but especially the natural history of the process of the disease itself?

“In other words, I assert that the choice of remedies according to the totality of the symptoms is only one of the *methods enabling us to find the right remedy*, and is besides at times quite insufficient.

“We can *find* the right remedy at one time according to the method of the signatures according to the old doctrine, and even if found in this way it will act *homœopathically*; this way of choosing is, indeed, poor and crude, but still it is a way.

“Then, again, we can find the right remedy by experimenting on the diseased organ, according to Paracelsus' method, and the remedy will act homœopathically, though found out in this way.

“Then, again, we can find the remedy in a purely hypothetic way after the manner of V. Grauvogl and of Schuessler, but its mode of action will remain the same, *i. e.*, homœopathical.

“We may use dynamized salt (*Natrum muriat.*) to cure cachexia on sea, neuralgia and headache on the sea-coast, and the action of the remedy will still be homœopathical.

“We may assume as fact or merely as theory a double and opposite action of the same remedy when given in large and in small doses, and may treat arsenical poisoning with *Arsenicum*—and still it is Homœopathy.

“We may theorize clinically, as I do in *the new cure of phthisic*, and may thus gain considerable success, yea, a greater success than ever before (he here refers to the use of *Bacillinum*, ED.)—and I assert that it is still Homœopathy.

“The fact is we need any and every way to find the right remedy, the simple simile, the simple symptomatic simillimum and, what far surpasses all, the pathological simillimum—and I assert that we are still well within the lines of Homœopathy, which is *expansive, progressive, nourished by science, nourishing science and conquering the world.*”

Important as the remedies newly discovered by Burnett, and demonstrated clinically by him, may prove to the practicing physician, it is nevertheless a question whether their action is under the law of similars. When we use one of these remedies, *e. g.*, *Fraxinus Americana*, which Burnett has proclaimed to be a tonic of the first water for the uterus, yea, a vegetable pessary, we are obliged to experiment, since we do not know the image of the disease, its pathogenic sphere of action. We may, indeed, when compelled by necessity, follow the maxim, “Experiment is better than study,” but Homœopathy demands as a rule before the clinical experiment is made a physiological or pathogenetic proving of the remedy.

It is also still a question whether everyone of Schuessler's remedies acts according to homœopathic principles. Schuessler had himself, indeed, issued forth from the homœopathic fold, and had taken care to secure for his remedies in part the indications flowing from the results of our provings, but eventually he endeavored to shake off Homœopathy altogether, as he declares in the last edition of his *Abridged Therapy*: "The principle according to which a remedy is selected imprints upon its stamp. A remedy chosen according to the principle of similars is homœopathic, but a remedy which is homogeneous to the mineral substances of the organism and the use of which is founded on physiological chemistry is biochemical." "A homœopath," he continues, "who uses *Silicea* unconsciously acts biochemically. *Silicea* cannot produce any symptoms in healthy persons which would form a reason for using it according to the principle of similitude in diseases. Homœopaths use it only by basing their actions on curative symptoms gained empirically."

A more unlucky example for his views Schuessler could not possibly have chosen than that of *Silicylic acid*. Whence could we possibly have taken the curative symptoms of this remedy, since no physician before Hahnemann had ever used it? Yea, the provings of Hahnemann, and also those undertaken by Prof. H. Schulz, have yielded quite evident positive effects of *Silicea* on healthy persons, with a decided direction toward the connective tissue. If the homœopathic school had not first worked in this field, Schuessler would have hardly come to recognize and use *Silicea* as the remedy for the connective tissue.

The "leading motives" which directed Burnett in the discovery of new remedies on the various paths he followed were often very slim threads, though he never went without any reason, merely at a venture toward his goal, as little as Columbus, when he started out on his discovery of the western hemisphere. Burnett was a genial Sunday-child; we admire his grand practical success, which he willingly ascribed to Homœopathy. But it would seem to us as if the Homœopathy he indefinitely expanded not only enlarged the simple unostentatious edifice of homœopathic therapy erected on the firm foundation of physiological experiment, but that he burst it asunder.

## OBITUARY.

Editor of the HOMŒOPATHIC RECORDER.

Today I give you most melancholy news. Dr. Mahendra Lal Sarkar, the veteran leader of the homœopathic profession in India, has passed away on the 2d inst., in his seventieth year. He was the first among the qualified graduates in this country to adopt the homœopathic system of treatment, and throughout his chequered life adhered to its principles with a firmness and tenacity which can scarcely be surpassed. He was an erudite scholar, a thorough-going scientist and an honest and patriotic citizen of firm convictions. You can well understand how much we have lost by this sad bereavement. He has left a gap in our homœopathic field, which, I am afraid, it will be impossible to fill up in future. May his bright example inspire our younger generation to tread in his footsteps in furtherance of the homœopathic cause, which we all have in heart. Yours sincerely,

NRIPENDRA NATH SET; L. M. S.

*78 and 79 Beadon Street, Calcutta, India.*

*February 25, 1904.*

## BOOK NOTICES.

**Medical Union Number Six.** By William Harvey King. 58 pages. New York. The Monograph Press. 1904.

This is a biting satire that reminds one of Dean Swift. The story is told by a New York doctor who for thirty years had lived on a tropical island, being unable to get away; the time, 1940. On his return to New York he finds that medicine has been unionized. Being practically penniless he applies for admission to the union, and the "riding delegate" admits him. He finds the city divided into districts, and a doctor must keep within his district. If he is a lung man, he must not do work on any other organ, even in emergencies, under penalty of fine. At the third offence he is expelled and unless he runs off is found dead on the street. If a surgeon, at the critical stage of an operation, and the hour strikes he must knock off work, even though the patient bleeds to death, etc., etc.

Now, if anyone wants to know of the national strike of these doctors, how they won it, and at what cost, he must read the book—and it will repay him. Although the author does not write M. D. after his name, he can, we think, be found in the Dean's room of the New York Homœopathic College.

# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.,

By BOERICKE & TAFEL.

SUBSCRIPTION, \$1.00, TO FOREIGN COUNTRIES \$1.24 PER ANNUM

*Address communications, books for review, exchanges, etc., for the editor, to*

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## EDITORIAL BREVITIES.

PURE OLIVE OIL AND ITS USE IN THE TREATMENT OF CHRONIC DYSENTERY AND ALLIED CONDITIONS.—From the treatment by *Olive oil* of gallstone disease was suggested to the writer, Dr. Rutherford, A. M., M. D. a trial of *Olive oil* in cases of chronic dysentery, sprue, and chronic entero-colitis of tropical origin. The internal administration of *Olive oil* largely increases the flow of watery bile. The normal liquid bile in the intestine favors the absorption of fats; it stimulates intestinal peristalsis, it acts as an intestinal antiseptic. After the administration of *Olive oil* in cases of chronic dysentery there has been positive evidence of increased quantities of bile in the fæces. The number of bowel movements has been decreased, with marked improvement in their character. There has been a gradual cessation of signs of fermentation and putrefaction along the gastro intestinal tract and consequent subsidence of pain and tenderness; also general systemic improvement—gain in appetite, repair of digestive faculties, symptoms of improved nervous system, and rapid gain in weight and strength have been noted. There has been an apparent positive cure after an average time of two months and upward, with few recurrences up to date. The patient is given 30 c.c. of oil three times a day for the first three days, and the quantity is gradually increased. At first the oil is best taken with about equal quantities of hot milk, with which it practically forms an emulsion.—*Medical Record.*

OPPOSITION TO VACCINATION.—“It is reported from Jamestown, N. Y., that when the board of education issued an order requiring the vaccination of all teachers and pupils, on February 24th, more than half the pupils and many of the teachers left the schools refusing to submit to the operation.”—*N. Y. Med. Jour.*

A WONDERFUL "DOCTOR."—"Dr." Geo. W. Carey a few years ago was advertising to cure all diseases by the aid and advice of a Hindoo spook. Then he dropped from sight for awhile. Now he blooms forth again as a "biochemic" doctor, author of the "Biochemic System of Medicine." This, "one of the wonderful books of a wonderful age," originated this way: "Dr." Carey wrote, "Boericke & Dewey say," and then he quoted Boericke & Dewey's first edition from first to last paragraph. Then he founded a college, of which he was "Dean," and conferred his degree of M. D. on himself and a few other scientists. Next he healed by the aid of aforesaid Hindoo spook. Now he once more advertises as "Dr. George W. Carey, St. Louis, Mo.," who "is writing and lecturing to place Biochemistry on its own merits as the Natural Law of Cure," etc. "Dr." Carey concludes his advertisement with the statement that "Bioplasma cures all curable diseases." Grant this to be true, then why should "Dr." Carey be "writing and lecturing" to prove biochemistry to be the "natural law of cure" when bioplasma cures everything in sight?

Our older readers may remember that a few years ago a certain joker sent to this "Dr." Carey and his fellow graduates and "professors" of the college, that conferred on them all their degrees of "M. D.," the urine of an honest old cart-horse and asked them for a diagnosis and if he could be cured. They all gave a diagnosis and they all replied that they could cure the writer, *i. e.*, the honest old horse.

We do not know what "bioplasma" is, but have a shrewd suspicion that it, like a certain tonic, originated in the fleer of the late Dr. I. D. Foulton, who suggested to the Carey crowd that they mix the twelve remedies and fire them, thus mixed, at every patient. They have evidently done so.

ONE EXAMINATION SHOULD BE SUFFICIENT.—The editor of the *Wisconsin Medical Recorder* stands on this sound platform, "I believe in a high standard of medical education, state registration and the application of the golden rule between physicians. I do not believe in compelling a registered physician to submit to an examination if he wishes to change his location. If a physician has met the proper requirements for practice in one state, for instance, those as rigid as Wisconsin, he should forevermore be free to practice his profession upon presenting his credentials, without examination, wherever the stars and stripes float."

“A physician may lose his health and wish to remove to another state. He may be a very able man, have had a large experience and be a very competent physician in every respect, yet he will be compelled to submit to examinations regarding details of anatomy, chemistry, etc., which the best men in the profession could not answer without special preparation.”

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### NEWS ITEMS.

Dr. C. M. Boger, of Parkersburg, West Va., writes us that the International Hahnemannian Association will hold its next session in Rochester, N. Y., on June 27, 28 and 29. Dr. Boger is President.

Dr. J. H. Romig was a caller recently. He was on his way to Alaska where he practices among the natives. He prefers tablets because sometimes even alcohol freezes up there

Dr. Wm. Erwin, until lately located at the Kenosha sanitarium, has decided to return to the vicinity of Philadelphia, on account of the milder climate.

Dr. S. H. Blodgett is in charge of the urinary laboratory of the Massachusetts Homœopathic Hospital and he will personally oversee the examination of any specimen of urine sent to him in care of the hospital.

Dr. S. A. Kimball has removed from 124 Commonwealth to the Warren Chambers, 419 Boylston Street, Boston, Mass.

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### WORLD'S FAIR NEWS NOTES.

There are 147,259 panes of glass, 18 by 23 inches, in the Palace of Agriculture at the World's Fair.

Seven thousand lineal feet or nearly a mile and a half of platforms, four feet high, are being built for the unloading of exhibits at the World's Fair.

Twelve thousand carloads of exhibits are expected by the director of exhibits of the World's Fair. At the Columbian Exposition, at Chicago, 8,000 carloads were received.

Two hundred of Uncle Sam's marines who have been on duty at Panama are going to the World's Fair to give exhibition drills.

The popularity of this branch of the service is increasing with young men who want to be cosmopolitans.

Night has been turned into day in all of the large exhibit palaces at the World's Fair. Numerous electric arc lights have been put into place and scores of workmen are busy night as well as day in installing the exhibits.

A pack train of twenty-five horses, with all their accoutrements, will be one of the novelties of the World's Fair. The unusual spectacle will be sent by the citizens of Wyoming to mark Wyoming day. The horses will all be equipped as if ready to start on the trail.

A San Diego, Cal., woman will exhibit at the World's Fair butter made in 1858. The butter was placed in a spring house in that year and it disappeared in the quick sand. It was recently recovered and was found to be in a remarkably good state of preservation. It is now in cold storage.

The Belgian building at the World's Fair, one of the largest and handsomest in the Foreign section, is remarkable in that the walls are not broken by a single window. The large structure is well lighted by immense sky lights, 75 feet above the floor.

Progress in medicine and surgery will be shown by an excellent exhibit of appliances, instruments and apparatus for surgery and medical research in the Palace of Liberal Arts at the World's Fair. A complete modern hospital, with all the accessories and apparatus known to the most advanced surgery, will be the most prominent feature of this group.

## PERSONAL.

Dr. Ladnicuskovski believes *Calomel* to be an intestinal antiseptic without peer.—*Esteemed Contemporary*.

The *Critique* wonders whether Senator Hanna died from typhoid or science.

No, Mary, you cannot properly term "the shaggy epidermis of a dog his bark."

Roux, of Lausanne (*Medical Review of Reviews*), says that 95 per cent. of all cases of appendicitis requires no operation.

Professor Behring proposes a law for vaccinating every calf (four footed) in Germany—so the papers say. Great!

Germs on the brain are worse than germs in the body.

Dr. D. V. Summers, of Shelby, O., writes Mitchell's last book is very satisfactory; the article on "Nephritis" is worth the price of the complete work.

*Nymphæa odorata* suppositories seem to have a niche of their own.

No, you persistent questioner, "a high roller" is not a steam ship, even though it rolls high at times.

An excellent location for a homœopathic physician. For particulars address, Dr. Robert F. Tousley, 332 Ave. D., Lawton, O. T. Enclose stamp.

The volume containing the theoretical portion of Hahnemann's *Chronic Diseases* is in the bindery.

A dose of *Nux moschata* 30 will often work well on extremely nervous children.

Enuresis, with pale, profuse urine, has been cured with *Plantago*, a great but greatly neglected remedy.

Again rises the glad query, a harbinger of spring, "What's the score."

When the newspapers bump up against the Japs and Russians they meet their match and are kept guessing.

They say that confiding old gentleman, our mutual Uncle Sam, is to "kill the bugs on the Panama canal strip."

Some of us, when we die, are by no means out of danger.

They say that the correct name of the potato is "batata!"

**FOR SALE.**—A good practice and property, for particulars apply to Charlie Pancoast, Woodstown, New Jersey.

They say that the penny-in-the-slot machine was known and used by the ancient Egyptians.

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THE  
HOMŒOPATHIC RECORDER.

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VOL. XIX.

LANCASTER, PA., MAY, 1904

No. 5

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IRREGULAR DISCHARGES OF BLOOD FROM THE  
VAGINA.

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

The study of irregular sanguineous discharges of blood from the vagina, in connection with diseases of the genito-urinary tract, occupies an important position in the clinical history of gynecic pathology. Broadly considered this study would include many menstrual phenomena, but such are not always associated with local disease, and frequently depend upon remote, or systemic causes. More narrowly, irregular discharges of blood from the vagina, occurring between the menstrual periods, in quantity and character bearing no relation to the menstrual molimen, are symptomatic of some morbid state of the uterus. Such will form the base for the present discussion.

It may be laid down as a proposition that admits of no exception, that a pudendal discharge containing blood, occurring without reference to menstruation, calls for prompt investigation as to its cause. No period in the life of woman should exempt her from this obligation, for while some are more liable than others to the development of the uterine diseases that give rise to this symptom, from before puberty to senility, the uterus is menaced with pathology, and every woman has hanging over her head a possibility of such grave issue that she must not disregard the warning note that indicates possibly developing conditions.

Let us analyze somewhat more in detail such an irregular discharge of blood from the vagina.

It signifies, in the first place, that a process is going on in the uterus by means of which bloodvessels in a diseased area are destroyed, permitting an irregular escape of their contents. In whatever light this process is looked upon, it cannot be regarded

as other than pathological, for even if it may be an attempt of nature to repair by granulation, a sanguineous discharge indicates that the granulation tissue must be in excess of the local requirement, and hence encroaches dangerously near upon the line of embryonic tissue development. But such a genesis for irregular pudendal bleeding is infrequent, and will always follow some known trauma that nature is repairing.

For the bleeding from the vulva that possesses important diagnostic significance we will seek a cause in the graver pathology of the uterus; in the neoplastic processes that have to do with local errors in cell life that tend to the destruction of tissue, and ultimately may so interfere with metabolism as to destroy life itself. This gamut runs from a polypoid erosion of the uterine os to an epithelioma of the uterine cervix that has become the seat of mœcular necrosis. The first, a perfectly innocent histogenesis, may serve as the starting point for a malignant growth, in which is reached the extreme potency of malign pathology, against which, when developed, we are powerless to effect eradication.

Therefore, any irregular pudendal bleeding demands prompt attention, not only because the existing condition requires treatment, but also because this may happily prove only the initial pathology, by removing which the certainly lethal development may be averted.

Exactly what is understood by an irregular sanguineous discharge from the vagina? To come within our definition, all relation with the menstrual flow must be eliminated. The discharge may be merely a tinging with blood of the natural vaginal secretion, a bloody leucorrhœa, occurring after some unusual exertion, straining at stool, coitus, or the like; or more rarely, a sudden profuse gush of blood, followed by a little leaking, which may entirely cease, to be repeated in a variable length of time. It is, however, not long absent, having once begun, and soon becomes continuous.

Certain periods of life will add significance to this bleeding. Occurring before puberty, it is almost pathognomonic of sarcoma of the uterus. The discharge will then be a pinkish watery, foul smelling leucorrhœa, that excoriates the parts over which it flows. No other condition of the genito-urinary tract will cause such a discharge in children and young girls, save possibly gonorrhœa, which is a frequent cause of leucorrhœa in little girls. The microscope will determine this point, and establish whether the bloody discharge comes from the uterus or the urethra.

An irregular sanguineous pudendal discharge that is manifest at puberty, and before the twenty-fifth year in unmarried women, or multipara, may suggest secondary tuberculosis of the genital tract—primary tuberculosis of the female genitalia is rare. The diagnosis will be aided by the findings in other organs, and the demonstration of the microscope, for no case should be pronounced tuberculosis in the absence of the tubercle bacilli, but as these micro-organisms are rather difficult to find in the discharge from genital tuberculosis, repeated examinations should be made in all suspected cases.

Irregular sanguineous pudendal discharges occurring during the period of greatest reproductive activity in unmarried women, or those who have not borne children, suggest some form of fibroid tumor of the uterus; profuse hæmorrhage, with increased menstruation, sub-mucous fibroid; constant leaking of blood, dark or bright, but of normal consistency, a pedunculated sub-serous fibroma attached near the uterine os. The same discharge in married women, or those who have borne children, may point to cervicitis from a lacerated cervix, or to the even further pathology, glandular hyperplasia.

Reaching the thirty-fifth or fortieth year in multipara, a bloody discharge from the vagina has attached to it a still more serious meaning. This is the period, and that of the involution of the uterus, when malignant diseases develop most frequently. One of the earliest symptoms of uterine epithelioma, a term more accurate than cancer, or carcinoma, is an irregular discharge of blood. This is frequently thought to be the close of menstruation, and as such is little heeded. Or there may be a sudden profuse hæmorrhage without warning. Or again, following some unusual exertion, there may be a few drops of blood, after which there is a continuous oozing of blood. The clothing is constantly stained, and occasionally the discharge is increased to a profuse hæmorrhage.

Occurring at or near the climacteric, such an irregular discharge of the blood from the vagina is caused by some neoplasm situated in the uterus; in a very large proportion of the cases this is an epithelioma, more rarely a sarcoma. The latter, in the form of *deciduoma malignum*, is the only form of sarcoma that develops in the adult uterus, save possibly sarcomatous degeneration of fibro-myoma, but neither of these is frequent at the climacteric.

Irregular pudendal bleeding may not appear until some years

after the menopause, this period having been passed without complications. Under such circumstances the case is almost certainly epithelioma of the lower segment of the uterus in its gravest stage of development, for owing to the inactivity of gathering years, the degenerative process has frequently advanced beyond operative eradication before molecular necrosis takes place, with its first indication, irregular pudendal bleeding.

It will thus be seen, and I merely desire to place emphasis upon already well recognized clinical data, the great diagnostic importance that attaches to irregular discharges of blood from the vagina, and the obligation that rests upon surgeons to subject every such case to the most rigid examination.

Our increasing knowledge of malignant pathology strengthens the belief that the initial process is a local one, and throws across the dark clinical picture with which we are becoming more and more familiar, one ray of light, that in the early stages before dissemination takes place it is possible to cure, by a complete removal of the diseased uterus. Such an early stage is marked by irregular discharges of blood from the vagina, and is, therefore, the period of election for radical surgery.

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### FORMICA, ETC.\*

By C. M. Boger, M. D.

In olden times Spiritus Formicarum distilled from ants was used to increase courage, animate dulled spirits, augment the urine and irritate them that are slothful to venery.

It was formerly also in great repute for the cure of gout and rheumatism; however, as definite indications for its use were lacking it fell into disuse, greatly undeserved as it happened.

Occasionally you will see a case that looks like *Apis*, but the modalities won't fit; seemingly they are more like *Rhus*; on closer inspection neither remedy is found to be exactly similar, in all likelihood the symptoms are calling loudly for *Formica*, as it stands midway between them.

After ant bites swellings in flat plaques appear, they do not in the least resemble the wheals which follow a bee sting, and there is a creeping, itching and burning here and there on the body;

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\* From a lecture delivered during the special course at the Pulte Medical College.

sometimes there is a cool burning, like snow flakes falling on the part; this latter symptom has been verified by one of your number, I believe.

A review of most of the cured symptoms shows that they are nearly all aggravated by cold and cold washing, and what is most peculiar and valuable, the chronic and subacute conditions are worse before a snowstorm but not before rainstorms; here you see its agreement with as well as divergence from *Rhus*; the *Formica* patient is better from warmth, pressure and rubbing the part; if it is a headache, combing the hair relieves.

Its rheumatism comes on with great suddenness and is accompanied by much restlessness, which nevertheless aggravates all the pains; if a sweat appears it is usually profuse and contrary to all expectation, it does not relieve at all.

The following case shows the keynote of *Formica*; the prescription completely relieved the patient for ten months, so that he believed himself well, but you will recognize the fact that not being an antipsoric it was incapable of eradicating the psoric substratum upon which the disease finally rested, hence a recurrence in perhaps a modified form is to be confidently expected:

J. N., æt. 47, Fillmore, O.

Liver enlarged and sore, every jar makes it feel like breaking.

Diarrhœa of a light colored foam; much gas in bowels.

Abdomen anasarcatous; feet œdematous.

Feet and hands fall asleep.

Face looks dark and withered.

Sharp shooting pains in head, better from rubbing.

Much drowsiness, worse before storms.

Easily chilled, gets chilly before snowstorms.

Had malaria four years ago and also seven weeks ago, for which his three allopathic physicians gave quinine with the above noted effect. They have now abandoned the case, and advised him to notify all his friends desiring to see him, as the case was hopeless.

He now received one powder of *Formica* cm. every night for one week, then placebo for another like period. At the end of eleven days the improvement warranted his doing some work; and the stools had almost become normal in color and consistency. In three weeks more he considered himself almost in his former health and able to do his farm work.

A few other cases which show that it has a decided action on the liver have appeared in our literature.

**Vespa.**

The acute symptoms of wasp poisoning do not differ from those of the bee sting in any important particular; their chronic effects, however, show suppuration, especially of the ears; this symptom, by the way, has been cured by *Apis*, although I am not aware that it has ever produced it.

Periodically recurring effects are shown in the pathogenesis and it attacks the left ovary by preference; this enables you to differentiate it readily from *Apis*, to which it is otherwise so similar, although it places it very close to *Lachesis*, as the modalities are quite alike; it has also cured ulceration of the os uteri.

**Astacus Fluviatilis.**

This is the craw-fish or river crab and has been found of great service when urticaria accompanies liver disturbances; on post-mortem one of the provera was found to have great constriction of the duodenum and occlusion of one gall duct; whether due to the remedy or not is, of course, not quite certain, but you will need this medicine if many cases of liver or gall-bladder disease come under your care.

**Urtica Urens.**

The various nettles seem to flourish best where certain salts of sodium contribute to their nourishment; they persistently follow the habitations of man and grow thickly along old ditches which carry the brine of urine in a diluted form; this is all very curious when we remember the presence of urate of sodium in such offal; the sea also produces nettles all its own in the shape of the *Medusæ*.

The homœopathic preparation is made from the common nettle, or *Urtica urens*, with the effect of which you are all more or less familiar, and from which the nettlerash takes its name; these common names in their names often contain a world of information.

As you know, its ordinary effect it is to cause intense prckling, crawling and numbness, often followed by the formation of blisters of various sizes; according to the intensity of the poisoning, sometimes they amount only to a few fever blisters about the lips; this has indicated its use in burns, where it has been found quite efficient, principally in those of the first degree.

It greatly augments the mammary secretion, a fact of which you may take advantage in agalactia, many cases having been cured by

it; in fact it is usually the only remedy needed for this trouble when it follows childbirth; here it is compared with *Ricinus*, *Puls.* and *Agnus cas.* From the general resume of its action you will note that it primarily increases nearly all the secretions except that of the kidneys, which is first diminished or suppressed, then greatly increased; taken in connection with its other symptoms, you should therefore readily see its close similarity to uræmic effects, and which led Burnett to point it out as the first remedy to be thought of in uræmic poisoning, a position which the drug is thoroughly capable of maintaining; he also used it to expel urinary sand or gravel in acute exacerbations of gout; this is the revival of a very old practice but nevertheless a good one.

Its pathogenesis shows a febrile action as well as an action on the spleen. Burnett also took advantage of this and cured many old intermittents where the spleen was involved; the yearly recurrence of symptoms in the pathogenetic text is a pointer in this direction. Burning in the skin due to the retention of uric acid comes under its action very well. It will be one of the most satisfactory prescriptions you will ever make when given for pin-worms in children who are at the same time affected with hives.

Pruritus vulvæ especially during pregnancy and when due to the irritation of a urine surcharged with uric acid will quickly yield to its power; here it should be compared with *Taren.* In chickenpox, if any medicine at all is needed, the choice will usually lie between it and *Dulcamara.*

The symptoms are worse in general from snow air, a cool moist atmosphere and the application of water.

It antidotes the effect of eating shell-fish, such as lobsters, crabs, etc.

Besides *Apis* the most similar remedies are *Medusa*, *Homarus* and *Astacus fluviatilis.*

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## THUJA OIL IN CORNEAL OPACITIES.

By W. C. Converse, M. D., Adjunct Professor of Ophthalmology and Otology in The Chicago Homœopathic Medical College.

There is no condition of the eye in children that appeals so strongly to the sympathies of the oculist as the presence of a dense opacity of the cornea, which prevents all use of the eyes for

close work, and, therefore, interferes with mental development of the child and impairs its future usefulness as a member of society.

In cases of ophthalmia neonatorum or gonorrhoeal ophthalmia, where there has been considerable destruction of corneal tissue, the cicatricial tissue which takes the place of the destroyed cornea is hard and opaque, and cannot be absorbed or rendered transparent; it is not in cases of this kind that I report success, but in the diffuse nebula, or in the more dense form called a macula, which follow corneal ulcers, that I have had my best results.

The classical treatment of calomel dusted in the eye, or the daily application of the yellow oxide-of-mercury in cosmoline, plus the indicated remedy, have helped to a certain point, and then improvement has stopped, and it is in these cases that I have used *Thuja oil*, and been surprised and gratified with the results. The *Thuja oil* seems to stimulate the blood-supply of the conjunctiva, promoting the reproduction of clear corneal substance.

My method of application is to have the patient drop one drop of *Thuja oil* on the affected eye; then close the lids and gently massage the eye over the closed lids, and apply a hot wet cloth to the lids for five minutes once a day after the massage, but use the *Thuja oil* three times a day.

The two following cases whose records I give are College clinic cases that have been watched with interest by members of the present Senior class:

Olive S., 11 years old, has had many attacks of phlyctenular keratitis. The cornea had the appearance of an interstitial keratitis; she had been treated at the neighboring college clinics. She was not attending school, because of poor vision, for six months. She said they had used a yellow salve on her eyes with but slight improvement.

This was one year ago. I commenced the *Thuja oil*, which she used faithfully. Improvement was noticeable in two weeks. Vision at the last visit was 20-30, and she is now attending school.

J. P., 29 years old. A large macula following a large corneal ulcer treated one year at different eye-clinics, with no improvement. Up to date he has used one ounce of the *Thuja oil*, and now there is but a slight haziness of the cornea which can be noticed only with oblique illumination.

In the past year I have used *Thuja oil* on many other cases in my clinic and in private practice with uniformly favorable results. I consider that the *Thuja oil* treatment is superior to any other method now in use for corneal opacities.

THE BOOK OF THE PSORA.\*

By THOS. L. BRADFORD, M. D.

It is now more than fifty years since Dr. Charles Julius Hempel first rendered into English the book in which Hahnemann gave to his disciples the instructions for treating and CURING chronic diseases. Hahnemann, as he says, had been pondering from 1816 to 1828 over the fact that while by the use of homœopathic remedies many diseases were cured and quickly and easily cured, yet there were certain diseases of long standing, "ancient chronic diseases," that after seemingly being removed, recurred from time to time in the system. So, after his usual fashion, Hahnemann began to think; to study, as he writes, to "discover the reason why the known homœopathic remedies did not effect a true cure of the above mentioned chronic diseases; and sought to secure a more accurate and, if possible, a correct insight into the true nature of these thousands of chronic diseases which remained uncured despite the uncontrovertible truth of the homœopathic doctrine."

"When, behold! the Giver of all Good permitted me, after unceasing meditation, indefatigable research, careful observation and the most accurate experiments, to solve this sublime problem for the benefit of mankind."

The results of this research Hahnemann in 1828 disclosed to his followers, and, during the years 1828-30, Arnold, his devoted friend and publisher, issued in four octavo volumes the first edition of *Die Chronischen Krankheiten* (Chronic Diseases). Schaub, of Dusseldorf, issued a second edition in five volumes during the years from 1835 to 1839. Only these two editions were ever published in German. Jourdan translated the first German edition into French and it was published in Paris in 1832. An edition translated by Dr. Bigel was published in Lyons the same year. Geddes M. Scott, of Glasgow, translated the French edition of M. Jourdan into English; it was published in 1842. It was published in Spanish at Madrid in 1849. In 1846 that willing worker, Dr. Charles J. Hempel, translated the Chronic Diseases from the second German edition and it was published by Radde, in New York, in five 12mo. volumes. The edition has long been out of print

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\* The Chronic Diseases, Their Peculiar Nature and Their Homœopathic Cure. By Dr. Samuel Hahnemann. Translated from the second enlarged German edition of 1835, by Prof. Louis H. Tafel. Phila. B. & T. 1904.

and is one of the scarce old books among the many of our school. The first volume was devoted to Hahnemann's theory of the origin and nature of the chronic diseases, the other four volumes to the medicines most adapted to their cure. Dr. Hempel in a preface addressed to the homœopathic physicians of the United States declares Hahnemann's phraseology to be so involved that it is very difficult to furnish a "bare translation" of his writings.

He says: "There is but one way of turning them into another language; this is, first, to master the sense of a period, and afterwards to embody it in the foreign tongue in a free manner. This is the course that I have pursued in translating this volume. I have not translated *words* but *ideas*. And the ideas I have rendered fully and faithfully; on this head I challenge criticism." From time to time there have been various criticisms of the accuracy of Dr. Hempel's translations. A series of articles by Mr. D. Wilson were published in the *Monthly Homœopathic Review* for 1862 and 1863 (Vol. 6) regarding the omission by Dr. Hempel of certain symptoms.

These articles occasioned considerable controversy among the English physicians of our school. An article in the *British Journal of Homœopathy* (Vol. 21, p. 463, 691), entitled: "How Far is Hempel to be Trusted," exhaustively reviews this. Certain of Nenning's symptoms were omitted by Hempel, because of the doubt that has always existed regarding the truthfulness of Nenning.\* The concensus of opinion seems to have been that Hempel was faithful to the real meaning of Hahnemann, however much liberty he gave himself in the actual phraseology.

Hempel's edition was the only one available to English speaking physicians until, in 1896, a new translation was made by Mr. L. H. Tafel. This was edited by Dr. Pemberton Dudley, while Dr. Richard Hughes verified the references and added annotations. It was published in one large octavo volume by Messrs. Boericke & Tafel.

A reprint of Vol. 1, of the Hempel edition, was published as an appendix to Vol. 23 of the *Medical Advance*, in 1889.

Now, while all the volumes of the Chronic Diseases are of exceeding value to the homœopathic physician, I mean the one who has not got strabismus from squinting at microbes, the first volume

\*See "Pioneer's Homœopathy," p. 101, *Monthly Hom Review*, Vols. 6, 7, 8; *Brit. Jl. Hom.*, Vols. 20, 21; *Amer. Hom. Rev.*, Vols. 3, 4 (July, August, September, 1862).

is of the most consequence, because within its pages may be found the key to the real practice of real Homœopathy. For through the kaleidoscopic medical variegation in the last fifty years the plain fact remains that it is the sins of the fathers that make the children sick; that in order to cure we must find the cause, and to find the cause we must consult heredity. That deep down in the system there is a latent dyscrasia, a something, that may lie hidden for years, giving no trouble, yet when roused to activity it may cause serious illness or even death. Psora—sycosis—syphilis—Hahnemann's names for this dyscrasia, all very real dangers to life and happiness—and real now, just as they were real when Hahnemann first wrote upon them. To the young physician who is tired of bastard Homœopathy, who wishes to go to the root of things and who believes in the Law of Similia, as he believes in any other of Nature's laws, this first volume of the Chronic Diseases is as much a necessity as ice cream is to the gentle maiden. Dear, my doctor, fresh from the scientific teaching of the present day, you who have been taught to believe that a drug producing certain pathological conditions will also cure them, who want to **KNOW**, to *know*. and yet are halting, let me say: READ the first volume of the Chronic Diseases, and then read it some more, and then think it over. And then you will understand why if you drive in from the skin (suppress) eczema on a baby sometimes the baby has fits, and sometimes capillary bronchitis, and sometimes "head trouble." Read it and you will understand why when man is getting well from some sort of inside ache or pain, or inflammation, or cough, he develops a skin eruption, an eruption that if you have read about psora you will coax out and not try to drive in again by external applications.

It happens just now that there are a great many men who look so much through the end of a microscope, who spend so much time hunting out from dead diseased tissue certain sorts of active organisms, known as microbes, that they have entirely lost sight of the fact that it may be true that the diseases cause the microbes, not the microbes the diseases. In other words, the microbe is a result of the disease, a growth on the diseased tissue.

The medical game now seems to be largely, "Follow the Leader." So when some medical Hamlet, squinting into the field of the lens, says: "Do you see yonder cloud that's almost in the shape of a camel?" all the medical family of Polonius reply: "By the mass and 'tis like a camel indeed."

Ham.—“Methinks it is like a weasel.”

Pol.—“It is backed like a weasel.”

Ham.—“Or, like a whale.”

Pol.—“Very like a whale.”

And this is scientific (?) research! O tempora! O mores!

Let us study humanity, the far-reaching effects of environment, education, habits of life, more, and for a little while let the poor overworked germs alone; they need a vacation. I do not believe a germ will live in a healthy man anyhow. There must be some little spot somewhere in the fellow that is a diseased spot; then, maybe, when the right microbe comes along he settles down to active business, but he always roosts in his own barnyard. In order that any germ of any disease can become active, do any damage to a person, the person must be predisposed to this disease, the germ must find congenial soil else it will not grow, but will die unlamented and unsung. And this is just what Hahnemann says in the first volume of *Chronic Diseases*; back of the consumption, or malaria, or tumor, or boil, is the latent dyscrasia, maybe a legacy from one's grandfather, that is the real cause. And a very simple cause may make the hereditary disease alarmingly active. Dear, my doctor, read this first volume of *Chronic Diseases*, and their cause, and their cure. For that information is also there. It is much too much the fashion to smile at the psora theory with the air of the 20th century wisdom; to deride the thing as old fashioned. And yet it is only by means of this theory—no, law, so long ago propounded by Hahnemann that we can account for the strange vagaries of long standing diseases, and can in any kind of sensible way treat them.

The edition of this book edited by Dr. Dudley is an expensive and massive volume, and at the request of certain men, teachers in the profession, this present volume explaining Hahnemann's belief has been published, especially to bring it within the reach of the student of Homœopathy. And if every student of Homœopathy would read it there would be less Ammonol-kerosene-formaldehyde-sedative-analgesic-soporific-compound prescription prescribing.

The book contains the author's preface of 1828; the preface to the fourth volume: “*Inquiry Into the Process of Homœopathic Healing*” Preface to the fifth volume: “*Dilutions and Potencies (Dynamizations)*.” “*Nature of Chronic Diseases.*” There are twenty pages devoted to citation of cases of serious troubles from

suppressed skin diseases, all collected from allopathic sources. The symptoms by means of which latent psora may be recognized are given. Sycosis or figwart disease is described, and the far-reaching effects of syphilis. There are rules for cure, directions for prescribing and for the preparation of the medicines.

The fact that the translation has been made by Prof. Tafel makes it certain that this is as accurate a rendering into English as can ever be possible, of the opinions of Hahnemann regarding the cause and treatment of chronic diseases.

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### SOME NOSODE CURES.

By Nripendra Nath Set, L. M. S., Calcutta.

#### Medorrhinum.

Shib Charan, a Hindu male, aged about 37 years, came into my office one morning with some peculiar symptoms from which he was suffering for two months. He was in a morose and despondent mood, and in describing his illness he sobbed frequently. He said he would not recover. His symptoms were prominent in the bladder and urinary organs. At the time of urination he felt a very painful tenesmus in the lower portion of the abdomen; and every now and then he felt a severe darting pain within it which commenced at the back, and generally passed away by voiding a large quantity of foetid urine. When he had to walk about in the sun for a few hours on account of his business, these pains became more severe and frequent. He had a deep sense of constriction in his chest, and that peculiar fever and cough which gives rise to suspicion of consumption. He had a little stiffness in his knee and ankle joints. On taking the previous history I was told that about ten years ago he had suffered from gonorrhœa which was cured by bold medication. Two years after he had a bad attack of rheumatism which kept him in bed for two or three months, and left him after the application of various liniments. On account of his present illness he was advised by some benevolent people to try two drops of *Liq. Arsenicalis* morning and evening; accordingly he used it for about a fortnight, which only aggravated his symptoms horribly. Considering these I gave him two doses of *Hepar sulphur* 30th, to be taken for two days, which alleviated his arsenical symptoms to a great extent. Then I prescribed *Medorrhinum* 200, one dose, which had to be repeated

after an interval of twelve days. These two doses removed all his symptoms within six weeks; and the patient became quite a healthy man.

#### A Psorinum Case.

Mrs. S. M., a young lady aged 22 years, was placed under my treatment for the following symptoms of mental derangement: complete insomnia, indifference to her surrounding affairs of life, did not speak with anybody and wept every now and then, stared vacantly on all sides and felt very weak and trembling. She felt a constant heavy weight on the top of her head, had a pale, sickly face with sunken eyes surrounded by dark rings. Upon careful inquiry I learned that she had suffered from considerable mental trouble for the past two years. She had been extremely maltreated by her husband in various ways, who caused her to leave his house. At the time when I saw her she was in a relation's house. But, strangely enough, she had an ardent love for him in spite of all her woes, and eagerly desired to go to her husband's house, who, however, did not like it. This had been preying upon her mind severely and brought on the present deplorable condition. Considering these circumstances, I gave to the lady one dose of *Phosphoric acid* 30, which did much to relieve her mental symptoms considerably. She could now sleep about four hours every night, and felt not half so miserable as before. After two weeks I thought it necessary to administer a second dose of the medicine. But this dose did not act so well; and this led me to search for a deeper acting anti-psoric for the case. Her peculiar nervous disposition, her depressed spirits and despair of recovery, and above all the fact that she had had, about five years ago, a nasty suppurative eczema in her loins, all these carried my mind towards *Psorinum*, which I gave to the patient in one dose of two hundredth potency. I am glad to report that this medicine had the desired effect; and the young lady is now perfectly normal in her mental condition.

#### A Syphillinum Case.

Once I was called to see a case of irites in an old sinner. He had all the symptoms of an acute inflammation which was confined to the right eye only. Happily, any iritic adhesions had not yet formed. The pains were all aggravated at night, and were relieved by cold breeze and the application of cold water. He had

a peculiar ptosis from the paralysis of the levator muscle, and on that account could not open his right eye. At first I tried *Kali iodatum* 30th for the case, but the medicine did not show any satisfactory improvement. Then I gave him *Syphillinum* 30th, two or three does, one dose every morning, which did immense good to his eyes. After about 10 days his eyes became quite free from all inflammatory symptoms. Of course he had some other chronic troubles for which other drugs had to be prescribed afterwards.

### Tuberculinum.

A case of infantile marasmus, in a puny mother's child, came under my care, in which I received a good deal of benefit from *Tuberculinum* 200th. The child had a voracious appetite which nothing could satisfy, and had a brownish watery foetid diarrhoea occurring chiefly in the early morning which brings *Sulphur* to one's mind. In spite of all careful feeding the child was getting emaciated more and more. In this case I tried *Iodium* and *Calcarea carb.* before this medicine; but they did not touch the little patient to any appreciable extent. My mind was drawn to the choice of *Tuberculinum* by the fact that the mother of the child had died of acute galloping phthisis, which indicates the inheritance of tubercular diathesis in her offspring. I am fully confident that this medicine is one of great potentialities, and promises well at the hands of a careful prescriber. It should not be given in the lower potencies, and never frequently repeated.

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## ABSCESS CASES.

By Joget Chandra Sanyal.

1. In December, 1902, Abudand, a Mahomedan student of the 2d class of the Radhanagar H. E. School, Rebna, had on his right thigh a big round abscess with purple surface, but with a bluish tinge in the centre. The boy asked the advice of the Surgeon attached to the Pabna Public Charitable Dispensary, and the Surgeon was for opening it with a lancet. The boy was greatly frightened and was introduced to me by my friend, the headmaster of the school. On examining him I found that suppuration had already commenced, and so thought, as the boy said, the Allopathic Surgeon who had first examined him, the bluish tinge in the centre with red surface at once indicated *Lycopodium*, which I

gave in 3 decimal potency, and the result was more wonderful than expected; the abscess at the administration of the 3d dose completely subsided and saved the boy from a good deal of suffering.

2. A similar case occurred in my experience on the 28th Nov., 1903. Here the patient was a girl only one year old, the daughter of Babu Abinas Chandra Lanyal, a teacher of Jamirta H. E. School. The abscess had its place upon the groin, was under the treatment of an Allopath for nearly a month but to no effect. All attempts had been made to have the abscess subsided before it was at last resolved to lance the abscess. The moment being an inauspicious one to the Hindu eye, the operation was not resorted to then and there. In the meantime the patient's guardians thought of giving one day's trial by Homœopathy, and I was called in and prescribed my favorite remedy, *Lycopodium* 30c. The abscess burst the next morning after four doses of the remedy had been taken. I then prescribed *Silicea* 30 c. 4 doses; then 3 doses of *Hepar sulph.* 6c., which completed the cure. In this case the bluish tinge covered a larger surface than in the case first noted.

*Bera P. O., Pabna District, Bengal, India.*

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## THE MONTHLY HOMŒOPATHIC REVIEW OF RATIONAL MEDICINE.

Editor of the HOMŒOPATHIC RECORDER.

*My Dear Sir:* I am satisfied that at present no greater service can be done for Homœopathy than to make clear, whenever it is not already clear, that a homœopath can consistently accept rational medicine. A good way of doing this is to define the particular cure of which *Similia Similibus Curantur* is the law, and then show:

1st. That this particular cure differs from any that can be attempted in rational medicine.

2d. That this particular cure transcends the possibilities of rational medicine.

As this particular cure differs from any that can be attempted in rational medicine, it follows that one may consistently accept both Homœopathy and rational medicine. When he attempts the particular cure of which *S. S. C.* is the law, he looks to that law for guidance. When he attempts some cure that is within the

scope of rational medicine he looks to some principle of rational medicine.

As the particular cure of which *S. S. C.* is the law transcends the possibilities of rational medicine, it follows that one who believes in this cure, and in *S. S. C.* as the law of it, may properly identify himself by name with Homœopathy, in order that his position be known upon this issue, and that he be not confounded with those who regard rational practice as the *ne plus ultra* in medicine.

The above is called forth by the remark in the *Monthly Homœopathic Review* (London, April 1st, p. 202) that "for a homœopath who is enthusiastic over Homœopathy to be also enthusiastic over 'rational medicine' is beyond our imaginative powers to conceive."

Faternally,

CHAS. S. MACK, M. D.

*La Porte, Indiana, April 19, 1904.*

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## DIPHThERINUM IN HORSE DISTEMPER.

Editor of the HOMŒOPATHIC RECORDER.

This horse was sick for four days before I saw her. Was called at 9 A. M. Monday. Found symptoms as follows: Stands with head drooping in manger, trembling all over, surface of body cold to touch, eyes swollen shut, both eyes and nostrils discharging streams of water, refuses food. I gave a dose of *Diphtherinum*, Swan's C. M. Saw the horse at 1 P. M. the same day; the eyes were partly open, appetite had returned, watery discharges much less. I now left orders for *Diphtherinum* every four hours. I saw the horse again on Tuesday, twenty-four hours after my first visit. Improvement was so marked that I left orders for an occasional dose of the remedy and did not call again. On Thursday the horse was taken out for exercise and on Friday was driven eight miles. The action of this remedy is so prompt in its effects that I am convinced that one who has ever used Swan's high potencies will never sneer at them. I have also used this remedy in cat distemper, giving it as a prophylactic when the disease has broken out among the cats in my own kennels.

*Urbana, N. Y.*

MRS. EDITH K. NEEL.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

PARKERSBURG, W. VA., April 6, 1904.

DEAR MR. ANSHUTZ:

Please announce in the RECORDER that the "International Hahnemannian Association" will meet in the "Chamber of Commerce, Assembly Hall," Rochester, N. Y., June 27th, 28th and 29th.

An invitation to be present is extended to all persons interested in the practice of Homœopathy.

Thanking you in advance for the favor, I beg to remain,

Yours very truly,

C. M. BOGER, Pres.

DOES THE HAIR OF THE DOG CURE THE BITE?

Editor of the HOMŒOPATHIC RECORDER.

It seems so from medical reports, and if so we stand convicted of what the old school has accused us for the last hundred years. Serum therapy has been established, and we can no longer point the finger of scorn at our old school brothers. All diseases, new or old, are no longer to be dreaded. Take a little pus, expectoration or other excrement thrown off by the disease, attenuate it to the 30th or 100,000th, give a few powders of it to the next patient and, lo! the deed is done.

This is all very nice in theory, but not according to homœopathic Law. And my opinion is that the hallucinationists who advocate *Tuberculin* in pulmonary tuberculosis and *Variolinum* in small-pox, and many other like serum remedies in their practice, are doing just as much to destroy the law of Homœopathy as are the combination-tablet doctors.

It is not Homœopathy as Hahnemann taught it, at least I do not understand it in that way. His idea was "Like cures like"—not "Same cures same." Why, if the above is true, and we are called to attend a patient suffering from an overdose of strichnine or other poison, and in the last spasm of death, it would only be necessary to give the 30th or 100,000th of this drug, and if the patient did not live it would not be our fault.

These hallucinationists are fighting the vaccinationists, and yet

they go them one better. Vaccine, to some extent, is according to law, like variola, and therefore can, and has been said, to be Homœopathic, but *Variolinum* is variola itself, and how any intelligent person can call it homœopathic law, I do not quite comprehend. If the law of Similia is true and God's law, then what is the law that causes the "Same to cure the same?" Has our supposed infallible law turned out to be an ignus fatuus, and have we blindly followed it through the old school swamps and bogs these many years to no purpose after all?

With all the glowing accounts of *Variolinum*, etc., I, at least, am still skeptical; for my ideal is the law, and this seems to disprove the law. I can and have accepted *Malandrinum*, and why? Because its eruptions, etc., are *like* variola, but *not* variola, and the law still lives. I know it will prevent and abort variola, then the law stands proven. This is God's law. two positives repel one another, or two likes repel one another, and the life-work of Hahnemann has not been in vain.

I infer from what I have read lately that, to some extent, some of our supposed staunch Hahnemannians approve of this new law—"The hair of the dog cures the bite," or in other words, "The same cures the same." If this be true, are we not all—in the language of Dr. Kent—"Pretenders who are willing to imitate for diminutive fees, having no consideration for the patient nor the art of healing?" Speak up, Hahnemannian brothers, for the benefit of us back prairie Homœopaths who are liable to 'go wrong at every cross-road. And we don't know how to "sass back" at the combination doctors when they throw this serum nosode therapy at us.

If convinced that this new law, "Same cures same," is true, our work in the future will be positive and specific. We can then go into the sick-room with confidence, free from so much worry and constant study of our *Materia Medica*.

E. W. HARRISON, M. D.

Perry, Oklahoma.

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### A CORRECTION.

Editor of the HOMŒOPATHIC RECORDER.

I beg you to correct an error of the press in your quotation from my open letter to Dr. Darlington published in your issue of March 15th, but which severe illness prevented my seeing till this day.

On page 112 when the year 1895 is mentioned (twice in the latter half of the page) it should be designated the *seric* year, not the *aseric*.

Very respectfully,

LEVERSON, M. D.

*New York, April 24, 1904.*

## HOW TO BECOME A HOMŒOPATH.

Emil Kober, M. D., New York.

From the first stage of a subscriber to your valuable paper I wish to advance to the second degree of an inscriber in the hope to be of some benefit to those who intend to travel the thorny path from allopathic darkness to the light of Homœopathy; for those that are willing to tear down the house built upon quicksand and to rebuild upon the rock, that never shifts, upon the eternal law, "Similia Similibus."

Why did I go in search of light regarding the art of healing the sick? Simply because I am one of those peculiarly constituted fellows that constantly ask:

Why, why shall *Potassium acetate*, a renal irritant, be able to relieve an already irritated kidney?

Why shall a bronchial irritant cure bronchitis?

Why shall *Phenacetine* cure a headache by its sedative action?

Why does every one of my fellow practitioners have his favorite remedies and these only as long as one wears a suit?

Thus I asked and no satisfactory answer could I find by any process of reasoning. Prejudice I never knew, then is my backbone so constructed as to bend easily and arch in graceful curves before the so-called grand authorities "The Story of My Life" is my witness:

First, a student in a German gymnasium, and a German University than *tabulirasa* or a clean sweep and a dash for liberty, two years on a farm near Chicago, back to the academic fold, three years' study in New York, four years of allopathic practice, three years of homœopathic study, while at the same time engaged in active practice, these facts I think will amply bear out my contention of being independent of prejudice and authority, which is not real but assumed. On the other side I humbly bow

to the laws of nature, to the facts borne out by results, the laws of psychology and science in general.

I took up Homœopathy because I knew it was based on a "law," and if I can save some of my readers a part of the weary journey which I have traveled and incidentally time and money I am amply repaid for my work.

If you contemplate to become a homœopath you must be willing to work hard and give every day of your life a few hours to the study of your cases and of the *Materia Medica*. Unless you study both you will never be successful. I gave about three hours daily to this work and never went out without a book to read while I was riding in the cars.

Next comes the great question: What shall I study? For a beginner, especially from the allopathic school, I would not advise Hahnemann's "Organon" for the same reason for which you do not give meat to a baby, but milk. A beginner shall begin with R. G. Miller's "Synopsis of Homœopathic Philosophy." *Journal of Homœopathics*, Aug., 1900, and I believe also published in pamphlet form. After the careful perusal of this most excellent synopsis he may begin the study of *Materia Medica* with Nash's "Leaders," the best work ever published in the line of concentrated works. Let every beginner, every advanced homœopathist read this work till he knows it by heart, every symptom and symptom combination is pure gold. After he has mastered this work and by its aid cured some cases he will find many that can be cured by only knowing Nash's work, then let him take up Farrington's "Clinical *Materia Medica*" a mine of symptoms, comparisons and therapeutic hints. Miller, Nash and Farrington will take up a year or two to be mastered and by that time the mind will be ripe for deeper work and Hahnemann's "Organon" may be read and digested without trouble or misunderstanding.

Next I would advise a perusal of H. C. Allen's "Keynotes." Hughes' "Pharmacodynamics" are for the man firm in the saddle or he may be misled to a too narrow conception of our grand remedies or erroneous idea as to the dose.

After these studies you will know your *Materia Medica* pretty well, but never forget: *Reptilio est mater studiorum*. If you are able to do it, take up next the introductions to each remedy by J. H. Clarke, the introductory remarks in Hahnemann's "Materia Medica Pura" and "Chronic Diseases" and later pass on to a study of Hering's "Guiding Symptoms."

The repertories I would recommend are: Knerr's "Repertory to Guiding Symptoms," difficult to use, but invaluable; Kent's "Repertory," very full, easy of access after you have learned its method. Last, but not least, Bönninghausen's immortal repertory, my dearest friend and steady companion on my daily rounds, because I am not ashamed to use a book at the bedside if necessary. "Allen's Encyclopædia" is almost indispensable for reference; neither would I like to be without Hahnemann's works and Jahr's "Symptomen Codex."

There are many other works, lesser lights as I may call them; it will be good for any physician to have those books, especially monographs as Minton's "Uterine Therapeutics," H. C. Allen's "Fever," etc.; then a few good journals and we are well fitted for the work as far as externals go, and if we have well perused the works mentioned above the inner man then ought also to be well trained. But still we must always be on the guard not to lend our ears to false prophets or seek the easy road. "Keynotes" are well and good, but not to prescribe on; never prescribe on a keynote or a single symptom, it is a deadly snare; always take down your *Materia Medica* or use your Bönninghausen and look up several symptoms and make thus sure of your choice.

Beware of habits formed by the frequent use of a drug; sup-puration most often points to *Hepar*, *Mercury* or *Silica*, but not always. *Rhus*, *Ammonium carb.* and others often are the simi-limum in their stead.

Causation is another snare. Injury—*Arnica* is the usual idea association, but any other drug might be the simi-limum as well as *Arnica*. Put causation "way down at the end of your list" and use it last.

Start all your prescriptions on Bönninghausen's four points: location, sensation, aggravation and amelioration and concomi-tants, and then prove it by its fitness to particular and, if possible, peculiar symptoms. I hope I have given at least a few points of value to the reader and beg to be pardoned for positive manner. I have worked according to the system above and it has given me satisfaction. My motto has become "Symptoms from the first to the last." I try never to look at the disease. If I have a sup-purating ulcer I overlook that until last and seek for all other symptoms, past or present first before I take the symptoms of the ulcer as burning, stinging, sensitive and what not; generally I have found the remedy on the other symptoms and when I look

over its symptoms in regard to the ulcer it is only to find that it fits and fit it does, nine times out of ten.

Let me conclude with the request of an answer from some other quarter.—*Medical Advance.*

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## CASES OF PUERPERAL FEVER.

By Dr. Darnseifer, Luebeck.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z.f. Hom.*, April, 1904.

While we acknowledge that the ideal of a homœopathic cure is the healing of a disease with one single remedy, still we frequently are unable, even by the most careful study of a case with all its objective and subjective symptoms, to cure it with one remedy or by a series of single remedies, but may be compelled to use on one day several remedies. This, in my opinion, is especially the case in severe diseases, or when a case has first been treated by other physicians.

I will endeavor to show this by a small number of cases, selecting for the purpose four cases of puerperal fever, one of our most dreaded diseases, treated in the summer of the year 1902. All four cases involved septicæmia, and the infections probably occurred, because that summer was distinguished by frequent rains alternating with spells of considerable heat. In all these cases midwives were employed, and all the patients were cured. The diagnosis was in every case confirmed by the district-physician, who in Prussia must examine every patient sick of puerperal fever.

I. The first case was a young woman of 26 years, with her first child. This came under my treatment, because her brother who was studying medicine, observing the high temperature (103.3°F.), at once called me in. The lochia were slightly fetid. There were slight pains to the left of the uterus, aggravated by external pressure. There was a painful swelling in the broad ligament of the uterus. The fever diminished within three days, on the use of *Aconitum*. Then *Mercurius corros.* reduced the swelling. As the treatment was begun in good time, there was an ideal cure.

It was otherwise in the other cases, as they only came under my treatment several days after they began. These were cases of

women who had had several children before and were thirty or more years of age.

II. Mrs. L. received first *Belladonna*, later on *Arsenicum*, which remedies were unable, however, to keep down the increase of fever every evening. I, therefore, gave several evenings, with better success. *Belladonna*. *Kali phosphor.*, *Carbo veg.* and *Mercur. corros.*, with *Hepar sulphur*, caused a complete cessation of the fever.

III and IV. The third and the fourth cases were different in this, that all of the connective tissue of the pelvis showed considerable exudation. When the stormy height of the fever ( $104^{\circ}\text{F.}$ ) had been subdued by the appropriate remedies, *Mercur. corros.* and *Hepar sulph.* were given to cause the reabsorption of the products of inflammation which had exudated into the tissues. The reabsorption advanced very well, but was still attended with a distressing augmentation of the fever ( $103.3^{\circ}$  to  $103.5^{\circ}\text{F.}$ ) which was very exhausting, continuing as it did till midnight.

The cause of this increase of fever I considered to be the absorption of the products of the inflammation during the day, as I believed them to contain ptomains. I, therefore, substituted for *Mercurius* and *Hepar* in the afternoons *Aconite* and *Belladonna*, which exerted a very favorable influence and promptly reduced the fever. *Aconite* was given to assuage the stormy activity of the heart, and because of its paralyzing action on feverish substances, reducing the temperature, I was induced to add *Belladonna*, because among the ptomaines there are substances which in their action on the human body very closely resemble *Atropin*, the chief constituent of *Belladonna*.

The first case shows that a cure may be obtained by a series of single remedies when the patient comes at once under our treatment, and are capable of reaction, and when perhaps the infection is not of so severe a nature. The other three cases show that we may be actually forced to give several remedies on one and the same day. In serious and protracted cases we should not compulsively cling to a principle, but after carefully examining the whole subject we should confidently use several remedies. Even in seemingly desperate cases we may frequently in this way win success.

## THERAPEUTIC HINTS.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,

March 24, 1904.

From the report of the meeting of the Homœopathic Physicians in Baden, we excerpt the following interesting cases :

## Tuberculosis.

Dr. Schwartz made a report of his experience with *Tuberculinum*. With a tuberculosis patient, he had very favorable results from *Tuberculin*. 1500 (Nebel's), *Formic acid* and *Cinnamic acid*. He suspected the existence of a cavity. After giving *Tuberculin.*, 1500, pain appeared in the threatened place and the cough and expectoration ceased. In another case, that of a student, he made thirteen to fourteen injections of *Cinnamic acid* every three to four days. The bacilli diminished from 7 (Gaffky's Scale) to 1. The elastic fibres in the sputum also disappeared. Dr. Kirn reported that, different from Dr. Krule, of Guestrow, he also uses *Formic acid*, 30 per os.

## Purpura Rheumatica.

Dr. Kirn reported that in sixteen years he had observed two cases of purpura rheumatica (*Peliosis rheumatica sen Morbum mac. Werlhofii*):

Hedwig D., five years old, anæmic of delicate osseous structure, fell sick on January 4th (1904), apparently with articular rheumatism, and received *Rhus tox.* 6, five drops, three times a day. On January 6th all the swollen joints of the hands and feet were dotted with numerous spots of blood. There were very many, though more scattered, on the legs, the spots being bluish-red: *Acidum sulph.* 3.

Jan. 7th—Vomiting, colic, much thirst, *Bryonia alba* 6.

Jan. 9th—The spots have diminished, but the colic continues: *Colocynthis* 3, whenever colicky pains appear.

Jan. 11th—The whole face is swollen, so that the patient can hardly open her eyes: *Apis* 6, every hour.

Jan. 12th—Diminution in the swelling of the face, urine does not show any albumen.

Jan. 13th—The swelling of the face has altogether disappeared.

Jan. 15th—Owing to the great debility, *China* 2. It would probably have been better to give *Acid. phosphor.*, though *China* acted well and the child improved somewhat.

Jan. 18th—The stools were very fœtid, great emaciation: *Lachesis* 30.

Jan. 20th—The child has not improved, and *Lachesis* is always followed by colic: *Pyrogen* 30, once a day.

Jan. 22d—The tongue is less coated, the child more cheerful, but there is still much bleeding from the capillaries of the skin (petechia). These disappear slowly, reappearing in other places. I gave *Pyrogenium*, because the disease seems to have some relation with typhus recurrens, and is manifestly due to the invasion of some ptomaine poison. In petechial typhus there is in the beginning a real exanthem, which is bright red, disappearing on pressure, and may be followed by a miliary eruption. But in this case the petechia resembled flea bites, dark blue, at most as large as a lentil, they do not disappear on pressure. *Pyrogenium* is an excellent remedy for typhus in general; in fact, the only remedy which in my opinion at all shortens the course of the disease. It ought perhaps to have been exhibited at an earlier stage of the disease. ætiology: sausage and beer.

Dr. Schwarz remarked that he had cured a case of this kind with *Ferrum phosph.*, 6. Dr. Layer stated that he had treated several cases successfully with *Ferrum peroxydatum rubrum* 3 D. in combination with *Carduus* ʒ.

### Multiple Neuritis.

Dr. Schœnbeck reported a case of multiple neuritis in a patient thirty-five years old. There had appeared paralysis of the lower extremities, first on the left side then on the right, so that the patient was confined to his bed; then there followed contraction in volar flexion of both the wrists. This state had continued for six months. Dr. Schœnbeck began his treatment with *Sulphur* 30 and *Causticum* 30. In two weeks the fingers of the right hand were flexible, soon after the patient could move his right arm, then the left arm, the right leg, then the left leg, one after the other. All the contractions were dissolved.

## DEDICATION OF THE HOMŒOPATHIC HOSPITAL IN TURIN.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*  
March 24, 1904.

On the 16th of November last the new Homœopathic Hospital in Turin was dedicated in the presence of high ecclesiastical and civic representatives. There were also present Dr. Camillo Zacconi, member of the Board of Health, and what is still more interesting, Dr. Luigi Pagliani, Dean of the Medical Faculty, and Dr. Gerolamo Mo, President of this Faculty, and Dr. Cesar Lombrosa, the celebrated Professor of Juridical Medicine and of Psychiatry, and Dr. Luigi Cavallerleone, a prominent military surgeon.

Dr. Zacconi spoke in the name of the municipal officers and said: "When science in the various curative methods presents various theories, those who are not of the medical profession need not trouble themselves about these differences, but should hold on to whatever good thing is proffered them. The City of Turin, accordingly, feels it incumbent upon itself to express its feelings of thankfulness for the enlargement of the beneficent work now effected in so worthy a manner, and these thanks are due not only from the municipal government, but from the whole population. We have a golden book in which we record the names of all the benefactors of this city. It gives me great pleasure as the representative of the municipal authorities to declare at this time that we shall enroll in this golden book the names of the founders of this hospital, not only that of Dr. Bonino, who is directing this institution with so much self-sacrifice, but also of all who co-operate with him in this beneficent work. At this day, when the health of our city is a subject demanding so much attention, we should value all the more highly the use of the house we are now dedicating."

As to the hospital itself, it is by no means a new establishment, but has been in existence for the last thirteen years in what we may call an embryonic stage, *i. e.*, as an institution with six beds. But in spite of its small size our colleagues have found opportunity of treating within it in the course of these years 473 patients with only thirteen deaths, a very small number, being only 2.75 per cent. A high testimonial to the energy and skill of our colleagues.

Strange to say, the dedication of the hospital of Turin coincided with the date at which, forty-six years ago, Dr. Bonino received his diploma as Doctor. The first dissertation offered by him on that occasion was rejected by the faculty. It treated of the specific action of Mercury in Syphilis, and the professors had found that the candidate had treated this subject in a manner which was altogether too plainly homœopathic.

It should, therefore, be regarded as a favorable sign of the times, and as testifying to the efficiency of the homœopathic physicians of Italy, that at the dedication of the homœopathic hospital in Turin the coryphe of the allopathic faculty of the city gave to it the sanction of their presence.

We would congratulate our honored and revered colleague, Dr. G. Bonino, on this great event and hope that his work will prosper and be blessed. May the "Ospedaletto," to which he devoted himself with so much self-sacrificing affection and which has now grown to so fine an "Ospedale," throw many a bright ray over his declining years.

DR. MOSSA.

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## IRIS VERSICOLOR IN MEGRIM.

By Dr. A. Stiegele, Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*,  
March 10, 1904.

From a very instructive article on this subject we excerpt the following interesting cases:

I. Miss B., æt. thirty-one, a teacher.

March 22d, 1903. Was always formerly in good health, but had a slight case of chlorosis, her appetite, stool and menses are normal. Since the last five months she has always felt tired, with headache almost every day; already in the morning, when she gets up, she has lancinating pain in the left temple, sometimes hammering, alleviated by rest and darkness; she likes to lay her head back; she is internally excited, morose, impatient, and complains especially of drawing pains in the neck. *Acid. picric.* 6, three times a day, three drops.

May 9th, 1903. No improvement, headache every day, attended always with sour vomiting, physical excitation alternating with depression: *Iris versicol.* 3, three drops every two hours.

June 14th, 1903. During all this time she had headache only

once, with vomiting: *Iris versicol.* 3, five drops three times a day.

August 3d, 1903. In six weeks she had one light attack of megrim without vomiting. Her condition since has been invariably good.

II. July 2d, 1902. Mrs. E. G., æt. forty-two years, has for years been suffering from frequent and very violent attacks of megrim, always attended with sour vomiting. She has tried all manner of remedies and treatments. At last in a clinic at Prague she tried Charcot and Feret's celebrated four-weeks' treatment with *Bromine*; also without avail. Now she has given up trying. *Iris versicol.* 3, at once brought her relief; her attacks diminished both in frequency and in intensity, the vomiting ceased entirely. The patient, contrary to my direction, would only take the remedy when she had an attack, and was so well pleased with the result, that she could not be induced to use it systematically.

III. Frederica R., æt. nineteen years.

Nov. (Sept.) 26th, 1903. Since she left school (probably since her period of development) she has had headache every other day. It begins with a flickering before the eyes, then there are severe pains in the left temporal region, followed in a few hours by sour vomiting. The anamnesis showed, that when a child she had milk-scab, which was "cured" with local remedies. Her general health is otherwise good, menses regular, but always somewhat retarded: *Iris versicolor* 3, five drops three times a day.

October 31st, 1903. Is doing well. In five weeks she had headache only once, without vomiting. Same prescription.

Later on I had the patient under my treatment for other slight ailments, and could determine that she had no further attacks of megrim.

IV. E. K., eight years old.

May 21st, 1902. The father came with his boy to my office and stated that the boy every six to eight weeks had attacks of bilio-mucous vomiting, the egesta having a very strong sour smell. Such attacks generally last two days. He has suffered from these attacks from his early years. Before these attacks the boy complains of headache. The appetite is slight, stools now and then inert, the sleep is frequently disturbed.

An examination showed no organic changes except severe reflexes of the abdomen. The urine was free from sugar. *Iris versicol.* 4, three drops morning and evening.

July 24th, 1902. Has had no attack since. Repeated.

The patient has remained free from these attacks to this day.

In this case the stomach symptoms and those of the bowels were most prominent, and the boy was brought to me on that account. Such cases do not seem exceptional. So Dèlcourt reports in the *Journal de Bruxelles* of July 11th, 1903 (as cited in *Münchner Med. Wochenschrift*, No. 44, 1903, on page 1934) concerning the cyclical vomiting of children:

“Cyclical vomiting with children is a peculiar disease, which has only been described since a few years. Marfan emphasized acetonæmia and acetonuria as the leading symptoms. Dèlcourt in some typical cases has not been able to discover any aceton in the urine. The following are characteristic symptoms: Vomiting occurs in irregular periods and commences unexpectedly without any assignable cause; the end of the attack is just as sudden; the vomiting yields to no treatment, is acid and has a small resembling aceton. Various American authors consider the cyclic vomiting to be a symptom of gout; they say it is the beginning of megrim. Cases are actually known in which attacks of megrim take the place of the cyclical vomiting.

“But this explanation seems unsatisfactory, though the vomiting seems to be due to a poison. Many of the young patients are neurotic. The diagnosis may prove difficult and in some cases meningitis may be confounded with it. The treatment ought to be quite simple: the children should not receive anything during the attack, not even the sugar-water recommended by Marfan; two or three times a day they should receive per rectum an infusion of a seven per cent. solution of common salt. After the attack the patient should be nourished carefully with milk, eggs, vegetables, white meat, etc. He should drink only water or alkaline water, neither beer nor wine. Every week he should receive a teaspoonful of Karlsbad salt in half a tumblerful of lukewarm water, and every morning a teaspoonful of glycerine in water. This treatment has proved very successful.”

Quite a waste of detail and self-magnifying polypragmasy when compared with the simplicity of the practice under the law of similars, where all at once therapy creates a change of affairs while at the same time it clears up the case as to its diagnosis.

In Clarke's Dictionary of Materia Medica a similar case is reported:

“A girl, nine years old, had periodical attacks of vomiting

every four to six weeks, occasionally only every four months. Each attack lasts three days. It begins with the vomiting of the ingesta, then acid fluids and at last yellow and green bile; great heat in the head, fever and exhaustion; the exertion causes hot perspiration to break out. A single dose of *Iris* removed the attack, while all remedies used before had been ineffective."

V. The following case merits attention because it shows the close relation existing between megrim and epilepsy:

M. D., twelve years of age.

November 28th, 1902. The aunt of the girl stated that the patient had been suffering from attacks for half a year. The girl loses her consciousness, falls down and begins to throw her limbs about. Such an attack lasts about a quarter of an hour, and the attacks come about three times a week. On closer scrutiny I found out that the girl was illegitimate and the mother addicted to drink. The girl says she suffers much from headache, especially in the occiput and in the forehead; the pains are aggravated before an attack. The appetite is moderate, *everything she eats becomes sour*. Frequent sour vomiting. *Iris versicolor* 3, five drops three times a day.

Dec. 29th, 1903. No attack has occurred. Owing to a heavy pressure in her chest (an abortive attack?) she could not speak for half an hour at one time. The food in her stomach still turns sour. She still complains of headache. Repeated.

Jan. 23d, 1904. In the beginning of January there was a temporary obscuration of consciousness; there are no more convulsions, no more pressure in the chest, the food does not sour in her stomach any more, the headaches have diminished in frequency and violence. Repeated.

Feb. 12th, 1904. No more attacks; headache now and then.

There is no necessity of assuming that there were suggestive influences acting as causes in the reactions of the cases described.

Personally I always avoid anything tending in that direction; nor is suggestive therapy very brilliant in its successes in the sphere of megrim; nor is the reaction a new thing, but it is a matter of old experiences in homœopathic therapy. My purpose in this communication is merely to again point to this remedy so reliable under the given conditions. I think it necessary to state that the cures reported are not, as is sometimes the case, a comforting selection from many cases treated in the same manner and unsuccessful but every case treated showed a positive success.

According to Farrington none of the remedies in megrim so decidedly exhibit the sour vomiting as *Iris versicolor*. ("Everything in the stomach turns into vinegar," the prover reports.) I believe this clinical phenomenon may be acknowledged as a leading characteristic.

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## A FURTHER DEVELOPMENT OF BIOCHEMISTRY.

By A. R. v. Duterguski.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*,  
March 10th, 1904.

The Schuesslerian journal Nos. 3 and 4 proposes to accept *Iodine* and *Arsenicum* into the biochemic therapy. I welcome this proposition as a progress, for in its theory it is in line with Schuessler's spirit. Although this genial master did not employ these substances, I am sure that in time he would have included them, since they are found in the cells. As physiologist, I have experimented with homœopathic preparations and later I turned to Schuessler's biochemistry and was often surprised at the prompt action of biochemical preparations, in so far as an intelligent man allows himself to be surprised. I am sorry to say, however, that they have also repeatedly left me in the lurch and especially in cases where tuberculosis or syphilis—particularly in the form of lues hereditaria tarda—and exhaustive neurosis came into play. In such cases I made use of the homœopathic indications which were in point—still, however, following out physiological principles—and also then with brilliant effects, so that for a year already in consequence of these experiences I have considered *Arsenicum* and *Iodium* and their combination in *Arsenicum iodatum* as indispensable complements of biochemistry. I have also become convinced that a *carbon* is indispensable, and I am fluctuating between the use of *Carbo vegetabilis* and *Carbo animalis*, or again a combination of *carbon* such as *Calcareo carbonica*. It might be objected that we receive a sufficient quantity of *carbon* in the most varied forms in our food; but this fact is opposed by the other fact that in a case of neurosis I was left in the lurch by *Calcareo phosphorica* and all the indicated remedies, where *Calcareo carbonica* acted promptly. Since that time I have attempted to use *Carbo vegetabilis* or *Calcareo carbonica* in a biochemic manner.

For I am of opinion that vegetable *carbon* as a primary organic combination of *carbon* precedes the animal molecule of *carbon* in building up the organism and that in consequence it will more easily fit into the large molecular complex of the animal cell than the animal *carbon* which through animal functions of the cell has perhaps become grouped in a more complex fashion; for from the provings we know, that these substances which chemically are so similar have, nevertheless, a different action. According to the standpoint of modern chemistry, if we should take our stand strictly on the unvaried therapy of Schuessler, we should be in some perplexity. On the one side modern chemistry shows us the remarkable part played by highly diluted solutions in physiology, then again we are compelled to grant that our body in its make-up contains traces of a number of substances, which we do not even know as yet (I refer in part to the two substances helium and argon), but which, nevertheless, are of importance for our well being, but they escape at present from our chemical cognizance, because they are either as yet unknown, or are present in so high a dilution, that we cannot prove their presence.

But it is of interest and importance to examine our aliments and their contents of salts. I have several times observed that *grain* is by no means always *grain*, and even finely cultivated cereals from one country act differently from a less pretentious grain supposed to be of an inferior quality and coming from a different region. My researches show that cereals which have been varied by cultivation and artificial manures, as also produce grown on exhausted soil, have less nutritive value than produce showing less art in the cultivation and grown on soil less intensively drawn upon. The *external* appearance of cereals may give *no* criterion for judging of their internal value. Our valuation in future may have to be made by the method of titration.

We must assume, therefore, that in the progressive intensive cultivation of the soil substances are withdrawn from it which we cannot supply, at least at present, by artificial manure, because we do not as yet know them. Among other fluctuations, I suppose that the greatest variations occur in the contents of *phosphorus* in produce, and that the phosphorus supplied by present manures is not the equivalent of the natural contents of the soil as to phosphorus. This may be a merely technical question, but it must arrest our attention that all animated beings in Europe may be said to be suffering from a hunger for *phosphorus* and *salts*, and are diseased from the lack of it, as may be seen from

the progressive ravages of neurosis, scrofulosis and tuberculosis, as also from severe dietetic forms of disease of various kinds. At the same time in places where agriculture is conducted in a really rational manner, and there is in consequence no diminution in the salts of the soil, the severe forms of these diseases do not occur.

Dr. H. Brehmer, in Gœrbersdorf, enumerates districts where tuberculosis is unknown. All these districts have a rationally conducted agriculture. One of our most grievous "wants" at present is a practicable microscopic color-test (?) for *phosphorus*.

It remains yet to cast a glance at the influence of bacilli. We have examined ad nauseam the morphology of bacteria and everything in any way connected with these pets of our period, and we have sacrificed millions of animals and men to the bacteria. We hear of grand discoveries of anti-bacteria, etc., but *one* thing our bacteriologist has *not* given us, and in fact he has never given any attention to the question, namely, that of the purely chemical changes in the blood, *i. e.*, in the plasma of the blood and of the cells caused by the influence of specific bacteria—and *that* would be of more importance to medical men, *i. e.*, the therapeutists, than the whole of their problematic therapy of immunity and of serum.

It is *e. g.* probable in view of the effects following on tuberculosis, that its virus exhibits a great demand for *phosphorus* and *arsenic*, for these are the remedies useful in tuberculosis; there must therefore be a deficiency as to these substances, which if balanced will cure tuberculosis.

Syphilis in the form of scrofulosis in its hereditary form also shows a hunger for *phosphorus* and *iodine*. Progressive paralysis shows a striking impoverishment of the brain-cells with respect to nuclei; but the nucleus of a cell is a highly complex molecule which can not be thought of without *phosphorus*; of late also *iodine* has been demonstrated to be present in the nucleus of cells. Now since paralysis is a post-syphilitic form of disease, we must assume that the virus syphiliticus has a pronounced relation to *phosphorus* and *iodine*.

I would suggest to bacteriologists to investigate in this respect the transmutation of substances with the bacteria, instead of seeking for anti-corpuscles. When we know what substances a *parasite* or a chemical virus withdraws from the cell, we can supply the deficiency caused and cure the disease. A disease will never be cured by the injection of serum and inoculations, at least I have never been able to discover any such cases.

## TO COUNTERACT THE FORMATION OF THE CATARACT.

By Dr. Goullon.

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

“My eyes are satisfactory, considering the circumstances, thanks be to God.”

This was the report of Mrs. R., whom I have now been treating for cataract some seven or eight years. This report was made August 5th. Her allopathic family physician and the oculist had prophesied quite differently; according to their prophesy she should have been blind, or should have undergone a surgical operation long before this; but it has been quite different since she started “to use Homœopathy.”

She is conscious that, since she commenced the homœopathic treatment, her sight has been preserved in *statu quo*. “I dare not be without the medicine, so that the trouble may not get worse again,” she added to the above lines, and “I am very thankful to you, next to our dear Lord, for your help; *I hope it may remain so to my end*”

Now, in what did this treatment consist? I have elsewhere given my views as to the origin of cataract. I consider it to be a consequence of gout and rheumatism, and the treatment in practice confirms the theory. The turbid lens represents as it were a deposit of gouty substances. Accordingly I give the remedy homœopathically indicated for chronic gout; on an average I give weekly doses. Such a patient, *e. g.*, will receive on Monday or any other day a powder of sugar of milk containing three drops of *Sulphur* 12 D. Next Monday in the same way *Silicea* 12 D. In another week *Calcar. carb.* 12 D., and the fourth week *Lycopodium* 12 D., then I start again with *Sulphur*, etc. This routine may again be modified, but I would here state, that I rarely find it necessary, and that the number of cases that I have successfully treated is proportionately large. We can neither demand nor effect that the lens should be restored to its former state of pellucidity, but is a great satisfaction to patients with cataract to be able to preserve the present state. And how is it with the surgical operation? Not always successful. Perhaps this is because skilled operators, like Duke Charles

Theodore, of Bavaria, are rare. The hand of this sympathetic princely philanthropist, who can look back on more than a thousand successful operations, has been peculiarly blessed of God.

Since we also hear of striking failures in operations, it would seem to be all the more satisfactory that we can attain satisfactory results without an operation. So I am treating, by the remedies given above, a lady in foreign parts who has frequently told me, with expressions of heartfelt gratefulness, that she owes the preservation of one of her eyes to my remedies, and that she can see better with it than with her other eye that has been operated. In contradiction to the statement of the operating surgeon, the eye which had been operated on and which was at first the more turbid is now less able to perform its function than the one not operated on. She had been urged to have both her eyes operated on, but Mrs. E. does not think of it, so long as *Sulphur*, *Silicea*, *Calcarea carb.* and *Lycopodium* do their duty. (By the by, this is a saving of about eight hundred dollars! !)

To Dr. Burnett is due the glory of having declared that cataract is curable by internal remedies. This he did in the treatise: "The Curability of the Cataract with Medicines."

Many others confirm my experience. There may be cases, indeed, in which complications may render success difficult or impossible; but in a series of cases the results would likely prove satisfactory. Therefore, "Imitate my example, but imitate with exactness!"

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## THE ACTION OF PASSIFLORA INCARNATA.\*

By W. J. Stapleton, M. D.

Lecturer, Materia Medica and Pharmacy, Michigan College of Medicine and Surgery, Detroit, Mich.

The *Passiflora incarnata*, Passion Flower, or May Pop, was so-called by the early Spanish settlers in America who imagined in it a representation of the Lord's Passion (the filamentous processes being taken to represent the crown of thorns, the three styles the nails of the cross, and the five antlers the marks of the wounds). The plant is of a showy flowered, edible fruited species found in the southeastern United States. The parts used in

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\*Read before the Wayne County Medical Society, March 10, 1904.

medicine are the rhizomes and herbage. The elongated cylindrical root resembles menispermum in appearance. It is about one-fourth of an inch in thickness and of a yellowish or light brown color. The taste is bitter and lasting, the odor indefinite.

I have used the drug with great success in insomnia, hysteria, neurasthenia, neuralgia, nervous and physical prostration and alcoholism.

In cases of nervousness, the result of pain, the drug is of no use, but in those cases in which there is mental unrest, agitation, worry and exhaustion, when the patient sleeps restlessly or not at all,—in those conditions of cerebral excitement, especially where there is a tendency to convulsions and this particularly in children, you will find *Passiflora incarnata* an excellent remedy.

I call to mind a case of a young lady, unmarried age 27, had been a school teacher and then a newspaper reporter on one of our daily papers—condition at time I saw her—constipated, appetite poor, insomnia pronounced, working at high pressure. I forgot to mention there was a history of insanity, father being in asylum. Constipation was overcome and then patient put on  $\frac{1}{2}$  ʒ dose of tincture of *Passiflora* at 7, 8, 9 and 10 P. M., well diluted in water. In one week she was markedly benefited and in one month's time was able to sleep from seven to nine hours every night.

In the muscular twitching of children, due to cerebral excitement, the drug is administered in 10 to 20 drop doses in water every hour for two or three hours every night.

In the nervousness and sleeplessness accompanying acute or chronic alcoholism, *Passiflora* oftentimes acts like a marvel. In these cases, the dose has been one to two teaspoonfuls every two hours until results are obtained.

In neurasthenia, we have a loss of tone of the whole nervous system, together oftentimes with neuralgic pains in different part of the body. These cases require a nerve sedative, that is, something to relieve the high tension, secure natural sleep and rest for the brain and the nerve-centers.

We already have a depressed condition of the nerves and any remedies we use should not be of such a nature as to increase this depression. *Passiflora* in these cases will very often act like magic in doses of one teaspoonful every two, three or four hours.

There is also another condition, which for the lack of a better name is called "nerves." It is not necessary for me to give the

symptoms of this condition. It is known to you all. Here is another case in which *Passiflora* has acted better in my hands than either opium, bromides or chloral, and I use it without fear of forming a drug habit, causing constipation, biliousness or any one of the other after-effects of the above mentioned drugs.

In summing up the drug, I would say that its action is best obtained in cases of nervousness due to causes other than pain—that it is slow in acting because it is not a narcotic, but a nervine and sedative. It relieves irritation of the nerve-centers and improves sympathetic innervation, thus improving the circulation and nutrition, and is as a rule sure in its results—no bad after-effects, no habits formed.

I would suggest that the members use it in a few cases and report results.—*Detroit Medical Journal.*

*176 Lafayette Avenue.*

## A CURE WITH SECALE CORNUTUM.

Dr. Kramer, Carlsruhe.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
Mar. 10, 1904.

Lina Schmidt, aet. two and a half years, has for two years had attacks of unconsciousness, rolling of the eyes, general cyanosis of the skin and convulsive flexions of the fingers and toes. These attacks were often repeated once or twice a day, and lasted a quarter of an hour at a time. Then there would be pauses of four to five weeks between the attacks. At Christmas, 1903, these attacks did not take place, but instead thereof the child would start to scream frequently and violently at night. From eleven o'clock onward her sleep would be restless. At the same time there was a peculiar change in her hands or rather her fingers, which proved a diagnostic and therapeutical enigma to the allopathic doctor.

January 12, 1904. *Present state:* The child was brought in on her mother's arm and cast shy, anxious looks on the physician, as if she was afraid of some injury from him.

Her growth of hair is spare, the anterior fontanelle and the coronal suture are still open; the epiphyses of the wrist are distended, the legs are crooked. The child has lost its ability of walking. The arm shows a plain rosary. The head frequently

perspires. The dorsi of her hands are swollen. The phalanges of the fingers are also swollen like spindles and reddened.

*The fingers are widely spread out, unnaturally and firmly distended. The slightest touch of the finger-tips, and still more the slightest attempt to bend her fingers causes expressions of painful anxiety with the child. Even the near approach to her hands is answered by a removal of her arms, while the fingers are in no way relaxed in their mutual tetanic position. The child is extremely irritable.*

*The slightest touch of the cheeks with the tickling finger causes a quick nervous movement of the mimic muscles, especially those of the lips, the nose and the eyes.*

Prescription on Jan. 12th: *Calcarea phosphor.* 2, with *Secale cornut.* 6, two to three times a day each.

After three days I again visited the child, when she came merrily running toward me, calling me "Doctor," and quite familiarly nestling down in my arms. There is *no more trace* of the tetanic extension of the fingers. The child now allows her fingers to be bent back without manifesting any fear, and she uses her hands like any other healthy person. *Secale* was given for another week only twice a day and in another week I found the child in permanent improvement, and then continued *Calcarea phosphor.* alone.

In *Hering's Abridged Materia Medica* we find the following symptoms under *Secale*: Anxiety, eyes wild, staring and glassy, looks frightened; muscular twitching, usually first in the face. The fingers are bent backward or convulsively abducted. Painful swelling of the face. Violent pains in the finger-tips. Pain in both the thighs, caused by motion. The legs heavy, tired. Convulsions with spread fingers.

In *Farrington's Smaller M. M.*: The hands drawn together or the fingers spread out widely. The muscles of the face twitch.

In *Gross-Hering-Faulwasser*: Convulsions (with formicating sensation) in the limbs and especially in the extended fingers.

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## ECHINACEA ANGUSTIFOLIA.

A contributor to the April number of the *Wisconsin Medical Recorder* sings the praises of *Echinacea*. He says it is the most powerful antiseptic known to medical science, hence its wide range of usefulness.

In puerperal septicæmi *Echinacea* will do more than any other remedy. It does not only have an alterative antiseptic influence in this disease, but decided sedative influence as well. Small-pox, measles, scarlatina and diphtheria are generally successfully treated by this remedy, especially small-pox and measles. The success in the treatment of scarlatina and diphtheria with *Echinacea* has been varied. Typhoid fever, pernicious malarial fever and all septic fevers are greatly benefited or cured by *Echinacea*. It acts as an intestinal antiseptic in typhoid fever. For snake bites and the bites and stings of all reptiles this is our best remedy. In these conditions it should be used both externally and internally. Carbuncles can be cured by the internal and external use of it. Tuberculosis can, in most instances, be benefited by this remedy.

It will eradicate boils when they come in successive crops. It should be used for several weeks for this purpose. A combination of *Echinacea* and *Olive oil* is useful in burns and scalds

In congestion of the stomach when the mucous membranes of the mouth, tongue and throat are covered with a dirty, slimy, pasty coat and the entire system gives an impression of dirt, it is curative. Suppurative eczema with yellowish ichorous, glutinous discharge readily yields to it.

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### OBITUARY.

Many homœopathic physicians will hear with regret of the death of Mr. Adolph Schaefer, for so many years connected with the pharmacy of Messrs. Boericke & Tafel in Philadelphia and New York. While not enjoying robust health of late he still seemed as well as usual on March 16th when, at about 5 P. M., he ascended the steps of a station of the Brooklyn Elevated Road, passed the turnstile, and fell dead. Those present said the death was absolutely instantaneous. The body was taken to Philadelphia, to the house of his son, Oscar Schaefer, where the funeral services were held.

Mr. Schaefer was born on March 18, 1840, at Ellwangan, Würtemberg, Germany. He went through the German Military Academy and then came to this country and in 1861 enlisted in the 27th Pennsylvania regiment and was mustered out in 1864, holding the commission of First Lieutenant and at the time acting as Captain. He was twice wounded, the last one being the cause of his retiring from the service, having been shot in the groin.

After recovering from his wound he entered into the employ of the firm, Boericke & Tafel, and remained with them until the day of his death. He was manager of the Arch street pharmacy for the greater part of that time, but was stationed at Pittsburg for a year or two, and for the past eight years he was manager of the Grand street pharmacy, New York City.

He was a firm believer in Homœopathy and in the high potencies and to him the preparing of a homœopathic medicine was a most serious matter, not to be lightly entrusted to anyone. He and the late Mr. A. J. Tafel together prepared the "Tafel High Potencies," running up to the 200th, 500th and 1000th, with the best alcohol, and anyone who knew these two enthusiastic homœopaths could absolutely depend on not a potency, from the 1st to the final 1,000, being slighted.

About a year ago Mr. Schaefer lost his wife and once afterwards remarked to the writer, in effect, that now death could not come to him too soon as he was alone in the world, aside from his son, who resided in another city and whom he seldom saw.

The homœopathic medical profession may well say of this man: "Well done, good and faithful servant."

E. P. A.

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In a review of Noble's *Minor Surgery* by that keen writer, Dr. W. E. Boyer, in *Eclectic Medical Journal*, occurs the following: "To us one of the pleasing things, and it is made prominent too, is the suggestion of treatment of surgical cases other than the sterilized knife, drainage, bichloride, etc. This author has not separated surgery from medicine by an impassable gulf. He realizes as he should that the surgical case to a degree is also a medical case. Too frequently medicine is wholly neglected or withheld from surgical cases where, in our opinion, a small amount judiciously given would add to the glory and greatness of the knife and of its wielder. The poorest physicians are the surgeons. What they do not know about medicine would fill many volumes. We commend this work."

## BOOK NOTICES.

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### **Psycho-Therapy in the Practice of Medicine and Surgery.**

By Sheldon Leavitt, M. D. 236 pages. Cloth. Chicago. Garner-Taylor Press, 79 Fifth Ave.

Of all the books on the subject of suggestive therapeutics we have seen this one is the best, probably because the author is a trained physician and a thinker. Not everyone will agree with the author that practically all cure is self-cure and suggestion, and that medicine is of little avail, but everyone will recognize the influence of the mind over the body. The book is not Christian Science or anything really similar, as it does recognize the existence of disease.

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### **International Homœopathic Medical Directory, 1904.** Tenth year of publication.

Each year this valuable work comes to us enlarged in scope. It now includes all the homœopathic physicians of the world save those of the United States.

The subscription price to physicians in the United States, including the insertion of the name, will be one dollar. A postal card sent by any American homœopathic physician to the Homœopathic Publishing Company, 12 Warwick Lane, London, E. C., England, will assure the receipt of a circular when the next issue of the Directory is being compiled. In the present volume there are four pages of names of United States homœopathic physicians.

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### **The American Homœopathic Pharmacopœia.** Seventh Edition. Enlarged by the addition of a supplement containing the more important remedies added to the homœopathic *Materia Medica* since the publication of the third revised and enlarged edition. 538 pages. Cloth, \$2.50 net. Postage, 25 cents. Philadelphia. Boericke & Tafel, 1904.

This book was for very many years the standard homœopathic pharmacopœia of the United States, where Homœopathy has grown as in no other country, and the profession as a whole does not seem to let it lapse. The one strong and vital feature about this fine work is that it directs the preparation of medicines as they are prepared by the provers. What else could a true homœopath ask of a homœopathic pharmacopœia? This new edition

has been enlarged by the addition of 32 new remedies, making it right up to date.

**A Medical Handbook for Missionaries in Cold Climates.**

By J. H. Romig, M. D. 259 pages. Cloth, \$2.00. Philadelphia. Boericke & Tafel, 1904.

This book was published by Boericke & Tafel for the executive board of the Moravian Church in America, Northern Province. The author, Dr. J. H. Romig, is stationed at Nushagak, Alaska, and is familiar with the diseases peculiar to cold climates and their treatment. It will be a valuable work for all who reside in cold climates. The treatment is on broad, liberal, homœopathic lines, and the missionaries should thank the Moravian Church for this great aid in their work.

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### BOOK GOSSIP.

The *London Lancet* devotes nearly a column to a review of Jousset's *Pathogenic Microbes*, and views it favorably, outside of some "excentricities" in the translation.

Messrs. Boericke & Tafel recently published for the Moravian Missionary Society of Bethlehem, Pa., *A Medical Handbook for the Use of Missionaries in the Arctic Regions*. It was written by Dr. J. H. Romig, of Alaska. It is homœopathic, though some other treatments are included.

Dr. Homer J. Ostrom's *Diseases of the Uterine Cervix* bids fair to mark a distinct advance in both the homœopathic and scientific treatment of the diseases peculiar to that tract. A fine work.

Elsewhere we publish a review of *Nature of Chronic Diseases*, *i. e.*, of the theoretical part of Hahnemann's monumental work, by Dr. T. L. Bradford. The reviewer claims that a man can never learn the true scope of Homœopathy until he has carefully studied this book. It is a cloth bound book of 269 pages and sells for \$1.25; postage, 10 cents.

Dr. H. R. Arndt's *First Lessons in Symptomatology* is nearly off press—will be when this RECORDER appears.

Dr. Jas. T. Kent's work on *Materia Medica* is progressing. It is too big a book to be rushed—and too important also. It will be a grand work for the true homœopathic student.

Dr. Stacy Jones' *Mnemonic Similiad* is original and will make a "hit," as have all his books.

# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.,

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## EDITORIAL BREVITIES.

GAULTHERIA.—A correspondent writes: "I wish to learn all that can be of *Gaultheria*. I had a wonderful proving of it on myself within a month. I was convalescing from congestion of the lungs when I had an attack of sciatica that robbed me of my sleep and made me wild with pain. I tried all the homœopathic remedies I could think of and no amelioration of trouble; finally, I remembered seeing a communication from Dr. Lang, of York, Neb., in which he sang the praises of *Gaultheria* loudly; I procured some and in two hours from first dose I was greatly relieved; a few more doses cured me."

He was referred to *New, Old and Forgotten Remedies*.

A CHICAGO FIGHT.—The American Medical Union and the State Board of Health of Illinois and its attorney have kicked up a nice row. Here are the charges of the A. M. U.:

"We charge him with threatening to prosecute unlicensed doctors and midwives unless they would pay him the amount of the fine, \$100. If he failed to get \$100 he would take \$75 or \$50, or any sum they would give not to be prosecuted. If he fails by threats to get any money from these alleged violators of the medical act he sues them before a justice of the peace of his own choosing. Then he gets judgment for the full amount of the fine, \$100. If, however, his victim appeals the case or intends to appeal it, Shaw settles with him on the best terms he can get. Usually he gets \$50. He employs spies and cappers to look up victims and evidence. If evidence is wanting his cappers go to the proposed victim for medical advice. If he gets a prescription he becomes a witness for Shaw. Midwives are tempted by these cappers to agree to commit abortions, and if they yield and pre-

scribe for the pretended victim they are in the toils and have to pay their way out."

"All moneys derived from fines belong to the people of Illinois; hence, every dollar in fines that Shaw gets may properly be called a graft on the public treasury, and what he gets out of illegal doctors for not prosecuting them deserves no better name than blackmail."

All this is denied and counter suits threatened.

DIVORCE AND STERILITY—"Nowadays in this country over 20 per cent. of married women are childless, in contrast with 2 per cent. in the early days. Sterility is often due to inflammatory conditions secondary to preventive measures in early married life. In New York City in 1901 there were 33,485 marriages, against 32,247 in 1900, while the births were 80,735, against 81,721 in 1900."

"George J. Engleman has recently made a study of 1,700 cases in this connection. He has brought forward numerous statistics to show that the increasing sterility of American women runs parallel with the increasing ratio of divorces. Indiana in 1900 had one divorce to 5.7 marriages. The number of divorces in the United States to 100,000 married couples was 203 in 1880 and 540 in 1890, while Canada had but 1.6. In Rhode Island from 1890 to 1898 the ratio of divorces to marriages increased from 1:13.1 to 1:8.2. The proportion of divorced to married persons in the United States is highest among negroes, .67 per cent.; next among native Americans, .61 per cent.; less among Americans of foreign parentage, .5 per cent., and least among foreigners, .3 per cent."—*Denver Medical Times*.

VACCINAL DELIRIUM.—"Regis (*Journal de médecine de Bordeaux*, 1803, No. 30; *Zentralblatt für innere Medizin*, March 12th) reports three cases of vaccinal delirium, two in adults and one in a child three years old. The delirium came on with the inflammatory stage of the pocks, and lasted two or three days, subsiding with the occurrence of suppuration. It was aggravated at night. The subjects had always been healthy, and had shown no neuropathic signs."—*N. Y. Med. Journal*.

"THE DANGEROUS OPERATION OF UTERINE CURETTAGE.—D. H. Craig criticises the views expressed in a recent paper by Van de Warker, claiming that uterine curettage is perfectly safe in the hands of those qualified to practice surgery. It is not a minor

operation, however, and calls for quite as much judgment and skill as do many operations usually considered much more formidable. He objects to the use of a triple-clawed volsella, and deprecates too forcible traction on the uterus. Adequate dilatation must be secured. Assuming modern asepsis to be maintained, he considers the greatest danger to be perforation of the uterine wall. The avoidance of the complication begins with the second step in the actual operation. The cervix is grasped with the volsella or bullet-forceps, *after the scrubbing and disinfection of the vagina is completed, never before*, and the next step should be the determination by the probe or sound of the exact shape and depth of the uterine cavity. If this step is never omitted there is no danger of perforating the wall of the flexed, non-puerperal uterus, which much more often occurs in inserting the dilating instrument than with the curette. He advises against the post-operative tampon. Absolute asepsis is probably never attained, and gauze furnishes a mesh in which the oozing blood will clot instead of draining away by gravity. Moreover, the withdrawal of gauze is apt to deposit septic material on the fertile soil of the abraded surfaces. Douching should be avoided for forty-eight hours. If a douche is ever demanded, saline solution or sterile water should be preferred."—*Medical Record.*

Why not use instead of the steel curette the "vegetable curette," *i. e.*, the *Nymphæa odorata* suppository? It is safe, antiseptic, soothing and healing.

GREAT SCOTT.—"The theory of tuberculosis elaborated by Behring is essentially this, that from the ailment of cow's milk containing tubercle bacilli, these bacilli penetrate the intestines and are taken up by the lymphatics, which convey them to the mesenteric ganglions. These are also distributed by the lymphatic system to the naso-pharynx, the cervical glands, and elsewhere. Imprisoned in this way the bacilli can remain for years and years, and even for the whole length of life. They can also from these sources enter the blood and produce a hematogenous infection which can manifest itself in various terminal phenomena, notably in the pleura."

"Milk being the principal cause of this infection-process, Behring is particularly insistent on the wisdom of replacing boiled and sterilized milk by that which has been treated with formalin—that is, where the cows have not been thoroughly immunized."—*Exchange.*

WANTS THE BEST.—A Wisconsin subscriber in renewing his subscription writes: ‘I desire to say that I am gradually dropping the mixed and taking up the straight homœopathic journals. If I want an eclectic journal or an old school journal I prefer taking it straight, but when I subscribe for a homœopathic journal I want it what it purports to be. Such is the RECORDER.’

HOMŒOPATHIC SUMMER SCHOOLS.—Up York State, at Cortland (see p. xix), Dr. E. B. Nash inaugurates his summer school of Homœopathy, or, what is the same thing, *Materia Medica*, on July 4th and closes on July 30th. Anyone can spend a profitable month there.

Across the water our English brethren have arranged for a summer post-graduate course during May, June and July, at the Great Ormond Street Homœopathic Hospital, London, England.

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#### NEWS ITEMS.

Dr. John H. Clarke, editor of that excellent homœopathic monthly, *The Homœopathic World*, celebrates the rounding out of his nineteenth year as editor by changing his address to 8 Bolton street, Piccadilly, W. London, England.

The latest comer in the homœopathic world of journalism is *La Escuela Homœopatica*, Num. 1, Tomo 1, hailing from the City of Mexico. Dr. Higinio Perez, editor and proprietor. We wish the new journal success.

At the Second Annual Meeting of the Arkansas State Homœopathic Medical Association held in Little Rock, on April 12th, the following officers were elected :

- V. H. Hallman, M. D., President, Hot Springs.
- D. B. Neal, M. D., Vice-President, Little Rock.
- P. C. Williams, M. D., Treasurer, Texarkana.
- Zuber N. Short, M. D., Secretary, Hot Springs.

Dr. Chas. H. Helfrich announces his removal, on May 1st, to the Windsor Arcade Building, Fifth Avenue and Forty-Sixth street.

Dr. Wm. Erwin (Hahnemann, Phila., '77), until recently first assistant at Pennoyer Sanitarium, Kenosha, Wisconsin, has located at 4917 Cedar Ave., West Philadelphia. His specialty is Gynecology. His official position at Hahnemann Medical College, his alma mater, will be announced in a short time.

## PERSONAL.

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It is a poor barber who persists in illustrating his tale with cuts.

The Lord Chief Justice of England, in summing up in a libel suit, legally defined a "quack" to be "a boastful pretender to medical skill which he does not possess."

Dr. Bradford says that for the coughs this winter that seem loose yet are hard, *Mercurius viv.*, 6x trit., is the epidemic remedy.

**FOR SALE.** Dr. Ezekiel Morrill, of Concord, N. H., wishes to sell his home and personal property to a good homœopathic physician.

**FOR SALE.** Location and Practice. A first-class homœopathic practice for sale in a city of 30,000 population, located in Northeastern Indiana. The practice averages \$3,500 per year; collections fully 90 per cent. *Well established.* Good reasons for selling. Can be purchased for a reasonable amount, which includes office furniture, fixtures and good will. Will thoroughly introduce my successor in my families. Correspondence solicited. Address Lock Box 633, Muncie, Ind.

"What did the doctor say?" "Something about giving up beer, but I looked at my hat and he said no more about beer."—*Fliegende Blätter.*

Savannah, Ga., 55,000 inhabitants. Polk's Directory, just out, reports *one* homœopathic physician there; room for more, surely!

They say one form of free coinage is counterfeiting.

Yes, Mary, a very little head may be very big.

The candle power in eminent medical luminaries varies considerably.

The broad, easy, downward road is macadamized to a certain point, they say, then it gets — !!

Never tell a woman she looks young for her age.

People would rather take medicine than advice, says Dr. J. P. Rand.

Taut strings and taught fingers are necessary, dear, for the proper playing of the fiddle.

Dr. Romig's book for missionaries in cold climates is a very attractive bit of book making.

The question has been asked, "Is love a disease?" Can RECORDER subscribers answer?

No bacteriologist on record has refused a "greenback" because of the bugs on it.

Don't say "swollen finger," but "dictylitis."

Class in anatomy: Describe the geniohyoglossus. Dictionaries barred.

Hay fever is coming. Don't forget the works on the subject by Dickie and by Fanning. Take a look at them.

# THE HOMŒOPATHIC RECORDER.

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VOL. XIX

LANCASTER, PA., JUNE, 1904

No. 5

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## BROMIUM.

By C. M. Boger, M. D.

To-day we take up *Bromium* another antiscorbutic medicine; in origin and properties it has many things in common with the other halogens, *Iodine*, *Chlorine* and *Fluorine*, like them being present in sea water and many other brines. It is a very volatile element, the fumes of which have a peculiar and suffocating odor, at the same time causing an intense irritation of the respiratory mucous membranes, the secretions of which are greatly increased; in fact, it irritates all the mucous membranes and finally induces what is called bromism, a more or less insensible state of the fauces with an acne like eruption on the skin. This sense of suffocation is very characteristic of *Bromium* whatever the disease may be, but would not in itself constitute sufficient ground upon which to base a prescription without the concurrence of other symptoms; let us, therefore, see what these other manifestations are; in common with the other members of this group it causes hoarseness, glandular enlargement, the formation of false membranes and a constriction of the air passages, especially the larynx.

The *Bromium* patient is particularly apt to sweat from the slightest exertion, from the paroxysms of cough or even during the high fever, at the same time he is extraordinarily weak; this shows the direction in which the symptoms lead and makes one think of diseases like pneumonia, diphtheria and membranous croup; in the two latter it is especially useful, but perhaps because of its unstable character it has not been used as often as it deserves, especially among practitioners who habitually use the lower potencies. Now let me throw out a hint which will help you over this very nicely and cure a lot of rather bad looking cases.

The halogen compounds with *Arsenic* are held in their chemical combinations very loosely, and the *Bromide* of *Arsenic* when dissolved in water quickly liberates enough *Bromine* to discolor the solution. It will thus furnish you with a most effectual remedy in diphtheria and membraneous croup when *Bromium* is indicated and you desire a fresh solution thereof. You will, however, always bear in mind that this medicine is a very powerful one, it being in common use among homœopathic veterinarians for the cure of distemper in horses; now in addition to the above enumerated indications, when *Bromium* is needed in croup the child is apt to be very restless and show a desire to be carried about the room *rapidly*, the cough has a croupy sound and there is much rattling of mucus in the larynx on coughing; don't make the mistake of giving *Antimonium tart.* in these cases unless in addition to the above symptoms pronounced nausea and somnolency are also present, for it is seldom indicated in this disease; neither will you think of giving *Hepar* consideration unless choking is present, besides the *Calcium salt* is lacking in symptoms pointing to the presence of a violent toxic poison in the blood. The irritative effect of *Bromium* is further shown by its causing a fluent coryza with violent sneezing, blood streaked, corrosive discharges and scabby nostrils. Nosebleed accompanies many symptoms; it ameliorates the vertigo, the eye and the chest symptoms; a case of pulmonary congestion or pneumonia calling for *Bromium* is therefore quite conceivable; should this be the case a careful comparison with *Kali nit.* which has the same symptom will be necessary.

It has a tympanitic distension of the abdomen with the evolution of much gas, a blackish diarrhœa and aggravation from eating oysters, quite a useful combination by the way. Quite in keeping with this there is passage of flatus from the vagina which, taken in connection with what I have pointed out concerning membraneous formations, may lead to its use in membraneous dysmenorrhœa when the general symptoms agree.

"Vertigo when crossing running water," calls your attention to its effect upon the circulation, where it has been found very useful in idiopathic cardiac hypertrophy marked by a full slow pulse and palpitation on beginning to move, or on rising from sitting; combined with this the patient often feels as if he would lose his senses, here resembling *Calc. c.*, *Bryonia*, *Digitalis*, *Gelsemium* and some other remedies.

Scrofulous persons with enlarged and indurated glands which have cutting and dull throbbing pains need *Bromium*; if suppuration ensues the discharges become excoriating, sometimes ulceration also complicates the case, in such instances a gangrene which emits a carrion-like odor will in all likelihood also supervene unless the whole process is checked by the appropriate remedy.

In a general way it may be said to be a left-sided remedy, although this character is not very prominent. Its action may be summarized under the following six heads :

1. Sense of suffocation, { Croup,  
Diphtheria,  
Pneumonia,  
Heart affections.
2. Excoriating discharges, { Coryza,  
Ulcers, etc.
3. Profuse sweats, { From the least exertion, coughing, etc.  
Even during a high fever.
4. Great weakness. Adynamic states.
5. Hoarse croupy cough with much rattling in the larynx, but no choking as in *Hepar*.
6. Sensitive to cold air.

Naturally it must be compared with the other halogens; *Bromium* is said to be more useful for blondes and *Iodium* for brunettes, but aside from this the former, like *Hepar*, is sensitive to cold while the latter is intolerant to heat.

### Chlorum.

Of all the halogens, *Chlorine* causes the most violent constriction of the respiratory organs, almost completely shutting off exhalation, while permitting free inspiration; this led Dr. Dunham to its use in a case of spasm of the glottis with great success, since which time it has found a somewhat limited use in this dangerous disease; here it may be compared with *Mephitis* which has a very similar symptom. It is useful to remember that *Chlorum* has "sooty or smoky nostrils," like *Hellebore*, and has been successfully used in typhus fever; thus these remedies have two points of contact, although in general they differ widely. Like *Bromium* it has breathlessness, and has cured it when this condition has followed acute bronchitis. It has cured acute coryza when accompanied by sudden gushes of a sharp, corroding fluid from the nose, tears in the eyes and a dry mouth, all evidences of its irritative action.

## A SUPPOSED CASE OF APPENDICITIS.

By Oscar H. Hall, M. D., Member Homœopathic Staff St. Paul "City Hospital," Professor History and Methodology, and Diseases of the Kidneys, Homœopathic Dept. University of Minnesota, Member U. S. Medical Pension Board, Member of City and State Medical Societies, etc.

On April 12th, 1904, this case was entered at the "St. Paul City Hospital," St. Paul, Minn. Boy æt. eight years, a Russian Jew. Family and previous history not known.

Present conditions: About two weeks before entering the hospital he was attended with what the attending physician himself stated to be "acute appendicitis," and sent him to the hospital for an operation. The case was referred to Dr. Comstock, who has charge of the surgical side, who carefully examined him, deciding that the case belonged to the medical side, and the case was assigned to me.

On entering the hospital the child was in an extremely weak condition, temperature 105, pulse 165, and very irregular, abdomen intensely tympanitic, and extremely sensitive, in constant pain, refund to the entire abdominal region. Lower lobe of right lung showed mucous rales, and over its pleura marked friction sounds, respiration hurried with a constant cough with no expiration. No symptoms of an effusion.

A sponge bath was ordered, but from carelessness or otherwise a cold sponge bath was given, and when I saw him he was in a stage of collapse. Temperature 94 1-5, pulseless, cyanotic, respiration short and hurried, skin cold, face drawn and pinched, with all symptoms pointing to a speedy dissolution, and so reported to the superintendent, who asked the cause of the relapse. Answer given, perforation. Reply that a post mortem would determine. The treatment consisted of putting him into a hot dry pack, with hot water bottles to the spine and extremities, and *Arsenicum* 6 x., with whiskey, given every few minutes, with turpentine stupes over the abdomen. These stupes were continued until the skin over the entire abdomen was macerated and eventually exfoliated.

During the 13th, 14th and 15th, the temperature ranged in the

neighborhood of 95 and 96, without any marked change for the better, except the pulse was with more volume and the respiration not so hurried. On the 16th he had a sudden rise of temperature to 103 4-5, when a hot sponge bath, ordered if the temperature reached 102, was given. These hot sponge baths promptly reduced the temperature to almost normal. After this rise I found the middle lobe involved with the same pleural friction sounds as in the former involvement.

After four or five days he had another rise in temperature and on examination found the upper lobe involved; thus in the course of twelve to fifteen days we had the entire lung and pleura involved with fortunately no effusion. The lower lobe began to resolve after a few days, the middle lobe also. Lastly the upper lobe. During the intervals of these invasions the temperature would drop to 96. After the last crisis the temperature came up to normal. During all this time the abdomen remained distended until the last crisis, when it began to subside; involuntary stool and urine present during all this time, and, singular as it may seem, at no time was the little fellow delirious. When he was able to sit up, we found the exterior muscles of the right hand paralyzed. At present this also is passing away. After the second invasion the diagnosis was changed to lymphangitis, with metastitis to the right lung. Great credit is given to Dr. Comstock, who saw the case from time to time, and to the nurses for their untiring vigilance and care every minute during the course of the disease.

*Arsenicum* 6 x to 30 x was the remedy from start to finish from its characteristic symptoms, with nourishment such as panopeptine and malted milk. Every one connected with the hospital was interested in this case and wanted to see him get well. He will be discharged in a few days well.

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## NYCTANTHES ARBOR-TRISTIS.

By Sarat Chandra Ghose, M. D.

*Name.*—In Sanskrit it is called Sephalika; in Bengali, Siuli; in Hindi, Harsinghar; in Tamil, Paghala-malli.

*Natural Order.*—Jasminaceæ.

*Part Employed.*—Fresh leaves.

*Time of Collecting.*—March to April.

*Leading Uses.*—It is an expectorant, bitter and tonic, febrifuge and mild purgative. It is used in bilious and obstinate remittent fever, sciatica and rheumatism. It is also very useful in constipation of children.

*Characteristics.*—The following lines are reproduced from Dr. J. H. Clarke's Dictionary of Practical Materia Medica (Vol. II, Part 1, pages, 631-632):

“*Nyctanthes* is a small tree of the Jasmine family, having brilliant, highly fragrant flowers, white and yellow, which do not expand till evening and which fall off about sunrise. Thus during the day the plant loses all its brightness, and hence is called ‘The Sad Tree’ (*Arbor-tristis*). ‘*Nyctanthes*’ means ‘Night-flowering.’

S. C. Ghose has given an account of the medicinal properties of this plant (*Homœopathic World* xxxvi, 24). He has used it extensively in cases of bilious and remittent fevers, rheumatism and sciatica, and the constipation of children. It is bitter, tonic, and expectorant and a mild purgative. In the fever there is thirst before and during chills, and bitter vomiting at close of chill. Not much sweat. Ghose compares it with *Eupat. perf.* He has made a short proving of it.

### Symptoms for Its Administration.

*Mind.*—The patient is very anxious and restless.

*Head.*—Dull headache exists.

*Mouth.*—The tongue is enveloped with a thick, whitish or yellowish fur.

*Stomach.*—Great burning sensation is experienced in the stomach, relieved by cold application.

*Abdomen.*—There is tenderness of the liver; stitches are felt in the hepatic region, which is very sensitive to touch.

*Nausea and Vomiting.*—Bilious vomiting comes on at every draught.

*Urine.*—The urine is high-colored.

*Fever.*—It is very efficacious in all fevers, with predominance of bilious symptoms. Insatiable thirst exists before and during chill and heat; bitter vomiting appears at the close of chill; constant nausea may or may not be present; drinking causes vomiting; the patient is very restless; constipation or bilious stools; perspiration is not generally marked.

Proving I.

Prover : Sarat Chandra Ghose, M. D. Age, 28.

On January 28, 1900, at 8 A. M., I took five drops of the tincture of *Nyctanthes*. Immediately afterwards burning sensation and uneasiness were felt in the stomach.

At 2 P. M. I took another dose of five drops. No other new symptom was experienced.

At 6 P. M. I took the third dose. Tasteless eructations were prominently marked and nauseating tendency was present.

On January 29, 1900, I took seven times of the tincture in five-drop doses and the following symptoms came on:

*Nervous System.*—I became very feverish, anxious and restless.

*Head.*—Dull headache was present.

*Abdomen.*—Tenderness of the liver; stitches were felt in the hepatic region, which was very sensitive to touch.

*Stomach.*—Great burning sensation and uneasiness were felt in the stomach, better from cold application.

*Stools.*—Profuse bilious stools came on which were accompanied by nausea.

*Nausea and Vomiting.*—Distressing nausea was present and vomiting appeared at every draught.

*Tongue.*—The tongue was coated with a thick whitish fur.

*Mouth.*—The mouth was intensely dry and great thirst for cold water was present.

*Urine.*—The urine became high-colored.

*Temperature.*—The temperature of the body was found to be 100°.

Proving II.

Prover : My wife. Age, 19.

She took the tincture of *Nyctanthes* in ten (10) drop doses four times daily and continued the medicine for two days. She was in good health when the proving was made upon her. In her case the following symptoms appeared:

*Mind.*—She grew restless.

*Head.*—Slight headache came on.

*Abdomen.*—Tenderness of the liver.

*Stomach.*—Severe burning and uneasiness were experienced in the stomach, better from cold application.

*Stools.*—She passed purely bilious stools every now and then and nausea was present.

*Mouth.*—The mouth was dry and intense thirst for cold water was present; but the drinking of water induced vomiting.

*Tongue.*—The tongue was enveloped with a yellowish fur.

*Urine.*—The urine became high-colored.

*Fever.*—The temperature of the body was seen to rise above the normal standard and it gradually rose to  $101^{\circ}$  within four hours.

### Clinical Cases.

#### CASE I.

A lady at the house of Babu I. C. Chakrabarti, B. A., Head Master, Town School, Midnapore, was suffering from a complicated attack of intermittent fever. No medicine could give her any relief. I marked the following symptoms when I took her under my treatment:

*Mind.*—The patient was very anxious and restless.

*Eyes.*—Violent burning in the eyes was present.

*Stomach.*—Great uneasiness was experienced about the epigastric region.

*Hypochondria.*—Enlargement of the spleen and liver was present, filling in nearly half of the abdominal cavity; the patient experienced pain in the region of the liver, increased on pressure.

*Stool.*—Her bowels did not move for ten days; there was no desire for it; constipation was present with pain in the bowels.

*Urine.*—The urine was very scanty and high-colored.

*Limbs.*—Slight dropsical swelling of the hands and feet appeared.

*Tongue.*—The tongue was enveloped with a whitish fur; the taste was bitter.

*Pulse.*—The pulse was very weak and small.

*Fever.*—The fever was double quotidian in type and appeared irregularly.

*Before Attack.*—Slight thirst and yawning appeared.

*Stage of Chill.*—Chill came on with great thirst for cold water, accompanied by pains in the stomach.

*Stage of Heat.*—Heat with thirst was present; vomiting of bile during heat; fever-blisters around lips were noticed.

*Stage of Sweat.*—Sweat was absent

*Stage of Apyrexia.*—Apyrexia was never clear; emaciation and debility were present.

I prescribed *Nyctanthes*  $\theta$  in five-drop doses, to be repeated every three hours, and took leave, requesting to be informed by the evening if the bowels did not move. I came to learn the following morning that the patient had a motion the previous evening. This medicine was persistently used and at the end of four days the dropsical swellings of the hands and feet vanished. After a week the tongue became clean, the bowels began to move regularly, appetite was restored and the fever disappeared.

## CASE II.

A boy, aged 7, was suffering from intermittent fever for some time. The fever came on every evening at 7 P. M. Violent thirst was present during chill and fever. Biliary vomiting was present. The bowels were constipated. I prescribed *Nyctanthes*  $\theta$  in five-drop doses thrice daily. The boy was cured within three days.

## CASE III.

A woman, aged 68, was suffering from remittent fever for ten days. I took her under my treatment on the eleventh day. The following symptoms were most prominently marked:

*Nervous System.*—The patient was very anxious and restless.

*Tongue.*—The tongue was coated with a whitish fur.

*Head.*—Intense headache was present.

*Abdomen.*—Stitches were felt in the hepatic region, which was very sensitive to touch.

*Nausea and Vomiting.*—Biliary vomiting came on after drinking.

*Stomach.*—Great burning sensation was felt in the stomach, better from cold application.

*Stools.*—Profuse bilious stools, with nausea.

*Fever.*—Chilliness was followed by burning fever.

At first I thought of prescribing *Eupat. perf.*, but I gave *Nyctanthes*  $\theta$ , in order to examine its therapeutic properties. The next morning I found the temperature to be normal. Vomiting and purging disappeared as soon as third dose was administered. The patient was cured by this medicine.

## CASE IV.

The son of Babu Sarada Kanta Chatteyee was suffering from a malignant type of ague with great constipation. He was treated by some allopaths and native Kabirajes for nearly five months,

but no perceptible improvement was wrought by the administration of their remedies. He was eventually placed under my treatment. I made a thorough examination which revealed the following symptoms:

*Mind.*—Weakness of memory, dread of death when alone, great fear and restlessness were present; the patient could not find rest anywhere, and changed place continually.

*Eyes.*—Burning in eyes was present.

*Face.*—The swelling of the face appeared.

*Lower Face.*—Sore lips and ulcers in the mouth were seen.

*Stomach.*—Great anxiety about the epigastric region was present.

*Hypochondria.*—There was perceptible enlargement of the liver and spleen.

*Stools.*—The bowels did not move for six days.

*Urine.*—The urine was scanty and high-colored.

*Tongue.*—The tongue was white; the taste was bitter.

*Fever.*—The fever appeared generally in the morning; chill appeared with thirst.

*Hot Stage.*—Heat with thirst; vomiting of bile during heat.

*Sweating Stage.*—No sweat.

*Apyrexia.*—There was clear intermission every day at 10 or 11 P. M. The paroxysms were marked by the controlling influence of chilliness.

I prescribed *Nyctanthes* <sup>θ</sup> in two-drop doses every four hours. This medicine moved the bowels freely. After a week's treatment the tongue became clear, the appetite was restored and the fever left the patient.

#### CASE V.

The son of Mr. M. M. Ray, Deputy Magistrate and Collector of Midnapore, was suffering from remittent fever, associated with bilious symptoms, for five days. On the sixth day the boy was placed under my treatment. I marked the following symptoms:

*Mind.*—The patient was somewhat restless.

*Tongue.*—The tongue was enveloped with a whitish fur.

*Nausea and Vomiting.*—Distressing nausea and bilious vomiting were troubling the patient.

*Stomach.*—Great oppression at the pit of the stomach was felt.

*Stools.*—Profuse bilious stools were present.

*Mouth.*—The mouth was dry and great thirst was present.

*Chest.*—Dry cough came on when the fever began to rise.

I prescribed *Nyctanthes*  $\theta$  in three-drop doses every three hours. The next morning I found the temperature to be normal. Vomiting and purging vanished as soon as the third dose was administered.

#### CASE VI.

The son of Mr. G. C. Dutt, Deputy Magistrate of Midnapore, was suffering from an attack of intermittent fever for some time. The fever came on every morning at about 7 A. M. Violent thirst was present during all the stages. Bilious vomiting came on in the hot stage. The bowels were constipated.

I prescribed *Nyctanthes*  $\theta$  in three-drop doses. The boy was all right within three days.

#### CASE VII.

Mr. R. L. Maitra, M. A., Principal Midnapore College, was attacked with fever. The following symptoms troubled the patient:

*Mind.*—He was very restless.

*Tongue.*—The tongue was coated with a whitish fur.

*Nausea and Vomiting.*—Nausea came on from the commencement of the fever. Vomiting appeared subsequently.

*Stools.*—The bowels were constipated.

*Temperature.*—The temperature of the body was  $104^{\circ}$ .

I prescribed *Nyctanthes*  $\theta$  in three-drop doses. He was all right within three days.

#### CASE VIII.

The second daughter of S. C. Majumdar, Deputy Magistrate and Collector, was suffering from intermittent fever. She was placed under my treatment from the fifth day. A careful examination revealed the following symptoms:

*Nervous System.*—Capricious humor, great anxiety and restlessness existed.

*Brain.*—Giddiness was present; headache with drawing pain in temples.

*Eyes.*—Heaviness of the eyes, with pain in the temples.

*Mouth.*—Dryness of the mouth; offensive odor and profuse salivation.

*Throat.*—Dryness of the throat.

*Stomach.*—Great burning sensation was felt in the stomach; better from cold application.

*Stools.*—Watery, bilious stools appeared when the fever began to rise.

*Nausea and Vomiting.*—Vomiting came on at every draught.

*Urine.*—The urine was scanty and high-colored.

*Fever.*—The fever appeared to rise every day in the morning. There was no full intermission.

*External Surface.*—Dry heat was present. No perspiration existed.

I prescribed *Nyctanthes* and copious perspiration set in as soon as the fourth dose was given. On the third day of my treatment I found a full remission of fever. The fever did not rise since that time. Only *Nyctanthes* cured the patient.

#### CASE IX.

The son of Babu Panchanan Mojundar was suffering from intermittent fever with bilious symptoms. The following symptoms were notably marked:

*Mind.*—The patient was morose and taciturn.

*Prodrome.*—Great thirst existed; yawning and stretching.

*Chill.*—Great thirst, but drinking induced nausea and vomiting of watery, bilious substances; great chilliness.

*Heat.*—Vomiting still existed; the patient could not bear water.

*Sweat.*—There was no sweat.

*Tongue.*—The tongue was coated white; the taste was bitter; food has no taste.

*Apyrexia.*—Imperfect.

*Stomach.*—There was burning sensation in the stomach during the cold and hot stage, better from cold application.

*Time.*—The fever appeared generally in the morning.

I prescribed *Nyctanthes* 1x every four hours and the patient was all right within a week.

These cases will throw a clear light on the fact that *Nyctanthes Arbor-tristis* will prove an excellent remedy for the symptoms mentioned before. I treated nearly 120 cases with this medicine alone and an overwhelming majority of them were cured. A short *Materia Medica* concerning this medicine was written by me and published in the *Homœopathic World* of January, 1901.

Another article relating to this drug was written by me for the pages of the *North American Journal of Homœopathy* of June, 1901. I was requested by the eminent homœopath, Dr. Leon Simon, of Paris, to write an article on this drug for the French

Homeo. Medical Society and complied with this kind request. That article was translated by Dr. Simon and presented to their Society and subsequently published in the *Revue Homeo. Francaise* of July, August and September, 1902. Another contribution from my pen regarding this medicine was published in the *Cleveland Medical and Surgical Reporter* of July, 1903. Dr. J. H. Clarke has very kindly incorporated these two newly discovered homœopathic remedies in his "*Prescriber*" and "*Dictionary of Practical Materia Medica.*"

I am under grateful obligations to these eminent doctors for their kindness in promulgating the cause of these two remedies. I ask the homœopathic fraternity to try the action of these drugs and to publish the failures to the world.

*Calcutta, India.*

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## THE UNOBSERVED PATHOLOGY OF ACUTE AND CHRONIC DISEASES.

By M. Zopfie, M. D., Pittsburg, Pa.

In considering this subject, I am compelled by past investigations and experienc-s, to follow a somewhat different line of thought from the usual. In so doing, I may bring forth some criticism. But, as we have not reached the stage of perfection, in the treatment of diseases, I think there still remains an abundance of room for improvement. For hundreds of physicians realize that there is still a mysterious something about diseases, which, as yet, is not clear. There is existing within the human body an underlying, deep-seated, unobserved pathology pertaining to all diseases, which, as yet is not recognized, and I take the human body in perfect health as my guide, and when I say perfect health, I do not mean apparently so, but that state of perfection, where the blood is pure and contains all the necessary chemical and vital elements to sustain, and nourish a perfect structure.

Furthermore, that the blood be free from all morbid matter or poisons. The physiological function of all organs complete and active. The muscular and nervous systems possess an abundance of vitality. Here we should find one grand harmony of functions and power, free from all form of irritation or disease. Now then, we cannot have a disturbance in the healthy human body,

and if that opposite state exist known as disease, there must be present something to irritate and excite, muscles, nerves, membranes and cellular structures of organs.

What are these disturbing agents that create such violent abnormal conditions that are commonly known as diseases? Past investigations and experiences have convinced me that all so-called diseases are in reality nothing more or less than abnormal or pathological states of the blood, and peculiar irritants or poisons. Each pathological or abnormal state of the blood, has its own peculiar way of manifestation and irritation. Also develops its own peculiar toxemia or irritant, and which is characteristic of the disturbance, or so-called disease. And as such act as violent mechanical irritants to all structures.

For we certainly could not have a violent disease in the body, and at the same time the blood remain in a perfectly normal state, free from all morbid matter or poisons. On the other hand I cannot see how organs, muscles and nerves could become diseased or irritated independent of the blood.

Suppose a perfectly healthy human being should develop a disease from any cause, this of necessity would have to take place in the blood, before muscles and nerves could become irritated or disturbed. This disturbance would certainly manifest itself in some form or manner, either by internal or external symptoms. These symptoms as they developed, would be given a name, and this generally is termed a "disease." These pathological states of the blood are created in many different ways, as by direct toxemia, heat, cold, water, food, air, depressed physiological functions, etc. The nature and character of the blood changes are numerous and differ one from the other, as do the various diseases.

Some of the blood changes, as I observe them in the treatment of diseases, are as follows: In some diseases I find the blood to contain, or to have developed, a distinct inflammable poison or irritant, which nature seems unable to eliminate. This inflammable foreign substance acts as a violent irritant to cellular structures and nerves. Also has a very devitalizing and destructive effect upon the blood itself.

This condition will be found in gout, inflammatory rheumatism, scrofula, peritonitis, meningitis, skin diseases, scarlet fever, abscesses, cystitis, etc. In other diseases I find just the opposite state of the blood, *i. e.*, the blood is thick, cold, sluggish,

very dark, and filled with morbid matter and poison. In this condition the blood suffers from suboxidation and deficient circulation, with internal congestion of organs, as liver, spleen, stomach, kidneys, and perhaps lungs and heart.

The above state will be found in malarial diseases, some forms of rheumatism, apoplexia, also in the after effects of acute diseases, as typhoid fever, la grippe, tuberculosis, pneumonia, varicose limbs, etc.

In other diseases I find the blood due to some irritating poison, or lack of circulation to become disorganized or separated, the solids or corpuscle from the liquid, or serous. As may be observed in acites, cholera, cholera infantum, some forms of rheumatism, and in less degree in many other diseases, as anemia. Fevers are the result of a low devitalized and morbid state of the blood and a variety of poisons, as malarial, typhoid, bilious, scarlet fever, etc. The various pathological states of the blood and their distinctive toxemiæ, which nature eliminates through the mucous membranes, in the form of catarrh or mucus, as well as those more violent conditions, as tuberculosis, bronchitis, pneumonia, dysentery, chronic diarrhœa. The above conditions are the results of numerous blood changes and mucus poison. The blood may be in an inflammable state, or, as previously mentioned, cold, thick, sluggish and very anæmic.

Hypercarbonization, suboxidation, and auto toxemia, are subjects that need special consideration as causative factors, for producing low, depressed and devitalized states of the blood, and disease. The human body under normal conditions can oxidize a certain amount of food materials, but the power of oxidation being limited the blood soon suffers from suboxidation, due to the ingestion of too excessive amounts of highly carbonized foods. For regardless of quantity or quality of food, people will force their digestive and oxidizing abilities without any consideration of detrimental after effects. Excessive carbonization, either by food or strong drink, in some people causes the blood to become overheated, or even violently inflamed, as may be observed in gout, rheumatic gout, catarrhs, skin diseases, and many other inflammable disturbances. This excessive carbon, owing to the system not being able to dispose of the same, acts as a violent irritant to many structures until eliminated in some form or manner.

Again, excessive carbonization in others, causes the blood to become very sluggish, dark and thick, suffers from suboxidation

and deficient circulation. In this state the blood becomes very impoverished and devitalized, loses its power of nutrition and stimulation, due to the processes of excessive amounts of morbid materials, which should have been burned up, or eliminated. With this depressed state of the blood we have a very sluggish circulation, also secondary congestion of internal organs, as liver, spleen, stomach, kidneys. As results we have depressed physiological function, also auto toxemia.

The liver especially suffers, and the blood becomes charged with an excessive amount of bile, which creates bile acid, also uric acid, due to the very congested kidneys. The functions of all organs are greatly depressed due to this sluggish and inactive state of the blood. This low depressed and impoverished state of the blood, furnishes the real soil for those violent conditions known as typhoid fever, la grippe, pneumonia, rheumatism, and catarrhs in general.

The above is the chief reason why the population of cities suffer so much more from these diseases. City people eat and drink so much more of the richer class of foods than do country people, whose diet is more of plain order. At the same time city people are the first to suffer from impure air and water or suboxidation and auto toxemia. Hence, the great number of these cases in cities, many of which are in that low depressed and devitalized state, which prove fatal from the beginning, due to just the above pathology, which are little understood in their true nature and character.

I think the above description will at least give some idea of the unobserved pathology referred to.

It is these abnormal states of the blood that form the basis for all so-called diseases, and by their presence in the body, act as predisposing soils at all times to a variety of disturbances and excitations.

Symptomatology without pathology is very unreliable and misleading, as the symptom or disturbance cannot come into existence without the necessary soil or pathology to create them. Hence, in a violent case of disease there may be present a deep seated pathology which is little considered in its true nature, and as being the causative factor for the systemic disturbance or disease. Hence, the many failures in those more violent diseases, as typhoid fever, pneumonia, tuberculosis, cancer, rheumatism, Bright's disease, diabetes, diphtheria, asthma, etc. In conclu-

sion I will say that drugs in their provings upon the healthy human body, create just such pathological states of the blood as above described.

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## ABDOMINAL TUMOR REMOVED WITH CALC. CARB.

By E. B. Fanning, M. D.

A number of years ago I was called to see a man at his home, and after prescribing for him I was asked to examine his daughter, then five years old. After looking her over carefully I discovered nothing beyond a very abnormally enlarged abdomen, very much out of proportion to size of child. I was asked my opinion as to the cause. I thought of worms, dropsy, flatulence, etc., but there were no other symptoms, so I said "pot-belly." The father then said Prof. — examined her six months previous and pronounced it abdominal tumor, located on left side, and added that was where we first noticed it. The doctor wanted to operate at once, but we would not allow him to do so.

At this time the abdomen was full and quite regular which was misleading. I also suggested an operation, and the sooner the better, the child being otherwise healthy there was no occasion for postponement, but he objected to the knife.

I saw the child again a year later; she was growing and so was the tumor, quite rapidly. Nothing was said about it on this occasion. Another year passed when I was sent for to attend the child's mother, whom I found suffering with phthisis from which she died about nine months later. Then the child was taken by the grandmother. I spoke of her condition and again suggested an operation. She also objected to knife being used. Then I said perhaps I could take it away with medicine; to this she readily consented. At this time she was fully as large as a woman eight months in pregnancy.

I filled a two ounce bottle with *Calc. carb.* 30th. on pills, and ordered four doses a day. When this amount was taken, which was about three months later, the tumor to all appearances remained the same. The bottle was refilled and given same way, After she had taken from the second bottle for about two months there was noticeable a slight shrinking of the abdomen and by the time the second bottleful was consumed, the enlargement had

diminished quite considerably. The bottle was again refilled and dosage continued the same way. When another month had passed, the right side of abdomen was rapidly assuming its normal size and the tumor localized itself under the left hypochondrium. By the time she had taken the medicine two months from the third bottle, every vestige of the growth so far as examination showed had disappeared. The remedy was continued until it was entirely gone. She only took the one remedy and has taken none since, except once for cold. It is now over two years and she remains well and healthy, and can be seen by any person desiring an interview. Such cures illustrate the action of homœopathic drugs and the clear and positive action of the indicated remedy.

*Philadelphia, Pa.*

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## HOMŒOPATHY.

Editor of the HOMŒOPATHIC RECORDER.

How about this?

“Mr. Stenson, director of Pomology at the St. Louis World’s Fair is convinced that apples are a certain cure for the drinking and tobacco habits. If there is a tendency to do something desperate, he says, let a man sit down and quietly reflect upon it, meantime munching an apple.”—*Daily Chronicle*.

When skies are all gloomy and grey,  
 And things look as black as they can  
 And when you get thinking there’s nothing like drinking  
 For putting some heart in a man  
 In any case do not give way  
 Or lose hope with this grieving to grapple,  
 The clouds will roll by  
 If you only will try  
 The effect of consuming an apple.

If a desperate deed should invite  
 If you feel you are going insane  
 If you feel suicidal  
 And scarcely can bridle  
 The madness that tears through your brain;  
 Munch a Newton with leisurely bite  
 And ponder the deed you intended,  
 I am nearly assured  
 You’ll find yourself cured  
 ’Ere the apple of concord is ended.

For how did our troubles begin?  
'Twas an apple as everyone knows,  
Whose rosy temptation  
Has sowed in creation  
Its plentiful harvest of woes.  
So if you would guard against sin,  
Don't trust to your church or your chapel  
Homœopathy's laws  
Cure an ill with its cause  
And undoubtedly point to the apple.

—*London Punch.*

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## ST. LOUIS WORLD'S FAIR.

Editor of the HOMŒOPATHIC RECORDER.

Realizing the magnitude of the Louisiana Purchase Exposition now in progress in this city, the St. Louis Homœopathic Medical Society has appointed a committee to furnish to all homœopathic physicians and their families such information and literature as may be desired concerning this greatest of all Expositions.

Considering the difficulties of securing proper accommodations this committee will be pleased to answer inquiries sent by mail relative to this subject, and will undertake to reserve desirable quarters in hotels, boarding houses, rooming houses or private families. *There will be no charge or expense for such information or service.*

In corresponding with this committee concerning accommodations, physicians must state definitely the date for which they are to be reserved, the approximate length of their visit, the number in their party, and the price which they wish to pay.

All hotels, boarding houses, etc., require a deposit at the time reservations are made, such deposit to be placed to the visitor's credit.

The committee hope by these means to contribute to the comfort and pleasure of all members of the homœopathic profession.

Fraternally,

W. E. JONES, M. D., Chairman, 3850 Page ave.,

W. W. GILBERT, M. D., 314 S. Jefferson ave.,

WILLIS YOUNG, M. D., 2344 Park ave.,

*Committee.*

*St. Louis, Mo., May, 1904.*

## THE "NEW HOMŒOPATHY."

The Editor of HOMŒOPATHIC RECORDER.

The following is clipped from an editorial in what is presumably a homœopathic journal. It is hot stuff. Yes? Here it is:

"The bald fact is that the doctrine of stagnation does not appeal to the rising professional generation. Within the past few years there has been a steady exodus of students from homœopathic colleges to those of the opposition, and it is idle to dispute the fact that this movement is constantly increasing. Various explanations have been given for this, and much embarrassment has been caused in some quarters, but the whole matter is one that can be very easily understood. The embryo doctors of today are not satisfied with the instruction they get in homœopathic colleges. They grow weary of the constant harking back a hundred years for therapeutic teachings. Their minds are trained to think, to grow, and they turn in disgust from a *Materia Medica* made up of disconnected, disjointed, crudely expressed reports of symptoms which befell some unknown experimenter many years ago, and which may or may not have resulted from some overdose of filtered moonshine to which said experimenter carelessly exposed himself. The embryo physician of today argues, and not without reason, that as the world grows the scientific accuracy of Homœopathy ought to grow with it. If it is unwilling to grow, that alone looks like a confession of weakness, and he loses faith in it at once. This is undoubtedly the state of mind of the average medical student of today—and the students of today will be the doctors of tomorrow."

Curious reading isn't it? But what has allopathy, or call it what you please, to offer those who turn in "disgust" from the homœopathic *Materia Medica* that has carried us safely down to date? Nothing but therapeutic quicksands! The writer prefers "stagnation," *i. e.*, old Hahnemannian Homœopathy, to "progress" allopathicward.

OLD TIMER.

## SOME EXPERIENCE IN THE PROPHYLAXIS OF VARIOLA.

By J. J. Davis, M. D., Racine, Wis.

The recent epidemic of small-pox in Racine has given me opportunities to test the prophylactic power of *Variolinum*. In all families to which I was called because of the presence of one or more cases of variola I have given the remaining members, and others exposed, *Variolinum*, and in no instance was there an additional case of the disease after beginning its use. I am therefore led to believe that it is an efficient preventive and that it has advantages over vaccination in greater certainty and rapidity of action, as well as in not producing any illness or lesion with attendant or subsequent dangers.

There are two questions, however, which should be definitely settled and regarding which the profession should furnish data as soon as possible. The first is in regard to dosage. I used only *Variolinum* 30th. In the earlier cases I gave a daily dose during the period of exposure. Very soon, however, I decreased this to three successive daily, followed by semi-weekly, and in the later cases by weekly doses.

As susceptibility to smallpox and to *Variolinum* should be proportional, it ought to be possible to attain a definite dosage for all cases. If this could be a single dose it would have manifest advantages.

The second point is as to the duration of the prophylaxis. In this important matter my observation has, as yet, given me no data, and I am not aware of any published observations that would assist in determining the length of time immunity produced in this way remains, although the matter is a very important one.

In regard to the effect of *Variolinum* upon subsequent vaccinosis I learned nothing definite, but received the impression that it has little or no effect, which I take to indicate that vaccinosis is not a class similar to variola.—*Medical Century*.

## USE OF THE NOSODES.

By Dr Edwin Jay Clark.

What is a nosode?

Dr. Constantine Hering gives us this definition, which is authoritative: "Nosodes are nothing but solutions in alcohol of undeviating products of disease, and have to be first proved, and may then be given according to the symptoms, like other remedies."

The substances that can be properly used for remedial purposes are described by Dr. Carroll Dunham as follows: "It is probable that whatever substance from which ever of the kingdoms of nature, has the power to modify or alter in any way any of the functions and tissues of the body, is capable of being used as a remedy for diseased conditions. When we know how it alters or modifies the functions and tissues of the healthy body (a proving shows us how it does so), then the law *similia similibus curantur* teaches us in what cases to apply it as a remedy."

Under this opinion, and we believe it to be correct, we can rightly claim the use of the nosodes as a proper and scientific measure. We certainly believe in the propriety of using any and all substances that have been properly proven.

One of the most common objections offered against the use of these remedial agents is that they are filthy. This objection certainly does not apply to their homœopathic use, for no expert homœopathist attempts to use them in a state anywhere approaching the crude. The decillionth potency of Hahnemann is about the lowest used, though more often the 200th or higher is given. The man who makes the loudest howl about the filthiness of potentized nosodes, has no qualms of conscience when he injects a large quantity of diseased horse juice into his patient. What he injects is not a nosode. It is too filthy for a nosode. To the mind of such a man genuine dirt is not as filthy as dirt well diluted, so long as in the use of his genuine filthy remedy he is in the swim of the shoddy aristocracy of medicine. The preparations we use and advise are clean, never spoil nor become unfit for use and keep indefinitely in all climates.

We know that any nosode when potentized and used in a scientifically homœopathic manner is perfectly clean and an entirely ethical remedy; that any diseased product when given in a large

quantity of more or less rotten or partly rotten and diseased horse juice is dirty, filthy and unscientific, and that the man who uses it has not the artistic skill so necessary in the perfect physician.

We hear men say that they prescribe the "diphtheritic antitoxine" because it is homœopathic to diphtheria, not realizing that in such a statement they have shown their great ignorance of the basic principles and true meaning of Homœopathy. A remedy is never homœopathic to a disease name. Diphtheria, we know, is always diphtheria, but case number one is not case number two. Often the divergence will be great, again it is slight, but if we would be honest, as homœopaths we are compelled to individualize each case. To use the antitoxine treatment or any other routine treatment is to be dishonest. I will admit that there are doctors so lacking in acumen, skill and knowledge that they can not see the difference between the two cases and naturally use a routine treatment and then show their ignorance by calling it homœopathic to both cases. Now the nosodes to be used successfully must not be used in any such unscientific and slovenly manner. There is always danger in the wrong use of high potencies, and that danger is marked in that class of deep and long acting remedies called the nosodes.

*Psorinum*, while an excellent antipsoric, is not homœopathic to psora. *Pyrogen* is not indicated in every case of septic fever. *Syphilinum* is indicated in a minority of the cases of syphilis. *Diphtherinum* is not to be prescribed a la ignorant antitoxine methods for every case of diphtheria, but only for selected cases, and so we might go on down the list. Each remedy must be given only when indicated by the complete picture of the case. The man who prescribes *Hydrophobinum* simply because there is an aggravation on seeing water is not necessarily making a homœopathic prescription. The man who gives *Psorinum* because the stools smell like rotten eggs has forgotten that *Scilla* and a dozen or more other remedies cover that same condition any one of which may be more homœopathic to the case. The fragmentary character of the proving of some of these remedies makes it exceptionally hard to use them at all homœopathically. They will, therefore, have to be kept among the reserves, for occasional use only, until such time as a knowledge of their action may be more fully developed.

The question of using or of not using this class of remedies we favorably settled for ourselves many years ago. We were led to

a favorable action by the fact that those most highly skilled in the homœopathic use of remedies (artists) used nosodes; and that those not possessing this high degree of skill condemned their use and yet were very apt to use undiluted filth.

Acknowledging that diphtheritic antitoxine might be homœopathic to my next case of diphtheria and that I knew it was, how would I use it?

“If we give too strong a dose it must, notwithstanding the inherent beneficial character of its nature, prove injurious by its mere magnitude” “The dose of the homœopathically selected remedy can never be prepared so small that it shall not be stronger than the natural disease.” “The praise bestowed of late years by some few homœopathists on the larger doses is owing to this, either that they chose low dynamizations of the medicine to be administered, as I myself used to do twenty years ago, from not knowing any better, or that the medicines selected were not perfectly homœopathic.” These three quotations from Hahnemann answer the question! When we left the portals of our alma mater we had a very poor knowledge of Homeopathy, the wisdom contained in the quotations was unknown to us. It required many a hard knock to bring us to a realization of their truth.

In studying these remedies we notice a red line running through almost all of them, marked despondency. We notice that many recommend them “when the indicated remedy fails.” We have learned that often when we have a one-sided case, drawing slowly along, symptoms mixed, nothing well indicated, and when that which appears to be indicated does not produce its favorable action, that then the nosode coming the nearest to the dyscrasia of the patient will often stir up the case and bring out and develop a picture that will lead to the selection of the homœopathic remedy.

*Ambra grisea* shows marked aggravation from the presence of strangers and others. There is also aggravation from any little thing unusual, as straining at stool or walking farther than usual or business embarrassments. Farrington says “that unless there are some nervous symptoms present in a case you can hardly expect to do good service.”

*Anthracinum* shows a markedly septic and malignant condition. Marked prostration with subnormal temperature. Intense burning pain. It has many symptoms that might call to your mind

such remedies as *Ars.*, *Carb. ac.*, *Crotalus*, *Lachesis*, *Pyrogen* or *Secale*. In the terrible pains of cancer, carbuncle or erysipelas it should be thought of in comparison with *Ars.* or *Euphorbium*.

*Diphtherinum* deserves to be well proved. H. C. Allen, in his *Keynotes*, gives a page of "cured symptoms, verifications which the author has found guiding and reliable for twenty-five years." "When the patient seems doomed and the most carefully selected remedies fail to relieve or permanently improve." There is a malignancy about its symptoms that reminds us of *Lac can.*, *Merc. cy.*, *Bapt.*, *Apis* and others. The throat symptoms are not marked; the constitutional symptoms are decided.

*Hydrophobinum* or *Lyssin* shows a marked aggravation at the sight or sound of running water. Bell says: "*Hydrophobinum* adds an interesting and well confirmed symptom to our repertory in the aggravation which with other symptoms makes it applicable in dysentery. Those who have scruples about using a remedy of this character are at liberty to cure cases having this distinctive condition with some other remedy, if they can." The remedy can be compared with *Bell.*, *Canth.*, *Hyos.*, *Stram.*, etc. Its other aggravations are from the heat of the sun; from bright, dazzling light, and from carriage riding.

*Medorrhinum* has many symptoms that occur after the so-called cures of specific urethritis made by many who call themselves doctors. The cases were not cured; they were suppressed. The aggravations are from thinking of the condition; heat; covering; sweets; thunder storm; from daylight to sunset. Ameliorations are at the sea shore; damp weather; lying on the stomach.

*Psorinum* is probably our most often used nosode, and it is our best proven one. Dr. James T. Bell, in that work of his so indispensable to the true physician, gives *Psorinum* this well deserved commendation: "Whether derived from purest gold or purest filth, our gratitude for its excellent services forbids us to inquire or care." *Psorinum* has complete despair of recovery. Patient perspires profusely from the least exertion and at night. Has a dirty, unhealthy, greasy skin, with great tendency to suppuration. Offensiveness is marked—offensive odor to the body, offensive eructations, offensive flatulency, offensive stool, offensive discharge from the ear, offensive expectoration, offensive leucorrhœa, offensive menstrual flow, etc. It needs to be differentiated from *Sulphur* and in many of its conditions from *Arn.*, *Ant. tart.*, *Cham.*, *Graph.*, *China*, *Laurocerasus*, *Capsicum* and others. T.

F. Allen, in his *Handbook*, devotes three and one-half pages to its symptoms. H. C. Allen, in speaking of its use in fevers, says: "*Psorinum* will often clear up a case where there is lack of vital reaction after severe attacks when other remedies, often well chosen, fail to relieve or permanently improve." In his *Key-notes* he truly says that, "*Psorinum* should not be given for psora or the psoric diathesis, but, like every other remedy, upon a strict individualization—the totality of the symptoms—and then we realize its wonderful work.

*Pyrogen*, Kent says, "has the anxiety of *Ars.*, the restlessness of *Rhus*, the soreness of *Arnica*, the aching of *Eupatorium* and the rattling in the chest of *Ant. tart.*"

*Syphilinum*, like *Merc.*, shows marked aggravation at night. You will remember that this is the opposite of *Medorrhinum*.

*Tuberculinum* or *Bacillinum*, while especially adapted to the class of patients in whom you would look for tubercular conditions, is never to be prescribed for that condition only. H. C. Allen says: "Adapted to persons of light complexion, blue eyes, blonde in preference to brunette, tall, slim, flat, narrow chest, active and precocious mentally, weak physically." Symptoms ever changing. Takes cold easily without knowing how or where. Emaciation rapid and pronounced, are some of its more marked symptoms.

*Variolinum* has only a fragmentary proving, but has won laurels as a prophylactic against smallpox superior in all respects to that of vaccination.

This covers most of our nosodes in a manner so condensed that it can hardly be satisfactory to either the Club or the essayist. If you want more definite or extended information you can get it if you will look for it.

In conclusion let me impress this fact upon your minds: If the remedy is homœopathic to the case, the dose cannot be too small; if not homœopathic, it is dangerous to give in any dose.

Read before the Denver Homœopathic Club.—*The Critique.*

## THE INTERNAL REMEDY IN GYNÆCOLOGICAL PRACTICE.

By James F. Martin, M. D., Sacramento, Cal.

While my experience with remedies in gynæcological cases during a twenty years' work has not been as great or as varied as the experiences of physicians more favorably located, yet the necessities of a general practice have brought me in touch with most remedies that are at all applicable even in the special practice of gynæcology, and at the same time I have been brought face to face with the fact that even the most useful remedies are limited in numbers and sphere of action.

There seems to be a growing tendency to confine one's self to the use of the few common remedies, whether they fit the case exactly or not, rather than to take the trouble of searching out the hidden treasures that might be buried beneath the surface of some unknown or untried drug. I have many times met with cases that the pathogenesis of none of the well known remedies seemed to cover exactly; hence the success of the case was not what I thought it should be. Therefore I am led to believe that some day, during the further development of our materia medica, remedies will be found that will exactly fill in these vacant places, and enable us to cure more cases than is possible at the present time. I believe that a remedy exists for everything, and that the homœopathic physician should be able to cure every case curable with medicine.

That certain medicines seem to have preference for certain organs is a well known fact, so that it has become a common thing to speak of a medicine as left-sided or right-sided, according to the peculiar action of the medicine spoken of. In very many, or perhaps most of the gynæcological cases we have to treat, there is more or less trouble with the ovaries. Remedies for these diseases are naturally divided into three classes, right-sided, left-sided, and, third, remedies that have no special affinity for either side. The remedies most often indicated in right-sided ovarian trouble are *Apis mel.*, *Belladonna*, *Bryonia*, and *Lycopodium*. The two former are more often indicated than the others, and while they have many symptoms in common, it is usually an easy matter to differentiate between them. *Apis* has sharp, cutting, stinging, burning pains, radiating in various directions, and may

extend to the left pectoral region or to the left ovary. *Belladonna* has a tearing, clutching pain in the lower abdomen, also a pain extending from the uterus to back and then forward from the back through to the symphysis pubis. The pains of *Belladonna* increase to the limit of endurance and then gradually subside, only to repeat the process. With either of these remedies the surface becomes very sore and tender to touch. While the aggravation from the jar of the bed is very marked with *Belladonna*, it has no meaning with *Apis*. The *Belladonna* patient may be very thirsty and drink large quantities of cold water. The *Apis* patient is practically without thirst. The headaches of these two remedies usually are very different. They both have congestion of the head, but with *Apis* the whole brain feels tired, and the headache is more often associated with kidney trouble, while with *Belladonna* the congestion is active, the pain very severe, worse over and around the right eye, aggravated from noise and light, and is accompanied by heat and redness of the eyes, and often is synchronous with the ovarian pains. With *Apis* the ovary may be enlarged and swollen and indurated. *Apis* is said to be an excellent remedy in ovarian dropsy. Of the other two remedies very little need be said. Whatever the pathological condition may be, *Lycopodium* will scarcely ever be indicated when the characteristic gastric trouble for which it is so well adapted, is not present, and the aggravation from four to eight P. M. is not marked, while with *Bryonia* you will always have the aggravation from motion and relief from lying on the painful side.

In connection with pelvic and hepatic congestions when hæmorrhoids always appear during the menstrual period there is no remedy that will take the place of *Collinsonia*.

The remedies having affinity for the left ovarian region are more numerous than those adapted to the right side.

*Colocynth* is classed among the left-sided remedies for diseased ovaries. Why this should be is very hard to tell, because, for the most part, it is a right-sided remedy. The cramping pains expressed under the action of this drug are accompanied by a sensation as if the parts were squeezed between stones. The patient finds some amelioration by doubling up or by lying on the stomach. A very similar condition of relief will be found in the pathogenesis of *Cimicifuga*, only with the latter drug the pains are spoken of as colicky. *Lachesis* is one of the first remedies thought of for troubles occurring anywhere in the left side of the body,

and yet it is not so well adapted to diseases located in the region of the left ovary as are some others. However, should the patient sleep into an aggravation, or be worse after sleeping, this fact will point very strongly to *Lachesis* as the proper remedy, but this symptom alone is not of sufficient importance to be guiding. Should you have this aggravation after sleep, with the abdomen so very tender to touch that even the weight of the bed clothes causes great discomfort, you have an indication for *Lachesis* that is too insistent to deny.

*Lilium tig.* is one of the most important and most often indicated remedies for the treatment of left-sided ovarian diseases. The pains are sharp, cutting, and extend straight across the abdomen and down the left thigh. The flow is generally bright and profuse; it is aggravated during the day and when moving about. Should the flowing continue while the patient is lying down, it will contra-indicate *Lilium*. The flow returns during the intramenstrual period from any unusual exercise, such as riding horseback, riding in a rough wagon, or working over a wash-tub. Its leucorrhœa is brownish, excoriating, and often very fetid.

*Ustilago* is another left-sided remedy of importance. It has less neuralgia and more aching and burning than *Lilium*. The left ovarian region is hard, swollen and very sore. The flow is dark, fluid, and mixed with small clots. The cervix is soft, tumified, and the os patulous, almost the opposite condition found under *Secale cor*. I have had occasion several times to use this remedy after the patient had been drugged with Lydia Pinkham's compound.

*Cimicifuga*, *Sepia* and *Pulsatilla* are the polychrests of the gynæcological remedies. They do not act on either side from preference, but come to the attack from any direction whence the storm arises. There will be very little trouble in recognizing which is prince for the time being, for most of the time when either of these remedies is indicated you will find plenty of symptoms everywhere, each remedy manifesting itself in its own peculiar way. If either of these remedies has any specific affinity for any part of the body more than any other, *Cimicifuga* by preference has a wide action on the cerebro-spinal system, *Sepia* on the portal system, and *Pulsatilla* presides over the mucous membranes. They are all very useful remedies in dysmenorrhœa.

To specialize: *Cimicifuga* has a dark, coagulated flow with

crampy, distressing pains in the region of the uterus, resembling colic, causing the patient to double up; with these pains there is considerable soreness over the abdominal parietes; with these symptoms the patient will often have a dread of some impending evil. The symptoms sometimes amount to gloomy forebodings.

The flowing of *Sepia* may be either dark or light; the bearing-down pains produce a sensation as though the contents of the pelvic cavity would be forced out, making it seem necessary for the patient to cross her limbs and hold them together to prevent it. The *Sepia* headache begins in the occiput, runs up over the side of the head, and is worse over the left eye.

*Sanguinaria* has a similar headache on the right side; it often begins in the morning, increases as the day advances, declines with the sun and ceases at night.

The *Pulsatilla* patient is mild and tearful; feels like crying and knows not why. This may be accompanied by a bursting, semi-lateral headache, worse on the right side. The flow of *Pulsatilla* is dark, changeable and intermittent. The leucorrhœa may be acrid and burning, but it is usually yellowish-white and bland. Before menstruation the abdomen is often very much distended.

*Bromine* and *Helonias* seem to be more often indicated in membranous dysmenorrhœa than any other of the remedies mentioned. *Bromine* has violent contractive spasms in the abdomen with the discharge of membranous shreds and the emission of large quantities of flatus from the vagina. With *Helonias*, menstruation is too frequent, too profuse, the flow generally bright, the patient easily exhausted, and there are sharp, cutting pains through the uterus to the front; this latter symptom is very much like *Belladonna*. There is general languor, causing the patient to feel worn out all the time. The *Helonias* patient is very liable to suffer from procidentia, so relaxed are the uterine ligaments and vagina. The membrane exfoliated during the dysmenorrhœa appears to be the entire endometrium.

Cramping pains, so often mentioned by patients, will usually find relief in one of two remedies—either *Caulophyllum* or *Viburnum opulus*. With *Caulophyllum* the pains are very severe and may be accompanied by cramps either in adjacent or distant organs. This remedy belongs to the same family as does *Cimicifuga*, hence one would naturally expect that many of their symptoms would be similar, which is the case. So far, however, as the *Cimicifuga* pains are concerned, the patient almost invariably

describes them as colicky, while the *Caulophyllum* patient's pains are described as cramps. The cramping pains of *Caulophyllum* are, for the most part, confined to the abdomen and adjacent organs; the cramps of *Viburnum* almost always extend to the thighs; they begin in the left ovarian region and extend first to the left thigh.

When thinking of *Viburnum*, it is well to keep in mind the fact that it is one of the principal remedies in the Lydia Pinkham compound. Many of the remedies already spoken of are useful in menorrhagia, and their characteristic symptoms have been given.

Aside from the remedies already mentioned there are several others that are very useful and deserve a place in your armamentarium.

*Calcarca carbonica* represents the chronic trouble, and is very often useful in first starting the patient aright. Under this remedy menstruation is too early and too profuse. The feet are cold, clammy; the patient very easily tires, especially on going up stairs. The assimilative processes of the *Calcareea* patient are very much less active than the normal standard of health requires. The conditions that would lead to the use of *Sabina* are the result of many and oft-repeated abortions, or such other troubles as would leave an enlarged and congested uterus. The flow is bright red fluid, and sometimes has a considerable admixture of dark coagula. With these conditions present *Sabina* will do excellent service.

*Trillium* has menstruation that is premature and profuse. The patient has shortness of breath, vertigo and palpitation during the period. There is also a painful sinking feeling at the pit of the stomach. The flow is generally bright, but there are often dark clots with it. At the same time there may be epistaxis and hæmorrhage from other mucous surfaces as well. This is another of the remedies contained in the compound already mentioned. So far as the actual pain of *Trillium* is concerned, it is less severe than the pains of *Viburnum op.*, but the flowing and general weakness of the former are much greater.

Most, if not all, the remedies already mentioned, have their greatest aggravation either at the beginning or during the menstrual period. With *Zincum met.* the condition is just opposite—the amelioration is always during the menstrual period. Take this symptom in connection with restlessness of the lower extremities

and you have a pretty strong indication for *Zinc*. The various cervical lesions met with in general practice are the most intractable cases that one is called upon to treat. Of these the most common are the erosions and follicular enlargements following lacerations during labor; they may be treated with success by the general constitutional medication. But cervical troubles that are of a specific origin are much more troublesome and usually require a remedy finding its indication mostly in the local manifestation. Of such remedies *Creosote* and *Mercury* are the most commonly indicated. The flow of *Creosote* is dark and offensive, in large clots, or it may be thin, watery and excoriating. This flow, like that of *Pulsatilla*, may be intermittent. This may also be the case with the leucorrhœa, which is yellowish-white, acrid, and leaves a yellow stain on linen. During the period there may be humming and buzzing in the head and chilliness over the body.

*Mercury* has a very similar action on the cervix, but under *Mercury* you will find more constitutional symptoms. The mouth and throat has more or less subacute inflammation, when *Mercury* will be indicated. There will nearly always be an aggravation whenever the weather changes. The cervix is irregular in outline and bleeds on the slightest touch.

*Thuja* and *Medorrhinum* will often be found useful in these troubles. The indications are found in the possible infection from gonorrhœal virus.

Some of the most important considerations in the selection of a medicine are to be found in its modalities. People are very fond of doing something themselves to assist the doctor. Often before the doctor arrives the friends will be applying hot compresses or hot flaxseed poultices, with a view of relieving the patient as soon as possible, and oftentimes, if these adjuvants are properly applied, they are a great source of relief to the patient. "And thereby hangs a tale." Hot compresses or heat of any kind would be as suicidal to an *Apis* or *Pulsatilla* patient as cold compresses would be to the *Rhus* or *Nux vomica* patient. *Bryonia* might stand heat applied, but the heat of the sun is intolerant to *Bryonia* patient—in fact it is one of our best remedies for partial sunstroke. A cold compress will very often relieve a *Belladonna* headache, and in children it will very often materially relieve the fever accompanying it.—*Pacific Coast Journal of Homœopathy.*

## HEALTH BOARD FOOLISHNESS.

One of the results of bacteriology-gone-mad is sanitary lunacy. That about every disease is eagerly, mordaciously, savagely, relentlessly and hell-bently contagious, is bacteriologically undeniable. The atmosphere and every solid and every fluid is super-saturated with microbes which, if not already pathogenic in, are intense pathogenic expectancy. The slightest sign of the most diaphanous suspicion of the vaguest hint of a "morbid immanence" is all the saprophyte needs to instantly become virulently diabolic. Phthisis it actively contagious, and the poor consumptive must be isolated. The proper thing is to segregate them in a consumption pest house. This is humane and civilized, but best of all it is medically philosophic and heavily weighted with common sense. True, there is not one case in a hundred which is not directly traceable to heredity (the germ theory contradicts heredity in tuberculosis); true, no doctor, living or dead, ever witnessed an instance in which one person ever "caught" consumption from another; true, it never has been and never will be proven that dust, laden with the dessicated sputum of consumptives, conveyed the disease, but what of all this? The germ theory requires it to be contagious, so, then, contagious it is.

It is becoming very clearly evident that pneumonia is contagious, as witness the statements to this effect of one or two very modern medical writers. Soon we will have to quarantine against this (allopathically) fatal disease. Where will it end, and how will it end? Now, every physician of every health board, and every other doctor who has the common-st kind of common sense, knows that if disease were one-twentieth as contagious as microbism requires it to be, in six months there would not be a doctor on the face of the earth, and only here and there a layman.

This contagious extremism has led to the enactment of a set of laws so stringently unreasonable, and so unreasonably stringent, that the counterforce of lay horse sense has rendered them nugatory and inoperative. They are dead letters. An enforcement of the letter of the law relating to quarantine would bankrupt the wealthiest town in the United States. Not so long ago our health officer quarantined a couple cases of diphtheria literally according to law. It cost the village nearly \$300.00, and did *not* prevent the spread of the disease. Three more cases occurred in the other end of the town, and they did not "catch" it from anybody.

That "cooked" our council, and they readjusted civic relationships along this line. Now the houses are simply placarded and cautionary injunctions are left at the infected houses. Non-infected members of the household go and come according to the necessities of the situation. In small pox more rigid precautions are taken, for it *is* possible for its contagion to be carried in the clothing. We know, of course, that it is very rarely so carried. It is at least theoretically possible to carry scarlatinal contagion in the clothing, but this almost never happens. No other disease of this latitude can be disseminated through the agency of fomites.

It must not be inferred from what I have said that I do not favor all rational methods of preventing the spread of contagious or non-contagious diseases. But I am sick of the martinettish antics of extreme germists, and uncounted thousands of people are in sympathy with me in this matter.—C., in *Medical Gleaner*.

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### CONTAMINATED VACCINE VIRUS.

The purity of vaccine virus is a matter of vital concern to every practitioner of medicine. The laity are inclined to hold the physician responsible for any untoward consequences which may follow a given vaccination. While this is not strictly just, it is, nevertheless, a condition which must be faced and intelligently met. Recognizing the necessity for care, most physicians are painstaking in the selection of the brand of virus which they use, and perform vaccination with as great aseptic precaution as possible. They are justified in demanding that the virus which they purchase be free from contamination. In this connection the observations of W. T. Howard, Jr. (*Journal of Medical Research*, January, 1904), deserve careful thought at the hands of every practitioner. Howard examined, bacteriologically, from October, 1902, to May, 1903, the vaccine from five establishments in the United States. Some of this virus was bought upon the open market in sealed packages. Other specimens were submitted by the Health Department of Cleveland, Ohio. They were likewise samples of commercial vaccine. The samples consisted of both ivory points glycerinated tubes. The virus of all these establishments was contaminated with actinomyces, although every sample did not show such contamination. In all there were examined ninety-five specimens, twenty-four of which were thus in-

fect. Those specimens which showed the greatest bacterial contamination also showed the largest number of actinomyces. The latter organisms which were isolated are to be separated into nine different species, six of which have apparently not been hitherto described. Their pathogenesis for man has not as yet been definitely determined. The source of this contamination is probably multiple. As actinomycosis of calves is uncommon, it is improbable that actinomyces reach the virus from actinomycotic processes in the calf. Calves from actinomycosis infected herds may, however, possess upon their hides these micro-organisms, which, in this way, are brought to the vaccine establishments. Thus actinomyces may be transmitted in such an establishment from the vaccinal lesions of one calf to those of another. In this way all of the virus would become contaminated. The water, utensils, and instruments used in the preparation and storage of the virus are also possible sources of contamination. The most probable sources, however, are to be found in the air, water, soil, hay and straw with which the calves come into contact.

The importance from the viewpoint of the practitioner which attaches to Dr. Howard's results lies not so much in the pathogenic or non-pathogenic properties for man possessed by the actinomyces isolated, as in the conditions which make such a contamination possible. It is obvious that conditions in a vaccine establishment which allow contamination with actinomyces and permit such an infected virus to be sold, also permit of contamination and sale of virus containing micro-organisms highly pathogenic for the human being. It is to be regretted that the names of the establishments offering the contaminated virus are not made known in Dr. Howard's article, for the medical profession have a right to protect themselves against the use of such products. In this day and age no excuses can be forthcoming which can justify in any way the production and sale of contaminated vaccine virus.—*Medical Record.*

## A LUPULIN CASE.—SEXUAL DEBILITY.

By Dr. Mossa.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,

April 24, 1904.

A patient, thirty-one years of age, sprung from healthy, vigorous parents, has been suffering for twelve years from nocturnal pollutions, which were not even ended when he married six years ago. He had used all manner of remedies, allopathic treatment, water treatment (sitz-baths, also douches on the knees, thighs and back according to Kneipp); he had also been treated by a homœopath, an experienced physician, who had given him during a lengthy treatment *Nux vom.*, *Calcarea carb.*, *Phosphorus* and *Acid phosphor.*, *Camphora bromat.*, *Agnus castus*, *Cantharis*, *Natrum mur.* and other remedies. Finally a lengthy electrical treatment had been tried. But all these measures had not secured the end desired. He at last applied to me.

*Anamnesis.* I supposed at once that the real trouble consisted in an irritable debility of the sexual organs owing to early masturbation, and this proved to be the case. The patient up to his eighteenth year had carried on this practice to considerable excess. Since frequent pollutions had then appeared, and he also had a hæmorrhage from the lungs (which did not, however, recur), he had given up this vice. Nevertheless there were frequent nocturnal emissions, and even when he was in a position to satisfy his sexual desires in a legitimate way through marriage, these abundant pollutions did not come to an end. His sexual activities are not enfeebled, according to his statement, and he has two healthy children. He has, however, been declared unfit for military service owing to general debility.

*Status præsens:* The patient is of medium size, fair, not of pronouncedly defective nutrition, with good appetite and regular stool, and has at present three or four nocturnal emissions a week. On the day following such emission he has headache, which incapacitates him from thinking. He is despondent, weary of life. But if he can on such days get a good nap after dinner, the headache passes off. The seat of his pain is anteriorly below the eyes and at the same time in the occiput. During the evening he then feels quite well. He generally has dark rings around his eyes, suffers much from backache and notices a diminution of his power

of memory. Besides this he feels occasionally a very severe pressure on his chest, as if a stone lay upon it. There is also a strong tendency to the formation of gases in the stomach, so that patient frequently, as he expresses it, has to pump up and eructate air from his stomach for an hour. This he can do best while exercising in the open air. His abdomen is very sensitive to cold, especially to cold water, so that he easily takes cold from such an exposure. His occupation, calling more for exercise than for sitting down, is favorable. It may be stated in addition that the patient is compelled to urinate frequently by day, and that the ejection of the semen in coition is too rapid.

*Therapy.* The image of the disease and the individual symptoms were clearly pronounced. But as there was no time for hunting up the corresponding simile and the confidence of the patient as to medical aid had sunk almost to zero, owing to his ineffectual search for relief, and since his hypochondria and weariness of life required immediate action, I gave him a remedy which has not, indeed, been as yet sufficiently proved, but which has approved itself clinically both in my practice and that of many physicians as almost a specific in this complaint, namely, *Lupulin*. I prescribed on November 20th fifteen grammes of the first decimal trituration, directing the patient to take every morning and evening as much as would lie on the point of a knife, the remedy to be taken for a week, then omitted for four days, and so on.

On the 9th of January the patient reported that he had been much better since taking the remedy. The nocturnal pollutions were now rare. His whole condition was greatly improved, his gloomy mood had passed away. After he had used up his supply a nocturnal emission would still occur occasionally, but the succeeding nervous symptoms were infinitesimal compared with former times. I prescribed the same remedy to be taken for three days at a time and then an intermission for three days.

When the patient called on me again, on the 17th of August, he looked very well and was cheerful and merry of mood. He had not taken any medicine for several months and still the pollutions took place only very exceptionally, but what was strange, they took place usually two nights in succession and then there was a long pause. The peculiar gastric symptoms noted above were, indeed, still present, but the patient is very glad that the main trouble is over, and he does not at present desire any further treatment.

The inadequate provings of *Lupulin* up to the present time do not give us as yet any satisfactory explanation of its action on the sexual region.

Thompson, who has had great experience in the treatment of urinary troubles, has recommended the remedy as curative in painful erections in chorda in severe cases of gonorrhœa; thus in an erethic condition of the sexual organs; while most authors consider it as particularly indicated in pollutions caused by debility of the sexual organs, especially when caused by onany. Altschul, in his "Reallexicon," says that he has given *Lupulin* in such cases in his polyclinic with brilliant results. I have been enabled to verify this observation several times, and the case communicated is a plain demonstration of its truth.

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## ADDITIONAL OBSERVATIONS ON THE EFFECTS OF ARTEMISIA ABROTANUM.

By Dr. A. Stiegele.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
April 24, 1904.

Two years ago at the meeting of the Central Society in Cologne I brought in a report on cures of two severe cases of tuberculous serous peritonitis of high degree, effected by the use of *Abrotanum*. This report was published in the *Berliner Zeitschrift* (Vol. XXII., Nos 3 and 4). Dr. Kranz in the *Allg. Hom. Zeit.* (Vol. 147, Nos. 3 and 4) reported a case of high grade tuberculous ascites combined with exudative pleurisy, in which the other school had recommended a surgical operation as the only possible escape, and which was quickly improved by the use of *Abrotanum* and also completely cured. I am indebted to the kindness of my colleague, Dr. Glöckler (Kirchheim, u. T.) for the following noticeable cases:

I. A girl, nineteen years of age, who had formerly always been in good health, came from a family afflicted with articular rheumatism. Her abdomen was enlarged to such a degree that one would think of pregnancy in the ninth or tenth month. It was a plain case of ascites, which increased so much that there was dyspnœa, and the 20th of March was appointed for function. There was objection, however, on the part of the parents and of the patient herself. Having accidentally read your report on the

action of *Abrotanum*, I prescribed *Abrotanum*  $\theta$ , five drops every three hours. In the course of the ensuing thirteen weeks the dropsical swelling decreased slowly but steadily on the continued use of *Abrotanum* ( $\theta$ , 2 Dec.) I did not measure the abdominal dimensions, but it never quite diminished to its former normal size and has not reached it to this day. But the patient could resume her work after about six months, and at present feels quite well.

II. Another patient, where there was general tuberculosis, besides a severe case of ascites, showed a temporary amelioration on the use of *Abrotanum*, and especially a temporary disappearance of the dropsical swelling. But I am sorry to say, that this patient died after four weeks of her general tuberculosis.

These two cases are noteworthy owing to the fact that both of them, according to the observation of Dr. Glöckler, showed a plain recession of the ascites. It would hardly be proper, even according to his views, to draw more general conclusions from these cases, owing to the lack of further particulars.

In the polyclinic department assigned to me, I had an opportunity to observe two additional cases of serous tuberculosis of the peritoneum in which both the subjective and the objective symptoms seemed to call for the use of *Abrotanum*:

I. Frieda R., two years old, was brought to the office August 29th, 1903. The child has been sick for a year, the first thing noticed being a gradual emaciation, especially of the legs. To this were added frequent attacks of diarrhœa, total lack of appetite, alternating with occasional fits of voracity, frequently vomiting, while the whole appearance grew worse, the sleep was very defective. "The child decreases from day to day," the mother complained. Frequent fever.

*Status præsens.* The child is emaciated with yellow anæmic complexion, ears standing out from the head, the emaciation most pronounced on the lower extremities, while the stomach appears strongly distended. The skin of the abdomen is shining and crossed with enlarged veins. Ascites. The abdominal organs and glands cannot be distinguished by the touch. In the tips of both the lungs there is a wheezing noise.

Prescription: *Abrotanum*  $\theta$ , five drops, three times a day.

September 12. The appetite has improved, and the sleep also is more restful. No more vomiting, and less diarrhœa. The swelling of the abdomen unchanged as yet.

*Abrotanum* ʒ D, five drops, three times a day.

September 27. The improvement progresses, the child is much brighter, no more vomiting, nor diarrhœa. It increases in weight. "She is beginning to live again," the mother remarks. The abdomen is less distended, the veins are more contracted, no tumor can be felt. Prescription continued.

February 19th, 1904, the child was brought to the office at my request. She has changed so much, that I was unable to recognize her. An examination shows no morbid symptoms at all.

II. Otto St., nine years old, was brought to the office on Jan. 11, 1904. He had been ailing for six years, his symptoms began developing slowly after a siege of pneumonia. Every three to four weeks he is seized with vomiting and diarrhœa, the stool being sometimes quite white, attended with fearful colic. The attacks last several days. During the intervals between the attacks there is a nauseous feeling, lack of appetite, great weariness and thirst. He looks badly. There is a progressive emaciation and a gradually increasing tumefaction of the abdomen. There is always fever in the evening.

*Status præsens.* Cachectic appearance, distended abdomen, ascites. Great emaciation. Nothing abnormal to be seen in the other organs.

*Abrotanum* ʒ D, three drops three times a day for two days, then an intermission of one day.

February 15th. The patient feels better, no more colic, nor vomiting, still inclined to diarrhœa, is still very tired, his appetite has improved, as also his appearance; thirst is diminishing.

The objective results corresponded. The ascites is decreasing. Prescription repeated.

March 29th, 1902. He had one attack of diarrhœa, but not so severe as formerly, without vomiting and pains. He can now walk much better; his weariness is less, but his appetite enormous.

An examination showed a considerable diminution of the ascites. Prescription continued.

The improvement kept on. An inquiry on February 18th, 1904, was quite satisfactory, the morbid symptoms having entirely disappeared, and the boy having regained the bodily and mental vigor proper to his age.

We need not feel ourselves insulted in our skeptical views, in ascribing the results in the two cases cited to the medicine used.

In both these cases all the possibilities of the old school had been exhausted. They were children of poor families and any tendency to spontaneous improvement would have met the most unfavorable conditions. We often of late hear of nature's healing power in these diseases, and many physicians would gladly regain the territory lost to surgery during the unhappy sterile period lately passed through.

Borchgreonik emphasizes this fact rather maliciously, when he says (*Grenzgebiete der innern Medicin und Chirurgie*, Vol. 6):

"Serous tuberculous peritonitis is a territory which surgery should give back to internal therapy with humble thanks for the fact that a mistaken case of laparotomy afforded to it a favorable opportunity to study tuberculosis of the intestinal cavity. The actual effects have, indeed, thus far corresponded but sparingly to the bold promises made. According to the statistics gathered by Bœsser (*Zeitschrift des Berliner Vereins hom. Ärzte*, Vol. 22, Nos. 1 and 2), one-third of all the cases recover without aid. This possibility, therefore, as stated before, should always be considered. But to assume this possibility of spontaneous cure in the two cases given above, when we consider the duration of the disease, the previous exhaustion of all therapeutic possibilities, the unfavorable *status prasens*, and the quick turn to the better after the use of *Abrotanum*, would be extremely forced.

In a case of tuberculous peritonitis without ascites, *i. e.*, in the dry adhesive form with severe affection of the lungs, I tried *Abrotanum*, without any favorable effect; so also in cases of ascites due to some other cause, as in congestive ascites.

In the *Homœopathische Rundschau* Dahlke declares that cures have also been effected by the use of *Abrotanum* in high potencies. But in the limited time at my disposal I could not find the record of any case in point.

Since 1903 we find that the old school also has made some use of *Abrotanum* in the form of abrotanol-pastils (Helfer, *Wiener Med. Presse*, 1903, No. 3; Frieser, *Ärztliche Centralzeitung*, 1903, No. 5). According to these authorities "abrotanol will diminish a too great peristaltic motion of the bowels; also colicky pains, and the hypersecretion of the intestinal mucous membrane, it will also weaken the toxic action of pathogenetic germs causing diseases of the bowels, and will destroy these micro-organisms." Heller in addition mentions the specific diarrhœas of tuberculosis.

Through the provings on healthy persons, however, it has been shown that it is chiefly useful in exudative processes. We hope that the other school will also as to this indication—limp after our distinguished representative, Deventer, who several decades ago pointed out the virtue of *Abrotanum*.

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## DIOSCOREA VILLOSA IN CONVULSIVE COLIC.

By Dr. Schaper, Berlin.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*, May, 1904.

I. A teacher of drawing, about forty-two years of age, slight of build, and of choleric temperament, with beard and hair already pretty grey, had been suffering for a year, off and on, from a nervous convulsive colic in the umbilical region. There was no good reason to suspect renal gravel. While resting the patient felt pretty well, but as soon as he walked any distance he was seized with violent colicky pains, so that when taking a walk abroad he had to sit down on a stump or stone, when the colicky pains would cease after resting a while. The patient had tried various remedies, finally even a hydropathic treatment of eight weeks, with vegetarian diet, in a well conducted hydropathic institution in Saxony, but all in vain. Finally he turned to Homœopathy and received *Dioscorea* in a low potency. Even in a few days the trouble was much relieved, and after using about five grammes in the mode prescribed he was permanently cured, as we ascertained by inquiry a few months later.

II. The second was the case of a merchant and bon vivant of one of our provincial towns, in his best years. He had been suffering for some time from frequent convulsive pains in the hypogastrium. There were no symptoms pointing to renal gravel. A physician of good repute directed him to rub his abdomen daily with warm goose-fat, but it did not help him. Finally he came to me and received, with some dietetic directions, *Dioscorea* in low potency. In a few days he felt better and in a few weeks he was permanently cured, as shown by later inquiries.

## A CASE OF APPENDICITIS.

By Dr. Sieffert, Paris.

Translated for the HOMŒOPATHIC RECORDER from the *Leipzig. Pop. Z. f. Hom.*, May 1, 1904.

Miss L., twenty-six years of age, lymphatic and somewhat indolent of nature, loves a sedentary occupation, so that she had frequently to complain of troubles in her digestion. In the beginning of last September, after previous constipation and dull pains in the right iliac fossa, there appeared violent colicky pains. These impeded her locomotion and compelled her to take to her bed. This was attended with loss of appetite and nausea, but neither vomiting nor fever.

Thus, at least, the case was described to me when I was first called in to see the patient. The allopathic family physician had first been consulted. He is a very amiable and capable practitioner and my intercourse with him has always been quite pleasant. He had observed a swelling in this region, which I also confirmed. The diagnosis made by each observer was: Inflammation of the Vermiform Process, and this diagnosis was made without our having met.

But since the allopathic physician urged an immediate operation the mother of the patient became indignant. She would not listen to any advice as to surgical operation and thought we ought to wait. My allopathic colleague then contented himself with advising rest in bed and a suitable diet. He continued, however, to make daily calls and every time when he called, at least during the first two weeks, he said he was merely waiting until the parents of the patient should urge him to call in the surgeon.

But even after the first week he acknowledged that there was no aggravation of the symptoms. After the second week he even acknowledged that there seemed to be a slight improvement. And after six six weeks' treatment he acknowledged that the swelling had gradually disappeared entirely and that the patient merely required some more rest and to keep for some time yet to the diet prescribed.

I also am of the same opinion. But what had taken place? I had been secretly consulted. But I at once stated that I would not like to have any trouble with my allopathic colleague, who in many things is not opposed to homœopathy, but who would

not like to have taken me as his co-laborer in this case. And so it was agreed that the family physician should not be informed of my intervention.

To assuage the sub-acute symptoms in the bowels, I prescribed *Bryonia*  $\theta$  and *Belladonna*  $\text{I}$ , in alternation. By daily lukewarm clysters I obtained evacuations, and so I soon succeeded in confining the trouble to an egg-shaped swelling, painless during rest, but becoming [painful] at once on moving about. There was no symptoms of fever.

To reduce the swelling I prescribed *Silicea*  $6$ , two drops four times a day. Warm poultices sprinkled with twenty drops of *Apis*  $\text{I}$  were continually applied to the *loco dolenti*. This treatment proved so satisfactory, that I am not inclined to change it.

The patient has now fully recovered and seems secure from any relapse for the present. I am the more pleased with this excellent homœopathic cure, since my allopathic colleague is even still unable to see how appendicitis can be cured without a surgical operation, and is still awaiting the moment when it will be necessary to call in the surgeon. Though he is beginning at last, I believe, to falter in his faith.

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## BOOK NOTICES.

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**A Syllabus of Diagnosis.** Being a series of questions based upon a work on Clinical Medicine by Dr. Clarence Bartlett, and a Course of Lectures in Physical Diagnosis by Dr. E. R. Snader. Prepared by William F. Baker, A. M., M. D., Clinical Instructor of Medicine in the Hahnemann Medical College of Philadelphia, Pa. 107 pages. Paper, 25 cents. Philadelphia. Boericke & Tafel. 1904.

By a curious lapse this pamphlet was not reviewed in the RE-CORDER on its appearance last April—Bigler's "*Syllabus*" and Baker's "*Syllabus*" must have got mixed. Well, Baker's "*Syllabus*" is one of the best things that has come down the homœopathic pike for some time—best for students who *must* pass on diagnosis. One hundred pages of *questions*! No answers! You must dig them out of the book on diagnosis, but as the place to find the answers is made easy it is a distinct advance of the plan where the answer follows the question. The man who can

answer every question in this little leaflet will be a skilled diagnostician.

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**Diagnosis From the Eye.** A new art of diagnosing with perfect certainty from the iris of the eye the normal and abnormal conditions of the organism in general and of the different organs in particular. A scientific essay for the public and medical profession by Henry Edward Lane, M. D. With original Illustrations. Kosmos Publishing Company, 765 N. Clark St., Chicago, Ill. 1904.

This book is founded largely, though not entirely, on Peczely's work, published in Hungary in 1880. There seems to be considerable basis for this form of diagnosis and the book is at least interesting. It is contended that azure blue is the normal color for the eyes of the white race and deviations from this color tell of more or less physical ill present. The "natural method of healing" is advocated on "nature cure." Vaccination, anti-toxin and allopathy are positively condemned.

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**The Foundation of All Reform.** Guide to Health, Wealth and Freedom. A popular treatise on the diet question. By Otto Carqué. Cloth. Kosmos Publishing Company, 765 N. Clarke St., Chicago, Ill.

You obtain health, wealth and freedom by living on fruit, nuts and food generally as it comes to us from nature. "The Mystic Adepts, who are strong physically, mentally, and who are never sick and live to great ages, all the time doing a tremendous amount of work, never eat flesh-food. They live on plant-foods exclusively."

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The following books are now running through the press and will be out in time for fall business:

*Materia Medica* by Dr. James T. Kent.

*Diseases of the Uterine Cervix* by Dr. Homer I. Ostrom.

*Essentials of the Diseases of the Eye* by Dr. A. B. Norton.

*Mnemonic Similiad* by Dr. Stacy Jones.

*First Lessons in Symptomatology* by Dr. H. R. Arndt.

# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.,

By BOERICKE & TAFEL.

SUBSCRIPTION, \$1.00, TO FOREIGN COUNTRIES \$1.24 PER ANNUM.

*Address communications, books for review, exchanges, etc., for the editor, to*

E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

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## EDITORIAL BREVITIES.

A CHAMOMILLA CURE.—Dr. Stacy Jones, of *Medical Genius* and *Bee-line Repertory* fame, a student under Henry N. Guernsey, dropped in the RECORDER'S den the other day and had a chat, including some interesting reminiscences of the days when he was in practice in Upper Darby, a suburb of Philadelphia. One case he related was unusually interesting. A lady had the peculiar affliction that at 5 o'clock every afternoon her ankles gave way and she would sink to the ground. The result was that before that hour she would have to go to bed in order to avoid being carried there. Many doctors had a shy at the case, but with no results. One day Dr. Jones was consulted incidentally and had his try. Gave *Causticum* and many other remedies, but with no results, and finally told the lady she was wasting her money and gave up the case. Some months afterwards he met her, inquired about her condition, which was unchanged. Told her he was determined to cure her. Went to work and fine-toothed the *Materia Medica*, "and where do you think I found the symptom of giving away of the ankles in the afternoon but under poor little 'chamomile.' I gave her four powders, she took one and never required the others, for an instant cure followed." After our old friend had departed—he is seventy-five, but hale and hearty—we looked the matter up in Allen's *Encyclopædia*. There among the "chaff" we found the following: "Nightly paralytic loss of power in the feet; they have no power; he is unable to step on them and if he rises he sinks to the ground."

Now this runs the doubting homœopathic Thomases up against the following dilemma:

Either Hahnemann's "chaff" is largely wheat or else Mrs. Eddy is right and faith cure is the thing.

Which is it?

A QUERY.—Two German doctors, in *Monats. f. prak. Dermatol.*, tell of three women who physicians said had syphilitic sores. Investigation, however, demonstrated that the infection was from the vaccination sores on the arms of their infants, caused by dressing the vaccination sores and then not washing their hands. A sarcastic journal asks, "Are the two diseases homogeneous?"

THE THERAPEUTIC POTENCY OF A NAME.—"The gullibility of the physician is proverbial, and this weakness has been seized upon by business men and they make money out of it. Such potent drugs as *Quinine*, *Acetanilid*, *Digitalis*, *Ergot*, *Phosphorus*, etc., are prepared by the addition of other drugs, many of them inert, and a special (copyright) name is attached and immediately the new preparation possesses marked therapeutic advantages. The physician, on the recommendation of a magazine article written by an obscure author, immediately prefers the more expensive drug with the high sounding title, has his patients pay ten prices for it, and tries to flatter himself that he is using up-to-date medication. Never has Homœopathy by trituration and agitation obtained such powerful potencies as has been conferred on simple chemicals by high-sounding names. The adherences to mysticism are still numerous in the medical profession and the adept business man magnificently succeeds in humbugging the friend of mankind."—*St. Louis Courier of Medicine*.

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### NEWS ITEMS.

Dr. H. C. Brown has located at Pikesville, Berks County, Pa.

Dr. D. O. K. Strong, Fishkill on the Hudson, writes that he has practiced medicine for fifty-five years, and would now like a young assistant.

Dr. Widmer E. Doremus has removed from Arlington to Corner of Pomeroy and Kearney Sts., N. J.

Dr. C. N. Shellenberger has removed from Ogden, Utah, to Colorado Springs, Colo.

Dr. F. G. Oehme has removed from Roseburg to Portland, Oregon.

# PERSONAL.

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From a "scientific" article in a scientific journal, on irregular menstruation, we clip the following: "Prescribed ergoapial (Smith)," etc., etc., etc. Nothin' like it!

The most of what you read can be condensed into "clack! clack!"

No, it is not right, even though you have the inclination, to kill the persistent and ceaseless piano pounder of the neighborhood.

Boericke & Tafel, 145 Grand St., New York City, write: "We have two good locations for physicians starting in practice." Address as above.

When it makes the critic "sick" to look at a picture of a "storm at sea," it's up to the artist to take it as a compliment or otherwise.

Did you ever look up those doctors, who crack up proprietaries, in Polk's *Directory*? They are conspicuous by their absence.

True, Mary, every man on a cold rainy day can say that he has seen better days.

The chief use of the battleship seems to become submarine.

Don't forget *Arrundo maur.* 3 x in hay fever. Its provings present a typical case of that disease.

Dr. E. R. Waterhouse regards ice cream "one of the ideal foods in typhoid."

Why not go ahead and re-prove the drugs, or stop "knocking" Hahnemann and his materia medica?

Take a look at that translated article on *Lupulin*, page 276, if you have any sexually weak men to deal with.

"Consumptives may be barred from Pullman cars on the Santa Fe railway."—*N. Y. Herald*. God save the mark! The work of "scientific medicine."

Beware! A Colorado osteopath received \$700.00 damages for "malicious persecution" by State Board.

Dr. Pawinski says angina pectoris is "infectious." Hail Pawinski!

Yes, child, it ought to mobile without breaking down, but, alas, it doesn't always do as it should.

Get a copy of Baker's *Syllabus of Diagnosis* and see how many questions you can answer.

Remember that your papers are welcome and that the *Recorder's* pages are open for comment and criticisms that involves principles, not persons.

"Typhoid germs of long established pedigree" is the way an esteemed one puts it.

Ice bills make some men hot, they say.

The father of the wonderful baby got offended when a friend asked him if it could shave itself.

Man sets up the drinks and the drinks up-set the man.

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# THE HOMŒOPATHIC RECORDER.

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VOL. XIX

LANCASTER, PA., JULY, 1904

No 7

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## MATERIA MEDICA.

By C. M. Boger, M. D.

### Kreosotum.\*

*Kreosote* is a complex chemical substance composed of *Guiacol*, *Creosol* and some of the minor phenols and is obtained by fractional distillation from coal or wood tars, that from the beech being the most esteemed; in origin and properties it is closely related to *Carbolic acid*.

It is the active agent in the preservation of smoked meat, and like most substances possessing antiputrefactive properties it finally tends to produce effects like scurvy. Its primary action is on the gastro-intestinal tract and shades insensibly from trophic inhibition of its functions into destructive gastro-enteritis, ending in softening with hæmorrhage from it or any other organ, thus showing its effect upon the blood; it also engorges the brain and lungs and increases the pulmonary secretions. It causes analgesia and profound muscular relaxation. This gives you the key to its general action.

*Kreosote* has an acrid, biting odor and all its effects are in keeping with this; the secretions irritate and excoriate the parts over which they flow, the tears, saliva, menses, stool, leucorrhœa, etc., all have this corrosive property; if this were the worst, it could perhaps be endured, but these secretions also become offensive, so much so, that at times the whole body gives out a bad odor; characteristics which place it in the front rank in certain conditions noted for their repulsive odor, for instance. certain leucorrhœas, it being characteristic of the *Kreosote* case that along

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\*From a lecture delivered by Dr. C. M. Boger in the special course at Pulte Medical College, session of 1903-4.

with the scalding of these parts and bad odor the flow comes in gushes and is preceded by backache or colicky pains within the abdomen, making one suspect the presence of tubal inflammation.

Now all this inflammatory action is, nevertheless, of a low grade tending towards disorganization and the production of hæmorrhage the affected parts are deep red and puffed or unnaturally pale, and you know that they are poorly nourished and that the normal metabolic changes are going on in the presence of a poison which is profoundly altering their processes; hence, at a glance, you see the reason for its palliative action in advanced cancer of the womb, which, as you know, exhibits these very features, fetor, hæmorrhage, excoriating discharges and burning pains.

The mention of burning brings out the third great characteristic; it not only chafes every part which it touches, but it also burns; if you have ever dropped a pledget of cotton saturated with it into the mouth instead of getting it into a hollow tooth, you will realize the intensity of the burning of which *Kreosote* is capable; there is burning anywhere or everywhere, burning of the entire skin; as one prover expressed it, "I feel all afire."

The toothache, for which it is curative, is marked by a rapid decay of the teeth; they first show black specks, then quickly become hollow, again demonstrating its destructive action; at the same time the gums become bluish red, soft and spongy, in other words, scorbutic; now the scorbutic patient is very apt to be troubled with a horribly bad breath, a thing quite in accord with the general *Kreosote* condition. Scorbutic patients are also often subject to tettery eruptions; mealy, scurfy, furfureous tetter with intolerable itching and burning like fire, then, if the other symptoms correspond, they will need this medicine. In its characteristic effect upon the teeth it should be compared with *Staphisagria* and *Mercurius*.

The puffiness spoken of seems to be intimately connected with a sense of general pulsation; the heart beat is felt in the smaller blood vessels.

From all this you see what a depraved constitution the *Kreosote* patient has; he is under the influence of a profound dyscrasia which will never leave until death closes the scene, unless helped by the similimum; this deep taint often exhibits itself as a pulmonary tuberculosis, for which the allopathic school has so persistently given *Kreosote* or *Guaiacol*; in the nature of the case they have

made some cures, but not many, and are now about ready to hail the next "cure all" as the true specific; trying to cure diseases and not patients, with the usual result. When the symptoms agree you will be able to do wonderful work with this remedy in the first stages of consumption, but the whole history of the case must call for it or you will fail most ignominiously; I have a patient of this type now; after seeing her through several seasons of winter cough she went to Ashville only to return and contract a bad pneumonia from which she rallied imperfectly, her family history being of the worst. I apprehended a fatal outcome when one day during a severe examination, for she is naturally reticent, she told me of an old, excoriating, offensive leucorrhœa which her old school attendant had most effectually suppressed with local applications and added that quite lately she had been unable to hold her urine while lying down, a symptom very prominent under *Kreosote*, as pointed out by Dr. Villers, of Dresden, sometime during the early nineties, and it has been verified so often since then that it can now be looked on as a most reliable characteristic; I have myself confirmed it a number of times; but to return to the patient, she received one dose of the mm. potency, and at once began an improvement which has extended over a number of months. The inability to hold the contents of the bladder while lying down was foreshadowed before Villers' observation by recorded cases of incontinence of urine during the first sleep, just like *Sepia*; it seems part and parcel of the general muscular relaxation induced by this medicine.

It is one of the prime remedies in the reflex vomiting of pregnancy, the emesis occurring characteristically several hours after eating, the ejected matter quite unexpectedly still being in an undigested state; the most similar remedy here is *Phosphorus*.

The mental state of *Kreosote* makes it a very suitable medicine during dentition, cholera infantum and other infantile diseases; the little one is cross, wilful and obstinate, wants this, then that, or flings away things when she gets them, in other words, she is exceedingly naughty; now when this mental picture appears in patients with the above mentioned excoriative, offensive discharges or when their teeth look dark and show evidences of early decay your remedy is sure; only one other medicine competes with it here, and that is *Staphisagria*; it also has both of the above symptoms, but in addition there is much colic, not an uncommon combination and one that you will do well to remember.

A dragging sensation from above downward in the back, with a pain as if something would come out through the genitals, has led to its very successful use in prolapse of the womb; the pains are worse from rest and better during motion, in these cases it should be compared with *Belladonna*, *Lilium tigrinum*, *Podophyllum*, *Nux vomica*, *Pulsatilla*, *Sepia*, *Stannum* and *Platina*.

*Kreosote* has burning neuralgic pains generally associated with a sense of numbness.

To sum up we then have five grand characteristics of *Kreosote*:

1. Hot, excoriating discharges { Tears, Menses,  
Saliva, Urine,  
Leucorrhœa.
2. Burning, smarting sensations anywhere.
3. Easy and profuse bleedings; hæmorrhages from { Wounds  
Mucous membranes.  
Gums, etc.
4. Excessive fetor { Mouth,  
Menses,  
Leucorrhœa.
5. Tumefaction. Puffiness. Gangrene. { Of affected parts,  
lungs,  
ulcers, etc.

The remedies for comparison embrace *Arum triphyllum* (excoriation). *Arsenicum* (burning and excoriation). *Fluoric acid* (excoriation and destructiveness). *Sulphuric acid* (destructive processes, acidity) is also antidotal.

*Lachesis* presents some points of contact in the tendency of the affected parts to take on a bluish discoloration and in the production of fetid discharges; this applies particularly to the skin symptoms; the resemblance does not extend much further, however, for in the snake venom the phenomena of hyperæsthesia are in the ascendant, while *Kreosote*, like its nearest relative, *Carbolic acid*, causes anæsthesia and numbness, very many of its complaints being almost without pain.

Its nearest analogue, chemically and symptomatically, is by all odds *Carbolic acid*, which has in many respects a still deeper action tending towards destructive but mostly painless processes often accompanied by somnolency, mental indifference or even coma.

A THING THAT IS WORTH DOING IS WORTH  
DOING RIGHT.

By William L. Morgan, M. D., Baltimore.

A little learning is said to be a dangerous thing.

To undertake to teach a student geometry who had never studied arithmetic would be a very bungling business, and fail of success; but not more so than to undertake to teach a student to be a true homœopathic physician without the teachings and principles of Hahnemann's *Organon of the Healing Art*, for it is the same to Homœopathy that the arithmetic is to mathematics, and there is no better way to learn it than from the *Organon*.

The *Organon* is itself the first lessons of Homœopathy. It contains the most minute instructions in that which a physician should know, what he should do, and how to do it. The first section says it is his highest duty to cure the sick. In the second it says it must be done "according to clearly intelligible reasons." In the third it says the physician should distinctly understand the following condition: "What is curable in diseases in general, and in each individual case in particular." Now in order to know what is curative in diseases in general, or in each particular case, it is necessary to know what is diseaseable in the human race and what is not susceptible to suffering or pain, which is clearly explained in the tenth section which reads:

SECTION 10. "The material organism without vital force is incapable (sixth section) of feeling, activity or self-preservation, this immaterial being (vital force) alone animating the organism in the state of sickness and of health imparts the faculty of feeling, and controls the functions of life."

Now don't let anybody take alarm and go into a fit of hysterics and jump at the idea that I am going to teach Christian Science. That is just what I am not going to do; neither will I allow Mrs. Eddy or anyone else to crowd me off of our solid basis of facts, that every thinking person knows to be true before being told, but they have been so allured by the many fine-spun theories of materialists that they have not had any chance to think of the plain facts constantly present. Yes, I am going to relate what you all know to be true when you take a moment to think.

Man, like all other organic bodies, is a dual being, a material organism, which is inert, incapable of feeling, activity or self-

preservation; who does not know that when life leaves the body, the material, all that is left behind, is silent, inert? Cut it, prick it ever so much and there is no resistance, but when this immaterial being (vital force) animates the organism, as in a strong, healthy man, then stick, prick or punch him and you will soon be reminded of the invisible dynamus in the arm that makes a sensible impression on your head that will never be forgotten. This is a fitting similar to a drug proving which makes impressions of symptoms, not to be forgotten. It is this vito-electric force that controls the organic body and it is this being that is affected by the spirit-like vito-electric force from without which is inimical to life, spoken of in section eleven, that interferes with the functions of life, thereby causes changes in the organism of feelings and expressions by which its presence is known to the patient and observing physicians, which constitute sickness. In section sixteen we read: "That spirit-like dynamus cannot be reached or affected except by a spirit-like (dynamic) process." Neither can the physician free the vital force from any of these morbid disturbances, that is, diseases, except likewise by spirit-like (dynamic virtual) alternative powers of the appropriate remedies acting upon our spirit-like vital force (section sixteen), hence we have a trinity of similars: Natural life, the life of the disease, and the life of the drug (the remedy). When the life is performing its function, and from the debilitating process, it is unable to resist the invasion by disease which enters and interferes with life's work. A morbid condition soon becomes manifest, by altered functions, feelings and external expressions. The internal secretions become morbidly changed, that of the mucous surfaces being of morbid nature makes soil for vegetations of various kinds when the patient is sick. Then appear the microbes, but when the vital force of the substance (drug) that has been proved to cause a healthy person to have all the symptoms found in the patient, after it has been freed from its imprisonment in the molecules of material matter by the process of potentiation (section 269) is then the similar in its power to produce the same effect as the disease and is in the same state of spirit-like vital force; when taken it pervades the entire system as a magnetic or electric current (269) and comes in contact with its similar, the disease, and like other cases of electric or chemical affinity they mutually neutralize each other, perhaps combine like material salts in solutions by affinity and form an-

other force differing from either which does not interfere with the functions of life, but it is not our concern how it is done so it cures the patient according to expectation with such certainty that when we follow the law faithfully we can afford to publish the failures.

Those who know these facts, and the vital dynamic principles of disease as taught in the *Organon* as one of the distinctive principles of Homœopathy, must feel a sense of shame for the colleges that turn out graduates called homœopathic physicians that never heard of the vital principles of disease, except by way of derision. Who always talk of, "and damned by dread," of germs, microbes, and bacillus, always talks and thinks germicides, antiseptics, blood poisons, and blood purifiers, and how to kill microbes. Who are to be pitied for paying for instruction in the distinctive principles of Homœopathy and were never taught how the remedy, which is the similimum, is the most effective germicide, disinfectant, antiseptic and blood purifier ever known, and will do the work without assistance if properly used.

Such little learning is a dangerous thing to the patient.

Teaching that is worth doing at all, is worth doing right.

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## GRAPHITES IN THE TREATMENT OF WENS.

By E. B. Fanning, M. D.

Some years ago a mother applied to me for treatment of a wen on her daughter's head. The wen was about the size of a pigeon's egg. She said her daughter, while scrubbing the floor, happened to strike the wen on edge of a table which caused it to gather and break, and caused considerable pain also; said this had occurred twice and the tumor had grown very fast after each bruising or knock.

I thought *Graphites* the remedy and gave it in twelfth dilution on pellets, four doses a day. No sooner did she begin taking the medicine than the wen began gathering and in a few days broke of its own accord, discharged freely and disappeared never to return.

Another case was that of Mrs. M., married, about fifty years old. She had a wen on upper eyelid of right eye, but paid no attention to it until it began to be in the way and prevented the lid from rolling back properly, then she applied for treatment. I

concluded this was another case for *Graphites*. I recalled to mind the other case I had treated a number of years previously, but as hers had not been bruised or hurt in any way I did not look for same or similar termination. However, after she had taken the remedy for a couple of weeks, it gathered, broke and discharged, but did not entirely disappear. I could not account for such results in any way except that there was a lack of nervous reaction in the patient's system, for she was only an invalid at best. Immediately following this she was taken seriously sick with inflammation of the kidneys and bladder. Years ago she underwent an operation and had the womb and both ovaries removed; since then she has suffered terribly at intervals from trouble with the other organs mentioned.

After I had gotten her up and around, I put her on *Graphites* again for the wen, which had grown considerably in the meantime and looked quite angry; the same process was gone through, but more thoroughly, for the tumor completely emptied itself and disappeared. This was about one year ago. I saw the patient about ten days ago and there is no indication of a return.

*Philadelphia, Pa.*

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### MALARIA.\*

By G. W. Bowen, M. D.

Malaria in its natural form is a contaminating and deleterious agent, when taken into or absorbed by a human being. It is produced by the decomposition of vegetable matter, and never arises from any other source. It can enter the system in only one of the three ways, through the air, through the water and from raw fruit. Mosquitoes cannot transfer it to mankind.

My paper will not deal with it as a producer of diseases in its natural form, but of what use it can be when it is produced artificially, and utilized as a remedy for the removal of effects that may have been caused by it.

And here an apparent incongruity or absurdity is presented—that of its capture and being compelled to assist in destroying the effects caused by its progenitors.

Having had opportunities to make myself conversant with it since the middle of the last century, it occurred to me that by the

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\*Read to the Indiana Institute of Homœopathy, May 10.

production of an artificial or drug disease, the natural one could be destroyed. This is the only, and the absolute law in homœopathic treatment.

As there was no drug or remedy known that could produce the effect of malaria with all of its many and varying symptoms or even prevent its becoming a tenant for years, it seemed reasonable to conclude that if an artificial preparation of malaria could be made and used it would rouse into action that which lay latent in the system and make an acute case of it that would be amenable to medical treatment.

It has been found that malaria is the cause of intermittent, typhoid, typho-malarial, gastro-malarial fevers and rheumatism in its various forms as acute diseases. Its passive or chronic products are indurations of the liver and spleen. All of these diseases, if apparently controlled, may leave some of its effects behind and a normal condition may not be secured for years.

It is quite common to find persons of old or middle age that complain of being stiff, lame or sore, especially in damp or cloudy weather. For this class of cases malaria has done more than *Bryonia*, *Mercurius*, *Staphisagria* or *Rhus tox.* ever has. It will make every case of this kind better in from three to five days and set them back in activity from five to ten years, and sometimes no thanks in return will they deign to bestow or even give credit for what you may know. It seems to be almost impossible to specify all conditions where its use would be most appropriate, but I have not failed for years in securing beneficial results from its administration.

It will act on the head when it is dull, heavy, and memory confused. It does relieve oppressed or embarrassed heart action. It will increase action of the bowels and kidneys.

My illogical rule has been, if not sure of what to do, was best to give *Malaria* for one or two days, and if better to continue it; if not, take time to investigate and find what is needed. Many cases could be cited to show prompt and unexpected results.

A farmer's daughter, aged twenty, for three months was tired, sleepy and very forgetful. The clock, though on her bedstead, did not awaken her when the alarm called her. I found bowels, kidneys and menses were not at fault, as they acted nearly natural. I gave her *Malaria* for three days, ten pills first cent., three hours apart, until I could decide what to give. On the third day she was fully half cured, could wake up easily and not only

ready but willing to work. The *Malaria* was continued six hours apart and she got well.

A man of seventy-five was at home and told me that he could not go out in the winter for he caught cold so easily and always got the rheumatism so that he could not get in or out of bed alone. I gave him *Malaria* for one week three times a day; in two weeks he went around the streets and as well as he did five years ago. He says he wants some of those pills next fall and winter.

A lady, aged sixty, had been confined to the house since last Christmas with rheumatic pains mostly in her limbs, that made it difficult to walk or use her hands freely. I gave her *Malaria* three times a day for three days. In two days the aches and pains had nearly all left her, and in five days she considered herself well.

I did not promise or expect such results; her only hope was for warm weather. Boericke & Tafel prepared the *Malaria* as I directed, and it can be procured from them or you can prepare it for yourself by decomposing vegetable matter for two or three weeks in a closed jar, at a temperature of ninety degrees, then use the water in which it has rotted or decomposed for medicine; but I advise you to never give a patient more than one drop of it for a dose; if you do, either you or your patient will regret it.

I have never used it except in the first or third centesimal.

*Fort Wayne, Ind.*

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## A CASE OF AMENORRHŒA YIELDED TO ACONITE

200 C.

By R. C. Mitter, M. D.

Babu S. C. Nandy's wife, aged twenty-five years, came under my treatment on the twentieth day of January, 1904, for amenorrhœa. The Babu complained to me that his wife had not menstruated for three months and that she had no complaints whatever except constipation. He (the Babu) thought she would be all right without any medicine. On the day in question she complained that she was feeling excruciating pain in the abdomen, below the navel, and that her whole body seemed so very painful that she felt as if a ball was rising from the abdomen above; she had no regular stools. She evacuated every fourth or

fifth day, passed stools very painfully. I gave her *Lac defloratum* 200 C., five globules. This prevented the torture and she had regular motions daily, but no menses had set in. She expected she would die of this disease, as she could get no relief in any position. On the 29th of January I gave her *Aconite* 200 C. January 30th, no improvement. Thirty-first, pain in the abdomen was much relieved. On the 1st of February she menstruated in the morning. In the evening when I saw her she was feeling very weak as she had been menstruating profusely. The discharge was in lumps, blackish clots. At about midnight she was fainting and I gave her a dose of *China* 30 C. Since then she is doing well.

*Sahebgunge, India, May 29, 1904.*

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## THE LYCOPODIUM OF ALLOPATHS AND THE LYCOPODIUM OF HOMŒOPATHS.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Zeit. f. Hom.*, June 1, 1904.

"Whenever I needed to take anything, I always took *Lycopodium* according to your prescription, and always with success."

"*Lycopodium*, what for?"

To cure "violent and too frequent urging to urinate, attended with a dreadful restlessness, mostly at night, whereby sleep is disturbed."

After receiving this *Lycopodium* the patient soon reported improvement. "The remedy you kindly sent me has up till now benefitted me much." The excitable nerves were much improved and the patient appeared to be refreshed. Before this she had always looked pale and there were deep shadows before the eyes, caused by restless nights.

The ailment had arisen in spring from putting on clothing which was too light. A noticeable symptom was the dreadful thirst from which the patient was suffering. That the nervous system was also deeply affected may appear from the good effects produced by her removal to the environs of Cassel. She writes from there: "The air in Cassel is so excellent, and the many walks to Wilhelmshöhe and into the woods have so strengthened my nerves that I am now quite free from my ailment."

*Lycopodium* is an indispensable remedy for us homœopaths in *troubles of the bladder and the kidneys*. But not indiscriminately; it is especially useful in diabetes insipidus where there is a strikingly large quantity of urine (clear as water or at least light-colored), so-called polyuria. So also in urinary gravel; it hastens the discharge of urinary concrements! Regard should be had in this matter to the *Lycopodium*-constitution, "lachrymose irritability and sensitiveness, super-sensitiveness of hearing and smell, paleness of complexion, lack of vital heat; weariness of the limbs. Drowsiness during the day, while the patient is late in falling asleep at night. Pale, yellowish-gray complexion and blue rings around the eyes (see above). Pressure in the stomach and pain in the pit of the stomach on external pressure. Flatulence. Inflammation of the liver, long-continued constipation. Pressure and pressive pains in the head; excitation of the sense of hearing, hardness of hearing. Buzzing and humming before the ears. Many of these symptoms are aggravated in the afternoon. A gouty diathesis."

Not all these symptoms need be present together, but the homœopath keeps them in view, when selecting *Lycopodium*, and allopathy! It also uses *Lycopodium*, and even before Hahnemann the curative effects of the seeds of wolf's-claw (*Lycopodium*) on inflammatory, irritable and convulsive conditions of the urinary organs was known; but the mode of their use has something comic to the homœopathic therapist, it is quite different from the sure processes of the homœopath with his correct preparations and the only rational doses.

In one of the more celebrated books on allopathic materia medica we read: "The effect of the seeds of Wolf's-claw is sedative, demulcent, enveloping; it is, therefore, used internally in powders, confections, mixtures and syrups (!) or triturated in emulsions with vegetable gluten, or with the yolk of eggs or with syrups in doses of ten, twenty to thirty grains, three to four times a day, in convulsive or inflammatory irritations of the urinary organs, in dysuria, strangury, ischury, as also in cardialgia and in colic."

Homœopathy can do without syrups and emulsions and in her practice is well satisfied with its dilutions. I use almost exclusively the 12 D. or higher dilutions, though others prefer the triturations, which no doubt are equally effective. So Altschul remarks in his splendid *Real-Lexicon* for Homœopathic Materia

Medica, Therapy and Pharmaceutics: "The *trituration* of the straw-colored, delicate powder without smell or taste would probably be the most appropriate way of preparing it for medical use, since the chief constituent of *Lycopodium* the *Pollenine* is soluble neither in water nor in alcohol."

But from the efficacy of our homœopathic dilution it is manifest that *Pollenine* has not the decisive voice, as little as *Atropin* when we use *Belladonna*, or *Chinine* when we use *China*. The totality of the constituents has been proved, and from the physical image thus gained conclusions are drawn as to its application at the sick bed. A comparison may make this more evident. A government official is selected for a position or for a special mission. He may possess a particular talent for eloquence, but this is of no use in this mission, but his *other* official qualities and the totality of his personality decide the question; thus he will fulfill his mission even without the pollen of eloquence. For the homœopath a medicine is a unitary individual, which must always be regarded as a whole:

"The parts are in the allopath's hand  
But sorely he lacks the spirit's band!"

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## OBITUARY.

### Silas Griffith.

Dr. Silas Griffith, a graduate of the Homœopathic Medical College of Pennsylvania, 1866, formerly residing at 1431 Girard Avenue, Philadelphia, died on Saturday, May 21, 1904.

Dr. Griffith suffered from an attack of apoplexy in May, 1903, after which he relinquished his practice and went to reside with his sister, Mrs. M. G. Parker, Glen Moore, Chester Co., Pa.

Dr. Griffith enjoyed a large and lucrative practice among the best people of the city of Philadelphia.

He had contributed several important theses on medical subjects.

He was ex-vice president Homœopathic Medical Society, County of Philadelphia. Member of State Homœopathic Medical Society.

He was buried from Glen Moore, May 25, 1904.

## IMPORTANT IF TRUE.

(The following we find in the June issue of *Eclectic Medical Journal*. It is from the pen of Boucher, appeared in "Journal de Medecine de Paris," April, 1904, and was translated by Dr. T. C. Minor under the heading:

EXTRAORDINARY GRAVITY OF DIPHThERIA SINCE THE  
INTRODUCTION OF THE BEHRING AND ROUX  
SERUMS.)

Every day, in the great public press, editors as ignorant as Pasteur of the great principles of our science, proclaim with conviction that hydrophobia is vanquished by the divine and immortal chemist, and that diphtheria has been conquered by disciple Roux. For hydrophobia it is now well known, well demonstrated, and positively proved that fatal cases have doubled since Pasteur's invention. Then, too, we have statistics, coming from all sides, that the mortality from diphtheria has also increased since the introduction of Behring serums, recopied by the eminent Roux. It is necessary to be cognizant of this important question, to read the articles of Kanowitz, Professor of the Faculty of Medicine at Vienna—articles appearing in the *Therapeut. Monatschrift*—who affirms: "At Trieste, since 1880, the mortality due to diphtheria has undergone continued augmentation, since the figures 98 expressed the deaths that year, and have been raised progressively up to 140, representing the mortality registered during the first half of the year 1894."

From that time (August, 1894) when the serum was introduced, all the members of the medical faculty went into the life-saving (?) serotherapy (*gardia medica*), and were to telephone to a central station every suspected case of diphtheria.

"At this station a permanent medical service was organized; the patient was sent without delay to the hospital; there the serum was administered *larga manu*. In other cases serotherapy was employed at the domicile in such a way from 1894 to 1895 every case was injected, as well as those officially reported to the hospital.

"All these pains, alas! were not recompensed. In fact, instead of rapidly diminishing the number of fatal cases, the contrary effect was produced, and the number of deaths grew formidable. It reached such a point that the last quarter of the year 1894 as

many persons died from diphtheria at Trieste as had died in the entire years of 1888 to 1890. In 1895 serotherapy was applied with extreme vigor, and 271 patients died from diphtheria. Such a mortality was never experienced before the introduction of serotherapy."

Let us now consult an article by Germonins (*La Sieroterapia della Dipterite nee ospedale civics di Trieste*)—Serotherapy in Diphtheria in the Civil Hospital at Trieste—where may be found the following suggestive information: "In the years preceding the serum the mortality in hospitals oscillated between the figures 15 and 60; the year 1895, remarkable for the scrupulous rigor of its inoculations, gave the fantastic figure of 193 deaths."

Now let us turn to Russia, where the full observations demonstrated officially by Prof. Kassomtz have been recorded. These demonstrate an exaggeration of the mortality from diphtheria since the employment of the serum. Thus, certain epidemic periods have given in the serum years twelve times the number of deaths than in the bad epidemic years before the serum was known.

At Moscow, where fatal cases are seen every week, we find in the official publications of the Imperial Sanitary College that the figures of mortality from diphtheria have not been the least influenced by the serum.

In England, at London, where diphtheria makes cruel ravages, the uselessness of the serum has likewise been noted. Before its introduction, for example, in the first quarter of 1894 there were 781 deaths; 2d quarter, 681; 3d quarter, 680; 4th quarter, 697 deaths. During the year 1896, when the practice of serotherapy was general and intense, the following results were observed: 1st quarter, 72 deaths; 2d quarter, 662 deaths; 3d quarter, 528 deaths; 4th quarter, 816 deaths.

The study of the mortality of Basle leads one to the same conclusion. In fact, according to the works of Lotz that appeared in *Correspondenz Blatt fur Schweizer Artz*, 1898, it is shown that in the 10 years between 1885 and 1894, that is to say before the serotherapeutic epoch, an annual mortality of 29 cases is noted; and in the years that follow the mortality was raised to 45, and even reached 69. Let it be understood meantime that there are always periods of lowering in morbidity and mortality from all causes. It would be illogical to assume that temporary periods of lower mortality were due to serum.

Such are the indisputable facts observed in more than fifty thousand cases. Meantime many medical confreres who might be considered as good practitioners and even as clinical observers claim that their patients have been aided by serums with truly excellent results.

How explain this medical mirage, and make these propositions; appearing antinomical, agree? To my mind it is a very simple matter. To make false membranes disappear, which, for all the world, represent a material expression, one of the disease—these false membranes that choke the patient, and by suppuration give the malady its very frightful character—such is the pursuit and attempt of the physician. For, if the false membrane is made to disappear, hope for the recovery of the patient is reborn, and the dawn of the cure appears. If, later on, complications follow, if the kidneys, bronchi, lungs or heart are attacked, if death terminates the sad scene, the practitioner himself is put beyond blame by the family, for did he not cause the visible signs of the malady to disappear before the patient's death? was the suppuration not stopped? Yes, he did his best. Now the inoculation of anti-diphtheritic serum makes the false membrane fall off rapidly, not because of any specificity it is supposed to contain, but purely through mechanical action. We know that artificial blood serum will produce the very same results. For the augmentation of sanguinary pressure, caused by the ingestion into vascular system of a certain quantity of a liquid, is certain to reach the point of inflammation; that is to say, the spot where the inflammation is most considerable—a serous transudation occurs that permits the false membrane to become easily detached. I imagine that this hyperpressure cannot occur without exercising a profound repercussion on the heart even up to the point of inducing cardiac collapse. Sommers' observations leave no doubt on this point. On the other hand, if I report the account rendered by the works presented to the Congress of Nancy by learned bacteriologists, these indicate that the inoculation of serum is often followed by albuminuria, and that nerve trouble is the result, expressed at times by attacks of auria or nephritic hæmorrhage. I have thus the right to conclude that the inoculation of anti-diphtheritic serum gives a natural explanation of diphtheria attacking the heart or kidneys, being the direct cause of these complications.

So my conclusions are absolutely verified by the results of anti-diphtheritic serum, published in 1897 by the Imperial German

Sanitary Office. This inquiry demonstrated that 42.9 per cent. of all fatal cases occurred in the first three days of the disease, and but 22 per cent. were observed in the first two days; that is to say, almost immediately after the inoculations of the serum.

All my confreres who have observed the progress usual to this affection agreed with me, I am sure, that these rapid deaths, absolutely abnormal, were occasioned by complications induced by the serum. I make this remark in order to answer a young official, chief of a clinic, who assured me in a patronizing manner, that serum never induces accidents. In reality the Roux serum never exercised any beneficial action on diphtheria; and if a number of sincere practitioners affirm its efficacy, it is because they have been misled by the fad of the moment, and forgot the true proportion of deaths from diphtheria before the era of Pasteur, and besides have considered simple cases of angina diphtheria, simply because they showed a bacillus; so they used the serum as a cure, when the same cases would have recovered with any simple treatment.

Are we then wise in concluding, once and for all, that Roux's serum is absolutely murderous and a danger to the public health? So why, under the pretext of spreading confidence, giving convolutions, and boasting, like some editors of the public press, will thinking men indorse a remedy that not only poisons but kills?—  
*Boucher.*

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## WOOD ALCOHOL.

The symptomatology of methyl alcohol poisoning presents a very definite picture, and hence it is not difficult to make a positive diagnosis. There may be first great muscular weakness with defective heart-action, followed by intense gastro-intestinal disturbances, with severe nausea and vomiting, intense headache, giddiness, coma, and delirium. Some cases die within twenty-four hours, but others recover only to find that they are nearly or totally blind. Some do not lose their sight for several days after they have recovered from their intoxication. These cases of blindness may improve under treatment, but nearly always relapse and remain in that condition. On examination there is found a contracted visual field with absolute central scotomata. The pupils are widely dilated and irresponsive to light. Ophthalmoscopically there is noted a blurring of the edges of the optic discs, positive optic neuritis, and later complete optic atrophy.

The treatment of methyl alcohol amblyopia is unsatisfactory. Some cases have improved under free catharsis from jalap or calomel and salines, combined with diaphoresis from hypodermics of pilocarpine. This treatment, however, must be given during the first few days of the acute inflammatory stage if any beneficial results are to be expected. When atrophy begins to show itself *Strychnine* is given hypodermically in increasing doses until the point of tolerance is reached. *Potassium iodide* has also been used, but it must be remembered that the prognosis is very bad when signs of atrophy begin to appear. In most cases the affection goes on until complete blindness results, regardless of what treatment is given.—*Jour. Am. Med. Association.*

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## EXEMPLA DOCENT.

By Dr. B., H.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Populäre Zeitschrift f. Hom.*, May, 1904.

I. One evening, while sitting down to supper, a government official came to me in great excitement and urgently requested me to accompany him at once to his house, where his child lay severely ill. I, of course, went with him at once, and on the way he told me that his child, a boy, about nine months old, had for more than six weeks been suffering from convulsions and had been treated all this time by a well known and highly esteemed allopathic practitioner, who had given him various powders and mixtures. But instead of improving the boy had steadily grown worse and this evening the doctor had told him that he would have to give up the child as it was suffering from cerebral convulsions, which could not be cured. It would anyway be better for him to die, for even if it should get over this illness a morbid alteration of the brain would remain, so that he would not regain his mental soundness. The father then came to me at the advice of one of the relatives to see whether I could not check this disease.

When I examined the child I found that he had evidently been before this attack in good health, but had suffered much in his strength from the lengthy disease. I at once noticed a certain restlessness in the child; he threw himself hither and thither, and when seized he seemed angry and peevish and frequently burst

into screaming. When left undisturbed there were considerable twitches in the face and the hands, while the feet were convulsively drawn up to the abdomen. The stool was of a smutty, greenish-yellow color and of disgusting fœtor.

The region about the anus was very sore.

The mother told me that the child for the last five or six weeks had hardly slept for three hours at a time, and had often started up from his sleep with a scream. I also heard that the doctor had given him quite a variety of medicines, among which *Calomel* and the execrable *Bromine* figured quite prominently, but they had all proved ineffectual.

I had not to think long, the whole image of the disease manifestly pointed to *Chamomilla*, so that I hesitated not a moment before prescribing the 3d potency of this excellent remedy.

When I returned to my interrupted supper my wife, who had heard the description given by the anxious father, said that this was probably a hopeless case, and was very much astonished when I said that the child would probably be well in a few days.

It was not, indeed, more than three days before these so much dreaded convulsions had entirely disappeared, and the gastric troubles also yielded in a very brief time, without requiring any other remedy.

II. A clergyman who was a good friend of mine asked me to visit the wife of a poor mechanic living in his village, she having been sick and incapacitated from work for a long time. She was, indeed, much to be pitied, not so much on account of her disease, which, as we shall see, was easily cured, but on account of her experience with allopathy.

She had been suffering for quite a time from a very painful uterine trouble, which had appeared after a difficult parturition. She probably had not been able to stay in bed as long as she ought to have, as is frequently the case, indeed, with the wives of workingmen; so there was a severe prolapsus of the uterus and vagina, which caused her much trouble. After all sorts of mechanical manipulations, ablutions with astringent fluids, wearing of rings and pessaries, the customary operation was made in a hospital, which removed the prolapsus. But if the physicians thought that this would cure the woman of her trouble they were very much mistaken. The woman after the operation suffered even more than before with her pains, and though only thirty-six years of age she became almost totally incapacitated

for work, a great misfortune for her husband, who with his small means had sacrificed almost all that he had so that his wife through the surgical operation might be restored to health, and was now so bitterly disappointed.

About eleven months had passed since the operation, when I called on her. I found the woman wasted away and despondent, sitting mute and peevish, with her legs crossed, in an old arm-chair, seemingly taking no interest in anything that happened around her. It was difficult to get her to talk, but finally I succeeded in gaining her confidence. Her sufferings were most characteristic and pointed unmistakably to one of our best remedies.

In the abdomen there were violent, lancinating pains, pressing downward, as if something had to be pressed out from the vagina, an ill-looking, fetid leucorrhœa, and, finally, a constant and painful urging to micturition with a burning sensation in the bladder and the urethra. The pains were somewhat alleviated by sitting on a very soft pillow and crossing her legs. Therefore, she had sat in this fashion for weeks and months, without taking any interest in things around her.

In this case *Sepia* was bound to help; for the whole morbid image and her disposition all pointed so plainly to this remedy that there could not be any doubt. I gave her *Sepia* 12 D, and it acted well, and, indeed, so quickly, that I found her after two weeks, at my third visit, busy about the house, somewhat uncertain and tottering on her feet, still she assured me that her pains had very nearly disappeared. I have since then called on the woman several times, though it was really unnecessary, as no other remedy was required. I impressed upon her the importance of calling on me or writing to me at once if there was any further trouble. And as I have not heard from her since, I conclude that she was permanently cured. That she is still actively attending to her duties I know from one of her neighbors whom I am treating at present.

III. At about the same time that I commenced treating the former case, a girl, twenty-three years of age, came to my office. She dragged herself up the stairs with the assistance of two women, and totally exhausted by this exertion, out of breath, and with violent palpitations of the heart, she collapsed on a chair. She gave me the following statement:

Having suffered for a long time from headache and weariness,

about five months ago she was suddenly taken sick with dyspnœa, nausea and vomiting, fainting spells, violent palpitation of the heart, and an oppression of the chest as from a heavy load, while her appetite failed entirely and there was a stubborn constipation. This striking illness would have caused considerable perplexity, if the explanation had not been furnished by her occupation. The girl was working in a cigar factory, and it was easy enough to diagnose the case as a violent poisoning from nicotine. For the last twenty-one weeks the girl had been treated by the physician appointed by the union, with mixtures, hydropathy, change of air, good counsels and comforting assurances as to the healing power of nature and time, the result being, as before stated, that the poor girl could no more walk alone and was totally incapacitated from work.

It would be tedious to describe at full length the treatment required in this case, and I will only state that *Nux vom.*, *Ignatia*, *Sepia*, *Spigelia*, *Aurum* and several other remedies were required. The improvement proceeded slowly, but in two weeks the patient could come to the office by herself. The pulse, which originally had been 120 and very irregular, gradually became normal, the appetite improved and the stool became more regular. In eight weeks the girl could again contribute to her expenses by a light occupation, though she could not, of course, return to the cigar factory.

I will add, that now, after one year and a half, the girl is doing well, and only when much excited a slight palpitation of the heart and flushes of heat remind her of the former state of her heart and nerves.

These cases have been adduced to show how helpless allopathy is in many cases requiring internal medication. The three cases mentioned, though plain as to their diagnosis, were treated allopathically for weeks and months with none-effect, and the allopathic doctors had given up all hope of effecting a cure, and were glad to get rid of these uninteresting and troublesome cases, while Homœopathy with simple remedies and in a comparatively brief period effected a complete cure.

## EFFECTS OF SUPPRESSING DISEASE.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, May, 1904.

Whoever would learn the power and strength of homœopathic medicines should choose for that purpose some disease which is wont to stubbornly resist external and internal allopathic remedies. Such a one is the herpetic exanthem on the hand, usually on the ball of the thumb and on the flat part of the palm, with tears and chaps, causing a troublesome itching and burning, sometimes bleeding, when the tears are deep, at other times more dry (dry herpes), like the lichen on trees. In one stage it may have the character of an eczema: little blisters with a sharp secretion. But the characteristic appearance is that of a really brittle skin, and scattered over it raised herpetic spots more or less semi-circular. Even more than the appearance, the pernicious character of this localized herpes should be noted. A strict classification we may leave to the specialist in dermatology. The main thing is that it is amenable to the therapeutics of physicians who see more in the localization of the eruption than a mere accidental local disease. For it is the expression of a real dyscrasy, which does not exclude its transmission to the mucous membranes, especially when it is not treated skilfully.

The proof of this is, that drastic external remedies are of no use, and only serve to cause the trouble to run backward, and to produce metastases of this kind; *e. g.*, forms of convulsions of the stomach have been observed, of such a nature that as they appeared the herpes disappeared, but when the gastralgia was cured the herpes reappeared.

Something analogous is seen when the sores of teething infants and their *crusta lactea* are dried up, and this causes convulsions afterwards. But the most convincing demonstration of the correctness of this view is afforded by another cutaneous affection and its consequence, of which we shall speak at the close of this brief article.

But first of all we owe to the reader the statement as to the remedy of the psoriasis—the herpetic eruption on the hand, spoken of above. For this purpose we use *Graphites*, *i. e.*, mineral carbon. We use from the 12 up to the 30 dilution, giving only two doses a week, or where the affection has been of long standing only one dose a week. In second place only, *Arsenicum*

may be considered, and also *Silicea*. *Arsenic* is so closely related to *Graphites*, that some suppose the action of *Graphites* is due to the admixture of *Arsenic* in it. With these three remedies in the dose mentioned, innumerable cases may be healed, *i. e.*, *actually cured*, not only relieved by a palliative. This being not only an irrefutable proof of the truth of homœopathic principles, but also of minimal doses; these latter, however, are by no means the *conditio sine qua non* of homœopathic cure in different diseases.

We will now turn to the clinical proofs, plainly showing that a peripheral trouble has an etiological connection with pathological processes in the central anatomical provinces of our organism.

Prof. Stark. of Jena, performed an operation on a man for a fistula of the rectum. When this was healed, the man operated on became insane. But this insanity disappeared of itself when a new fistula of the rectum developed.

Still more instructive is the next example: A man was treated at the clinic of the University at Utrecht. He formerly had had a running sore on his leg, being otherwise in good health. When this sore was healed up he became insane, but he recovered when fontanels opened on his calves. He had these fontanels healed up later on, and his insanity returned, but when the fontanels were reopened his insanity again vanished.

Esquirol, the celebrated psychiatrist, remarks: "The suppression of mucus issues or of sores has often produced insanity, so also when a cutaneous eruption or gout or rheumatism was driven in." He very sensibly adds: "The suppression of such a disease is *not always* the cause, but it usually precedes the outbreak of such insanity."

Military surgeons have had opportunity to notice that the suppression of perspiration in soldiers has made them epileptic.

Esquirol finally mentions the case of a man, who usually perspired violently on the head, and who washed his head with cold water, which was followed by insanity.

*Sat sapienti!*

I would in addition adduce the consequences of suppressed perspiration of the feet because the remedy which was adduced above as curing pernicious herpes in connection with *Graphites* and *Arsenicum*, namely, *Silicea*, is also the cure for such cases. If anyone after the suppression of perspiration in the feet is attacked with swooning, headache, nausea and great exhaustion, and especially also with *vertigo*, then *Silicea* in homœopathic doses is the specific remedy.

**WHEN A MEDICAL CASE NEEDS SURGERY AND  
WHEN A SURGICAL CASE NEEDS MEDICINE.\***

By Dr. G. P. Waring, Chicago.

“The medical field, as seen by the medical homœopathic physician, has its boundaries and limitations, but includes every known sickness of the race involving the vital force of the patient, an evidence of which will be symptomatic manifestations developing from center to circumference, from the patient to his organs. These manifestations are definite and positive proof of sickness, and become the only guide in the selection of the remedy. Consequently the disordered vital force manifested in the true sickness appeals to the prescriber and not to the surgeon for relief. This leaves for the surgeon all cases of mechanical treatment resulting from injury, malformations and structural changes not seriously involving the vital force; also all emergency cases involving immediately the life of the patient, in which the surgeon should act conjointly with the medical doctor. That is to say, the medical man doctors the vital force, the surgeon the material organism.

“The surgical field, as commonly seen by the surgeon, also has its limitations, but includes a large part of the field claimed by the medical doctor. There never has been, and probably never will be, a satisfactory agreement between these two branches of the profession as to their field of usefulness, unless appeal is made to the philosophy of the homœopathic system, which, by the way, will quickly and rightly arbitrate all differences of claims and opinions. Until the philosophy as taught by the organon of the homœopathic system is well understood and digested there are many rocks to disturb and endanger the smooth sailing of the homœopath.

**Philosophy of Hahnemann.**

“The best advice that can be given to the candidate that chooses to set sail upon the ship launched by Samuel Hahnemann is thoroughly to master the philosophy at the beginning of the voyage. It is the compass, chart, wheel and rudder, all essential to secure a true course and a safe voyage. Every scientific system in the world, having a permanent standing, must of necessity

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\* Read at I. A. H. Meeting, Rochester.

have a fixed philosophy based on fundamental truth. Homœopathy being a scientific system based upon such truth must have its philosophy. Consequently the philosophy of Homœopathy must be the guide in fixing the limitations for the medical doctors and the surgeon.

“Following this guide, the medical doctor should have full control and supreme authority in the field just outlined, namely, ‘including every known sickness involving the vital force of the patient.’ The vital force in disorder is the beginning of sickness; hence, the medical doctor and his remedy to restore the vital force again to order is the first consideration.

“When the surgeon comes into this field, given by this rule to the medical doctor, he should do so at the invitation and by the consent of the medical doctor, who should have and maintain control of the case so long as the vital processes are disordered, the true source of the symptoms. The philosophy establishes this right. It is consistent with common sense and orderly treatment that the vital force, which, to say the least, had a large part in the creation of the body, and all to do in maintaining the healthy functioning of the same, should first be considered.

#### Philosophical Limitation.

“The changed tissues of the material organism, being only the result of a prior vital disorder, are secondary considerations, and unless falling under the exceptions given above should not be disturbed until vital force is restored. When the prescriber has done his work well in curable cases, and there remain lesions of any kind in the tissues, then, and not until then, does the medical case become a surgical case. This is the philosophical limitation of the field of the medical doctor. When it is ignored and the surgeon does his work first, confusion generally results, and often renders the patient incurable. Following this same guide, the philosophy, we find the rule by which can be easily determined the problem, ‘when a surgical case needs medicine.’

“When the surgeon in the field of ‘mechanical treatment, resulting from injury, malformation, structural tissue changes and emergency cases,’ observes that the vitality of the patient is more than temporarily involved, medicine is needed. If the surgeon is not skilled and equipped to administer the needed remedy, the medical doctor should be invited into the case to do his part, so important in many ways to the patient. The surgeon’s interest

in a successful operation and prompt recovery of the patient, if he is careful and conscientious, will always lead him to acknowledge the great importance of having the patient's vitality before, during and after the operation as nearly normal as possible. Normal vitality means the vital force in order. The medical doctor is the vital force doctor, as before stated; consequently his attention and medicine are needed in surgical cases where the vital force of the patient is more than temporarily involved."

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## LUPULIN.

By Dr. Schlegel, Tuebingen.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*,  
May 5, 1904.

In cases of sexual weakness and pollutions which have been sometimes successfully combated with *Lupulin*, I make use of a preparation made of fresh flowers of *hops*, made like the homœopathic essences, and this preparation, "*Humulus*," I give in the first decimal dilution, one dose morning and evening. The remedy has also acted favorably sometimes in chronic gonorrhœa. It is an interesting example of a scientific conception of the doctrine of signatures. *Hops*, like *Cannabis* and *Urtica*, belongs to the family of nettles, and it is only the female plant which is cultivated and to whose sexual substances the male organism has the greatest natural affinity. On that account *beer* is especially a drink for men. As in *Cannabis*, which in hasheesh also produces sexual substances of powerful action, the female blossoms are prominent and very spicy; the pistil and stigma are very prominent; the plant also is protogynous, *i. e.*, the stigma matures before the pollen scatters; all of which particulars show the predominance of the female element. The conclusion is naturally drawn from this, that the morbidly increased sexual excitation with man is in a way extinguished by the female sexual substances of the medicine used, causing the continued assaults on the psyche as well as the spermatorrhœic discharges to cease. This might also have some connection with the common belief, and explain it, *viz.*: That long-continued and excessive use of beer causes early impotence.

## NEW CURES WITH TUBERCULINUM.

By Dr. Moll, of Brixen, Tyrol.

Translated for the HOMŒOPATHIC RECORDER from the *Leipzig. Pop. Zeit. f. Hom.*, June 1, 1904.

In last year's volume of this journal I described some cases in which high potencies of *Tuberculinum* showed remarkable effects. *Tuberculinum* not only has a specific influence on tuberculous diseases of the lungs, but also proves successful in suppuration of the bones, and especially in tedious, obstinate cases, in which other methods of treatment have failed.

In my former article I pointed out that in using *Tuberculinum* only high potencies are of use, since the low potencies, among which in this remedy I also include the 50 D. dilution, may call forth too strong and even dangerous reactions. Even up to the 60 D. dilution I have noted a reaction of rather stormy a nature, consisting especially of an increase in temperature, augmented expectoration and a tendency to hæmorrhages. These reactionary symptoms were, indeed, followed by a considerable improvement, and especially by the disappearance of many tormenting symptoms of the disease, such as insomnia, incitation to coughing and tormenting pains. I have seen a case of suppurative, intensely painful, osseous caries, which it had been decided to operate upon, cured in a short time by the use of *Tuberculinum*. I could also observe the strikingly curative effects of this remedy in acute tuberculous diseases of the lungs, where it often made all the tormenting phenomena of this disease disappear in a remarkably short order, and thus paved the way to a permanent cure.

Though I would not dare to assert that all such cases may be definitely cured with *Tuberculinum*, nevertheless the extremely favorable influence of this remedy, even in advanced cases, is so manifest that I believe that the lighter stages of the disease are perfectly curable by a persistent and rational use of *Tuberculinum*, and that even severe cases may still be cured under favorable circumstances.

Among the later cases of my experience, one of the most remarkable is that of a young man who had been tuberculous for about ten years. With this patient there were at times severe convulsive fits of coughing, during which he was in eminent danger of suffocation, and these attacks were exceedingly debilitating

and exhausting. The ordinary sedative remedies had no noticeable effect and could not check these attacks. When the patient consulted me I found him sitting up in bed and trying to catch his breath, while one spell of coughing followed the other. I diagnosed general tuberculosis of the lungs and a cavity in the left lung, where the tissue had already been consumed by the disease. This cavity was full of mucous secretion, which was the cause of the convulsive cough, tormenting the patient and bringing with it the danger of a hæmorrhage from the bursting of a blood-vessel. I prescribed *Tuberculinum* 250 D., five drops in some water every two hours. By the next day the cough had disappeared and great quantities of expectoration were brought up without any great exertion. In a few days the patient could leave his bed, and, to my surprise, he appeared in the office, where he thanked me for my treatment and told me that formerly when these attacks set in he had to keep his bed for a month, as no remedy had ever quieted the cough. "I never got over it so quickly and so easily," he said. I still give him *Tuberculinum* once a week, and hope for a favorable effect on the disease itself, the more so as he is in a position to support the action of the medicine by a plenteous use of fresh air.

In other cases I could observe *Tuberculinum* exercises an excellent action in assuaging pains. This was seen especially in *tuberculous affections of the bones* and in inflammation of the periosteum.

A young girl in the early twenties has been suffering for years from tuberculous caries of the lumbar vertebræ. A few days ago she consulted me for violent pains on the shin-bones. The anterior side of the legs shows a slight œdematous swelling and is very painful to even the slightest touch. There is no redness; on the contrary, the skin is rather pale with yellowish discoloration, and shows the slight, faint gloss of œdema. The first lumbar vertebra noticeably projected and was very sensitive to pressure. The lungs showed no particular symptoms. In the evenings the pulse was somewhat accelerated and there was a very slight rise in temperature. There was evidently a tubercular affection of the periosteum, which having been carried from its own proper focus of disease by means of the sanguinous or the lymphatic circulation had lodged on the periosteum of the legs.

The prescription was: *Tuberculinum* 250 D. three times a day three drops in some water. In a few hours the pains disappeared.

I gave *Tuberculinum* once a day. In about two weeks the pains reappeared. At the same time red streaks appeared on the legs extending upward to the thighs. I stopped the *Tuberculinum*. Next day the pains diminished and the red streaks disappeared. I continued *Tuberculinum* every seven to ten days.

Also the *nervous restlessness* of many consumptives is favorably acted upon, causing quiet sleep.

I always use the higher potencies. I seldom descend below the 100 D. Low potencies act too strongly, frequently producing quite violent reactions, which ought to be avoided at least in acute cases. The high potencies also seem more sustained in their action. We should in any case avoid giving the doses in too quick succession, and should rather allow the dose to exert its action before repeating the remedy. It is also advantageous to vary the strength of the potency and rather to pass from the lower to the higher, than vice versa, unless there are particular reasons which may seem to make this desirable.

All my experience with *Tuberculinum* shows me that it is a remedy which acts most favorably on tuberculous processes of the most varied nature. Despite of the high dilution, its action is almost immediate. It can cure the lighter cases and those of medium severity. In severe cases it greatly influences all the various symptoms of the disease, and frees the patients from many torments.

I would advise patients not to use this remedy according to their own notions, but always to consult a homœopathic physician, whose experience will show the proper mode of using this remedy, which seems to have the power of helping many patients who cannot otherwise be helped.

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## THE INSUFFICIENCY OF THE KIDNEYS.

By Dr. Pierre Jousset, Paris.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
June 1, 1904.

In *l'Art Médical*, December, 1903, Dr. Pierre Jousset has treated a subject of general pathology: The insufficiency, the inadequate, abnormal activity of the kidneys, which appears to us important both from the scientific and the practical point of view. The first describes the importance of the kidneys as the organ by which the toxins are eliminated, which are continually being formed in the living body or ingested into it with the nutriment.

This production of toxins in the organism, according to Bouchard, is so considerable that the quantity generated in two days and four hours would suffice to kill the man who produces it; and the cleansing function of the kidneys may be measured by the fact that the amount of poison in the urine of a healthy organism is so great that forty-five cubical centimeters of normal urine suffice to kill one kilogramme of living flesh.

This poisonous nature of urine has also been proved by experiments and clinical observations. The subligation of the ureters of an animal, their obliteration in a sick person by renal calculi, or a certain degree of impassibility of the kidneys will suppress or diminish the action of the kidneys, and produce an accumulation of toxins in the organism; and when these are only imperfectly excreted they produce a group of phenomena which has been designated as uræmia; for it has long been assumed that the retention of urea is the cause of those phenomena; but urea is not poisonous, the explanation, therefore, was erroneous, though the name remains.

But Dr. Jousset insists that we should substitute the expression of *insufficiency of the kidneys* or *renal insufficiency* for *uræmia*. "How many physicians," says he, "fail to recognize every day the complex of morbid phenomena dependent on the *insufficiency of the kidneys*, just because the urine of the patients does not contain any albumen and still amounts to two litres a day and over!

"We have at this day in the hospital Saint Jacques a young girl with interstitial chronic nephritis, with whom ever and anon inflammatory conditions supervene, which cause the most threatening symptoms. Quite lately the urine of this patient contained eight to ten grammes of albumen while the most threatening symptoms were present. At this day the urine contains only traces of albumen, and it is discharged at the rate of two litres and 500 ccm., and yet the depuration of the kidneys in her case does not equal one-half of her physiological condition; thus the insufficiency of the kidneys is in her case still quite pronounced.

"Another patient, eighty years of age, suffering from arterial endocarditis, was formerly visited with frequent attacks of angina pectoris. The long-continued use of *Natrum iodatum* has caused this complication to disappear, but since some weeks the patient is showing characteristic symptoms of Bright's disease. His urine has never contained any albumen and its quantity is over two litres, and yet the purgation effected by the kidneys is not one-half of the physiological normal."

Thus there are many cases of coma and of Cheyne-Stokes' dyspnoea which often prove fatal with patients in whose urine there is no albumen and where the quantity excreted seems normal.

According to Bouchard, the symptoms of insufficiency of the kidneys may be explained by the garnering up within the organism of all the poisons usually excreted by the kidneys. He has endeavored to define the kinds of poisons contained in normal urine and has specialized seven, each of which exercises its own peculiar effect: the one myosis, the other fever-heat, two of them cause convulsions and another coma. Dr. P. Jousset is only willing to grant so much: That not any one single poison, but the totality of the poisonous matters causes the disease-image of the insufficiency of the kidneys.

Now let us consider the symptoms observed when normal urine is injected into the veins. If filtered neutralized urine is injected into the terminal vein of the ear of a rabbit, the temperature of the urine injected being  $16^{\circ}$  or  $20^{\circ}$  ( $68^{\circ}$  to  $77^{\circ}$  F.), and the injection proceeds slowly, *i. e.*, one cubic centimeter a second, then the symptom first observed is myosis; the contraction of the pupil takes place after the tenth or twentieth injected ccm., and reaches a high degree, till the pupil is like a point. The next symptom is dyspnoea; respiration is accelerated and the breaths become continually shorter, at the same time the heart beats are quickened; then hypothermy takes place accompanied with diuresis; finally, coma and convulsions.

Now to pass to clinical experience. The insufficiency of the kidneys appears in the following pathological conditions: In nephritis calculosa, and whenever a mechanical obstruction leads to a closing up of the ureters; in pregnancy; in acute and epidemic diseases; in chronic nephritis, as well as in interstitial or epithelial nephritis, and in diabetes.

Among the signs which indicate the threatening phenomena of a collection of nephritic poisons, the first is the decrease or even suppression of urinary secretion. The diminution of the density and of the normal quantity of urea are very important precursors; the appearance of albumen is a common, but not a constant indication.

Besides this the diminution in the toxicity of the urine may be shown by experiments on animals. Methyl-blue can give us positive proof as to the purifying activity. The time when the blue color appears in urine, and the time elapsing before it disappears, give us a sure measure of the purifying function of the kidneys. The author then considers :

I. The renal insufficiency caused by a closing or stricture of the ureters. His series of facts, which has the value and the simplicity of all experiments on animals should first be studied on account of the regularity and constancy of the symptoms.

The first symptoms appearing in such diseases are disturbances in digestion; anorexy with a white pasty tongue, distended abdomen, constipation, vomiting, heaviness of the head, insomnia, and especially a strongly pronounced feeling of muscular weakness, and a daily increasing apathy. The disease in the beginning proceeds slowly, and only after the lapse of seven years very frequent vomiting and occasional diarrhœa and at the same time dyspnœa appears, a general much increased torpor, contraction of the pupils, high temperature with some symptoms of muscular contraction and finally a more and more increasing exhaustion, a numbness from which the patient can no more be roused; at times also delirium and hallucinations. Then in the succeeding days the temperature again sinks, the heart becomes weak, respiration is retarded, sometimes with the Cheyne-Stokes' type, and death results in a coma, which steadily increases and is now and then interrupted by convulsions.

This is the group of symptoms characterizing renal insufficiency in its simplest form, but they also appear in other forms, though more generally singly, now the brain-symptoms, then the respiratory troubles, then again the anomalies in digestion predominating.

II. Renal insufficiency in interstitial nephritis. Also here the symptoms proceed slowly, announcing themselves first by lumbar pains, headache, intensive and general pruritus, cramps in the calves, at times electrical concussions in the arms and legs; then there will appear disturbances in hearing and in vision, humming in the ears, hardness of hearing, Bright's amblyopia. Respiratory disturbances belong to a more advanced stage; at times there are violent asthmatic attacks, threatening suffocation, a pale, leaden-gray complexion, cyanosis of the lips, protruding eyes, cold perspiration, sensation as if dying—conditions generally terminating in bloody ejections. They may come in a state of health and disappear in a few hours, leaving hardly a trace. In other cases such attacks may appear in a far less violent form every day, usually in the evening and by night. Cheyne-Stokes' type of respiration appears only in a far advanced stage. The disturbances in digestion are constant, though at times limited to anorexy; at times a more or less copious vomiting, with or without diarrhœa may set in.

We must observe that interstitial nephritis is only an ultimatum of arterio-sclerosis; symptoms of excessive pressure in the arteries may always be observed, in the heart hypertrophy and a galloping noise. Consequently a good part of the symptoms rather belong to arterial heart disease than to the collection of toxins which at other times are eliminated by the kidneys. These symptoms of slowly proceeding uræmia really belong to two affections, to nephritis and to arterial endocarditis.

From a practical point of view the fact is of extreme importance that a certain number of these patients *never have albumen in their urine*. These cases as the ones whose nephritis is merely interstitial, since albuminuria is impossible without lesion of the renal epithelium. But although albuminuria may be lacking with such patients, nevertheless their renal insufficiency can be demonstrated by the diminution in the quantity of urine, by the decrease of its density and its contents in urea, as well as through the proceedings mentioned above.

Finally, when the system is filled with toxins, the severe uræmic symptoms manifest themselves and it is especially the dyspnœic symptoms which are noticed in interstitial nephritis. Though occasionally there may be seen in this form, as in epithelial nephritis, apoplectic and convulsive appearances. Just in interstitial nephritis we observe those cases of a stormy uræmia which overwhelm a person in a seeming state of health and which usually show themselves in convulsives and comatose conditions.

### III. Renal insufficiency in epithelial nephritis.

In this form of nephritis only lately the occurrence of uræmic conditions has been denied, the objection being made that in this form of renal inflammation the passage through this organ is rather increased than diminished. Nevertheless, it is true that renal insufficiency is the concluding act of chronic renal inflammations of this kind. The symptoms appear to take a rapid course and bear especially the impress of a cerebral character. Eclampsy and coma are the two most frequent symptomatic forms in epithelial nephritis. The delirious form is also noted, nevertheless, the variety simulating mental alienation appears almost exclusively in interstitial nephritis.

IV. Renal insufficiency in pregnancy. This form is frequently attended with albuminuria. The diminution in the quantity of urine, its slight density and the other symptoms enumerated several times before must warn the physician, for this form is very impetuous. Usually after some disturbances in vision, headache

and sometimes vomiting, the poisoning manifests itself through violent attacks of eclampsy, which may end in a few hours with the death of the woman and the child.

We should remember, that although albuminuria generally appears as a warning symptom, eclampsy may also break out without there having been any trace of albumen in the urine of the patient.

#### V. Fevers and infectious diseases.

Renal insufficiency presents to us as severe a complication as it is frequent in scarlatina and in cholera; in both diseases, but especially in cholera we may frequently observe complete anuria, simultaneously with contraction of the pupils in a more or less pronounced hyperthermy. In scarlatina the signs of insufficiency manifest themselves mainly during convalescence, nearly always by albumen in the urine, and the symptoms always appear in the form of eclampsy.

#### VI. Renal insufficiency in diabetes.

Acetonuria is an expression as erroneous as uræmia, inasmuch as aceton is hardly to be called poisonous, and is unable to produce the symptoms in the brain which are ascribed to it. Dr. Jousset is of opinion, that the symptom of coma diabeticum from renal insufficiency are a consequence of the garnering up of poisons which are at other times eliminated by the kidneys. The total image of the symptoms characterizing acetonæmia remind us very much of uræmia. In both conditions the diminution of the quantity of urine discharged in twenty-four hours is a warning signal, to which in diabetes is added the diminution in the excretion of glucose. Disturbances in respiration and in the brain are prominent in acetonæmia, while the gastro-duodenal symptoms are not so generally prominent.

The histological changes found in diabetic patients who have died from comatose and dyspnœic attacks confirm the assumption that these symptoms are to be ascribed to renal insufficiency. Ebstein has established the fact by autopsies of such patients that the epithelia of some tubuli contorti as well as of some tubli recti showed necrosis. Ehrlich has described a hyaline degeneration of their epithelial cells.

In short, the respiratory disturbances in acetonæmia and in uræmia are very similar; to a certain point they remind us of the Cheyne-Stokes' type. The disturbances in the brain and in digestion are in both states the same, so also both have oliguria and hyperthemia.

The only difference of importance would be the dilatation of the pupils in coma diabeticum, while in renal insufficiency there usually prevails contraction of the same; though Jousset has also observed myosis in that coma! In all these conditions the kidneys show changes which show a greater or less degree of impassibility and therefore of insufficiency of function. The differences in the two disease-images may be explained, as Jousset thinks, through the difference of the toxins which are retained. In both in the so-called uræmia and in acetonæmia the cause consists in the more or less complete retention of the toxins present in urine, and not in the retention of any single constituents of urine, such as urea and aceton.

These pathological explanations afford many important points for prognosis as well as for therapy; this is afforded in part by allowing us to properly weigh the symptoms. If acetonæmia is not to be considered as of etiological importance, it nevertheless claims a high importance as a symptom. This symptom has not, however, been as yet sufficiently noticed in our provings.

DR. MOSSA.

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#### RANDOM NOTES ON THE NIAGARA FALLS MEETING OF AMERICAN INSTITUTE OF HOMŒOPATHY.

Dr. John B. Garrison, of the *Homœopathic Eye, Ear and Throat Journal*, had a special car at the head of a huge Erie train for a delegation of about 25 leaving New York on Sunday morning. At Buffalo we were hitched on to the Niagara local and arrived in good shape, and were met by Dr. Hough, who guided the party the way it should go.

The meetings were held in the Cascade House, which is practically a continuation of the International Hotel and under the same management.

Niagara is an ideal place for such a meeting—good accommodations, good table, good quarters and the most magnificent sight in the world on view from the dining-room windows.

The exhibitors were well placed; their rooms opened on the parlor and the office, and rubbed elbows with the dining-room, a bit crowded, but the location overbalanced that largely.

The weather was beautiful, rather warm on Monday and Tuesday for going about, but all right for those who sat still or staid in the hotel.

Was there no kick coming then? Yes. Those horrible, blaring, disfiguring, huge advertising boards that vulgarly thrust themselves on the eyes of all, from the Canadian side. There ought to be a league formed to boycott every advertiser who disfigures the scenery with his vile boards—and mobs to tear them down.

Trolley cars run everywhere, and the "gorge route" is worth going far to see.

Dr. Geo. Royal, of Des Moines, Iowa, was there and was elected to be the next President without a dissenting vote. Good man for the office.

Dr. Wm. Harvey King, Dean of New York, towered broad shouldered among the crowd, as did Dr. Blackwood, of Hahnemann, Chicago, *Materia Medica*.

Dr. Bukk G. Carleton and his gracious lady were present from the beginning. Dr. Carleton was happy over the fact that he has finished his book, *Urological and Venereal Diseases*, "which is to be my last," and in which he has put the best that is in him.

Our old friend, Dr. W. B. Morgan, of Baltimore, greeted us and promised a paper to the *RECORDER* after he had read it at the I. H. A. meeting in Rochester. The Doctor is a genial man, but when he comes to pure Homœopathy he writes from the shoulder, so to speak.

Dewey, Admiral of the *Medical Century*, was in high, good spirits, for is not that journal flourishing like a green bay tree, fat advertisements tumbling in and the \$100.00 pamphlet a shining success? Why shouldn't he be?

Of the meeting we will let the transactions, and our big contemporaries with stenographers, speak. Faith, the reporter did not attend many, but hears that they were very successful on the whole.

"There is a big reaction our way and we have to come back to sound Hom——" was a fragmentary remark caught.

Another significant remark was on the subject of the amalgamation of the two schools. "The men with practices will about hold their own, if we come together, and the little men will continue unchanged."

Dr. Arthur Fisher, of Montreal, probably the oldest member of the Institute, 89 years old, was in active evidence. "You'll have to tell me your name," he said, when spoken to, "because my ('vigorous Anglo-Saxon') eyesight has gone back on me and I cannot recognize any one." But outside of this our old friend seemed as vigorous and active as many men many years his junior.

Another veteran present was Dr. H. C. Allen, needless to add, the captain of that staunch craft, the *Medical Advance*, and of the Hering College, Chicago. The doctor is as sound a Hahnemannian as ever, and is consulted by mail by patients from Greenland's icy mountains to India's coral strand. He says that the nosodes, in high potency, are a winning card in desperate, or, rather, chronic cases, and may write a book on them some day.

Dr. and Secretary Gatchell and his fair bride occupied a table by the window in the dining room where they could overlook the rushing, roaring rapids of Niagara. Mr. Secretary, needless to add, was a very busy man.

Apropos of Niagara, a gentleman remarked to the RECORDER man that Ni-a ga'-ra was the proper pronounciation even as Sar-a-to'-go is. Otherwise we should, to be consistent, pronounce the latter Sar-at'-o-ga. They are both Indian names, and Saratoga, as we pronounce it, is right, and Niagara wrong. All which is faithfully and truthfully reported.

Kraft (who objects to spelling it "Craft"), with the prefix "Dr. Frank," who "hews to the line" no matter where the editorial chips may fall in his *American Physician*, was in evidence, but as he was doing the short hand stunt we did not see much of him. The latch-string is out in Philadelphia, thou industrious editorial hewer!

Dr. A. B. Norton—no use saying who he is or where is his "parish"—debonaire and cool as always was present—of course—and rather pleased that his latest book (*Essentials*, for students) was so far along that he can go to Europe this summer with no old man of the sea book-care on his shoulders.

The RECORDER received a good many kind, friendly and agreeable words; they are stored up in memory, but will not be turned over to the compositor. Big editors appreciate good words, and so do little ones like the one who scribbles a bit for the H. R.—as "our Bustleton correspondent" would put it.

Heard that our ex-Wilson Smith was present, but was unable to find him. May his shadow increase, and may he, when occasion offers, drop in at 1011 Arch street.

The Buffalo papers said there were 1200 doctors present at the meeting, which was probably a bit of the long bow, so there was many a good hand that was not grasped.

One day we dropped in for a call on J. W. Hodge, M. D., the stalwart fighter of vaccination. Dr. Hodge and his brother, Dr. W. H. Hodge, occupy adjoining offices on the second floor of one

of the finest buildings in Niagara—and, by the way, that town is getting to be a big city, with its enormous power, which still takes but a flea bite from the water that roars over the falls. Some men kick about "spoiling the falls," but it saves the nation's coal supply, and the utilitarian in the long run beats out the artistic—at least it is a subject for debating societies.

Dr. J. Ritchie Horner, Editor of Cleveland *M. and S. Reporter*, Registrar, Professor, etc., etc., was present, of course, and, as usual, as busy as auld Nickie Ben in a gale of wind.

Dr. N. T. B. Nobles (*Minor Surgery* Nobles of the Cleveland College) was too busy to attend.

Had the pleasure of meeting Dr. W. F. Honan, who runs the editorial pages of the long titled *Homœopathic Journal of Obstetrics, Gynæcology and Pediatrics*; also, Dr. W. E. Cramer, who steers the business end of the New Kansas City *Medical Forum*. He says the *Forum* is a success—big subscription list, and growing.

Dean Hinsdale, who presides over the homœopathic end of the University of Michigan, Ann Arbor, was present, as also was Dean T. Smith (Dean by name, and not, as is the case with Hinsdale, dean by office), the big surgeon of Ann Arbor. There was a goodly gathering of the Ann Arbor and of the Detroit men at the meeting, among them Dean D. A. McLachlan, once of the *Medical Councillor*, but now, as his title indicates, at the head of the Detroit Homœopathic College.

Met Dr. W. E. Riley, of Fulton, Mo., with his cane and his usual "joshing." Says the "regulars" are all at odds over that insane asylum they got from the homœopaths, while the latter now present a united front. Things will happen soon out there.

Dr. James C. Wood, of Wood's *Gynæcology* fame; Dr. J. B. S. King, who used to write fables for Hoyne's old *Medical Visitor*; Dr. John L. Moffat, for years editor of the once *Journal of Ophthalmology, Otology and Laryngology*; Dr. William Boericke, of B. & D.'s *Twelve Tissue Remedies*' fame; H. F. Biggar, the veteran surgeon of Cleveland; Surgeon General M. O. Terry, of Utica, N. Y.; Ex-President B. F. Bailey, as every one knows, of Bryan's State; Dr. J. V. Allen, of *Arundo Maur.* for hay fever fame; Dr. Drury, of the staff of Porter's *North American Journal of Homœopathy*; Bartlett, *pere*, who looks after the business end of the *Hahnemannian Monthly*; Dr. Strickler, of *The Critique*, that stalwart journal, and many hundreds of other good men and true were present, but want of space must call a halt on this idle gossip.

Next meeting in Chicago—we believe, and, gentle reader, go if you can.

Through the kindness of Dr. Frank Kraft we were furnished with a complete list of next year's officers and appointees. Here they are and with them we close.

At the recent meeting of the American Institute of Homœopathy, at Niagara Falls, the following officers were elected:

Geo. Royal, of Des Moines, president.

W. R. King, of Washington, first vice-president.

Wm. Boericke, of San Francisco, second vice-president.

Ch. Gatchell, of Chicago, secretary.

T. Franklin Smith, of New York, treasurer.

J. Richie Horner, of Cleveland, registrar.

Eldridge C. Price, of Baltimore, censor.

The following are the appointments of the retiring president:

Necrologist, John James, of Philadelphia.

Organization, Registration and Statistics Committee:

T. Franklin Smith, chairman, New York.

W. D. Hough, Niagara Falls.

H. R. Stout, Jacksonville. Fla.

D. A. Strickler, Denver.

H. C. Aldrich, Minneapolis.

Transportation Committee:

W. O. Forbes, chairman, Hot Springs, Ark.

J. B. Garrison, New York.

Fred. W. Wood, Chicago.

J. Herbert Moore, Boston.

Publication Committee:

John B. Kippax, chairman, Chicago.

O. S. Runnels, Indianapolis.

E. C. Price, Baltimore.

Press Committee:

S. H. Aurand, chairman, Chicago.

Gilbert Fitzpatrick, Chicago.

L. C. McElwee, St. Louis.

Resolutions and Business:

B. F. Bailey, chairman, Lincoln, Neb.

Edw. Beecher Hooker, Hartford.

J. C. Wood, Cleveland.

E. H. Porter, New York.

C. Gurnee Fellows, Chicago.

## International Bureau of Homœopathy:

Geo B. Peck, chairman, Providence.

Walter Wesselhoeft, Cambridge.

T. L. Bradford, Philadelphia.

D. C. Noble, Middlebury, Vermont.

W. A. Humphrey, Toledo.

## Medical Examining Boards and Medical Legislation:

Augustus Korndoerfer, chairman, Philadelphia.

J. M. Lee, Rochester.

W. E. Green, Little Rock.

H. E. Beebe, Sidney.

S. H. Calderwood, Boston.

W. S. Briggs, St. Paul, Minn.

J. H. Cowell, Saginaw, Mich.

## Memorial Services:

J. W. LeSeuer, chairman, Batavia, New York.

J. P. Rand, Monson, Mass.

S. P. Hedges, Chicago.

## Homœopathic Pharmacopœia:

Chas. Mohr, chairman, Philadelphia.

J. W. Clapp, Boston.

T. H. Carmichael, Philadelphia.

Lewis Sherman, Milwaukee.

William Boericke, San Francisco.

## Inter-Collegiate Committee:

This committee consists of two delegates from each college; and it elects its own chairman.

## Inter-State Committee:

This consists of two delegates from each State, and it elects its own chairman. In 1904, J. B. Gregg Curtis, chairman; A. W. Baily, Secretary.

## Local Committee of Arrangements:

Joseph P. Cobb, chairman, Chicago.

## Special Committees on New Members:

H. E. Spalding, chairman, Boston.

J. W. Ward, San Francisco.

Chas. E. Kalke, Chicago.

J. H. Ball, Bay City, Michigan.

W. E. Reiley, Fulton, Missouri.

## On the International Congress:

J. H. McClelland, chairman, Pittsburg.

- J. B. Gregg Custis, Washington.
- H. F. Biggar, Cleveland.
- O. S. Runnels, Indianapolis.
- J. P. Sutherland, Boston (as per vote).

This committee to act in conjunction with the Executive Committee.

On the 150th Anniversary of Hahnemann's Birth:

- A. C. Cowperthwaite, chairman, Chicago.
- A. L. Blackwood, Chicago.
- H. C. Allen, Chicago.

On the Formation of a National Association for Clinical Research:

- Walter Wesselhoeft, chairman, Cambridge.
- H. C. Allen, Chicago.
- O. S. Haines, Philadelphia.
- W. B. Hinsdale, Ann Arbor.
- C. E. Tennant, Denver, Colorado.

Standing Committee on the Hahnemann Monument:

- J. H. McClelland, chairman, Pittsburg.
- J. B. Gregg Custis, Washington.
- G. J. Jones, Cleveland.
- F. H. Orme, Atlanta.
- T. Franklin Smith, New York

Bureau of Materia Medica and Therapeutics:

- Wm. O. Geohegan, chairman, Cincinnati.

Bureau of Homeopathy:

- R. S. Copeland, chairman, Ann Arbor.

Bureau of Clinical Medicine and Pathology:

- Edw. Beecher Hooker, Chairman, Hartford.

Bureau of Pedology:

- F. F. Teal, chairman, Omaha.

Bureau of Sanitary Science and Public Health:

- G. B. Haggart, chairman, Alliance.
- Next meeting of Institute in Chicago.

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## INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

This association held its twenty-fourth meeting at Rochester, N. Y., June 27-29th.

The next meeting will be in Chicago.

The following officers were elected: President, Dr. E. P. Hussey, Buffalo; vice-president, Dr. S. L. Guild-Leggett, Syracuse; secretary, J. B. S. King, Chicago; treasurer, Dr. P. E. Krichbaum, Mount Claire, New Jersey; censors, Dr. Isaiah Dever, Clinton; Dr. Stuart Close, Brooklyn; Dr. B. Le B. Baylies, Brooklyn; Dr. E. B. Nash, Cortland; Dr. Caroline Tusey, Boston. Dr. R. L. Rabe, Weehauken, N. J., was appointed necrologist.

Dr. E. M. Graham, of Rochester, has the Bureau of Surgery; Dr. H. R. Haughton, of Boston, the Bureau of Obstetrics; Dr. G. P. Waring, of Chicago, the Bureau of Homœopathics; Dr. C. E. Alliume, of Utica, N. Y., the Bureau of Clinical Medicine, and Dr. F. W. Patch, of Boston, the Bureau of Materia Medica.

The report of the necrologist showed the death of three members of the society during the past year, Dr. A. R. Morgan, of Waterbury, Conn.; Dr. Anna L. Geddes, of Mount Claire, N. J., and Dr. F. W. Payne, of Boston.

The attendance numbered seventy-five. The Bureaus were well filled and the papers and discussions of a high average.

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## BOOK NOTICES.

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**Musser's Medical Diagnosis.** New (5th) edition. A Practical Treatise on Medical Diagnosis for Students and Practitioners. by John H. Musser, M. D., Professor of Clinical Medicine in the University of Pennsylvania; Physician to the Philadelphia and Presbyterian Hospitals; Consulting Physician to the Woman's Hospital of Philadelphia and to the West Philadelphia Hospital for Women, to the Rush Hospital for Consumptives and the Jewish Hospital of Philadelphia; Fellow of the College of Physicians of Philadelphia; Member of the Association American Physicians; President of the American Medical Association, etc. New (5th) Edition, Revised and Enlarged. In one octave volume of 1213 pages, with 395 engravings and 63 colored plates, Cloth, \$6.50; leather, \$7.50; half morocco, \$8.00, *net*. Lea Brothers & Co., Publishers, Philadelphia and New York.

It has been said of this book that "everything in diagnosis can be found in it." The arrangement of this new edition has been

changed to correspond with the development of the logical and natural method of approaching a diagnosis in actual practice. Also the entire work has been rewritten to attain the utmost lucidity. Through condensation in the more theoretical passages space has been gained for explanation of practical points in fullest detail. A total of one hundred additional pages has been added.

The number of illustrations has been nearly doubled.

It is a fine work, from the literary, mechanical and scientific points of view.

**The Chronic Miasms.** Psora and Pseudo-psora. By J. Henry Allen, M. D., Author of "Diseases and Therapeutics of the Skin." 286 pages. Cloth, \$2.50, *net.* Volume I.

This volume, the author tells us in his preface, is to be followed by one on "Sycosis."

The title of the present work shows its nature—a restatement, defence and an advocate of Hahnemann's *Chronic Diseases* and the doctrine therein stated. No attempt is made at treatment, as the book is concerned solely with the truth of Hahnemann's doctrine of psora. The more men know of that doctrine the better will it be for them and their posterity

**Why Students of Medicine Should Select the Homœopathic School.**—The Prize Essay in the Medical Century's Competition and the Essays obtaining the Second and Third Places. 63 pages. Paper.

The prize paper is by Thos. G. M'Conkey, M. D., of San Francisco; the second by V. E. Baldwin, M. D., of Amboy, Ind., and the third by "Que dites vous." The three are excellently written and should be liberally used by all progressive homœopathic colleges.

**Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition.** By Carl von Noorden, M. D. Authorized translation by Boardman Reed, M. D. Part III. Membraneous Catarrh of the Intestines. 64 pages. Cloth. 50 cents. New York, E. B. Treat & Co., 1904.

This little monograph was published simultaneously in Berlin and New York. The first monograph treated of Obesity, the second of Nephritis and No. III. as above. Dr. Von Noorden is Physician-in-Chief to the City Hospital of Frankfort, and reports great success with the treatment herein outlined.

“A Plea for Justice to the Consumptive” is the title of a 27 page pamphlet by S. A. Knopf, M. D., reprinted from the *Medical Record*. It is good reading and a strong arraignment of those afflicted with “phthisiophobia,” or those who would put the consumptives on the contagious list. The constant preaching that consumption is “highly contagious” according to Dr. Knopf is responsible for “the most brutal exhibitions of selfishness,” and these are constantly increasing. Published by William Wood & Co., New York.

**American Homœopathic Pharmacopœia.** Seventh edition, enlarged by the addition of a supplement containing the more important remedies added to the Homœopathic Materia Medica since the publication of the third revised and enlarged edition.

This well known work is brought to date by a supplement written by Dr. F. A. Boericke, a practical pharmacist, chemist and physician. It is our old and standard work, and the one that is most in harmony with the rules prevailing among German homœopathic pharmacists, from whom we get tinctures like *Aconite*, *Belladonna*, *Bryonia*, etc. It follows closely the rules given by Hahnemann in the preparation of all medicines. While we have nothing against the Institute Pharmacopœia, we believe this volume is more practical for the physician. There are many physicians throughout the country who make their own tinctures. Compare the complicated methods of the Institute Pharmacopœia in the making the tincture of *Sanguinaria* with the simple and old-fashioned way of the American Homœopathic Pharmacopœia, and it is seen at once that the Institute plan is impossible to be followed by the physician of the country who steps down from his buggy on his ride and gathers some of the fresh root just at the proper season and takes it home to carefully prepare the tincture. What difference does it make to him whether the tincture thus made is of 1-10th power, because some other tincture is that strength? He makes his tincture according to the old plan; true, it is 1-6th drug strength, but he does not bother himself about that. He knows he has made a nice clear tincture and he prescribes it with confidence. We know at least one pharmacist who used the Institute Pharmacopœia, and who abandoned it for the reason that its methods were too complicated and that the results were no better, if as good, as by the methods advocated by this old reliable Pharmacopœia.—*Medical Century*.

# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.,

By BOERICKE & TAFEL.

SUBSCRIPTION, \$1.00, TO FOREIGN COUNTRIES \$1.24 PER ANNUM

*Address communications, books for review, exchanges, etc., for the editor, to*

E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

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## EDITORIAL BREVITIES.

RATHER DANGEROUS.—Alcohol from grain, owing to our highly moral government, costs, owing to the taxes, nearly six times as much as wood alcohol, which latter is not taxed at all, yet when it comes to disastrous results the grain alcohol is not in it with the wood alcohol. According to the *Journal of the American Medical Association*, in the past eight years there have been thirty-eight cases of total blindness positively traced to the use of wood alcohol; how many cases of injury to the sight, or of blindness the cause of which was not known, may be due to this cheap product, no man knows. It is used very largely in the production of cheap tinctures, essences, etc., etc. Whether it is worth risking eyesight and health for the sake of this "cheapness" is a question each one must determine for himself.

RADIUM.—"At first when we handle the white powder we do not notice any ill effect, but in a week we are made aware of its influence, as the skin peels off and ulcers result, which are slow to heal."—*Max Meyer, M. D., in Eclectic Review.*

There is a hint for its internal use. There is now a trituration of *Radium*. It would be a good remedy for Dewey and his men to prove, or for the American Institute men to take up.

TESTING FOR ALBUMEN IN THE URINE—C. Murray in the *British Medical Journal for April 16, 1904*, calls attention to the fallacies of the heat and acidulation test for albumin in the urine and prefers the salicyl-sulphonic test. This latter test is described in Mitchell's *Urinary Analysis*, p. 183. Dr. Mitchell has also called attention to the fallacies mentioned by Murray on pages 174 to 177 of the same work.

HOMŒOPATHY IN CHILI.—Homœopathy was introduced in Chili in the year 1850 by the Spanish physician, Dr. Benito Garcia, who translated Hahnemann's *Organon* and Dr. Hering's *Domestic Physician*. He established a pharmacy in Santiago and published a journal entitled *Boletín homœopathico*. Later on the homœopathic physicians, Fr. Cobo and Jean Brunner, settled there and soon established an extensive practice. In Valparaiso there are at present two well-known homœopathic doctors and several ladies who practice homœopathy. Chili has about eighty homœopathic physicians. Some years ago the Minister of Public Instruction planned the establishment of a homœopathic professorship, but the project was indefinitely postponed owing to the hostility of the allopathic doctors, who threatened to withdraw from the public hospitals. Dr. Bastamente has established a Free Dispensatory in Santiago which is visited annually by 4,000 indigent patients. Since last November he is publishing a homœopathic monthly entitled, "*La Salud*."—*La Propaganda homœopathica*.

LACHESIS.—The following is an extract from a letter from one of Boericke & Tafel's Brazilian correspondents:

"*Surucucu (Lachesis)*.:—We were offered one in good condition, but the owner wishes to sell it together with two rattlesnakes (*Crotalus*) and he asks \$220.00 for the three, not including the case. As this price exceeds your limit, we did not close the business, inasmuch as one of the directors of the Zoological Garden has promised us to get, during August, the required animal in the best possible conditions. If, besides the *Surucucu*, you would want to buy other snakes, it is possible to obtain easily the *Corals*, and with some difficulty the *urutu*, which seems to us that has not yet been studied, the *surucutinga*, which kills an ox within one-half hour, and the rattlesnakes. However, it is hard to catch the *urutu* unless early in the spring, and even so far in the interior; we are not acquainted with the habits of the *surucutinga* which lives nearer. *Corals* and rattlesnakes are common and can be found in the vicinity of this city.

## NEWS ITEMS.

Dr. J. M. Hanna, Class of 1902, Hahnemann College, Philadelphia, has located at 426 N. 41st St., West Philadelphia.

Dr. Flora Wasserman, Philadelphia, will spend three months in Europe.

Dr. William K. Williams, of Philadelphia, has retired from practice and will reside in the future at his country home, near Phoenixville, Pa.

Dr. C. N. Shellenberger has removed from Philadelphia to Colorado Springs.

Dr. Homer I. Ostrom is spending summer at South Brooksville, Maine. It is on the coast and very much isolated.

Dr. Thomas D. Ingram, of Washington, D. C., has invented a machine, run by electricity, "for aiding the onward flow of the circulation, for the relief of the many abnormal or diseased conditions." They are said to be very successful and may be seen by visitors to the St. Louis Fair at Space 56, Liberal Arts Building.

Dr. W. H. Krause has removed from 329 East 14th Street to 962 Park Avenue, New York City.

Dr. H. A. Cameron has changed his address to 237 Grant Street, Waterbury, Conn.

Dr. Bukk G. Carleton, whose book *Urological and Veneral Diseases* is now running through the press, announces that after July 9th he will be at his New York Office, 75 West 50th Street, on Tuesdays only, from 10 a. m. to 2 p. m. The doctor's summer address is Red Swan Inn, Warwick, New York. Will be out of town from August 17th to September 6th.

Dr. Thos. D. Ingram, one of Washington's oldest physicians, has invented electrical machines, "for pushing onward the various capillary and lymphatic currents and for promptly relieving fatigue, lumbago, rheumatism and all kindred affections." They are on exhibition in Liberal Arts Department, Exhibit Space 56, at the St. Louis World's Fair.

*Arundo maur.* can now be had in the mother tincture.

# PERSONAL.

It is whispered that a few women suffragists would compromise on a voter instead of a vote.

When he thinks his life is in danger the two cent pessimist who asks, "Is life worth living?" sends frantically for the doctor.

Bok, of *Ladies' Home Journal*, sailed into the patent medicine men, was sued for \$200,000 and backed water—took it back in his journal.

Jap and Russian news is "reported" but "not confirmed."

What will the "regulars" say, or think, is a bug-bear to many; but as a veteran remarked, "Who cares what they say!"

Do not forget *Arundo maur.* 3x in your hay fever cases. Its proving is a perfect picture of that disease.

No, Mary, not every match is made in heaven, for many are made in factories, some at the sea-side and others in the chastened light of the parlor.

Meetings break up, wagons break down, fires break out, burglars break in, applause breaks forth, hearts break and men go broke.

Why is it that the newspapers so rarely mention the magnificent St. Louis World's Fair?

**Location and Practice.**—A fine opening for a live homœopath, in one of the best cities in Iowa, over 15,000 inhabitants. Only two other homœopaths. About to retire after more than 40 years' practice in the same place; will sell office fixtures, fine library and splendid stock of medicines at very low figures. For particulars address, Geo. E. Ehinger, 524 Concert Street, Keokuk, Iowa.

A contemporary publishes a poem in which shams "in the name of science sailing" are said to be like wolves in sheep's clothing. Necessity of rhyme busts metaphors sometimes.

No one blames the cornetist for blowing his own horn.

There is plenty of tick in a clock store even though there may be no trust.

Let us all pray for a clean presidential campaign.

The scientific health authorities of Philadelphia are analyzing the powder in toy pistol caps to find the "germ" of tetanus. (N. B. This is fact, not joke.)

Between General Kuropatkin and General Kuroki the average reader is apt to get a bit confused.

*Harvard Lampoon* says, "All the world's a stage and most of us are supers."

The toy pistol awakens the dormant tetanus germ about the 4th and then it goes to sleep again.

# THE HOMOEOPATHIC RECORDER.

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VOL. XIX.

LANCASTER, PA., AUGUST, 1904

No. 8

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## THE SURGICAL RELATION OF THE VERMIFORM APPENDIX TO THE RIGHT OVARY.

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

The anatomical relations between the vermiform appendix and the right ovary, as shown in the position these organs occupy in the pelvis, and the special arterial and lymphatic arrangement by which they are intimately associated with each other; and also their clinical relations, that frequently blur the lines of differential diagnosis and render it impossible to clearly separate pathological processes, involve propositions that must be met and dealt with whenever the abdomen is opened to remove either the appendix, or the ovary. If a laparotomy is undertaken for the purpose of removing the right ovary, we will very properly consider the advisability of including the appendix in the ablation, or, if the appendix is the primary point of attack, the propriety of an oöphorectomy will be presented for our consideration.

When should the appendix be removed, the right ovary being the focus of disease, and how may we determine the conditions that require the more extended mutilation involved in a right tubo-öphorectomy when the primary and grosser pathology is in the vermiform appendix.

The inquiry does not concern the obviously diseased appendix, or ovary, as the case may be. Such conditions admit of little discussion, the organ as a part of the morbid process must be included in the operation. I desire rather to call attention to the not very clear cases, to those in which the question of ablation will arise and must be decided upon less well marked data, even to cases in which there is no pathological lesion of the organ under consideration, but still we are not convinced that the most conservative practice would be followed by leaving the organ in

position. Such instances frequently occur, and call for nice judgment on the part of the surgeon, to deal with successfully.

Let me emphasize at the outset that a healthy appendix, or ovary, will not come within the class requiring removal. Merely because an organ may develop a pathology necessitating its future amputation, must not be urged in favor of operative surgery as a method of preventive treatment. It is true that the vermiform appendix, being a vestigial organ, and, at the best, with no more than an adventitious function to perform, is especially prone to morbid processes, and very susceptible to pathological invasions, but it is also true that the appendix possesses an inhibitive function that serves to protect it from morbid influences, and it should certainly be given the benefit of a doubt, and allowed to remain where nature placed it, until it proves itself antagonistic to the well-being of the system.

The ovary being a more highly vitalized organ, and in the physiological performance of its function liable to derangements and perverted function, is at the same time a much more important organ in the economy than the appendix, and is therefore deserving of even a larger share of consideration when the question of its removal confronts us. Therefore, the vermiform appendix should never be removed in the course of an oöphorectomy unless it shows evidences of disease or presents other conditions that are incompatible with a healthy pelvis; and, though the likelihood of removing the right ovary in the course of an appendectomy is minimized, our zeal in ablative surgery must not carry us unnecessarily far in this direction.

And this brings me to an important point in every laparotomy—the advantages of examining the entire pelvic contents whenever the abdomen is opened. Some unsuspected focus of disease may thus be discovered and a cure effected, that otherwise would be impossible. Knowing the treacherous character of the appendix, the frequency with which it becomes diseased, and the insidious nature of its morbid processes, a careful examination should form a routine practice in every laparotomy, and no abdomen should be closed before the surgeon assures himself of the condition of this organ. If it is healthy, no injury has been inflicted by the additional manipulation; if it is in any manner diseased, a favorable and opportune occasion is presented for treatment. The same is true of the right ovary and tube. The surgeon should make himself familiar with their condition before completing his operation for removing the appendix.

The point at which the abdomen is opened need in no way interfere with the necessary examination and removal of the appendix, for the ilio-cæcal region is quite accessible from any part of the abdominal wall; it can be reached as easily through a median incision as through one immediately over the organ itself, and the ovary and Fallopian tube can usually be removed without difficulty through an incision on the outer side of the rectus muscle.

Let us first consider the vermiform appendix, and the conditions under which its amputation should be added to that of the ovary.

It is difficult to define with exactness a normal vermiform appendix, so much variation in anatomy and situation are entirely conformable with health; we cannot say just how long an appendix should be, and the precise situation it should occupy in the right side of the pelvis; but this we can say, that whatever its situation, and however closely it may press upon other organs, it should give rise to no symptoms that indicate its presence, nor should it depart so far structurally from a quiescent organ as to suggest incorporation with a present ovarian pathology, or a possible future involvement. That is to say, excluding the evidences of graver disease, of well-defined appendicitis associated with ovarian and tubal pathology, we have to recognize conditions of the appendix of lesser pathological import as frequently associated with diseases of the right ovary and Fallopian tube, but conditions that also require radical treatment. Such may arise from anomalies of development and structure. Foremost among these may be placed an abnormally long appendix, bringing the organ, if previous inflammation has not fixed it in some other situation, well down into the true pelvis and in contact with the right ovary; or the appendix may lie directly across the abdomen, its distal end resting in the left pelvis. Some years ago I operated on such a case. The only abnormality of the appendix was its length. It was small, about the size of a piece of macaroni, but was fourteen inches long, lying under the omentum, and directly across the abdomen. It showed no evidence of inflammation, but, because of its length, I considered its removal advisable. Such an excessive length may with propriety be regarded as abnormal and a menace to the health of the pelvis. The ever changing position of the pelvic contents predisposes to, and favors the kinking and strangulation of so long a floating organ. Upon obstruction follows defective drainage, which is the sum of the pathology of the gravest forms of appendicitis.

Moreover, the ovaries and Fallopian tubes are subject to physiological congestion, and especially the ovaries, to inflammation from a variety of causes, and it is more than probable that these processes of the genital glands are readily communicated to the elongated and misplaced appendix, and are also capable of inducing well-marked appendicitis through the appendicular artery, and the intimate lymphatic relations that exist between the ovary and the appendix. Therefore, if upon opening the abdomen for any cause—diseases of the right ovary concerns us at present—the appendix is found long enough to fall into the true pelvis, even though it has contracted no adhesions, it should be removed together with the ovary and Fallopian tube.

Then, again, if the appendix is found dislocated and adherent, with too short a mesentery, that under conditions easily obtainable may cause a bending of the tube upon itself, though this state is in no manner connected with the pathology of the ovary for which the laparotomy was undertaken, it is conservative surgery to include the appendix in the operation, for probably such an appendix will sooner or later become a pathological focus and require amputation.

An appendix may show no other evidences of deviation from the normal state, than slight irregularities of its surface. The distal end may be enlarged, or may appear as if one or more constricting bands were passed around the tube. Both of these conditions indicate defective drainage. The enlargement of the distal end is caused by something, usually a small fecal concretion that has become lodged there, and is prevented from escaping by the narrowing of the canal. The bands represent so many constrictions of the caliber of the appendix, and are precursors of complete obstruction. Therefore these conditions of the appendix being ones that precede the graver forms of appendicial pathology, are unsafe, and call for the removal of the organ.

The pathology of this class of cases upon which rests the wisdom of a radical operation, concerns essentially the drainage, and the circulation of the appendix, and any conditions that predispose to a position of the appendix that would interfere with the drainage of the tube, and the circulation of the lymph, and the blood, may be considered abnormal, and as indicating amputation.

Still another condition of the appendix that may be associated with ovarian disease, though I have found it during an examina-

tion of the abdomen for other diseases as well, is a turgescence of the organ, suggesting that it contains erectile tissue. When such an appendix is manipulated, as in its delivery, it suffers a semi-erection. In other respects the organ seems quite normal, but I have observed associated with this, an abnormally dilated cæcum, and most obstinate constipation. I have considered this condition an indication for including the appendix in the amputation. Just how far the pathology of the appendix shared in the state of the pelvis, I cannot say, but the organ has been sufficiently abnormal to warrant the belief that it had a part in the pathology of the right pelvis, and contributed to the subjective symptoms that made an operation necessary.

Occasionally the only manifestation that the appendix gives of sympathy with the ovary, is an uncommon dilatation of the arteries of its peritoneal coat. The appendix itself is more anæmic than usual, but the blood vessels can be traced to their minute ramifications. This condition also involves the arteries of the meso-appendix. Such a dilatation of the blood channels must be regarded as pathological, and probably is a precursor of more profound disturbances of the local circulation. It is similar to that we meet with in the appendix operated upon "in the interval," when the pathology is represented by a catarrhal obstruction, from which recovery has taken place. When this exists, or any degree of inflammation, the appendix should be removed, even though not directly involved in the pathology of the ovary and the Fallopian tube.

The secondary involvement of the ovary, when the primary disease is in the appendix, does not appear to be very common, and still we find both ovary and appendix forming a mass of inflammatory exudate that fills the right ileo-cæcal region. Such cases represent the graver forms of pelvic infection, and probably occur when the appendical disease is extensive, and invades the ovary, and Fallopian tube, by reason of a progressive pathology, and one that is limited only by nature's protective wall that shuts off the morbid process, and fortunately confines it within narrow boundaries.

There will be no question concerning the management of such cases, they are almost always associated with pus, and require the most radical treatment. They do not properly come within the meaning of the present discussion, which concerns only the less well marked cases of secondary involvement, and are not to

be distinguished from the tube-ovarian diseases, which as we have seen, include the severer forms of pelvic pathology.

While the same general rules will determine the treatment of the secondarily involved ovary that apply to the secondarily involved appendix, the important function of the ovary, not only ovulation, but that of a glands secreting an essential feminine material that is given to the system, bespeaks additional caution in determining upon the removal of this organ. Of course if it is involved in suppuration, or otherwise the seat of grave morbid alterations, no consideration will weigh against the necessity of complete ablation. Unfortunately this is the condition most frequently encountered, and no choice remains for the surgeon to follow; but, if happily, the case does not present this gravity, and it appears that the gland is not wholly diseased, conservative methods are deserving of consideration.

In general I do not favor what is called conservative surgery of the ovaries. I have too frequently followed other surgeons' conservative work with a radical operation, to feel much confidence in this theory of treating diseased ovaries, but if any diseases of the ovaries and tubes can be cured with something less than total ablation, they are these lesser conditions that arise secondarily from diseases of the appendix. Unless participating in the grosser morbid processes of the appendix, the ovarian disease is generally sympathetic, or if more than this, it may be confined to a portion of the gland, and manifest itself in a localized inflammation, or an enlargement of one or more of the Graffian follicles. This is undeniably a positive disease, but I have successfully removed the diseased portion of an ovary such as we are considering, when amputating the appendix. Getting rid of the cause, at the same time that the local ovarian pathology is attacked, has arrested the entire morbid process.

I again desire to lay especial emphasis upon the favorable opportunity presented for examining the vermiform appendix when performing an oöphorectomy, and the equal advantages offered for examining the right ovary when operating on the appendix, and to also point out the obligation every surgeon is under to avail himself of such means to ascertain the condition of the pelvis. At the same time I wish to urge the advisability of including the appendix in the amputation, if it is found in any degree or manner to present evidences of pathology, or of functional, or anatomical derangement. The same practice will apply with like force to the secondarily diseased right ovary, and Fallopian tube.

OUR MATERIA MEDICA WITH SOME CONSIDERATIONS AS TO ITS APPLICATION IN DIPHTHERIA.\*

By J. C. White, M. D.

This is a very large subject and we are of necessity limited to a very brief consideration of some of its important features.

I do not pose as a teacher of the subject; but a student and practitioner of forty years' experience may very reasonably be supposed to have acquired some knowledge of the subject; and to have noted some points which may be of interest to those but recently initiated.

During the first twenty years of my professional life, I practiced according to the traditions of the Dominant School, during which time I served my Alma Mater as faithfully as possible,—never failing to deride the “new fangled” system,—Homœopathy,—at every opportunity. (And here let me remark that to one who dispenses medicine by weight and measure, entirely oblivious of the law of similars, it does seem too absurd for consideration.)

About twenty years ago, fortunately for me, I had the opportunity to observe some work accomplished by homœopathic physicians,—work which neither myself nor associate could have accomplished. This fact alone, stimulated me to investigation. We may always premise the results when one conscientiously investigates this subject. Since becoming cognizant of the law, “*Similia Similibus Curantur*,” I have not failed to challenge investigation; though, like Peter, I must acknowledge that I “followed afar off” until I had ample proof of its practical adaptation to the cure of the sick.

I have learned one lesson late in life,—to ridicule no proposition until I have first investigated it. I have not challenged the claims of “Christian Science;” this we all do know, that *faith* is an important factor in the accomplishment of any object or purpose. If a patient tells you that he is “going to get well” you may even trust him to the representative of traditional medicine; but if he says he is “going to die,” he needs a homœopathic physician to change his mind.

In considering our *Materia Medica* of one century's production,

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\*Read before the New York Medical Society at Carnegie Hall.

we can best appreciate it by a brief comparison with that of several centuries' growth,—that of the antipathic or allopathic school, compiled entirely from tradition and from clinical sources. The drugs are advised in quantities relative to the age and to the apparent intensity of disease; not only in quantities by weight and measure, but of quantities of different drugs combined; and these combinations given alternately with other combinations,—seldom or never symptomatically, but according to tradition, custom or authority adapted to the disease “*per se.*” They do not claim that medicine is a science; do not claim to cure disease; (excepting perhaps syphilis) but to “stand guard” and see that the patient does not suffer pain for the want of a timely administered anodyne, physic, or a remedy to suppress undue temperature.

The present practice and the literature of this school prove this an unbiased statement.

In a recent edition of an annual publication—recording the concensus of opinion of advanced Therapeutics—Dr. Loomis says of pneumonia that cold applications to the chest to control the advance of inflammation and to control temperature, *Morphia* to relieve pain, and *Strychnia* to support the failing heart action, are our chief remedies.

The *New York Times* of January 30th gives an account of a medical meeting recently held at Chicago, in which was expressed, unanimously, the conclusion that they had no remedies on which they could rely for the treatment and cure of pneumonia—that the moral effect of the physician's presence was all the help that they could guarantee.

We not infrequently hear of the death of a friend or acquaintance from pneumonia, who, a few days previous, was walking the streets in apparent vigorous health. The explanation of this is not wanting in this concensus of opinion. Given, a robust person with acute congestion of the lungs; embarrassed, rapid and painful respiration; friends are alarmed at his suffering and anxiety, and appeal to the doctor for relief. A hypodermic of *Morphia* relieves the patient of the sense of pain, and the sequel is most natural. The already engorged and embarrassed lungs, not being able to throw off the drug through normal and spacious respiration, are farther paralyzed by the sedative action on the pneumogastric nerve, further congestion favored, rather than remedied, and effusion rapidly follows.

Let me say just here, that a student and practitioner of Homœ-

opathy who failed to relieve this case, in the early stage of congestion, at least enough to convert it into an easily curable case, with one of the three remedies—*Aconite*, *Belladonna* or *Veratrum vir.*—whichever the language of the symptoms called for, would be reprehensible.

The misuse and the abuse of drugs by this branch of the profession is instructive to us; and, if duly considered, should confirm us in our practice according to the law of similars.

Remedial measures which at one time are considered orthodox and most scientific are in a decade discarded as unscientific and useless.

Forty years ago *Chlorine* was considered a specific for diphtheria, and was consequently used for all kinds of sore throat. One who did not prescribe it was “unscientific,” “behind the times.” In a very few years it was discarded.

Twenty-five years ago some of you will remember that *Bromine* was extolled for diphtheria. Dr. Thompson had unusual success in his experience with it, and *Bromine* was given generously in all cases. It failed entirely in the subsequent epidemics and was consequently discarded as a specific for this disease. It would seem strange, even to the laity, that there is nothing extant in their literature to remind us of the peculiar characteristics of those cases which *Bromine* cured.

The homœopathic physician knows *when* to give *Bromine*, because he recognizes the peculiar conditions which demand it. He has no *specific*, no *favorite* remedies. (About four per cent. of my cases have required *Bromine*.)

Yet, I have been told by the homœopathic physicians that they relied upon the *Cy. merc.* in all cases of diphtheria. I have had an object lesson on this subject: Not feeling well I took a dose of *Belladonna* on retiring; not resting, and thinking that I needed some *Mercurius*, I asked an attendant to go to a certain drawer and get the labelled bottle. I took of this two doses during the night in the dark. I felt so wretchedly weak the next morning—a sense of prostration so foreign to myself—that I asked for the bottle from which I had taken the medicine. I found it to be *Cy. merc.* 3x. Perhaps I am supersensitive to drugs, but probably not *more* so than is the *average* child. I am persuaded that the general use of this drug will push many otherwise curable cases “over the border.” About seven per cent. of my cases called for this remedy and were promptly cured.

The exudation in these cases was thin and white, growing in shade to a light, and later to a dark ash color, patchy (large patched), ragged, fetid; invading the whole pharynx and uvula. The glands are swollen. The weak heart, rapid pulse and a sense of great prostration complete the picture. To give *Cy. merc.* under other conditions is unscientific—not homœopathic.

*Strophanthus* was discovered, or rather came into general use in 1887. Those of you who have the opportunity to look over prescriptions recorded during the years '87, '88 and '89, will find it to be an ingredient in a very large percentage of prescriptions. "If the patient did not have a weak heart, he might have one at some future time, anyway it was a good heart tonic."

A patient of mine, a gentleman of sixty years, boarding in our neighborhood who had shown some symptoms of dementia, was suddenly taken with convulsions, fell upon the floor, was unconscious. *Belladonna* was his remedy, under which he recovered consciousness and intelligence, but I found that on suspending the remedy his convulsions recurred. The friends after a few days desired him to see a specialist, one from the city, a gentleman of forty years, with the best credentials from "one of our leading medical colleges" was sent for. After stripping this patient and testing his reflexes, he sat down and wrote this sage and popular prescription: "*Tincture of Strophanthus*, one-half ounce; five drops every four hours."

There was no heart lesion. There seemed to be no particular disturbance of the heart action. I could see no more indications for *Strophanthus* than for quinine or boneset. I asked the professor if he would kindly tell me the difference in the physiological action of the remedy and *Digitalis*. His reply was in three words, "It displaces *Digitalis*".

*Digitalis* is a giant, even in its infinitesimal parts, and every faltering, intermittent heart protests against its displacement. It is a very important personality in our *Materia Medica*. In God's infinity there is nothing like it, and it can never be displaced.

Now if this gross prescribing was confined to that school, I should not relate that incident. About twelve years ago I was called to see a delicate child of four years who had diphtheritic croup. The condition was alarming. The mother stated that she was used to having a homœopathic physician in the city and I advised sending for him. On my second visit I found her doctor "in possession." He was grinding with pestal and

mortar some crude substance. He explained that he had gotten some crude *Mercury* and *Kali-bi.*, and that after grinding them together was going to mix with some crude *Bromine* for the child. To my involuntarily expressed surprise at his mixing medicines, he said that "they are doing it down there."

Again, I was asked to see a delicate girl of eight summers who was being treated by a neighbor for diphtheria. They wanted my opinion as to the diagnosis. There was no swelling of the glands, slight redness of the fauces, a small white patch on the left tonsil. She was exceedingly nervous, feared to go to sleep, that she would choke or not awaken; aggravated by empty swallowing, pressure, warm drinks and sleep, ameliorated by cold drinks.

Now this was a modern physician with a diploma six years of age. He knew what he was about. He said to me, "I have given this child 2,000 units of anti-toxine. She is taking the following prescription: *Tinc. Fri. mur.*, 2 z., *Pho. acid dil.* 2 z; *Carbolic acid* 10 m., and *Strych. aqua.* 4 oz. s., teaspoonful every three hours;" besides this she was to take some *Bromide* to quiet her nerves. My first thought was the prayer, "God have mercy upon those who are dependent upon this class of help."

This child finally recovered—was not cured. There are many physicians here who would have cured this case promptly with one portion or dose of a remedy so plainly indicated, so loudly called for, by distressed nature, that a deaf and blind homœopathic practitioner should recognize it.

We are asked to see a sick nursing child; at two or three A. M. The mother tells us that the child has been having diarrhœa, has been restless, wanted its nurse frequently, but was as soon rejected by the stomach; wanted to be carried, and constant attendance. "She did not know that it was so sick until it became so cold." The child lies quietly now, the eyes rolled up, half closed and restless, when disturbed the eyes follow every motion with expectant anxiety. You ask the mother if the child is thirsty, and she perhaps does not know. We ask for cold water and put the spoonful of cold liquid to its lips. The child instantly grasps the spoon with both hands and drinks so greedily you can with difficulty detach the spoon from the death-like grasp of its little fingers. It drinks the cold water with avidity as fast as you can carry it to the mouth. It no longer vomits the water. There are no more dejections from the bowels. It is so far paralyzed

that the reflexes are lost. The flesh is cold and damp. Here are the "three legs to the pathological stool"—"rapid prostration, restlessness and thirst." The language of distressed nature is silent here, but oh, how expressive. The listening mind may hear the echo, "*Arsenic*," from one of the towers of modern science (our *Mat. Med.*), so pathetic that one may almost fancy it coming from the Mercy Seat. How pathetic is this condition when the pleadings of distressed nature are not recognized!

The pathologist tells the parent that this is a case of auto-toxæmia; septicæmia, originating from decomposition in the alimentary canal,—that there is no hope, but that the bowels must be cleared by a dose of *Castor oil*. The heart must be supported by the use of *Strychnine*, *Brandy* and *Ammonia*. The diagnosis is true, and the treatment is correct, from his standpoint, and it will meet the approval of the best authority in all the allopathic school, and the verdict: "that all of the help that science could give had been rendered." Now, with this armor, I have been at the bedside of several cases of this type, when there was every incentive to success,—where there was no "dearth of woman's tears,"—and have failed in each case.

But, by the Law of Similars, we are enabled to cure this case with *Arsenicum*—*Arsenicum* high, and frequently repeated until we get the impression; and that impression is the sweet sleep of convalescence.

I could introduce to you a number of now healthy children in the vicinity of Port Chester who were restored from this condition. At present a community cannot appreciate this class of work. The people for whom I have done this class of work have not, as a rule, proved to be abiding friends. The neighbors and the doctors tell them that "the child could not have been so sick or it would not have recovered so quickly."

Truly "the mills of God's grind slow." The examples given of the misuse of drugs,—of the gross mixing of the incompatible remedies,—are not exceptions or exaggerations. They are but pieces of the whole cloth,—if some are of a lighter shade, others are darker. The credulity of this class of physicians can only be exceeded by those who swallow their nostrums. I am not saying too much when I say that their treatment of diseases by medicine has not advanced "a little bit" during the past forty years.

Every theory advanced; every step in this line that they have put forward, has been cautiously withdrawn when it was dis-

covered that it invaded the realm of Hahnemannian philosophy. Still endeavoring to climb on the same tread-mill, they find themselves at about the same place at each succeeding epoch. According to my own observations they have lost in a degree the simplicity and the directness in the exhibition of remedies in the vortex of mercantile enterprises that formulate, prepare and furnish compounds in most agreeable and attractive forms. Gentlemen ring your door bell, lift a silk hat, "are most happy to see you." They represent such or such a firm, with sample prepared so agreeably and by such scientific methods that they have met the endorsement and approval of noted professors for such and such diseases.

You are not required to think, your medicine is already prepared, already prescribed, you have only to act as agent to the pharmacist and you patient is most scientifically treated by most modern methods.

Now, if this bedlam in trade on human life is not even worse for the next generation, it will be owing to the intelligent energy of the homœopathic school—to the teachings of such men as Kent, Allen, Carleton and to our own Nash.

There is a call for homœopathic physicians to "stand by their colors" and to "fight the good fight." With unity in this struggle we could resist a Japanese onslaught of traditional prejudice and carry medicine forward a century in a single decade.

During the first twenty years of my practice, I saw much work with the materials,—blister, physic and knife. With these agents we have attempted to relieve the system of the expressions of disease; and when the life force seemed flagging, the whip, in the form of some stimulant, was applied. If pain was the chief expression of disease, opium or some of the succedania was given to make it more tolerable. I did much of this quality of work myself, and am not guiltless,—unpleasant visions of the past haunt me,—friends and people worthy of better treatment have passed on to the Unknown. I had three years' service in the Medical Department during the Civil War and can recall many features of sickness and of suffering. One groaning and moaning with every motion of the body, because he had no *Bryonia*; another haunted with visions, because there was no *Hyoscyamus*; and perhaps another tearfully complaining because the meadow anemone was not. There is no law, no science, no God, in this method.

But it is "regular." We would quote it "regularly irregular,"

splendidly “null and void” of all that spirit of truth which we find evolved—proved beyond cavil or doubt—and laid down for our guidance in the cure of the sick in the *Organon* of Hahnemann.

*The law “Similia Similibus Curantur.”* On this law of God is founded the Homœopathic Materia Medica. Briefly, administering a drug to a person in health and recording the symptoms produced, gives us a proving of this drug; in other words, gives us one picture of sickness, and that different from the sickness produced by any other drug. As there is a great variety of sickness in the human family because of condition, environment and difference in temperament, the proving of many drugs is necessary; and our Materia Medica, taken collectively, is a picture of the sickness of the human family; it is not complete, and never will be, but what we have is practically permanent—proving that have served the past and present will serve future generations. It is the homœopathic physician’s Bible and if we “search the Scriptures” diligently we are pretty sure to find the picture or prototype of that for which are seeking.

I know that there is a clamor for a reduction of the volume by a reproof. There is a feeling among many that there are too many symptoms given. That some are under tone and unnecessary. While we cannot have too many provings or verifications of our Materia Medica, we must bear in mind the variety in mankind—that in a proving on one person where a given symptom is omitted, or in a minor tone, in another person the symptom may be given in baritone, or even in alto, or that another symptom may be added. In the sick a symptom is intensified in a ratio of its approach to the simillium.

I know that I am often looking for a symptom which I cannot find; the fact that there are many there that I am not looking for does not hinder my search, besides we often find the minor or unemphasized symptoms of the greatest importance. When we do not find the distinctions we require in the grand characteristics we often find it necessary to read, as it were, between the lines:

“If peculiar symptoms are very precious to the student, we must remember that they are peculiar in that they are uncommon.”

Take the symptom under *Kali carb.*, pain in the back, or pain in the legs, while eating, is seldom required; yet I have been happy to find it under the proving. Fears that his heart will stop

beating if he does not move; *Gelsemium* is printed in italics in every repertory, but I have never in my experience been able to elicit this symptom from a patient, yet I believe it is truly a part of its pathogenesis.

I believe that a thorough reproofing of the drugs would add to rather than take from the volume of our *Materia Medica*; *i. e.*, of those drugs already fully proven.

The physician of a phlegmatic temperament would make a grievous error who would base his prescriptions for all patients upon his own susceptibility to drug action.

Just here, without a mutual understanding of dynamics, is the the ground, or cause, of controversy in regard to potential values.

I have heard men, apparently earnest and intelligent physicians, imply in their statements that one who can believe in the merit, force or power of the 200th dilution must have either "wheels" or a "vacancy" in his head, "because it is not common sense!" And yet these very men have the fact to face that the provings of *Natrum mur.* was made with the 30th centesimal dilution. That *Carbo veg.* and *Lycopodium*, while comparatively inert in their crude condition are potential in dilutions. That while grains of sand may be swallowed with impunity, one grain in the decillionth dilution, taken in small portions and frequently repeated, can disturb seriously the life force of this audience, and more. If one has "sand" enough to try the experiment, he will begin to suspect that in every step he takes he is treading upon latent force.

If my observations are correct, it is that class of physicians who are looking for a short cut and easy methods who clamor for a reproofing.

The question very naturally arises, would a class of physicians know when a drug was well and fully proven, if they have not already recognized the principal features by comparison.

You may go into a homœopathic society not 500 miles from this city year after year, and never hear the *Organon* spoken of. You will hear something of antitoxine, of remedies both for external and internal uses addressed to the disease "per se,"—just about as the older school societies do. Were there no individual exceptions, the picture would be without color.

There are semi-homœopaths in the old school; at least they are disgusted with medicine, and more than half believe in the Law of Similars,—but their tradition and environments are such that

they cannot break away, like that religious society whose creed sends "one to Heaven and ten to Hell." None of them believe this doctrine, yet it was like drawing teeth to expunge it,—it sticks to them like psora to the body. Now, if some of these old school scientists should incidentally get an antipsoric, they would take the banner "Similia" from us, and tell us that we are not bearing it worthily; that there is no compromise, that the law, when recognized, is like unto a path in the wilderness. That here is law, here is science, here is light and life,—aside is darkness, error and confusion. They will tell us not to mix the forces of medicine,—not to alternate them.—and perhaps give us the negative reason.

That the body with its various functions is still a unit of force, that a compound of forces, nor the alternation of forces, can act in harmony with the subject unit force. They will tell us that we may reduce local inflammation by alternating *Apis* and *Belladonna*; that we may also do this by applying *Antiphlogistin*, or by the use of hydropathic methods; but, as physicians, we have not yet done our duty by the patient. He still requires the dynamic power of the indicated remedy, to remove the miasm of which the inflammation was but an outward and visible expression, to place him upon a higher plane of health.

Under the directions given by Hahnemann in the *Organon* we are enabled to do just this kind of work.

Dr. Kent has very aptly said that our *Materia Medica* is not based upon pathology, but upon the sickness of the human race. That whenever we have learned to study *Materia Medica* we have learned to study sickness. If we have learned to study sickness we have learned to study *Materia Medica*, but that we cannot study sickness intelligently until we have learned to study the *Materia Medica*.

The question presents itself to each one of us, how, or by what method, we may best become practically familiar with it. I know that without help or instruction, I had a desperate struggle with it in order to acquire but little. I am persuaded that three conditions are absolutely necessary to success. The first is a love of the profession, the second is application and the third is like unto the second—labor, labor, labor. Success demands the whole man; and when we say the whole man, we mean his very soul. We can hardly conceive of an expert billiard player being an expert prescriber.

Because of the great labor and enthusiasm necessary to success, the surgeon because of his bend of thought to mechanical methods is of necessity disqualified authority for much of his own work. What homœopathic physician would think it necessary or even expedient to cut an ulcer from the tongue of a patient? He would, of course, cure it with the indicated remedy. If he can cure an ulcer of the tongue he can cure one of the stomach, bowels or the rectum. Dilatation may temporarily relieve a constricted orifice of the body, but it requires the student of medicine to remove the cause of the reflex symptom.

Dr. Smith once said in effect that we must know our remedies as we do our friends and acquaintances, by their personality, and distinguish them by comparison. We cannot all learn our lesson by one exact method; we shall differ as to our environments and habits of thought; but this approach to, and grasp of the subject, we may all very profitably take in common.

In the mind's eye, remedies have their anatomy, physiology, physiognomy, temperament and mental bias, as well as the attitude of the body during locomotion and rest. As the body obeys the dictates of the mind, so the mental symptoms take precedence in distinction. In fact, there is nothing in the personality of a patient of too slight importance to be noted. We may even utilize a line from Pope, "In dreams and visions sleep instructed much." How often we are helped to the remedy by this feature.

We recognize the *Phosphorus*, *Calcarea carb.*, *Argentum nit.*, *Ammonium mur.* and the *Capsicum* at sight and we suspect the *Sepia*, *Ignatia*, *Pulsatilla* and others, and when they speak of their ills our diagnosis of the remedy is often confirmed.

The practical application of this knowledge we illustrate in every case properly or scientifically treated.

My first case of diphtheria cured with homœopathic medicine, *Brom.* impressed me. Under the rubric "croupy affections" I found *Brom.*, *Chlorine*, *Hepar*, *Iodium* and *Spongia*. In the study of the features of each remedy in the process of elimination I found myself as well acquainted with these eliminated as with the one covering the totality of symptoms. Now if we use this process in each case as they come to us in our daily work, we shall be surprised to find how much of the *Materia Medica* we have at our command; we are surprised to find how rich and how full our *Materia Medica* and the greater wonder is that so great a work would have been compiled in a single century.

With this *Materia Medica* as a guide, and with the facilities given in the *Repertories* I have been able to cure very many cases that from the allopathic standpoint were incurable. It is a very modest estimate, I think, when I say that I have cured three out of four of the class of acute cases that I used to lose.

I have been a very busy, hardworked practitioner during the past forty years, and I think I know—and I ought to know from experience, as well as from observation—something of the limitations regarding traditional methods; what, or how much, one may with any degree of certainty, expect from them. While much harm is done by crude drugging, there is certainly much accomplished in the way of palliating human suffering. In a great majority of cases this palliation is all that is needful and nature alone restores to the former state of health. But the absolute cure of chronic miasms, the cutting short of disease, the “clean cut” cure, such as we get from the indicated remedy alone, I have never accomplished by traditional methods.

We have had considerable of diphtheria in our town during the past ten years, and I have been able to cure each and every case coming under my care by the use of the single indicated remedy. I have never thought of using anti-toxine; have used no gargles or mouth washes, other than alcohol and water, or the peroxide of hydrogen. In children where these could not be used, the *Simillium* has been sufficient.

This reminds me of Mr. Dooley’s dissertation on the subject of the microbe: “I’ll just tell ye, Hennessy, they’re just bugs, and whin these bugs git intil the insoide o’ ye, they’ll crawl down intil yer lungs, and ye’ll feel them barkin’ an’ thumpin’ away ’til yer thinkin’ the Divil is playin’ tin-pins intil the two sides of ye. But don’t be afeard, Hennissy! Whin these bugs foind out who they’s inside of, they’ll lave ye.”

Now, the bacteria and the similium cannot dwell together in harmony. The latter shuts down the factory and the present toxins are rendered inert. The following paragraph authorized by Hahnemann is endorsed by men eminent in the profession whom we are all pleased to honor. “The similium is capable of doing all possible good, both as prophylactic or curative, and the toxins (the product of bacteria) and their work are as surely overcome by the homœopathic curative as darkness is dispelled by light.”

I have been, and am yet surprised to see how quickly the in-

dicated remedy (whether I have arrived at it directly or indirectly) dispels all of the objective symptoms of diphtheria. Extensive exudations in the throat are removed in twenty-four to thirty-six hours, and enlarged glands are reduced to normal thirty-six to forty-eight hours after the exhibition of the homœopathic remedy.

I am frequently told by patrons of the death of their friends from diphtheria. They often qualify the statement that the doctor said that the patient was cured of diphtheria, but that he died of "heart failure." Now, we do not need to be told that these cases were not treated strictly upon homœopathic lines, probably gross astringent or stimulating antiseptics were applied to the throat occluding the channels of excretion and they died in consequence of toxæmia.

Some of my cases were very severe and I took up the responsibility with fear and trembling; so often wishing that I might have the advise of some of you abler and more experienced men; but upon "taking the case," as I conceived you would do, I have been able to interpret the indicated remedy from the language of distressed nature. This is not so difficult to do if we go earnestly and conscientiously about it. The proven remedies giving plastic exudation are few in number, each having its own peculiar features. We have not the time to point them out, they are in plain print, and "he who runs may read," and he who reads may apply them homœopathically if he will.

When I am in grave doubt as to which of two remedies is best indicated, I give the one only, and expect amelioration in a very few hours, either of the local or the general symptoms, or of both. If this does not occur, I change the remedy; thus avoiding delay in the cure and the necessary confusion attending alternation. In this way I have been able to cure upwards of one hundred cases during the last ten years, without the loss of one, many of them so beautifully illustrating the truth of Homœopathy. I do not claim that there was anything "smart" about this, and I am persuaded that if one of not more than average ability can do this, by a conscientious observation of the law, that the great majority of physicians can do the same,—not only with this disease, but with others as well.

If we "stick to our colors," practice that which we profess, Homœopathy will spread without preaching. "By our works shall we be known." I know, and you all know, that we are

often brought face to face with a difficult problem,—a precious life is hanging in the balance; symptoms are complex, apparently contradictory; there is an element of uncertainty about the life-saving remedy. Friends clamor for more material helps, for stimulants that may serve as a whip to which the feeble life force may respond for a short time, only to fall again a notch lower; but we know that there is nothing save the similia that can preserve this life. We go from the bedside to our books, from our books to the bedside, and again to our books to “search the scriptures.” We delve in this mine of truth; delve among gems, until we find the jewel that reflects the symptoms of our patient,—and victory!

Now, if any physician can find a greater joy than this I could not envy him. Supposing we have failed, we are still victorious in a sense,—we have done our duty, we have become so familiar with this and the allied remedies, that they fairly smile a recognition when we meet them again, and we find ourselves fortified for the next encounter.

It is written, “how beautiful are the feet of those that bring glad tidings of great joy.” Let it be written, how beautiful the hand that dispenses this material spirit, that steals gently to the infinitesimal recesses of biological life, freeing it from the bonds of miasm, restoring life and happiness to suffering humanity.

*Port Chester, N. Y.*

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## FIVE DISTINCTIVE PRINCIPLES OF HOMŒOPATHY.\*

By W. L. Morgan, M. D.

In the early days of Homœopathy, when persecution from Allopathy waxed furious, their cry was that they could not tolerate a distinctive sect in the medical profession. They knew that the existence of Homœopathy was, in its being, based on fixed distinctive principles, which were popular with the intelligent people and a strong force against the dominant party. At that time many who had joined the New School without thoroughly learning the distinctive principles and wishing to please both parties, undertook to work compromises and create a medium school,

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\*Read before The I. H. A., June 27, 1904.

using the name and but few of the principles of Homœopathy, till at the present as many people say that they cannot tell the difference between Allopathy and Homœopathy by the prescriptions or management of the cases. Students are leaving our colleges and going to allopathic colleges, saying: "There is no distinctive homœopathic teaching, the only difference is that there is better teaching in the same branches in allopathic colleges and it is more popular." As the American Medical Association, seeing the situation, has opened its door to receive us, or those who do not know of the distinctive basis of our school, and are ready to join the victors, the American Institute has taken warning and has re-established the Bureau of the Organon and Homœopathic Philosophy to revive the study and use of the Organon, the distinctive principles of the New School.

Now, allow me to call your attention to five essential distinguishing principles of Homœopathy by which it flourished in earlier days and we hope will do so again in the future:

1. Vital Dynamics. 2. Potentiation of Drugs. 3. Similia Similibus Curantur. 4. Drug Provings. 5. Individualization of remedy and patient.

While we do not advise neglect of any of the other branches, we do deplore the neglect of the study of the Organon and the essential principles of the Healing Art.

It is in order here to make a brief review of these distinctive and fundamental principles, without which, we must all remember, that Homœopathy would never have existed and we would not be here as a distinctive society of physicians.

1. Vital Dynamics; Vital; Life and Dynamis; Force; "The effects of remedial agents on the human organism not ascribable to either mechanical or chemical causes." (Standard Dictionary.) The workings of the occult vital forces in the government of the inert-material organisms in sickness and in health. Sections 7 to 15.

Section 10. "The material organism without vital force is incapable (6) of feeling, activity or self-preservation. This immaterial being (vital force) alone, animating the organism in the state of sickness and of health, imparts the faculty of feeling and controls the functions of life."

This tells what is true in nature and known by all intelligent people, yet seldom thought of when using drugs in case of sickness; and the eleventh section tells how the vital being is de-

ranged by a morbid vital force from without (also Section 16), the disease causing symptoms which are the signs of sickness.

Section 11. "In sickness this spirit-like, self-acting (automatic) vital force, omnipresent in the organism, is alone primarily deranged by the dynamic influence of some morbid agency inimical to life. Only this abnormally modified vital force can excite morbid sensations in the organism, and determine the abnormal functional activity which we call disease. This force, itself invisible, becomes perceptible only through its effects upon the organism, it makes known, and has no other way of making known its morbid disturbance to the observer and physician than by the manifestation of morbid feelings and functions; that is, by symptoms of disease in the visible material organism."

Thus we see this section teaches clearly, and gives incontestible evidences that the germ of the disease is a vital dynamis from within, which creates a morbid disturbance of the life force, and after it has made its impress on the organism, by the life failing to perform its function of eliminating worn out tissue matter, and some dead organic matter remaining too long in the system, decomposes, makes soil from which vegetations sprout and grow, and are called microbes, which are supposed by materialists to be the germs of the diseases that produce the soil from which they grow. Hence the germ of the disease is proved to be a vital dynamis, and the micro-organisms are the product and not the germ or genesis of any disease; in fact, all agree that microbes may be present, but harmless, till the person becomes susceptible, which means, must be sick before the microbes can do harm. The vital disturbance first, and microbes follow.

The vital germ is distinctively homœopathic, as opposed to the organic germ theory, which is distinctly allopathic.

2. Potentiation of Drugs—Sections 25, 128, 269, 270 and 271—is raising the vital powers of drugs, as in algebra, with numbers, and teaches how to prepare remedies to get the most powerful curative effects.

The patient is a vital being, not material.

The disease is a vital dynamis inimical to life.

The remedy must be a similar vital force. Section 16.

Three similar vital forces.

The disease forces produce sick symptoms.

Potentiation is the process of eliminating the material matter of the drug by dividing the molecules and setting free the inter-

cellular vital dynamis, the life of the drug, which is retained in the menstruum and is the vital similar of the disease. The remedy which has been proved by discoveries recently made by physical scientists, to be a storage battery of the vital force of the drug. This is distinctively homœopathic.

3: *Similia Similibus Curantur.* The motto of the distinctive principles of Homœopathy. The remedy must be a vital force similar to the disease, and have a similar pathogenesis when used in material doses, which is the third similar, or, with the disease, is the second pair of similars, which mutually neutralize each others effects when properly used.

4. Drug Proving finds what sick symptoms a drug will produce in a healthy person, the records of which compose the *Materia Medica*, Section 143. It is not in order at this time to say what potency should be used, but to advise everyone to study the *Organon* and experiment with potencies extensively, as directed, and then choose from the results that which is best.

5. Individualization teaches how to examine a patient to find all the symptoms that indicate a departure from normal health, and how to find *a single remedy* that is similar to all the symptoms in the one individual case in accord with the other fundamental principles. Sections 82 to 104 and 272-4 should be carefully studied.

From which we learn that Individualization is distinctly Homœopathic.

When a youth, about the year 1850, living in the interior of what is now West Virginia, where typhoid fever and diphtheria were the pervading diseases, reading medicine for general information, and visiting the sick as an assistant and nurse, seeing that every case got the same medicine and that some recovered and more died, I asked Dr. E——, a graduate of Edinburg University, for a book to instruct how to find a treatment to suit each case individually. He answered, "There is no such thing. We have to diagnose the disease and give medicine recommended by the best authors, and take chances."

A few months later I became acquainted with Dr. H——, a man of general learning and a homœopathist, who urged me to study a thing so new to me. I told him the above incident. He answered: "That is correct in the light of Allopathy, but the New School is governed by laws and order, and individualization is one of its prominent distinguishing features; that every patient gets a remedy suited to his own condition at the time; the physician is

guided by the symptoms to the curative remedy. The system, laws and methods are much more easily learned than arithmetic or grammar, but it is necessary to learn all the other branches." He described to me the distinctive principles, much as I have given above, and loaned me the Organon. I studied it then, and ever since have verified it in every part as all students should do, and taught it to my patrons and they understand it, but a physician, whose education is finished without it, I have failed to get him to understand it. From experience, I will say, these are not only distinguishing principles of Homœopathy, but they should be considered among the primary elements of general education and the first principles of the science of health, and they should be a part of the training of every child in the public schools, so that the child can start in life with a proper comprehension of its own being, and when advanced to adult life could correctly understand physiology, anatomy, pathology and therapeutics, without having to unlearn many fairy tales and much useless fiction. But as that is impossible in this generation, every physician should instil them into the minds of all his patrons and their patient's children, so that at some future day the people would possess a fair degree of primary truth, and then polypharmacy, tinctures, crude dosing, patent medicines, and unnecessary surgical operations will be assigned to a place in history along with the old pocket lancet, fly-blisters, ice-baths, antitoxin and serum therapeutics.

Example.—In 1877 two little girls, aged five and six, in the same room, had well-defined diphtheria, taken from the cesspool in the yard. Both were dangerously ill. One had thick, yellow membrane scattered all over the throat, with yellow, slimy mucus; the other a lead-colored membrane, with copious, watery saliva. They got the same remedy, *Kali bich.* C. M. The next day the one with the yellow was nearly well, the other nearly dead. After carefully comparing symptoms of case with drug symptoms she got *Merc. cyan.* Next day she was much improved, and in six days more both were well.

If I had treated by the symptoms instead of the name I would not have made the mistake. Had I stuck to the name and not changed the child would have died.

By the study of and frequently consulting the Organon the physician learns how to manage his bad case, by first taking the case, carefully making note of it, then comparing the symptoms by a good Repertory, individualizing and selecting a remedy;

then examining the provings in the *Materia Medica* and seeing that every symptom and its characteristic modalities are expressed or implied in the proving; then prescribing the remedy and repeating the dose, or changing the remedy, as directed in Sections 247 and 248 of the *Organon*. He will soon learn how to find the remedy that can be depended upon, and will have but little use for a surgeon. He will know when he is right.

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## THE DOSE AND ITS REPETITION.

By A. P. Stauffer, M. D., Hagerstown, Md.

It is opportune in the present status of Homœopathy to consider this important subject. When combinations and alternation and a system of polypharmacy is extant in our profession, it is paramount and vital to study the teachings of Hahnemann.

By the term "dose" is meant the potency or dilution or attenuation. Hahnemann taught the dynamic theory of drugs and that all diseases are dynamic in origin. In the *Organon*, paragraph 16, Hahnemann says: "Diseased conditions cannot be removed by the physician in any other way than by a similar dynamic power or force of the medicinal agent." What potency should be used to overcome the dynamic force of disease? Hahnemann advises the 30th centesimal potency. He arrived at this conclusion after years of painstaking clinical experience. After using all potencies under this, even the crude drug, he recognized the greater efficiency and power in the higher potencies.

Hahnemann had no experience, however, with potencies above the 30th, and therefore was unacquainted with their marvelous power. Some of his followers, able and learned men, have demonstrated beyond dispute or cavil, by clinical experience, their efficiency in curing disease. If there would be a more thorough clinical test of the higher potencies, instead of denying their worth, far better results would be attained in treating our chronic cases.

As to the repetition of the remedy, Hahnemann in the *Organon*, paragraphs 245, 246, 247, epitomizes his views. He speaks of the simple single remedy acting from 40 to 100 days without repeating, and also of the excellent and astonishing effect at intervals of fourteen, twelve, ten, eight or seven days, and in violent

acute painful disease, every five minutes until improved. The frequent repetition of Hahnemann is most assiduously obeyed by his followers even in chronic diseases. To frequently repeat in chronic disease, however, ends in failure. The carefully selected remedy must not be repeated until all improvement ceases.

A clinical test with a number of cases will verify the wisdom of Hahnemann in waiting upon the remedy to exhaust its force, even if it goes 100 days.

Hahnemann's teaching summarized practically means:

- 1st. The single remedy dynamized.
- 2nd. Infrequent repetition.
- 3rd. More frequently in acute disease.
- 4th. Less frequently in chronic disease and with high potency.

I shall now give the record of two cases of incipient Phthisis to demonstrate the efficacy of high potencies. Both cases are in the same family, male and female. Was called early in December. Found the male a perfect *Argentum nitricum* case, with temperature of 102, pulse 110. The remedy was given in the 30th potency repeated every night upon retiring. This repetition was required to overcome the cough and give sleep. At the end of about ten days all symptoms less, less fever, less cough, less sweat. There was nothing given at all for several days, when the two-hundredth was given and has been repeated every fifteen or sixteen days since. Patient improving satisfactorily.

The female patient is a *Bryonia* patient, with the usual symptoms of dreaded tuberculosis. Temperature 100-100 4-5, pulse 100, absence of menses for five months. *Bryonia* 30 was given every four hours until pleuritic symptoms abated—four days. Since then an occasional dose of *Bryonia* 1M is given. Patient growing better. Temperature normal, pulse less frequent, tired feeling disappearing and menses re-established.

In order to show the power of the single dose, let me present two cases:

A young lady suffering with a *Lycopodium* colic under a regular for four weeks was cured with one powder of *Lycopodium* 10 M in a few days.

A patient suffering with a *Conium maculatum* cough for years was quickly cured by one dose of the C. M. potency.

Many cases of similar importance can be cited. It is not, however, necessary. The clinical test is the best verification of Hahnemann's theory. Study with care, prescribe with precision and publish success and failure to the world.

## FAULTY ATTITUDE : PULSATILLA.

By P. W. Shedd, M. D.

The embryo and fetus is normally in an attitude resulting from tonic contraction of flexor muscles, which invariably exceed the extensors in strength. This relation of muscular forces, fundamental to animal life, plays its part in the development of the individual—be it infusorium or man—for it is what is brought in by flexor action that nourishes. Flexors struggle against external and often powerful forces; the extensors are rather levers by which the desired object is palpated, their action is centrifugal and not directly concerned with the primordial filling of the belly which is essential to even a philosopher, infusorial or human.

It is interesting to note in passing, the hyper-extensor developments of vegetable life,—from the oak to the bacillus anthracis, extension and stable projection serve the purpose of the botanic world,—flexion being observed only in some insect-devouring plants, in the sensitive plant, and during the sleeping period of others. Extensor force must be the chief *modus operandi* of non-motile organisms, while flexor development characterizes the mobile.

So the normal fetal attitude, aside from its local advantage of taking up the least space in the uterine cavity and thus fulfilling the law of accommodation, is due also to genetic requirements of evolution, to traits developed by ancestors in the struggle for existence.

But enough of biology; let us pass to therapeutics.

The value of *Pulsatilla* in correcting faulty attitude is well-known, but why does it restore normality? Its pathogenesis must answer, and here we note: yielding, lassitude, depression, lack of tension,—mental and physical; during sleep the arms are stretched, extended, over the head; the individual lies on his back, with consequent extension; the limbs are stretched out; and a drug-picture is formed of muscular laxity, especially of flexors.

Faulty fetal attitude presents a similar disease picture and the application of Hahnemann's law results in increased flexor tension, the disappearance of laxity, and a normal labor. The uterine and abdominal muscles also participate in this toning-up, and thus *Pulsatilla* replaces forceps or version.

Other drugs have peculiarities of attitude which might lead to their use in pregnancy, thus:

*Cocc.* One arm under head (dorsal displacement?).

*Calc. c., Nux v., Sul., Thuja.* Arms over head.

*Bry., Calc., Ferr., Ign., Lyc., Nux v., Phos., Rhus, Sul.* Lying extended on the back.

*Bell., Cina, Nux v.* Head in extension.

(Note the frequent appearance of *Nux—Strychnia*—in the above list of flexor-laxity RR.)

Rationally, *Pulsatilla*, or any other R. in such conditions should be prescribed, not during agonal labor, but sufficiently early to permit a proper drug action and fetal readjustment, and the dose repeated and the potency lowered to tincture, *if necessary*, to produce the desired effect before confinement.

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## MATERIA MEDICA.

By C. M. Boger, M. D.

### Argentum Nitricum.\*

From whatever point you look at him the *Arg-n* patient is a nervous individual, and is continually suffering from symptoms due to nerve inhibition, there is incoördination and want of balance everywhere, this extends through its entire action from the mental incoherence with its hurry, everything going too slowly, and excess of unnatural ideas mainly taking the form of ill grounded fears and apprehensions, like the dread of passing a certain point, to the motor phenomena composed of irregular and poorly controlled movements; all sorts of ataxia. The emotions predominate and the governing power of the mind is for the time being held in abeyance so that all sorts of ill-considered ideas fill the brain, the patient doing the queerest things upon the impulse of the moment; he seems to be governed by his impulses. Although its effect may often be functional only, yet its action also dips down deeply into the life processes and profoundly alters their nutritive functions, especially is this true of the gastrointestinal tract and spinal cord; in the former it causes much indigestion with the generation of quantities of gas which may press up and oppresses the breathing or be belched out with a loud noise; when passed downward it usually accompanies a nervous diarrhœa excited by emotions or a severe dysentery of scant,

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\*Notes from a lecture delivered at Pulte Medical College, Cincinnati.

shreddy, mucous stools passed with much windy spluttering; such diarrhoeas are apt to be present in shriveled, dried up patients, be they infants, chronic invalids or old people for whom this remedy is particularly useful, and often follow the abuse of sugar, for which the *Arg-nit.* patient has an inordinate craving, a symptom, by the way, that needs correcting; the dysenteric form may be severe enough to make one suspect the presence of intestinal ulceration, then fluids drunk will run right through the patient and the stool often turns green after being passed.

Now, returning to the nervous system, we find the want of a proper balance extending to the sensations, and the patient speaks of feeling as if different parts were enlarging, expanding or separating, better from tight bandaging, taking you very near the *Cannabis Ind.* state, then again, in perhaps a larger stage, he speaks of girdle sensations and you know that the disease is deeply rooted in the nerve cells, perhaps incurable, here in certain diseases rigidity of the calves of the legs will be present and points strongly, but not exclusively, towards the silver salt for the other symptoms must also agree.

The pains are largely of a sticking nature, like a splinter, they may occur in a part, but particularly in the larynx and rectum, this taken in connection with the secretions which are usually gelatinous, will lead you to use it in tubercular laryngitis, especially when rectal or anal sticking is also present, for you know tubercular patients have a habit of having this complication.

Feeling as though a hot fluid were running along or over the part is quite an indicative symptom, makes one think of gonorrhœa, and some nervous conditions; it should be compared with the well-known trickling sensation of *Thuja*.

Boring sensations are common to all the soft metals, *Aur.*, *Plb.*, *Merc.*, *Stan.*, *Zin.*, and *Arg.*; the lunar caustic is more suitable when it takes the form of a left sided migraine or prosopalgia, incited by depressing emotions or exhausting mental labor, etc., it is accompanied by a sour taste and is relieved by hard pressure.

The country is full of sufferers who have had their throats swabbed, a 5 or 10 per cent. solution dropped into the eyes, or erosions and ulcers burnt from the womb with this cauterizant; they all bear its indelible mark, for its action, like its indelible ink, permanently impresses itself on more persons than you suspect; they will in time drift into your hands, as the school

which has gotten them into this deplorable condition has done its best as well as its worst; you will know these miserables by their dusky, emaciating, weazened features, they look prematurely old, dried up and wrinkled; naturally you would take them to be chilly, but, on the contrary, they desire the cool open air and cold things in general, just like *Puls.*, if there is suppuration anywhere the pus is bland like that of *Puls.*, but unlike it, sticking pains are also present; now these individuals have lost control of their nerves and tremble upon the least provocation and have palpitation every time they think of their hearts; this palpitation is also worse from lying on the right side, like *Alumina, Bad.* and *Lach.*, the principal remedies for palpitation aggravated by lying on the left side are *Bar-c.*, *Cact.*, *Dig.*, *Lil-t.*, *Pul.* and *Tab.*

They have also, partially, at least, lost control of the sphincter vesicæ, hence, suffer from incontinence of urine. In one form or another you see this loss of control extends through the whole remedy, there is loss of memory, loss of appetite, imperfect control over the bowels and bladder, impaired sexual power, irregular menses, singers lose control of the voice; staggering gait, he walks and stands unsteadily; all these show its general trend in action and when the sensations also fit, it will remove all the curable symptoms in a given case.

Silver is deposited in the skin when taken for some length of time and there because of the action of light and air it causes the peculiar condition known as argyria, a more or less bluish discoloration which has been held to be an additional indication for the drug when due to sickness, but here, as in other cases, it will be necessary to see that the other indications coincide in order to do the best work, and you will, I hope, never think of doing any other kind.

To review we have { Mind.

Incoördination, loss of control { Voluntary movements,  
Sphincters, etc.

Flatulence { Stomach,  
Intestines.

Prematurely aged look { Infants,  
Invalids,  
Old people.

Sensations { Sticking,  
Enlarged, as if,  
As if a fluid ran along part,  
As if egg had dried on parts, etc.

**VACCINATION THE CAUSE OF TUBERCULOSIS.**

By Charles C. Curtis, M. D.

The questions are often asked: "What is the cause of tuberculosis?" and "Why are so many of our children and young people afflicted with this disease?" These two questions are being anxiously asked by thousands today, and for sometime past have caused considerable hard thinking.

Tuberculosis has for a long time been occupying the attention of many of our learned physicians, and a host of other thoughtful people. Many of our learned profession have assembled themselves together at various times to discuss this subject, and the discussion has been long and eloquent as to its cause and treatment. Children afflicted with this disease have been taken out of the public school in order that others might not be contaminated. As the years go by more children are having the disease, and it continues to crop out where least expected.

Nearly all sorts of causes have been assigned for the development of this disease, and it is spreading more rapidly than any other. It makes its appearance so slowly that no alarm is felt, and indeed the disease is many times far on its way before the patient realizes that he is doomed to join the great army who must yield up their lives as a sacrifice to this dreaded disease.

How can this disease be cured? What shall we use, and how shall we use it? are themes which have been much talked about and gone over so many times. Legion are the remedies which have been heraled to the world to cure the disease, and some of them have much merit. To take a step in advance of this is of great importance, that we may get at the real first cause. The tubercular bacillus, we are told by many, is the cause; and we grant that if there were no bacillus of this kind there would be no tuberculosis. But these bacilli are found in the mouths of people who have not got tuberculosis. Why do not they have the disease? The conditions are not favorable, and why not? The lungs, or some part of them, must be in a diseased condition to enable the bacilli to find an abiding place, for they can live only in lungs that are diseased. Therefore, if there is no diseased spot or place in the lungs people will not be afflicted with tuberculosis. There must be something which has been taken into the system that has produced diseased spots in the lungs so as to make an abiding place for the bacilli.

Having given some thought to this subject, I am more and more convinced, as the years go by, that the introduction of vaccine virus into the system does in many instances produce diseased places in the lungs. From my personal observation of patients who have come under my notice I believe this is true. Who would not take his chances of getting well from small-pox rather than tuberculosis? I would abolish all laws which compel children to be vaccinated before permitting them to attend school, for these laws practically say to the child, you must have disease introduced into your body or you must go without a public school education. We have organizations for the prevention of cruelty to children—let them stand up and be counted that we may know how many are willing to see to it that the vaccine laws are abolished. When a person has grown older, and all these facts have been made known to him, if then it is his wish to be vaccinated it may be done. But I would protect the children.

*939 South Olive St., Los Angeles, Cal.*

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## ANTIMONIUM CRUDUM.

By Dr. W. E. Wright.

This is one of our old drugs that, while well-known to good homœopaths, should receive more general use in practice, especially this time of year. Like *Bryonia*, it is a "hot weather" remedy, and in fact aggravation from any kind of heat, but especially of the sun. Second, note aggravation from water and hence bathers who have been injudicious and whose complaints date from time of bathing. Also, remember children who do not wish to be bathed. Third. Remember of all the remedies, this one has "The Whitest Tongue" as key-note in *Materia Medica*. If you are called to see baby and find it will not allow you to come near without crying, is peevish, fretful, irritable, and white tongue, and white curds in stool, try this drug. Though you may be skeptical about high potencies, try this drug high (B. & T.) for corns and callosities. Note in conclusion that this drug should be borne in mind for the extremes of life, with children and old persons.

## SORES FROM VARICOSE VEINS.

By Dr. R. Haehl, Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from *Hom. Monatsblätter*.

In treating the sores arising from varicose veins on the legs I have been using for a number of years an auxiliary, which has approved itself even in the most stubborn and chronic cases, *i. e.*, massage. In an article devoted to this subject in 1900, No. 4, I already referred to massage in the words: "The best auxiliary remedy in treating sores on the legs arising from varicose veins, and an aid which is used far too little, is massage. The treatment is about the following: We first cleanse the sores from all impurities, especially also from all pus, and is best effected with diluted alcohol. If the sore looks very flaccid and torpid, it may sometimes be advisable to scrape it clean. Then a piece of clean, sterilized gauze is laid on the wound, and the whole is covered with a thin layer of *Calendula cerate* or *Hamamelis cerate*, and then we gently massage all around the sores, rubbing gently with circular passes. Gradually we pass in our rubbing to the borders of the sores, and finally to the sores themselves. It is peculiar that even the most sensitive sores may be massaged after a few days without any pains, yea, the patient, who before could not bear the sore to be touched, soon feels a certain soothing effect from the massage. We can frequently cure even large sores on the legs through massage, rest and the use of homœopathic medicines in the course of a few weeks."

Since that time I have treated a great many varicose sores on the legs, and always with a very satisfactory result. Occasionally, indeed, the patient will object when we demand that he should keep his bed for four to six weeks. But if the patient is not willing he may be left to his varicose sores and pains. Sooner or later the patient will be unable to attend to the usual employment and will then consent *nolens volens* to stay abed for some weeks.

Four years ago I used almost exclusively *Hamamelis cerate*, but at present I always use a mixture of *Calendula* and *Lanolin* in proportions of one to ten. *Calendula cerate* is more soothing; it also supports the tendency to heal and the formation of granulation much more than *Hamamelis cerate*. As soon as the sore is completely closed and a firm elastic cicatrice has been formed I apply a bandage and the patient is then allowed to leave the bed

I have entirely given up the use of stockings of India-rubber or of silk, for they are not only expensive, but they fit too closely and tight at first, but soon they become too wide and consequently worthless from loss of elasticity. The best and most effective bandage after a cure has been effected is the following: Take a piece of sterilized gauze of the size of the former sore, thinly covered with tallow, and lay it over the cicatrice; then the leg is bandaged from below upwards with a soft flannel bandage. This bandage must be removed every morning *before* leaving bed. Anyone who takes this trouble will very soon be able to effect this with very little loss of time, and by observing this caution there will not be any relapse.

The internal remedies used varied according to the varying symptoms, taking in consideration also other morbid symptoms; they were especially *Pulsatilla*, *Calcarea fluorica*, *Silicea*, *Arsenicum* and *Hamamelis*.

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#### HARDNESS OF HEARING WITH CHILDREN.

Translated for the HOMŒOPATHIC RECORDER from *Hom. Monatsblätter*.

The *Zeit* reports that Prof. Dr. Hammerschlag read a dissertation on this subject before the College of Physicians in Vienna. He said: "It is surprising to hear that twenty to thirty per cent. of our school children are hard of hearing, a number of them to such a degree that they are not able to follow the oral instruction. But, while short-sightedness shows a continual increase in the higher classes and schools, there are hardly any children hard of hearing in the upper gymnasium (the academies), these stayed behind. And yet it has been proved to be an easy matter to cure one-half of the children in the public schools who are hard of hearing, if only more care was taken. But not only the children hard of hearing, but all children who are inattentive, distracted, or who find difficulty in keeping up, should now and then be examined by doctors, and these shortcomings would often be found to point to a defective hearing, for defective progress in school and hardness of hearing are usually closely related. Besides, in many cases, the whole cause of a case of hardness of hearing lasting for months or years may be found in a hard drop of cerumen or in some strange body that fills the auditory passage. With children

who are hard of hearing, the eyes should also be examined, for a good eye of normal power can often support a weak hearing by reading the words from the lips. With children who are hard of hearing we should also be cautious in their gymnastic exercises. Certain diseases of the ear are usually accompanied with vertigo, and even a slight fall, with one who is hard of hearing, may cause severe diseases of the brain, such as meningitis and abscess of the brain. The younger the child is, the more attention should be given to its hardness of hearing.

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## CUPRUM ARSENICOSUM.

By Dr. A. Stiegele, Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*  
June 30, 1904.

We are entering the season of summer complaints, and in Stuttgart we have already had to meet several cases of gastro-enteritis. In *Cuprum arsenicos.* we have a remedy which will rapidly cure a goodly number of acute diseases of the stomach and intestines. Our literature shows, however, that this remedy may also prove very valuable in chronic cases and should be used thus much more frequently than is done.

Fr. Gisevius recommends the remedy in painful neuroses and in enteroptosis, and has adduced quite a number of very instructive clinical proofs for its indications.

The symptoms which Gisevius enumerates from the Cyclopaedia of the Pathogenesis of Drugs are as follows:

I. (a) The tongue is thickly coated, a dirty brown; there is irritability, constipation, a dull sensation in the head, prostration, lack of appetite.

(b) The tongue is thickly coated; there is much eructation, restlessness, nervousness; the tongue is coated white, there is fetor from the mouth, a metallic taste, the tongue is white. Rumbling in the bowels with sharp, cutting pains in the abdomen. Violent pains below the lower corner of the left shoulder-blade, worse when moving or breathing; cannot take a deep breath, tightness in the chest.

II. Debility. cutting pain in the stomach. The urine has a smell as after eating garlic. Nausea with lameness in the back. Pains in the lumbar region and in the anterior muscular part of the thigh. Unusual thirst. Persistent lameness of the back.

## III. Poison symptoms:

(a) Violent nausea and vomiting of bile-green water; she spit out mouthfuls of water; much thirst and drinking of water; pain in the bowels: copious abnormal stool, followed by a diminution of the pain.

(b) The gastric region is very sensitive to pressure.

The following cases demonstrated the excellent effects of *Cuprum arsenicosum* also in subacute and chronic cases.

1. A little girl, three months old.

April 18, 1903. The mother stated that the infant had been suffering for ten weeks from intestinal catarrh. Every diaper contains some thin, chopped, green stool; the patient was very much emaciated.

An examination showed a strongly coated tongue, the abdomen distended meteorically, the little legs were drawn up to the body; atrophic, anæmic appearance.

Prescription: *Cuprum arsen.* 6 trit., as much as will lie on the tip of a knife, put into the milk, morning and evening.

April 23d. Only three to four stools a day, well digested, of thin pappy consistence, but of yellow color. Continued.

April 25th. There is good progress. The stool now has the consistence of ointment, two or three times a day. No more medicine.

April 29th. The improvement continues, one or two stools a day.

2. An infant boy, four weeks old.

August 12, 1903. For a week the boy has been sick of intestinal catarrh; the stool is green, thin, coming every time the baby drinks; the patient is very much emaciated. *Cuprum arsen.* 6 trit., brought on a permanent cure in two days.

3. E. R. eleven weeks old.

May 30, 1903. He has had catarrh of the bowels for two weeks, and has fallen off much; the stools are watery, yellowish-green. The baby cries very much, and always draws up its legs to its body.

After receiving *Cuprum arsen.* 6, trit. its stool after three days was normal.

4. The following case differs from the preceding ones in having its origin in neurosis.

September 7, 1903. G. U., a merchant, thirty-seven years of age, tells me that he has been suffering for eight weeks. About

six to eight times a day there is a diarrhœic stool, now and then of bloody color; there is very little appetite, much thirst, feels very wretched, the physicians had told him that it was "nervous" diarrhœa. His treatment so far has been ineffective. Deep mental depression. The anamnesis does not disclose any acceptable cause of this affection. An examination does not disclose anything unusual, though there is a considerable increase of the various reflexions, especially the reflexion of the abdominal integuments.

Prescription: *Cuprum arsen.*, 4 trit., every three hours a dose of the size of a pea.

September 16, 1903. The diarrhœa is considerably diminished, the stools being two to three a day; the appetite and general health much improved; the physical depression also is especially diminished. Continued.

September 26, 1903. The patient feels well. Twice a day there is a thick pappy stool; the appetite is good, he increases in weight, his mood is improved.

5. E. D., a baby girl, nine months of age.

September 1, 1903. Since three months there has been catarrh of the stomach and intestines, allopathic treatment without success. The child vomits every time after drinking his bottle; stools nine to ten times a day, green, chopped, watery, occasionally much mucus mixed with it. The infant looks atrophied. Its color is whitish yellow, the skin on the ears and the mucous membrane is anæmic; since two weeks the mouth is covered with milk-thrush. The babe is indifferent or moans, while its eyes look weary. Little sleep, often it cries all night. The infant received *Cuprum arsenicosum* 5 trit., as much as will lie on the point of a knife.

September 2d. The mother tells me with glad surprise that the patient had been much more quiet during the night, and had only vomited once. *Cuprum arsen.* 5, morning and evening.

September 3, 1903. The diarrhœa diminishes, there is no more vomiting. The infant drinks with appetite, while before it has been averse to all food; during the three months all imaginable infant's foods had been tried. Great masses of mucus are discharged in the stools. Prescription: One dose every three days.

September 19th. "When the powder is discontinued too long diarrhœa and vomiting return." Through the occasional use of *Cuprum arsen.* 5, this case of chronic gastritis was quickly and permanently cured.

In the beginning of winter the little patient was seized with whooping-cough of the most violent degree, but got well in four weeks.

The jerky action of the medicine after the affection had continued for months was very striking. My two allopathic colleagues in M. had some difficulty in explaining it. But they never thought of thoroughly examining the matter, but they satisfied themselves with casting wrathful looks on the mother of the little patient, and not greeting her any more; in this proceeding they were cordially seconded by the druggist. They are zealous adherents of Privy Councillor Spatz and are combatting "for the freedom and impartiality of Science."

Clarke says that also in the provings there is an evidence of the combination of the two metals in *Cuprum arsenicosum*. But neither he nor other lengthy manuals refer to the use of *Cuprum arsenicos*. in subacute or chronic cases. This description of a few cases without much significance in a merely clinical way, seem justified, in order to enlarge our view as to the character of this remedy.

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## EXAMINE THE PATIENT.—AN INSTRUCTIVE CASE.

By Privy Councillor, Dr. Schwarz.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Z.*,  
June 30, 1904.

I call this case instructive because it shows that it is indispensably necessary to follow up the oral examination of the patient with an objective examination. The young homœopathic physician will be less apt to neglect this than some of our old desk-homœopaths, who devote themselves especially to fishing out as many symptoms as possible from the patient and who take them down and then select their remedy accordingly. The following case illustrates this most plainly:

A man, about thirty-six years old, of very vigorous build and appearance, came to my office in November, 1902, stating that I probably had noticed from his limping gait, that he was suffering from ischias, from which he had suffered for the last two years. No one, so far, had been able to relieve him; he had been in the clinics in Strasbourg, had been treated electrically, etc., and now I had been recommended to him especially for ischias.

From the anamnesis of the patient who was not very intellectual, I could not get any clear idea as to the cause of ischias, and supposing that he had been thoroughly examined in the clinics, I did not think that much could be gained by a thorough personal examination from the sole of the foot to the vertex. So I proceeded on the basis of the anamnesis with all the means at my disposal: in the thermal springs here, in my materia medica, in mechanotherapy and in my own special experience. I used thermal baths, the Wildbad Springs, steam baths, hot-air baths, and for twenty-one weeks also the nerve-stretching method of Nussbaum; as there were no *characteristic* symptoms I covered the varying symptoms with *Colocynthis*, *Rhus*, *Causticum*, *Lycopodium*, *Pulsatilla*, *Calcarea carb.*, etc. I did not encourage the patient to try Fango-baths on account of their expense. I am quite sure they would have been useless. The patient had some relief from the hot-air baths and the steam baths, also from drinking the water of the *Fett-quelle*, and from the stretching of the nerves, which at least enabled him to leave my office without limping. The relief, however, was transitory, but still sufficient to keep him under my care for three months. Finally, in February, 1903 I noticed that he did not keep his vest and pants buttoned up, but closed with a tie, as they had become too tight by hand-breadth. He had, indeed, complained now and then of fulness and heaviness in the abdomen, but he had always directed my attention to the pain in his left leg.

When I examined his abdomen, I found it tense and hard as a stone, especially on the left side. A close examination showed an enormous enlargement of the abdomen, due to a tumor of the spleen, about ten inches long and six inches broad; the other abdominal organs were proportionately displaced, the epigastrium showed a spherical protuberance, the diaphragm was pushed up, causing dyspnoea. There was no ascites; the action of the heart was accelerated, the pulse weak and small. The anterior lower edge of the spleen almost reached the median line and extended deep into the fossa iliaca.

I now examined him as to malaria and could establish the fact, though with some difficulty, that Father Rhine fosters malaria on its banks, in spite of the means used to confine these banks, and this malaria is not merely confined to the Swiss border (at Efringen) and in Germersheim, but is also found at Kork, near Kehl, where my patient lived. He described his attacks as quite

irregular, setting in at intervals of from one to three weeks, consisting of a chill without thirst, lasting for hours and succeeded by debility and exhaustion lasting for days, attended with nocturnal perspiration and complete inability to work.

Since these chills always set in after working in the Erlenwald or the adjoining meadows, which are drained by swampy ditches, and on driving home, he had supposed it to be simply a taking cold after over-heating. The drinking-water is also most unfavorable. It springs from the swampy subsoil, is saturated with organic substances. It is generally of reddish color, as it is found in the wells of the neighborhood.

Now, the correct diagnosis was made: malaria with an enormous splenic tumor and in consequence, mechanical or consensual pains in the region of the ischiadic nerve. I now gave him *Arsenicum* 4, five drops, four times a day, increasing daily by one drop to the dose, up to fifteen and then back again; two steam baths during the week and some glasses of water from the Hauptstellen Spring. In ten days (Feb. 14, 1903) the patient could walk without a cane; the spleen had decreased from ten by six inches to six by three and a half inches; by March 14 it had diminished to five by two and three-quarter inches; on the 20th of May, to four by two and a third inches, and on July 12, to three by two inches. He had had chills every four to six weeks when exposed to the above-mentioned causes, but these chills were less severe. Twice also he had chills after eating sour milk, caused evidently by his hydrogenoid constitution.

I last saw him on October 3. His spleen was then about three by two inches. As a final remedy, I gave him *Chinin. arsenicos* 5, three times a day, as much as will lie on the point of a knife.

The case is instructive for several reasons. It shows that we should regard the objective symptoms as far more important than the subjective symptoms; we also see from it, that where the symptom-image is not clear, especially in patients who are not very intelligent, as in the case described, an exact physical examination is more useful than choosing the remedies according to single symptoms, which frequently are then of no avail. I have frequently seen this. When the symptoms furnished cannot be covered by *one* single remedy, the disease is surely not idiopathic, as we find it described with great exactness under the various remedies, but the case has been spoiled, generally through several causes. This holds true of most neuralgias, but especially in ischias.

## ANTIPSORIC TREATMENT.

I would earnestly urge upon every physician the duty of giving to each child born under his care or coming into his professional hands during infancy a small amount of anti-scrofulous remedy. He can usually find symptoms enough in mother and child upon which to base a useful prescription. He will thus in the best manner fulfill that higher duty of the physician, which is to prevent disease.

My experience in one family will serve to illustrate my meaning: My first invitation to the family was to attend a sickly, puny, whining little one, six weeks old. I learned from the father that this was their second child, and that they lost their first when three months old. He said it had simply cried and moaned itself to death. This one was apparently going the same way. All the old school could do had been done for the other, and his only hope for this one was in a change of practice.

The second little one cried, as did the first, from its birth; scarcely ever slept a sound sleep; did not seem to be nourished by the breast milk, of which there was plenty. The appearance of the mother first attracted my attention; her face had a dirty, yellow, earthy appearance. Her family history as to healthfulness was bad. She suffered from kidney disease, showing a profusion of "red sand" in the urine. Her condition and symptoms presented a very clear case for *Lycopodium*. So with the child; from the hint received from the mother's condition, systematic inquiry discovered the facts that the diapers were stained a deep color, and had frequently "red sand" on them after the child urinated; also that it cried and showed other signs of discomfort before urinating; it was also distressed by gas in the bowels.

*Lycopodium* was given to both mother and child. The child improved rapidly and became entirely well. But the most remarkable and significant fact was the eruption of the worst looking crop of eczema it had ever been my fortune to see. The child was covered literally from the crown of its head to the soles of its feet with the eruption, which did not wholly leave it until after its first teeth had all appeared.

A third child was born to these parents. It also suffered with symptoms similar to those of the others, but in a less degree. The

same remedy relieved the child, and its exhibition was followed by a similar but less profuse and persistent crop of eczema.

The influence of the remedy during the period between the time when it was first administered to the mother and the birth of the third child had been such as to greatly ameliorate the distressing symptoms of this little one.

Here, it seems to me, is the point, beginning at which the most efficacious prophylactic or preventive treatment can be accomplished, not only in pneumonia, but in every other disease in which exists an hereditary element.—*Dr. W. J. Hawkes in The Critique.*

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### PINK SWEAT.

WASHINGTON, D. C., Aug. 5, 1904.

Editor of the HOMŒOPATHIC RECORDER.

Can you or any reader tell me of a remedy having in its pathogenesis a *pink sweat*? This pink sweat stains the young lady's lingerie and white waists a clear, decided *pink* color wherever it touches, axillæ, around neck, at wrists and elsewhere, a pink color difficult to wash out.

She is a plump, handsome young woman, in apparently good or fair health, save for diurnal headaches—what she calls sunrise and sunset headaches, because they begin and stop with the rising and setting of the sun. Also considerable lassitude. This is a call for help and information will be appreciated.

JOHN F. KEENAN, M. D.

(Who can give a remedy? *Dulcamara* and *Nux vomica* have something analogous. Ed. H. R.)

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“The homœopathic profession will be glad to have this theoretical part of Hahnemann's great work, *The Chronic Diseases*, published separately, thus making it more accessible to both student and practitioner. It should become a text-book in every homœopathic college; it may be profitably read by every practitioner of medicine, whatever be his school of practice. If it has excited criticism and controversy among the followers of Hahnemann it is nevertheless a work of immense practical value to him who studies its pages without prejudice or bias. The candid student will be impressed by its ponderous logic, and, unable to successfully controvert its truths, will accept them.”  
—*W. A. B. in Progress.*

## BOOK NOTICES.

**Autobiography of a Baby.** By Thomas Lindsley Bradford, M. D. 87 pages. Cloth, 50 cents. Bell Publishing Company. M. C. M. I. V.

Our old homœopathic bibliophile has turned out some useful work in his time, but in this book he takes a new departure and gives the public—and, by the way, the medical profession too (for all doctors are not infallible)—some mighty useful pointers on the care of babies—from the babies' point of view. It is a book that will do you good.

**The Summer Diarrhœas of Infants, their Etiology, Pathology and Treatment.** By H. Halloway, M. D. 150 pages. Cloth, \$1.00, net. New York, E. R. Pelton, 1904.

A most excellent little book in the matter of feeding infants and in tracing the cause of the disease—baby ill, in those with a good constitution, are generally to be found in their food or surroundings. When it comes to therapeutics, however, we think Homœopathy offers something better.

**Vaccination Brought Home to You.** By Dr. R. Swinburne Clymer. 92 pages. Paper. G. H. Herb, Terre Haute, Ind.

This pamphlet is a collection of 18 papers treating vaccination from the anti point of view. To one who does not believe in vaccination it will be very welcome, for it contains many strong and forceful papers. One rather gruesome statement from *Chicago Tribune* is that the meat inspectors of that city said that in two months 30 carcasses of calves used in vaccine establishments had been sold in Chicago. The flesh of these calves is much paler than regular healthy veal, and it sells for lower prices. Evidently the inspectors let it go through. Between vaccine veal and "tuberculous beef" we would chose the latter as the lesser evil. Boards of Health ought to stop the sale of this diseased veal.

Dr. E. Neter has announced in the *Deutsche Medizinisch Wochenschrift* for May 5th, 1904, the discovery of the fact that blood in urine may be the only evident outward sign of scurvy in children

fed on artificial foods. Dr. Neter is antedated in this discovery by Dr. Clifford Mitchell, of Chicago, who, in his book, "Diseases of the Urinary Organs," page 401, alludes to this same fact.

Bartlett's *Diagnosis* so far, it is said, has sold better than did Goodno's *Practice*. The Doctor is at work on another book, but it is not a "Volume II," but an entirely distinct book. His *Diagnosis* is by all odds the most practical book on that subject published.

Messrs. Boericke & Tafel have placed in the compositor's hands the manuscript of a book by Dr. H. Worthington Paige, of New York City. The title of the book is "*Diseases of the Lungs, Bronchi and Pleura.*" It will be a concise, practical, modern and homœopathic book. The author is one of the Faculty of the New York Homœopathic Medical College.

In an article by Dr. E. Lucas Hughes, Ophthalmic Surgeon to the Hahnemann Hospital, of London, in the July number of *The Journal of the British Homœopathic Society*, the following neat compliment is paid our Dr. A. B. Norton:

"Dr. Norton, of America, in his work on *Ophthalmic Diseases*, is the only author I know who devotes a chapter to this important subject. I believe his book to be one of the very best treatises upon the eye we have in homœopathic literature."

The important subject referred to is the "Hygiene of the Eye."

**The Chronic Diseases: Their Nature and their Homœopathic Cure.** (Theoretical part only in this volume). By Dr. Samuel Hahnemann.

This immortal work by Hahnemann requires, of course, no reviewing. The *raison d'être* of its publication is thus stated in the Publisher's Preface. "This volume, which contains the theoretical part of Hahnemann's *Chronic Diseases*, has been issued at the urgent request of several Professors in Homœopathic Medical Colleges, who wish to use it as a College Text-Book."

We welcome its issue in this form. It will thus become more known and more read by students and practitioners at the present day than, we fear, it has been. We fondly hope that every homœopathic practitioner who has not got a copy of the "*Chronic Diseases*" will fill up this blank in his library by immediately procuring a copy, and, we may add, carefully reading it. It will be observed that in this edition only the theoretical part is reproduced.—*Monthly Homœopathic Review*.

# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.,

By BOERICKE & TAFEL.

SUBSCRIPTION, \$1.00, TO FOREIGN COUNTRIES \$1.24 PER ANNUM

*Address communications, books for review, exchanges, etc., for the editor, to*

E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

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## EDITORIAL BREVITIES.

A MIX UP.—Early this year we had a new, and, as it turned out, a very careless subscription clerk. Subscriptions were paid and receipts sent, but there the matter too frequently was dropped, and no entry made on mailing list. The consequence was that bills were sent to a number of subscribers who had already paid, much to our chagrin. Hope it will not occur again.

DIGITALIS.—The following is from an editorial in *The Monthly Cyclopædia of Practical Medicine*, edited by Sajous. “The assertion that most physicians the words ‘heart disease’ mean digitalis, and that, as a consequence, this very valuable drug has probably done more harm than good, is—at least in a great measure—unfortunately true. Yet, can this lamentable state of things be equitably laid at the door of the practicing physician? Notwithstanding the painstaking investigations in the experimental study of digitalis, during the last forty years, can its physiological action be said to have been elucidated sufficiently to give the practitioner even an approximate idea of its *mode* of action? Can we even say that the functions of the heart itself are sufficiently understood by physiologists to furnish therapeutists a foundation for sound deductions?”

Study the drug in Hahnemann’s *Materia Medica* if you would know how to use it and not abuse it.

ANTITOXIN.—“The antitoxin craze of the present is but a repetition of the wholesale venesection of the latter part of the eighteenth, and the criminal abuse of mercurials in the first half of the nineteenth century. They all exhibit the profession in one of its periodical attacks of hysteria, from which nothing ever

arouses it but the spread of some gigantic protest like Thompsonianism, Homœopathy, Christian Science, and kindred epidemics of delusion. These are simply revolts of the plain people against the absurdities and abuses of the physicians, and antitoxin would go the way of the other lumber to the garret of obscurity if it were not upheld by the large financial interests engaged in its manufacture. Indeed, the whole bacterial theory is going to be on trial during the next decade. Already there are signs that the craze has reached its height, and a saner view of things is beginning to take its place."—*Dr. Nickerson in Medical World.*

A PECULIAR SYMPTOM OF ACONITE.—While Korndoefer discussing still more specifically the so-called useless symptoms, says that: "Hering's proving of *Lachesis* gave us that valuable peculiarity 'intolerance of tight neck bands.' Von Helmot's experiments with *Aconite* root gave us that peculiar symptom, 'felt as though his mental acts were performed in the stomach.' This seemingly ridiculous and untrustworthy symptom for even Von Helmot was unable to produce it upon himself, nevertheless led to the prompt and permanent cure of a case of insanity in which this symptom was characteristically present. Such cases should warn us to make haste slowly, in the work of eliminating the so-called useless symptoms of our materia medica."—*From editorial in The Critique, by Ralph D. P. Brown, M. D.*

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### NEWS ITEMS.

Dr. Van R. Tindall has removed to 1613 Broad street, Philadelphia.

Dr. R. E. McDonald has removed to "The Cole Apartment," 28 West 128th street, New York City.

Dr. T. Griswold Comstock, of St. Louis, will go abroad for health and relaxation.

The Hahnemann Monthly has removed its office to 1437 Spruce street.

The Fortieth Annual Meeting of the Lehigh Valley Homœopathic Medical Society will be held on September 20th, 21st and 22d, at Easton, Pa.

Dr. Horace P. Holmes, of Dietz, Wyoming, has been in Chicago a few weeks this summer studying surgical operations. He is the translator of the recently published little book *Pathogenic Microbes*, by Jousset, a book by the way that is worth reading.

The following extract from a letter from one of Boericke & Tafel's correspondents will be of general interest :

" We at last secured a fine specimen, a *Lachesis* snake, which we are trying to see whether we can ship by this steamer. The steamship people declined to accept it as freight, claiming that the authorities in New York will create trouble at the discharge, as the importation of harmful animals is prohibited there ; and, although we sought the support of the U. S. Consul, Mr. Seeger, and this gentleman is willing to assist us, he has not so far given the desired solution, which, however, he promised to give tomorrow. Would it be given in time to allow us to make this shipment, the steamer leaving at 2 p. m. This is what we cannot foresee ; but if the Consul grants our request, if the snake is not shipped by this steamer, it will be sent you by another of the same line or any other line."

Dr. W. W. Blackman, of Brooklyn, N. Y., has published one of the finest photogravures of Hahnemann we have ever seen. The price is \$3.00 unframed.

*Revista de Medicina Pura* is the title of a new homœopathic journal published at Barcelona, Spain, and edited by Dr. D. Raimundo Comet and Dr. Fargas.

Dr. George C. Haller has removed his office to 4564 Wayne Avenue, Germantown, Philadelphia.

Dr. Louis Posey, of Philadelphia, has gone to Europe on a six months' trip.

## PERSONAL.

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"Treat the man behind the disease" says Dr. Frank Kraft.

Dr. W. E. Polgase, in *Medical Councillor* cites vaccinia as one of the many causes of feeble mindedness.

Some object to the term "business" when applied to medical practice.

Sure, Mary, a sprained ankle was a lame excuse on his part.

One of our esteemed exchanges raises a warning voice—or pen—anent the danger that lurks in door mats.

*Suggestion* suggests that we all mostly use predigested thoughts.

Dr. H. A. Parkyn says that the sole and only cause of appendicitis is that not enough liquid is imbibed.

The latest fish story: That bull frogs act as sentries to the fish.

The latest "consumption cure" is dog-fat.

"To Let. Furnished apartments, suitable for gentlemen with folding doors."—*Adv.*

The average human being enjoys hearing his friends criticised more than he does hearing them praised.

"Tuberculosis a thing of the past" is the optimistic heading of a recent article in an exchange.

Quite a number of "regulars" are using as high as the 200 potency we are informed. First thing we know they will claim the high potency as their own.

It is said that the rain falls most on the honest men because the others swipe the umbrellas.

The man who gets his daughter off his hands and then has to keep her husband on his feet is certainly playing in hard luck.

No one likes to be accused of snoring.

The man with only one suit of clothes has no redress.

The boy got wise when the young lady sat on the bent pin and showed no signs of the fact.

No man wants a bald head yet when he gets one he wouldn't part with it at any price.

"Punched by a parson for not going to church" was a recent and discriptive headline.

The Russians say they can safely revile their Maker but not their Czar.

# THE HOMŒOPATHIC RECORDER.

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VOL. XIX.

LANCASTER, PA., SEPTEMBER, 1904

No. 9

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## BIOCHEMISTRY AND THE BLOOD SERUM THERAPY.

By Eric Graf von der Goltz, M. D.

(Eric Vondergoltz.)

### I. The Nosodes and Antitoxines.

With the exception of Biochemistry, there hardly exists anything more able to excite greater interest than the study of the Nosodes.

I was unable to suppress the craving to inquire into them, as they seemed so rational and *a priori* so promising toward giving a final solution to several perplexing questions, as, for example, in cancer, etc.

I had read several reports and exposes at different times, but finally became acquainted with their literature through the *Dictionary of Materia Medica*, by John H. Clarke, M. D., London.

The following case shows one of several experiences: I was called to a Mrs. M. for treatment of chronic headaches, where as a last resort a nerve operation was recommended. The status was the following: Age 43 years, married 5 years, mother of 3 healthy children, suffered from headaches since her 16th year. Till recently the headaches could be stopped temporarily or alleviated by well-known allopathic remedies as *Quinine*, *Antipyrine*, *Kali bromat.*, etc. But her system becoming accustomed to them, it became necessary to summon medical advice. One physician after the other was consulted, but without result. The last one, the family claimed, aggravated the symptoms by applying electricity—faradic, as also the constant stream.

My examination revealed a melancholic temperament, clean tongue with more saliva than usual, yellowish skin, constipation,

cold extremities, a craving for indigestibles, great susceptibility to cold, an absolute horror against cold water. Pains formerly in forehead, now hammering all over the head and mostly in occiput, but also at times pressing on the vertex and could not be relieved by anything. Her father had also suffered from headaches, which appeared to me to have been of syphilitic origin. A brother is in an insane asylum also suffering from headaches, causing him at times to become violent.

The symptoms, if so we may call them, represented *Nat. mur.* and *Calc. phos.*, præeminently *Nat. mur.*

Therefore, *Nat. mur.*, 12x and *Calc. phos.* 12x were given alternately, one dose of grs. iii every 3 hrs.

Patient reported much relieved, nearly cured in 8 days. Treatment continued. In less than 8 days patient complained again of old pains, only more severe. I substituted *Sac. lact.*; continued pain and misery.

I now reasoned that here was a chance to try the necessary nosode—*Syphilinum*—as patient suffered most from sundown to sunrise, the claimed differentiation between *Syphilinum* and *Gonorrhinum*.

I administered one dose *Syphilinum* 200th with accompanying *Sac. lac.* treatment

I stopped for 10 days, then gradually returned, so that 4 days later patient deemed it wisest to continue treatment. I administered another dose *Syphilinum* 200th, this time without the least effect. Pains gradually increased till patient declared they were worse than before.

I again examined her very carefully, went over the whole history and looked up every possible and impossible hint.

Finally I reached the conclusion and became fully convinced that *Natrum muriaticum* alone could cure those syphilitic headaches.

Remembering the fact that pain was aggravated by the use of medical electricity, I could see the palpable cause for my failure here in this case—too low a potency—12x.

Looking over the case from the point of v. Grauvogl's constitutions, I discovered that this case did not properly belong to any one of the constitutional schema—but was a conglomeration of all three.

I could see the following characteristic figures :

1. Too great a water percentage of the blood with too slow an oxydation of the blood, this last state being uppermost.

2. The urine was wanting in chlorides and phosphates.
3. The characteristic periodicity—night aggravation.

I gave *Nat. mur.* 1000th, one dose

Patient became relieved almost immediately and is to this day free from any pain.

As I was anxious to discover the cause of my failure and of the proportional temporary relief by *Syphilinum*, I compared *Syphilinum* with *Nat. muriat.* analogously as *Sepia* and *Nat. muriat.* as in former time.

If we study *Syphilinum* [*Gonorrhinum* also] and *Natrum muriaticum* we will find the following fact: that the homœopathic symptomatology of *Nat. mur.* and those two nosodes nearly correspond with each other.

I then compared these three remedies in the same manner as I had formerly compared other remedies, for example, *Phytolacca* with 8 tissue remedies, and came to the conclusion, that the nosodes are mixtures of all tissue salts, with a certain preponderance of one or more salts, this or these salts representing the special disease genius; that means the one salt or several salts not found in the cell, but freely circulating in the intercellular fluid, in a pathological percentage, thus becoming a waste, which is found in serums, blood, etc., wherefrom, as here the syphilis or gonorrhœa, nosodes are gained.

It must be here mentioned that according to Schüssler's last original edition, *Natr. mur.* is one of the most prominent, if not the chief, remedy for Syphilis and Gonorrhœa.

In most cases I could observe the correctness of this statement.

Having seen the result of the foregoing case, I studied other nosodes, and fully corroborated my former observation.

Every reader must find it remarkable that the *Materia Medica* teaches the interchangeability of these disease products.

If closely related diseases as syphilis and gonorrhœa would only present this interchanging, it might be explained from the point of mixed infection. But as the nosodes are used under their specific names, it is hard to understand how the following absolutely different disease products are recommended and used promiscuously. For example, we find enumerated for tuberculosis not only *Tuberculinum* (Koch), *Aviaire* and *Bacillinum* (Burrnett), etc., but *Syphilinum*, *Medorrhinum*, *Psorinum*, *Vaccinninum*, *Variolinum*, *Hipprozœnin*, and other remedies of the nosodes.

On one side this practical interchanging of heterogenic dis-

ease products proves the statement that the cell has the faculty of selecting the proper cell salt.

On the other side we must confess that it breaks down nearly all necessity for diagnosis, as our diagnosis seems to have no practical influence upon the treatment regarding difference of disease products.

Here I must refer to those claiming that the good homœopath uses these remedies in a correct way, as they use *Pulsatilla*, *Sabina*, etc. But these homœopaths are in the wrong, for no satisfactory homœopathic provings have ever been made of the most of the nosodes.

Now let us turn to the allopathic school to witness a similar behavior. The allopath uses his serum or antitoxine, not only in its special field, but also in a heterogeneous way, namely, the hydrophobia serum in epilepsy or vaccination, in tuberculosis, etc.

We see that the allopathic serum, when under the influence of carbolization, must give a mixed result, but many leading allopaths claim that a weak *Carbolic acid* hypodermic injection will work equally as well, as, for example, a diphtheria antitoxine injection.

Regarding diphtheria antitoxine, we can say that it is the only serum that has shown any results, but we must not overlook the fact that thus far no real proof for effectiveness has been given. We must not forget Sydenham's great results with scarlatina for twenty-seven years, and finally when this great physician declared that no person need really die of this disease, in the twenty-eighth year almost every patient suffering of scarlatina and treated by him succumbed. This failure caused him to die of a broken heart.

Furthermore, by rightly judging diphtheria we must not overlook the great difficulty—the proper diagnosis. How is it that antitoxine does not work so well in families of the wealthy as among the poorer classes? The great results are reported from hospitals and poor tenements, not from private residences!

Either the rich man's child cannot stand the disease or treatment, or the high-priced physician's diagnosis is so much sharper than the others!

The statement that some physicians consider every pathological disorder of the throat as diphtheria is repeated by some mothers who say—*My children have diphtheria every winter.*

The difficulty of the diagnosis is fully supported by a statement

from the New York *Medical Record*, which reads as follows: "It has been known that the results of bacteriology and of clinical medicine were not in accord so far as the question of diphtheria goes, many persons whose cultures have been pronounced positive having no evidence of diphtheria in the clinical sense."—June 27th, 1903.

If now we consider the foregoing, we must come to the conclusion that the question as to the efficiency of diphtheria antitoxine is not at all settled or conclusive, as the diagnosis must be absolutely sure before the efficacy of a treatment can be relied upon.

The question will, therefore, not be out of place: *Are not many cases of exitus after antitoxine injection really caused by antitoxine, and not as many physicians claim, because the antitoxine was injected too late?*

The foregoing statement in the allopathic *Medical Record* certainly allows this pertinent question: Diphtheria antitoxine having been used lately by allopathic physicians, also for other diseases, can be estimated as a panacea for everything. The best proof for the unscientific view regarding these serums.

Should the uncarbolyzed antitoxine be analyzed, there would certainly be found the following tissue salts—*Calc. fluor.*, *Calc. phos.*, *Kali. mur.*, *Kali. phos.* and *Kali. sulph.*, which are prominent in the biochemic treatment, analogous to the comparison of *Nat. mur.* to *Syphilinum* or *Gonorrhinum*.

The theoretical consideration from a clinical report in the *Materia Medica* led me to suspect a certain predominance of *Calc. phos.* and *Kali. mur.* as the remedial genius.

Certainly a possible analysis would reveal besides other ingredients, namely, in :

Vaccine—*Kali mur.*

Gonorrhin, } *Nat. mur.*  
Syphilin, }

Diphtherin, } *Calc. fluor.*, *Calc. phos.*, *Kal. mur.*, *Kal. phos.*,  
*Kali. sulf.*

in a prominent percentage.

This is hypothetical, but indirectly not without a certain basis, if we remember well sustained facts by actual analysis, for example, *Phytolacca decandra*. This plant when analyzed contains all tissue remedies except four—*Magn. phos.*, *Nat. mur.*, *Nat. phos.*, *Nat. sulph.*—and thus clinically represents the symptoms and features of all tissue remedies save the four mentioned.

As a further proof we can cite : *Pulsatilla* for *Kali. sulph.*, *Kali. phos.* and *Calc. phos.*, *Colocynthis* for *Magn. phos.*, *Arnica* for *Ferr. phos.*, and others more.

I must here refer to my article published in the HOMŒOPATHIC RECORDER, March 15, 1903, regarding *Sepia* and *Nat. m.*, which emphasises equal necessity for the homœopathic as well as the biochemical study and progress for the systematical chemical analysis of these serums.

Only then can we expect a solution of the paradox that one serum gives certain results while the others, namely : Pneumonia-serum, Typhoid-serum, etc., etc., give none.

These serums are prepared in the same manner. We cannot understand that the nature in different diseases of the same class should work so fully out of harmony. In the face of these facts we cannot but find that the serum question is still unsettled.

## II. Variola, Cancer and Tuberculosis.

The fact that allopathic physicians begin to suspect possible causes for cancer in consumption, syphilis and vaccination as recorded in *Medical Review of Reviews*, April 25th, 1904, by Dr. P. J. McCourt, of New York City, will form a certain excuse for these diseases being treated in a more or less historical review, especially as new facts have been brought forth regarding cancer. (? !)

Theories about cancer spring up by the hundreds; there seems to be a certain propensity at the present time to over-reach ourselves with new vagaries.

In the face of the preparation for a Jenner jubilee by the patriotic English allopaths we must not forget the historical fact that Lady Montagu made England acquainted with the inoculation for small-pox, which the Turks and Arabs had practiced for years. Lady Montagu had herself and daughters inoculated or impregnated in 1718. Jenner was born 1749 and began to vaccinate in 1770.

We must, therefore, after the Turks and Arabs, give to Lady Montagu the rights of priority and the glory !

It would be interesting to discover if in male or female ancestors of Lady Montagu cancer was a recurring disease; also, if subsequent generations of hers died of the disease, or, if finally, the disease was only observed in Lady Montagu's person. Lady Montagu died from cancer August 21st, 1762.

The residio of cancer after a lapse of fifteen years and also one of nineteen years, reported by Professor Jordan, of Heidelberg, in Germany, during the Congress of Surgeons, April 6-14, 1904, shows the necessity also of homœopaths to study and search for a remedy or remedies for this disease, if we stop to consider that one of the greatest gynæcologists and abdominal surgeons, Alfred Hegar, in the *Münchener Med. Wochenschrift*, 1904, No. 15, comes to this really homœopathic point of view.

The opinion regarding the hopeless standpoint of great surgeons in carcinoma operations has been shown at different times by eminent men like Billroth, Tait, and Mundé.

The recurrence of cancer in the scar after a lapse of fifteen and nineteen years is a remarkable illustration for the following statement of Professor John Chene, of the University of Edinburgh: "There is no distinct line of demarkation between the inflammatory swelling and the hypertrophy, between the hypertrophy and the tumor proper, between the simple and malignant tumor. If the malignat tumor is not due to local irritation, but to a general dyscrasia or peculiarity of the patient, the surgeon has slight ground for recommending its removal."

In the face of A. Hegar's position and of those late recidives we must consider the findings of the cancer commission of London remarkable.

The results of this commission so far can be enumerated in the following articles:

1. Cancer is not caused by a parasite.
2. Radium has not been found a cure.
3. Cancer is not an infectious disease.
4. A serum (!!) has been found from which good results (*sic.*) are hoped.

It must be here remarked that thus far, according to my observations, cancer cases, even if far gone, showed a great amelioration under tissue salts.

A remarkable lessening of pain and also a lessening of the fœtor in the discharges without the use of any strong antiseptic was noticed.

It is obvious that the hopes of the London serum physicians will not be fulfilled; as we have, according to the statements of the commission, no bacterium as the cause of cancer.

But if this serum represents nothing but the so-called "Krebssaft," we have merely the tissue salts in an analogous way.

In connection with this we may consider the editorial sentiments of the New York *Medical Record*, Vol. 62, No. 9 (Aug. 30th, 1902), in regard to tuberculosis—"It was the hue and cry of health boards over the entire country, and all sorts of promises were made to the public to stamp out the disease by killing the dreadful germ—as if that was the only thing to do. If we go a step further, we may be almost ready in a certain sense to take sides with those who maintain that the bacillus is rather the result of a primary predisposition to tuberculosis, than the immediate cause of it."

Every reader must certainly see that this editorial is a proof for the high rationality of Dr. Schüssler, when he wrote in his last edition of *Biochemistry* in 1897 (translation, p. 147): "What is the relation of the bacilli to tuberculosis? Where there are tubercles, bacilli can come in and use them for their nourishment. What mites are in old cheese, bacilli are to tuberculosis."

If now we consider the present position of the physician regarding these diseases, we see that very little is gained, that the more or less discarded and antiquated teaching of the different constitutions were perhaps the better ground.

For how can it, for example, be otherwise understood, that with actual infection (Syphilis, Gonorrhœa, etc.), 1, 3, 5, will contract the disease, while 2, 4 and 6 will escape.

We must return to the fundamental teachings of R. Virchow—"The essence of disease consist in the change within the cells."

Only the acceptance of a certain cachexia a priori will enable the body to become diseased—(change within the cell).

The specific causes, bacilli, etc., would otherwise exert the same influence on every person, as the different drugs, alkaloids, poisons in a certain physiological dose do.

But gradually the leading physiological and pathological chemists are coming forward with proofs for Schüssler's theory. Professor Jaques Loeb, of Chicago, with his statement regarding *Calcareo sulphurica* in neuralgia, Gustav v. Bunge's statement concerning the development and functional changes in bones in regard to *Calcareo fluorica* and *Natrum fluoricum*, etc., etc.

It is, therefore, to be expected that as soon as the medical authorities begin their researches from a physiological, pathological chemism of the cells their progress will be more satisfactory.

In different periodicals we can find enumerated as causes for

*Appendicitis*, the following : Infection (specific) ; as a resultant disease due to Syphilis (!) ; Indigestion.

*Cancer* (Professor Leyden) is officially declared as not infectious, and again unofficially (Professor M. Schuller) as a result of a parasite.

*Smallpox* in its primary cause is to-day really as unknown as at Lady Montagu's time.

And now another picture. It is plausible and necessary that infectious diseases, as dangerous to the community, must be governed by the vigilance of health boards, but why should whooping cough and other paltry diseases be reported by the physician, when, for instance, Gonorrhœa and Syphilis, diseases bringing on the invalidity of innumerable guiltless women, often their deaths, are exempt ?

Do not these belong to the infectious and therefore dangerous diseases ?

And so we see in the domain of rational regular medicine the disastrous results dating from the year of Neisser's discovery of the gonococcus and directed by the motto: *Cessante causa cessat effectus*, brought on the following era of the hunt either for the specific local external or internal antiseptics or specific serums.

The proposal by Professor Hegar to return to Humor-alpathology plainly illustrates the folly of the foregoing, and it is clear from the study of his article.

The author does not disclose all causes which force him to return into such a seemingly antiquated position.

I cannot close before referring to an article by Alfred R. vI Duterynski, reprinted in the *Allgemeine Homœopathische Zeitung*, Leipzig, Vol. 148, Nos. 11, 12, urging for an extension of the eligible tissue salts by adding *Ars. iod.* and several others.

This appeared a year after my articles in the HOMŒOPATHIC RECORDER on the same subject.

We see that the great hopes of the healing power of the X-rays in regard to cancer, etc., are also a disappointment. I refer especially to an article in the *Med. Presse* (Paris), Feb. 3d, 1904, by Th. Tuffir. This author also writes of the, at first, seemingly good and great effects of the serum and hopes that a chemical definite substance will be found which will produce a modification in the blood serum of the patient.

This is decidedly interesting, as we see herein a vague foreboding of Biochemistry and Cellulartherapy.

We can notice in the writings of old and young physicians a certain pessimism nearly revolutionary at times regarding instability of therapeutics.

This is perhaps today more general and deeper than ever before.

We are standing on the eve of a new era in medicine, starting from the centres of the Old World, but not as in 1796 to 1810, from one man—Samuel Hahnemann.

### Closing Remarks.

After having finished my essay I received the book, *Physician versus Bacteriologist*, by Professor D. O. Rosenbach, of Berlin.

In this work the author, from the point of view of the general medical practitioner and in the interest of “*mental and physical sanity*,” protests against the “*laboratory bacteriologist*” who regards everything as depending from germs.

This tendency, which amounted some time ago to a “*craze*,” has slowly cooled off (but by no means here in New York, even got worse!).

He also insists that the laboratory experiments cannot be trusted in actual practice and emphasizes on the importance of the predisposition to diseases in the patient “the organic weakness which enables the parasite, which normally would be powerless, to gain the victory in what he calls the battle of organisms.”

Dr. Rosenbach has not much faith in the specific antitoxines (hear, hear!!) to destroy the disease without doing the body as much harm as the parasite and his toxins.

He also most earnestly condemns the horrid fear of germs—which the bacteriologists have implanted into the public mind (!). This fear prevents the people in their selfishness to help the sickly. He directly writes, that in most cases where the predisposition does not exist the germs are harmless—and that what is especially worth noting, does not believe in contagion in the sense of the day (health boards, etc.).

Throughout his book he compares the claims of the bacteriological methods and the actual results of same at the bedside, and comes to very disheartening conclusions.

Again, Dr. Rosenbach criticises the fashions in treatment and speaks of the epochs of diametrically opposed methods following each other (scientific medicine?), as if the physical condition changed proportionately from generation to generation.

The history of one disease shows after the phenomenon that the

“*furor for one treatment*” of a certain ailment changes to another furor for exactly the reverse treatment.

So to say the one treatment is not fit to work in a following decade.

As Professor Robert Koch is unmoved in his opinion that the bovine tuberculosis cannot be transplanted into the human being (the pet idea of health board bacteriologists!!!), so Professor Rosenbach certainly will by this present publicated book fall under the same odium—for thinking more rationally than the rest of the allopaths—as does Dr. Koch.

*New York City.*

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### SOME REMARKS ON PLAGUE.

By Nripendra Nath Set, L. M. S., Calcutta.

For the last seven or eight years Calcutta has been suffering from an invasion of that dreadful malady, the bubonic plague, which is doing terrible havoc in various other places of India. It does not rage in an endemic form all the year round, but generally commences in an epidemic form at the end of the winter season and lasts for two or three months. This is the time of the year when the slightest catarrhal derangement in Bengal is sure to be accompanied by more or less glandular enlargement; and the bubonic plague is only a highly aggravated and zymotic form of this seasonal fever brought on by certain peculiarities of climate and soil which are noticeable at the period. The climate becomes very treacherous at this time, which is hot in the day-time and cold in the night, which greatly enhances the risk of exposure.

The other day I came across an old report on the famous Pali plague which raged in Rajpootona in 1836, drawn up by Dr. Ranken, who seems to have been a man of keen observation and experience. The concluding remarks of this learned doctor entirely corroborate the assertion which I have put forward before. He writes: “The conclusion to which I have come is that the Pali disease, though fostered and rendered capable of propagation by the habits of the people, derives its being and strength from deleterious impregnations of the air, which, whenever evolved in unusual quantity by the operations of nature or accumulated by misdirected art and circumstances of the locality,

have aggravated common fever into a pestilence." The weighty testimony of Dr. Ranken establishes the truth of the observation that the ordinary fever has been aggravated into a dangerous form by various circumstances.

The bubonic plague generally attacks low-class people who live in damp, ill-ventilated dark dwelling houses amidst surroundings of a miserable character. It must not be supposed, however, that it never attacks well-to-do people living in sanitary buildings, but the damp and dark places form the favorite breeding ground of the plague virus. The nature of the plague virus has not yet been definitely ascertained, but there is scarcely any doubt about its location in the superficial layers of the soil and the lowermost layers of the atmosphere immediately above the soil. This is sufficiently proved by the fact that the rats and other animals of the rodent class, who live mostly on the ground, are the first to catch the infection, and the men who sleep on the ground floor get the attack in very large numbers. The virus of the plague makes its entrance into the human body generally through the feet which are, as a rule, exposed in the lower-class people of our country. On that account the lymphatic glands in the groins become inflamed in the large majority of cases. But sometimes the virus enters through the hands, as the following case will show. There were some broken bricks in a dark, uninhabited underground cell in an old house which were removed from there and placed in the open court yard. Two little boys of the family began to play with those bricks with their hands, and both of them got plague within one or two days. The boy who played with both hands got the glandular inflammation in both the axillæ, but was subsequently cured through the suppuration of the glands. The boy who played with only his right hand got the inflammation in his right armpit, and died within ten hours from the onset of the disease. This singular occurrence shows accurately that the deadly virus of the plague entered into the body of the boys through their hands.

There is an opinion current among a good many physicians of the town that the plague is only a special form of the small-pox, and that the virus of the disease in coming out of the system does not affect the skin in the form of the characteristic pustular eruption, but attacks the lymphatic glands in a concentrated form in certain localities of the body. This theory is not unsupported by observed facts. There have been seen instances where an apparent case of plague with a developed bubo has suddenly burst

out into a general skin eruption of small-pox. I know of cases where the plague diagnosed as such by eminent physicians has converted itself into chicken-pox. These facts lend a strong support to the belief that the plague fever is only a masked variety of our old eruptive fevers. The men who hold this opinion recommend vaccination as a prophylactic measure against the infection of plague.

The fatal termination of a large percentage of plague cases is due to heart failure. This may occur in the course of the disease, but the danger of sudden failure of cardiac action does not cease even after the patient is apparently cured. We have seen the report of convalescent people suddenly dropping down dead on the public street. The following case is a good illustration of the point in question:

A coachman's wife, a strong young woman, was affected by plague, and I was called to see her. I found in her condition clear symptoms of *Rhus tox.*, which I prescribed for her in the 30th dilution. Within eight or ten hours the fever left her; but a big painful bubo appeared in her right groin which wanted immediate relief. I then gave to the woman *Hepar sulphur*, which suppurated the bubo in twelve hours. Then it burst out of itself, and a large quantity of laudable pus was discharged. The wound received its dressing and made marvellous progress towards healing. After a day or two she began to complain of a peculiar fluttering sensation at her cardiac region, for which I ordered absolute rest on her bed. But feeling apparently cured the poor woman went out of her room to prepare food, for she was hungry, and during the passage she dropped down on the ground and expired.

Some virulent cases of plague run their courses very rapidly and end fatally within six or eight hours, so rapidly indeed that a physician can scarcely find time to visit the patient more than once and study the symptoms thoughtfully for a sound homœopathic treatment. Diseases running a more protracted course of four or five days seem to have some chance of recovery. Prognosis is invariably grave in cases where delirium or coma sets in quite early in the course. I have seen a patient with a temperature of 107° F. and a furious delirium—all in the second hour—who succumbed within eight hours. The cases where the inflamed glands suppurate show an inclination towards gradual recovery. I must confess that our homœopathic treatment has not

yet received a thorough trial in this horrible malady; but from what little we have seen and heard a satisfactory future can be predicted in that respect.

*Calcutta, India.*

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### MERCURIUS CORROSIVUS.\*

By C. M. Boger, M. D., Parkersburg, W. Va.

It has been said that *Mercury* is a remedy of slow action; if that is true its chlorine salt has certainly quickened its step, for corrosive sublimate is one of the violent medicines; all its actions portray intense activity, so much so that often very susceptible persons will in a few minutes feel some of its characteristic effects from merely placing the hands in a bichloride solution.

Through all its symptomatology there runs this rapidity and violence, often combined with burning and cutting pains and constriction of the orifices; there is a spasmodic constriction of the throat making swallowing very painful and difficult, constriction of the sphincters of the bladder and anus, causing the patient to scream in agony when obliged to urinate or defecate, and like many remedies which irritate these outlets there is tenesmus; but *the after straining of Merc. cor.* is perhaps unequalled, the patient seems never to get done, the passage of a small quantity instead of bringing even a short relief, as it does under *Nux vom.*, only intensifies the bearing down and the sufferer wants to sit on the vessel continuously; all this is accompanied by a horrible cutting in the intestines if it be a case of dysentery or by a spasmodic contraction of the bladder and burning urination if cystitis or urethritis be present; many times the patient suffers from tenesmus of both bladder and rectum at the same time, a most distressing condition.

In its primary action it diminishes the secretions, in the mouth the saliva is thickened and there is an astringent taste, the stools are small and the urine is scanty or may even be suppressed; these are all very valuable indications for its use; later the secretions are augmented and rapidly destructive processes ensue, salivation and ulcerative stomatitis come on, destructive ulcerations appear in many parts, on the genitals they take on the type of a

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\*Notes from a lecture delivered at Pulte Medical College, Cincinnati.

phagedena much resembling that of *Nit. ac.*, the glans becomes dark red or gangrenous looking and the urethral discharge is dark green, thick and excoriating, altogether a bad case.

Quite in keeping with its violent action elsewhere, it inflames the kidneys and causes albuminuria, soon followed by œdema. so that when *Mercury* is indicated and œdematous symptoms also appear the *Corrosivus* is the salt to be preferred.

Its thirst is insatiable, but drinking the least quantity of water excites vomiting accompanied by atrocious pains in the epigastrium and about the navel, the ejecta being bilious, bloody in streaks, or like coffee grounds; at the same time the pit of the stomach and the abdomen are sensitive to the least pressure and meteoristic; its application is therefore obvious.

Swallowing is so difficult that at times it amounts to dysphagia, with constrictive, burning pains in the throat, pharynx and œsophagus.

Many of its pains are so severe that they cause screaming; they may be head pains or sufferings in other parts.

It is useful in ulceration of the cornea, syphylitic iritis and retinitis albuminurica; the tears are scalding and there is intense photophobia, combining the corrosive chlorine effect with the sensitiveness of *Mercury*; the nasal discharges are also acrid and often gluey. It is to be compared with *Canth.*, *Ars.*, *Kali bi.* and *Nit. ac.*

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## PROVING OF *STELLARIA MEDIA* (CHICKWEED).

By University of Michigan Society of Provers.

Compiled by A. E. Ibershoff, M. D.

### Symptomatology.

GENERAL.—*Lassitude* (6), indisposition to work. *Constant sleepiness* (6), awakes feeling tired and dizzy. Chilliness. General feeling of malaise. Tired, sore, strained feeling as from over exertion. *General irritability* (3).

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Foster's Illustrated Encyclopædic Medical Dictionary cites the following as the properties and uses of the drug: "It is somewhat astringent and was formerly used in phthisis, hæmoptysis, hæmorrhoids and skin diseases, also as an application to wounds, ulcers and inflamed eyes." Other authorities ascribe to the drug demulcent and emolient qualities, on the basis of which it has been used in the form of a wash or poultice in the treatment of various ophthalmias.

HEAD.—*Dull frontal headache, worse on left side, < in the morning, < by motion, < by warmth, passing off toward evening* (12). Violent headache all over cranium. Dull pulling pain as if caused by a tight rubber cap. Dull headache extending upward from the eyes to the temples and to the back of the head. Cutting pain from temples through the frontal eminences. Throbbing pain in temples and in back of head with nausea. *Vertigo* (3). Dull supraorbital headache, worse over right eye, with faintness, Dull headache > by pressure of hand. Headache with nausea and perspiration > by going into cool room. Confusing frontal headache < from smoking, with great sleepiness and general lassitude Stiffness and soreness of the muscles of the neck. Headache < from sudden jar or motion. Dizziness on awaking in the morning. Throbbing headache < by stooping over. Pain in the neck with stiffness in the muscles and headache < by motion. Dizziness < by turning the head.

EYES.—Pain in the eyes with nausea (3). Smarting and burning in the eyes. A feeling as if the eyes protruded. Lids feel swollen and hot and eyes feel strained. Heavy sensation in the lids. Swimming before the eyes. Burning of vision. Dry feeling in the eyes.

MOUTH.—Dry. Thirst for small drinks at frequent intervals. A drink of cold water relieves the headache and nausea. Bad taste in the mouth on awaking.

CHEST.—Severe pain in the chest on left side Stitching pains in chest especially on left side, intermittent.

STOMACH.—*Nausea* (6) almost constant, worse in the morning with drowsiness and general lassitude. *Loss of appetite* (5), the smell of food nauseates. "A good dinner is not palatable." Flatulence and belching of gas (3). Stomach sensitive to pressure. Nausea, without vomiting. Irritable stomach.

BACK.—*Sharp pains in small of back* (3) over kidneys, coming on suddenly, reach maximum slowly and stop suddenly. Dull ache in back (left side) from waist to shoulder. Sharp, stitching pains in left side of back in the region of the spleen, severe and intermittent. Lancinating pains in small of back on both sides.

ABDOMEN.—Flatulent distention with griping pains in transverse colon. *Liver engorged, swollen, with stitching pains, soreness and sensitiveness to pressure* (3), < lying on right side. Pain in left hypochondriac region. Pain in epigastrium. Griping pain in small intestines (2).

STOOL.—*Constipation* (4) or alternating constipation and diarrhoea (3). Violent pain in rectum following stool. Clay-colored stool. Large, hard, dry stool accompanied with much flatus, anus sore and burning.

EXTREMITIES.—*Rheumatoid pains* in different parts of body (11). Pain in gluteal region extending down the thigh into calf of leg and ankle. Shooting pains in ankle, hip and knee. Dull ache in left arm and shoulder < by rest and warmth. Rheumatoid pain extending whole length of left arm. Intermittent pains in both shoulders, upper arm and neck on left side. Sharp shooting pain in right knee > by motion. Rheumatoid pains in joints of fingers of left hand. Dull pain in elbow and arm. Intermittent pain in left elbow joint > by motion. Crampy pains in muscles of right forearm. Lameness in right shoulder as if caused by rheumatism. Pain in biceps and extensors of the arm. Rheumatoid pain in right foot and leg. Pain in right shoulder and upper arm < after going to bed. Pain in scapular region < moving the arm. Sharp, shooting pain in left knee extending into ankle joint. Rheumatic pain in right shoulder < by lying on right side. Coldness of the extremities. Hands warm, feet cold.

MODALITIES.—*Worse*, morning; from warmth, tobacco, at rest. *Better*, in the evening; from motion, fresh, cold air, pressure (headache), eating.

DOSE.—Tincture to third potency.

CONCLUSION.—*Stellaria Media* appears to have a small but well-defined field of action. It induces a condition of stasis and congestion and the accompanying sluggishness of all functions characteristic of the constipation diathesis coupled with shifting, intermittent, rheumatoid pains. Its head, stomach, liver and bowel symptoms all point to congestion, the morning aggravation and conditions of amelioration and increase being almost identical with those of *Nux vomica*, while the rheumatoid manifestations, their relief from motion and aggravation from warmth resemble most closely those of *Pulsatilla*.

The results of its experimental employment in cases of rheumatism and gout, both internally and as a local application to the affected parts, leaves no room for doubt as to its efficacy in these obstinate conditions. The indications for its usage are so sharply defined that empiricism finds no justification in the prescribing of the drug.

There was apparently no definite relationship existing between

the size of the dose and the severity of the symptoms caused, the smaller doses being all-sufficient to induce a well-defined and pronounced drug action which larger doses failed to accentuate. However, the symptom manifestations appeared more promptly and more suddenly when the more material doses were administered. Those provers who were of a sluggish habit seemed to respond to the drug's activity more readily. One prover, who had been suffering with constipation for some time previous to entering upon the proving, noted an aggravation during the first few days followed by a pronounced amelioration even to an actual diarrhœa. Despite the most careful examinations of the urine and blood no changes could be detected, both remaining normal throughout the test except in two cases in which the alterations noted were undoubtedly attributable to other causes. Another notable fact was the total absence of any abnormal symptoms in connection with the generative organs, both male and female, the sexual sphere being apparently entirely unaffected by the action of the drug.

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### SOME ITEMS.

To the Editor of the HOMŒOPATHIC RECORDER.

I am not wholly to blame for occasionally crowding myself into the company of your worthy correspondents. The first article in the RECORDER received today on *Kreosotum* reminds me that recently a young lady of twenty-eight came to me complaining of an acrid, offensive leucorrhœa of many weeks' standing. One prescription of *Kreosotum* 200 cured her quickly. She said she was much better in twenty-four hours. This is only one of many similar cases.

The *Sepia* case reminds me of a recent case. A middle-aged lady came to me after taking a good deal of medicine without benefit. I prescribed for her and two weeks later her daughter came to me saying her mother wanted to know if I knew what I gave her, as she never took anything that did her so much good. I told her no, but my books did. It was *Sepia* 200, and one can rely upon that every time when it is indicated.

Recently a homœopathic (?) doctor told me he had never given a dose of homœopathic medicine internally for leucorrhœa.

The letter from India reminds me that I gave a patient in Allahabad, India, *Phaseolus nana* for chronic Bright's disease, and I expect it will cure him, although the thermometer stands at 102° in the shade and over 161° in the sun.

Ten days since I was called in consultation with an old school doctor (he did not suggest) to see a lady of sixty-four, suffering from valvular disease of the heart and passing two tablespoonfuls of urine in twenty-four hours. I suggested *Phaseolus nana*, and it was given in the 25 x, two drops in one-half a glass of water, one teaspoonful once in two hours (I did not tell the doctor the alternation), to continue unless there should be headache. In forty-eight hours there was considerable headache, so it was stopped. Two days later the action of heart and pulse better, but was restless and had short breath and coughed in the morning. She received *Spongia* 200, and three days later could occasionally draw a long breath, which she had not been able to do for several months and is apparently doing well. The old school doctor had given her *Strychnia* and *Digitalis* and said she would never be any better.

A few days since an old school doctor came to me for some medicine for a bad case of heart disease. I gave him *Phaseola nana* 25 x which I prepared myself, and I think the patient is alive. Two homœopathic doctors from different towns sent to me for the remedy to be given in each to a case of heart disease. I sent both by first mail. One died before the medicine reached there, the other lived till they got it prepared but died before they could give him a dose. Not yield a fair test. The old school doctor who came for the medicine asked me if I could tell him the difference between the low and high attenuations. He said he asked a homœopathic doctor in Boston the question a few days ago, and he said all the difference there is, up to the third, each attenuation is diluted, but above that all the difference there is is the number of shakes given. I disagreed with the Boston doctor.

One more case. I was called in consultation with a graduate from one of our homœopathic colleges and found her giving *Bryonia*, *Euphrasia* and *Gelsemium*, each the mother tincture mixed in the same glass. Do you think I was *very wicked* if I thought of a little "cuss" word?

A. M. CUSHING, M. D.

Springfield, Mass.

## SEND IN VERIFICATIONS.

Editor of the HOMŒOPATHIC RECORDER.

In your 'Editorial Brevities' (HOMŒOPATHIC RECORDER for June) you mention the case of Dr. Stacy Jones' patient cured by *Chamomilla* of an intermittent paralysis of the feet occurring at 5 P. M. I got the following *unsolicited* testimony to the curative power of the same drug: The wife of one of my friends, a stout lady, with black hair and red cheeks, was suffering of rheumatism in the ankles and wrists. The peculiarity was that *every afternoon*, not in the forenoon, such a weakness would supervene in her hands and wrists that she would drop almost everything that she took hold of during that time. After one confinement she took some chamomile tea, as a preventive of colic for the baby, when to her surprise she found the paralytic weakness of her wrists were gone and she was cured of her ailment, although the rheumatism itself did not leave until she moved up to a higher and drier location.

Hahnemann in his *Materia Medica Pura* mentions this weakness of the wrists and of the ankles (*nocturnal*); under *Nuxvomica* he mentions the same symptoms, but with *morning aggravation*. When a symptom gives the locality as well as the time of occurrence it cannot be reckoned among the chaff, but it is a nugget of gold. It is true that Hahnemann's *Materia Medica* abounds with meaningless symptoms, like vertigo, nausea, etc., which are meaningless because they are not connected with time or modalities. But if an old practitioner like Dr. Stacy Jones could underline for the unexperienced the really salient symptoms of the *Materia Medica*, and as pieces of evidence bring some such cure as he relates of *Chamomilla* it would impress the student's mind with something worth keeping and transform the dry, unattractive symptoms into a living picture. This is what ought to be done instead of finding fault with Hahnemann's provings; anyone can criticise, but where is the man who could today give us such monumental works as the *Materia Medica Pura* and the *Chronic Diseases*? Instead of tearing down those useful works let some practical, experienced homœopath build another monument by taking each important symptom or group of symptoms and give with it (or them) a clinical illustration of its value. The *Materia Medica* is a shadow, the clinical experience is the realiza-

tion; both are needed to teach, and no one is above being taught some new truth.

I truly believe that in teaching and studying the *Materia Medica* in this way more students, aye, more converts from the ranks of "regular" doctors could be gained than by any other advertising scheme. Facts, intelligently presented, speak louder than finely spun theories. The fact that Dr. Stacy Jones' patient was cured by the mother tincture or the 30th or the 1000th dilution of *Chamomilla* would cut little figure with a student or practitioner who is after the truth, but he would remember the *fact* that she was cured by *Chamomilla* of a kind of paralytic weakness of the feet and ankles happening in the afternoon at 5 o'clock; and should he meet a similar case he would try *Chamomilla* in some shape or other, but that is the drug he would use.

Now let some one qualified for the work glean from his memory and from the homœopathic literature gems like the one brought forth by Dr. Stacy Jones to *underline* all really important symptoms.

Yours truly,

A. RAMSEYER.

*Salt Lake City, July 20, 1904.*

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## TETANUS, TRISMUS OR LOCKED JAWS.

Editor of the HOMŒOPATHIC RECORDER.

A Chicago paper contains the list and locations of thirty-five that have died from tetanus this month, mainly due to accidents on the Fourth. This is a larger number than ever died from the same cause in so short a time.

It seems to be the duty of some one to call attention to the *mistakes* that have been contributory, if not directly the cause of so many of these deaths.

The public may not be aware of the fact that an injury at a joint is serious, more so than one of the same extent at most other places. At the joints the muscles are changed to ligaments, and any swelling or inflammation there causes more distress or pain than usually occur at other places.

The usual custom is to apply something for relief, and if inflammation is developed to subdue it as soon as possible.

If a physician is called, he is generally ready to apply caustics, or that *accursed* carbolic acid, to heal the injured part as soon as

possible, and in doing so, causes a metastasis, and it is driven to the angle of the jaws, and then it becomes tetanus.

In three cases it was caused by vaccination at the foot of the deltoid muscle near its attachment to the humerus, where the muscle is partially ligamentous. Inflammation ensued and it was forcibly driven away to result in tetanus.

Apparently a better plan of treatment would be (and results prove it to be) to apply to the injured hand or foot a poultice, to retain it there, and not force it to some other place. If, unfortunately, the muscles are contracted at the jaws, a *hot poultice* should be applied and perhaps the lance should be used to cut or sensify the injured place to help start up inflammation, and after that or ulceration is *well* established the application of a *cold* compress at the angle of the jaws *will* cause a relaxation to take place. After six or twelve hours the mouth can be used for the mastication of soft food. There is no need of applying anything to cause the relaxation or the destruction of the teeth for the introduction of food. The injections of anti-tetanus will do no good, and bacteriologists have never found anything to cure tetanus or anything else.

G. W. BOWEN, M. D.

*July 30, Fort Wayne.*

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### PINK SWEAT.

Editor of HOMEOPATHIC RECORDER.

Gastein spring water has caused and cured "sweat staining the linen red." I believe a case was reported in one of the journals some years ago by Dr. F. Preston, Chester, Pa.

Yours truly,

MILTON POWEL, M. D.

*163 W. 76th St., New York.*

Answer to Dr. Keenan's inquiry.

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Editor of HOMEOPATHIC RECORDER.

Please ask John F. Keenan, M. D.—see Aug. RECORDER, p. 378—to study *Lachesis*, for "pink sweat." He should remember that "the sweat" is but an effect. The cause *may* be removed by *Lachesis*.

B. H. LAWSON, M. D.

*Detroit, Mich., 20 Erskine St., Aug. 21st.*

Editor of HOMŒOPATHIC RECORDER.

In reply to request headed "*Pink Sweat*" in RECORDER of Aug. 15. would suggest *Lycopodium*. Writer had a case somewhat similar. Man of twenty-eight. Pink sweat in folds and creases, mostly staining clothes and almost unable to wash out. Used *Lycopodium* 30, morning, noon and night for one month and condition was entirely cured. Used it *low* first, but no result, so gave it high

Columbia, Pa.

Very truly,

T. SNIVELY DUNNING, M. D.

Editor of HOMŒOPATHIC RECORDER.

Will you kindly publish the following in the next issue of the RECORDER. It is a reply to the enquiry in the *last* issue on "*Pink Sweat*."

To JOHN F. KEENAN, M. D.:

In reply to your enquiry of a remedy having in its pathogenesis a pink sweat. I answer the same by saying that there are several drugs, having in their pathogenesis, a *yellow sweat*. For example:

*Carbo animalis*.—"Has sweat coloring the linen *yellow*."

*Ferrum met.*—"Has clammy, strong smelling, debilitating sweat, which stains the linen yellow."

*Graphites*.—"Has sweat, staining the linen *yellow*, sour, offensive, and frequently cold."

*Ipecacuanha*.—"Sweat stains *yellow*, increased out of doors. Also a blue sweat."

*Lachesis*.—"Sweat tinging the parts *yellow* (especially on the back). Disposed to sweat. Sweat bloody or staining red"

*Mag. carb.*—"Sour smelling, greasy sweat, staining *yellow* which is difficult to wash out."

*Rheum*.—"The sweat gives the linen a yellow tinge."

*Selenium*.—"Sweat profuse on chest, arm pits, and genitals. Stains yellow or white and stiffens the linen."

*Veratrum alb.*—"Sweat, cold, clammy, offensive, bitter smelling, and staining yellow, but always with deathly paleness to face."

By going through the Hahnemannian scheme with your patient, I think you will find one of the above drugs, the similitinum. If so, give it in the 1000th potency, and watch and wait for results.

Yours truly,

Plymouth, Michigan.

LUTHER PECK, M. D.

**"HOW TO BE HEALTHY."**

EDITOR OF *HOW TO BE HEALTHY*.

Here are a few simple rules for leading a healthy life gleaned from much reading of health rules, etc.:

Drink freely of water, not less than two quarts a day. It flushes out the kidneys and removes waste and toxins.

Drink sparingly of water, too much will overwork the kidneys with attendant bad results.

Drink nothing but filtered or pure spring water.

Filtered or spring water may convey disease: drink nothing but boiled water.

If you would prevent disease and old age drink nothing but distilled water.

All water is more or less harmful: drink, instead, pure beer, or light wines.

Beer and wine are pernicious in their cumulative effects.

A little whiskey, occasionally, is good for the health as life advances.

Whiskey is the curse of the human race.

Coffee and tea in moderation are good.

Coffee and tea are the origin of half the ills of humanity.

Sterilized milk prevents tuberculosis and other diseases.

Sterilized milk causes marasmus and other diseases in infants.

The closer you stick to a purely vegetable diet the better it will be for your health.

A generous diet of beef, mutton, spring chicken was prescribed to build up the patient.

Eat freely of fresh, ripe fruit.

All fruit should be cooked before eaten, otherwise it is apt to cause diarrhea and stomach disorders.

Bran bread should not be eaten as the bran is nothing but indigestible, woody fibre.

Bran, or Graham, bread is the only bread that should be eaten.

The patient's strength should be maintained by a generous diet.

Unless the patient really relishes or desires food, he is best without it.

Do not eat for at least three hours before going to bed.

A light lunch just before going to bed is conducive to sound sleep.

Sleep all you can.

Too much sleep is not beneficial, it dulls the brain.

Sleep as near out of doors as possible.

Night air is very bad.

Wear wool next the skin summer and winter.

Wool is the worst material for underwear.

Go clad warmly.

Too much clothing smothers the skin.

Take a cold bath, sponge or douche every morning.

Too much bathing is distinctly injurious

Take plenty of vigorous exercise.

Too much exercise weakens the heart.

If all drugs could be thrown into the sea it would be better for humanity and worse, etc., etc.

The properly selected remedy is absolutely essential for the cure of chronic diseases.

There are many other rules, but let these few suffice.

Very sincerely,

“DON'T WORRY.”

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## OPEN-DOOR SYSTEM AND PAROLES FOR THE INSANE.

From the very interesting 33d Annual Report of the Middletown, N. Y., Asylum we clip the following:

“Last year we called your attention to the fact that the open-door system had been adopted on two wards in the men’s department, and in the two cottages for women patients. We said that we should endeavor during the coming year to extend the system to other wards. On the 2d day of April, 1903, a parole card was given to each patient on wards 17 and 18. After the patients had signed an agreement not to violate the conditions of their paroles, the doors of the wards were unlocked, and the patients were permitted to go out and come in at will, from sunrise to sunset. I am gratified to be able to report that thus far we have not had the slightest reason to question the wisdom of this extension of freedom to our charges; but, on the contrary, we have had assurances from many of the patients that they are more contented and happy than formerly. That this is true, there can be no doubt. It is our desire to remove the evidences of restraint and

confinement so far as it appears to be consistent with safety to all concerned, and to allow as much liberty to the patients as the character of each individual's disease will admit. Of the 1,308 patients remaining in the hospital September 30, 1903, 192 were enjoying paroles "

"During the past year several patients have been paroled to the custody of friends for periods ranging from a few days to a month. Some have returned from month to month to have their paroles renewed, and have thus been enabled to spend several months at home, returning only when exacerbations in their disease demanded their return, thus in a few instances avoiding the annoyance and expense of a recommitment, which would have been necessary had they been discharged instead of paroled. We believe that many more might with advantage be taken home from time to time on parole; for example, those patients who must, by virtue of the nature of their maladies, be required to spend practically the remainder of their lives in hospitals for the insane. A parole, permitting patients to return home or to their friends, for a few weeks or a month when their conditions admit of this, would, in a large number of cases, be a source of great comfort to them and to their friends. There are patients still in our custody, not recovered but entirely harmless, who might be able to remain away permanently, and even assist in the support of the home, if the friends could be persuaded to undertake their care. When such a course has appeared safe, we have urged such trials to a greater extent during the past year than formerly, and have been pleased with the results."

Also the following:

"Those who do manual labor are furnished a diet considered to be especially adapted to the needs of the laboring man. Many patients who for a long time had been exceedingly noisy and troublesome, and even very untidy on the wards, have, after having been sent out to work in one of the several departments, soon become quiet, orderly, and evidenced much general improvement. Not a few have improved to such an extent as to warrant their discharge, and have returned home and become useful citizens, although in some instances somewhat deficient mentally."

## ALSTONIA CONSTRICTA.

By T. J. Merryman, M. D., Lincoln, Neb.

Some twenty-five or thirty years ago a Chicago pharmacy (I am not certain which one, but believe it was Boericke & Tafel's) procured in some way a quantity of *Alstonia* and sent out sample bottles to have it tested.

My recollection is that it was claimed to have tonic properties, and was useful in cases of debility following acute diseases. Whether it was recommended for malarial trouble or not I cannot now recollect, but these are the conditions in which I have found it most useful. The first case in which I recollect of having used it was this: Mrs. D., a tall, slim, narrow-chested woman, was suffering with a violent and dangerous attack of pneumonia. I was hastily summoned during the latter part of the night with the information that they thought she was dying, and I hastened to the bedside and found her in a collapsed condition, apparently wavering between life and death, and evidently needing prompt and vigorous treatment to arouse her wavering vital forces to action.

I gave her a few drops, I think, of the first decimal attenuation, as that is the strength in which I have generally used it. Within a few minutes there were indications of improvement in her case. The circulation began to improve, the respiration became more easy, the death-like appearance disappeared from her countenance, and within a short time it was apparent that she had taken a new lease on life, and from that time on steadily improved, and made a good recovery. This case encouraged me to use it again and again, and for the last twenty-five years I have always carried it with me, and often prescribe it to strengthen and tone up the system after acute and debilitating diseases. I have had patients so weak and exhausted that it seemed as if they could scarcely live or breathe that would speak of a decided improvement within a few minutes after taking a dose of *Alstonia*. The only mention of which I can find of this remedy in the literature at my command is in Dewey's *Essentials of Materia Medica*, in which he says we use *Alstonia* in low malarial fevers, cramp, diarrhœas of undigested food when of malarial origin, and this is all he says about it. I have used it some in malarial conditions. The strongest evidence of its usefulness in malarial troubles comes to me in this

way: About ten years ago I had a nephew who decided to go to Africa as a missionary, and his destination was on the west coast of that continent in a very malarial region. And so deadly was the malarial poison of that country that a company of missionaries who located there a year previous had lost about one-half of their number by death from malarial fevers. I prepared some remedies for his use which I thought would be most likely to overcome the malarial conditions to which I knew he would be subjected. On his return some three or four years later he told me that the *Alstonia* was the only remedy I had given him which seemed to be of any benefit in their malarial troubles. Dr. B. F. Bailey favors me with the following notes from his use of *Alstonia*:

I have used *Alstonia* in numbers of cases of atonic dyspepsia where *China officinalis* seemed to be indicated but failed, the indications being (the remedy not having been proved) the same as in *China*. *China* failing to act. In such cases it has given me most pleasing results. It has been, however, most useful to me in epidemic dysentery during damp fall weather where we have colicky pains relieved by dysenteric discharge of small amounts of fecal matter and much mucus, the same accompanied by much prostration and some temperature, and the inclination to chills at periodical intervals, giving rise to suspicion of malarial conditions.

It has been found useful to me also in cases of debility succeeding a long illness, as, for example, typhoid fever. It seems to me to have a more satisfactory action in many cases than *China*.—*Medical Century*.

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### DAMIANA NOTHING BUT A HARMLESS TEA.

Resumé. *Damiana* is a Mexican shrub, its habitat being on the peninsula of Lower California, inland from La Paz. It was introduced to American medicine under a misunderstanding of its nature. It is not a Mexican drug, but a general beverage. Its qualities reside in a fragrant leaf, yielding to hot water a pleasant, harmless, tea-like beverage which, so far as history determines, has been consumed from all time by the Mexicans, and is still so employed by all classes, men, women and children alike. It is a gentle stimulant or tonic, kindly in action, pleasant to the taste, and acceptable to the stomach. Its medical qualities are mainly

restricted, in Mexico, to cases where a gentle stimulant may be effectual, as in suppressed menses, in which it is desirable to administer a hot drink in connection with a grateful aromatic that will not disturb the stomach. In other words, *Damiana* is a homely, domestic remedy, innocent of the attributes under which, in American medicine, it has, for a quarter of a century, been forced to masquerade. Its American field is now restricted, but in its true position the use of *Damiana* may be broadened. A freshly made tea of prime, recent *Damiana* herb, when it can be procured, is perhaps the most desirable form of administration, or a concentrated cordial representative of the drug, of exceptional freshness and of prime quality, palatable as possible, made to carry the full qualities of *Damiana*.—*John Uri Lloyd in Pharmaceutical Review.*

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### INFLAMMATORY RHEUMATISM.

In a paper on inflammatory rheumatism in the August number of *Progress* Dr. Sarah E. Calvert concludes with the following treatment:

“I have never been able to demonstrate any drug or drugs more clearly than in this disease; I use the mother tincture of *Colchicum* in a glass of water one-half full, giving two teaspoonfuls every hour, and when the fever is high I alternate with *Fer- rum phos.* 3x. When all the swelling and soreness is gone I give *Puls.* 3x until the rheumatism seems gone, then give *China ars.* the 5th or 6th. I have had such excellent results from these remedies that I feel almost certain that they are the “indicated remedy” we hear so much of when a homœopathic M. D. tells us what to do at the bedside of the sick. •

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### CASES OF PNEUMONIC INFLUENZA IN THE CLINIC OF THE HOMŒOPATHIC HOSPITAL, ST. JACQUES, IN PARIS.

By Dr. P. Jousset.

Official Therapy as established in the Parisian (allopathic) hospitals, acknowledges 147 deaths out of 199 cases in bronchial pneumonia, *i. e.*, a mortality of almost three-quarters. In my own experience, “saith the author of this interesting article, broncho-

pneumonia, whether it be a complication of influenza, measles, whooping-cough or typhoid fever, has so far shown a mortality of 0 out of 100 patients, who were over one year old."

This superiority of the homœopathic treatment is so well known, that one of my friends who met a colleague, who was in despair as to the case of a child sick with broncho-pneumonia, advised him: "Give him *Ipecac* and *Bryonia*, and it will get well." The child actually got well accordingly, but the father remained incurably ensnared by his allopathic prejudices.

We know how difficult it is to overturn prejudices by means of clinical demonstrations. Nevertheless, since we occasionally find an honest intelligence which is bold enough to accept the truth, even when it conflicts with previous views, we shall continue our exposition of the proofs of the superiority of homœopathic therapy by publishing our observations:

I. OBSERVATION: INFLUENZA WITH MILD BRONCHITIS.—*Ipecacuanha* 6, *Bryonia* 16. Cure.

A little girl, seven years old, came to the hospital of St. Jacques, on January 3d, 1902. She was an orphan of unknown antecedents, vigorous and of healthy constitution. She had coughed for seven or eight days, but does not seem prostrated from it. The cough, which is frequent and jerky, is accompanied with pretty copious muco-purulent expectoration, in which microscopic examination fails to discover either Koch's or Pfeiffer's bacillus. During auscultation a somewhat harsh respiratory noise is heard on the right side, but this disappeared after three days. There were no results from palpation and percussion. Temperature 100.4° F., next day it sank to 99.5° and 98.6°, but it rose again on January 5 to 100.2°, and on January 6 to 100.4°. In the next days it sank again to 98.6°, and after that kept between 97.1° and 98.6°. But there are still attacks of cough; the expectoration is diminished. After this the convalescence proceeded from day to day. This was an extremely favorable case, yielding quickly to *Ipecacuanha* 6 and *Bryonia* 6.

II. OBSERVATION: BRONCHOPNEUMONIA WITH INFLUENZA, RESEMBLING A MENINGITIS VERMINOSA.—*Ipecac* and *Bryonia*.—*Santonin*.—*Cina*.—*Bryonia*.—*Tartar. stib.*—Cure.

A little girl, four years old, was received in the hospital on December 17, 1901, in the evening. She also was an orphan, concerning whose hereditary constitution nothing could be deter-

mined. The preceding October, she has been suffering from whooping-cough. At this time she is a wretched sight. Temperature  $102.2^{\circ}$  F. Pulse 152. Paroxysmal cough, little expectoration. The girl shows considerable intelligence and says that she has now been in this state for three days.

The physical examination showed nothing characteristic; the percussion is normal; during auscultation the respiratory sounds are somewhat coarse on the right side and there is some whistling and rattling. *Ipecacuanha* 6 and *Bryonia* 6.

December 18 (7th day). Temperature,  $102.2^{\circ}$ ; in the evening,  $103.5$ ; the child is very weary, wants no food, and vomits up the last of its milk. *Nux vomica* 12, five drops.

December 19 (8th day). Temperature,  $101.3^{\circ}$  in the morning;  $103.1^{\circ}$  in the evening. The general state is the same. The child has vomited and thrown up two worms. The cough is paroxysmal, dry.

December 20 and 21. The prostration continues with slight vomiting. The temperature fluctuates between  $100.2^{\circ}$  and  $102.6^{\circ}$ . The condition resembles incipient meningitis.

December 22 and 23. On the whole the condition remains the same, but the fever gradually sinks to  $101.7^{\circ}$ ,  $101.2^{\circ}$ ,  $99.5^{\circ}$ . The pulse is always quick. On the evening of December 23d the temperature again rises to  $102.2^{\circ}$ . There is but little rattling, no expectoration, in spite of the frequent cough.

December 25. After the child again vomited up a lumbrical worm, the thought became urgent that invermiation might be at the bottom of her ailment. So she received *Santonin* tablets and 15.0 of *Castor oil*.

December 27. The patient received calomel, but this was thrown up.

December 28. No more worms were discharged. The temperature fluctuates between  $99.5^{\circ}$  and  $102.2^{\circ}$ .

December 29. Temperature,  $100.4^{\circ}$  in the morning; in the evening,  $103.5^{\circ}$ . The general condition the same. Auscultation shows a *fine subcrepitant rattling on both sides*. *Cina* 3, twenty drops.

December 30. Temperature,  $100.8^{\circ}$ ; else no change. The cough is still frequent; finally some expectoration appears, containing a large number of Pfeiffer's bacilli. *Bryonia* 6, three drops.

December 31. Temperature,  $99.5^{\circ}$  in the morning;  $101^{\circ}$  in the

evening. The child is very weary, takes no nourishment and vomited several times during the day. The cough is more moist, the expectoration more copious.

January 1, 1902. Temperature, 102; on January 2d it sinks to 99.5°, but on the third it rises to 100.4°; on January 4th it is 98.4° without any improvement in the asthenic state of the child. The rattling from small bubbles can be heard all over, but especially on the right side.

January 5. The temperature in the evening again rises to 102.6°. The child had been taking *Cina* since December 20th. This evening the child received tincture of *Aconite*, 15 drops.

January 6. The temperature was in the morning 98.6°, in the evening it rises to 102.4°. *Bryonia* tincture, three drops, and *Aconite* tincture, ten drops. The general condition unchanged according to the local examination. Still the cough is more moist and not so straining.

January 7. The temperature in the evening is 100.4°. The cough is very moist. On the right side there can be heard hoarse respiratory noises and some mucus rattling. *Pulsatilla* 6, for that and the following day.

January 8, 9, 10 and 11. The general and local condition improves, the child is cheerful, there is less rattling. The temperature varies from 98.4° at noon to 100.4° in the evening. On the 9th and 10th the patient received *Ipecac.* 6 and *Bryonia* 6; on the 10th *Tartarus stib.* 6, to be continued for several days.

January 12. A complete lowering of the temperature. The child, who till now would scarcely take a cup of milk with some cake, now asks for something to eat. A slight rattling is still audible on the right side with some hoarse respiratory noises. The cough is much less frequent with little expectoration.

This observation was clinically quite noteworthy. The condition of the child was quite precarious, since the child had for three weeks shown a temperature of 102° and 103° and the fever only fully subsided on the thirty-third day.

Two points were especially remarkable in this case. The appearance of the characteristic pulmonary symptoms, the subcrepitant rattling from the eighteenth to the twenty-fifth day of the disease, while the child during the first weeks presented the image of meningitis with ceaseless vomiting, unconquerable anorexia, refusing to speak, with long-continued prostration, while the temperature in the mornings and evenings showed a differ-

ence of nearly two degrees ( $101.3^{\circ}$  to  $103.1^{\circ}$ ). The frequency and irregularity of the pulse in no way conflicted with the diagnosis of meningitis. Then the vomiting of lumbrical worms set in, to meet which *Santonin* and *Castor oil* were prescribed, without any success. A noticeable improvement only began on the twenty-ninth day and the fever only fully subsided on the thirty-third day.

*Ipecacuanha* and *Bryonia* were prescribed in the beginning, but left off on account of the cerebral symptoms. The pneumonic symptoms on the eighteenth day caused the prescription of *Bryonia* 6, and in addition that of *Tartarus stib.*, which caused the cure. The appearance of Pfeiffer's bacilli in the expectoration was most copious.

III. OBSERVATION BRONCHO-PNEUMONIA WITH INFLUENZA IN SEVERE FORM.—*Ipecacuanha* and *Bryonia*.—*Carbo veg.*.—*Arsenicum*.—*Phosphorus*.—*Chinin. sulph.*.—Cure.

A child, six and a-half years of age, was received in the hospital, December 26th, 1901. The father is suffering from advanced tuberculosis; the brother of the child is at present in good health.

December 27. The child is very tired, the fever intense; pulse, 160; respiration, 48; temperature,  $102.6^{\circ}$ . Fine subcrepitant rattling is heard in both the lungs, widely extended, especially in the left lung. *Ipecac.* 6, and *Bryonia* 6 every two hours in alternation, in two drop doses. Milk.

December 28 (6th day). The fever has diminished. Temperature in the morning,  $98.6^{\circ}$ ; the pulse still 160. The two remedies are continued. Since the asthenia is very pronounced, the child receives claret, mixed with water. Milk is refused or thrown up. Now and then it will take a few mouthfuls of cotelettes or of cake. Evening temperature,  $100.8^{\circ}$ .

December 29 (7th day). Temperature again down to  $98.6^{\circ}$ , though the pulse is still 160 and the general condition alarming; considerable dyspnoea. Local symptoms unchanged. Continued *Ipecac.* and *Bryonia* 6. Evening temperature,  $102^{\circ}$ ; pulse, 172; respiration, 72. *Carbo veget.*

December 30 (8th day). The temperature had decreased but little this morning, to  $100.8^{\circ}$ . In the evening,  $103.1^{\circ}$ , but the pulse only 148; respiration very much accelerated. Asphyxia is threatened. There is continued somnolence. *Carbo veg.* 30, six globules. In the evening, again *Ipecac.* and *Bryonia*.

December 31 (9th day). T., 100.4°; P., 148; R., 72. The asphyxial symptoms have disappeared. The local symptoms are the same, only there is more rattling on the right side. Evening temperature, 101.3°. General condition somewhat better. *Ipecac.* and *Bryonia*. Copious expectoration, little globules, puriform during the whole disease, bilious diarrhœa; numerous influenza bacilli in the sputum.

January 1, 1902 (10th day). General condition keeps improving. Morning temperature, 100°; in the evening, 101.1°, and on January 2, there is complete apyrexia; still the pulse remains at 136 and respiration at 72.

January 4 (13th day). Temperature, 100.8°; P., 114; R., 72. The little patient feels oppressed and always coughs spasmodically. Sputum, copious, gray. A bacteriological examination shows various microbes, among them the pneumococcus; no Koch's bacilli. Medicine continued.

January 5 (14th day). Morning temperature, 100.4°, it rises in the evening to 102.2°, dyspnœa increases. R. is up to 80. The child complains of very violent pain in the right ear. The lungs are unchanged. *Ipecac.* 1 trit., *Bryonia*, tincture, ten drops.

January 6 (15th day). T., 102.2°. Dyspnœa very intense, the pains in the ear increased. For *Bryonia* I substitute *Pulsatilla*, giving five drops of the mother tincture. Some *Belladonna liniment* in the ear.

January 7 (16th day). No improvement in condition; dyspnœa more severe; the face is livid; deep prostration; continual somnolence. Stools are frequent, liquid and whitish-green. Temperature 102.2°. *Carbo veg.* during the day, *Ipecac.* 1 D., 0.50 in the evening, and *Arsenicum*, 1 trit., 0.10. The asphyxiated condition had let up a little in the evening.

January 8 (17th day). Morning temperature, 99.5°; in the evening, 100.8°; P., 136; R., 72. The expression of the face is somewhat better, though the diarrhœa and the earache continue: *Ipecac.* and *Arsenicum*.

January 9 (18th day). Temperature in the morning, 99.5°; in the evening, 102.5°. The lungs seem somewhat improved. The cough is severe, spasmodic and frequent. Mother tincture of *Pulsatilla*, three drops; *Belladonna*, tincture, three drops.

January 10 (19th day). Temperature, 100.8° and 101.7°; P., 124; R., 76. Dyspnœa considerable, the earache has diminished,

a yellowish pus runs from the right ear. Diarrhœa continues. *Arsenicum*, 1 trit., 0.10.

January 11 (20th day). The temperature has sunk to 99.5°, but in the evening it rises to 102.6°. Dyspnœa is less. R., 68; P., 132. The flow from the ear and the diarrhœa continue. *Arsenic.* continued, adding *Tartarus emet.* 3 trit., 0.10.

January 12 (21st day). Condition unchanged, but R. is 80. *Arsenic.* 3 and *Tartar.* 3 continued.

January 13 (22d day). The temperature in the evening is again 101.7°; P., 146; R., 96. Diarrhœa diminishes. Instead of *Tartar.*, now *Phosphor.* 3.

January 14 (23d day). Temperature below 100.4°. The general condition is improved. The rattling noise is still heard in the lungs, but the bubbles are larger, more moist. Continued.

January 15 (24th day). Temperature, in the evening, 103.3°; pulse, 128; respiration, 84. The child now complains of violent pain in the left ear, which is then washed with *Kali hypermangan.* *Phosphorus* is continued.

January 16 (5th day). Temperature, in the morning, 98.4°; in the evening, 102°; pulse, 105; respiration, 88. *Carbo. veg.* 30, six globules.

January 17 (26th day). Temperature, in the evening, still about 102.2°; pulse, 120, respiration, 72. A second abscess opens in the right ear. The lungs are improved. Diarrhœa much less.

January 18. (27th day). Respiration, 60; temperature, in the morning, 98.4°; in the evening, 102.2°. The day before, the temperature had remained below 100.4° from noon till 4 P. M. *Phosphorus* 3, five globules. *Chinni. sulph.* 0.50 in two doses. Pulse, 88; respiration, 60; temperature, 98.2°.

January 19 (28th day). Pulse, 88; Respiration. 60; temperature, 98.2°. The child is sitting up in bed, the attacks of coughing are less frequent, the sputum less copious. Only a slight rattle is now heard in the right lung, a little more in the left. The flow from the right ear has ceased, that from the left ear is slight. The diarrhœa has disappeared. *Phosphor.* and *Chinin.* continued.

January 20 and 21 (29th and 30th days). The improvement continues. Temperature, in the morning, 98°; in the evening, 100.8°; pulse, 116; respiration, 60. The general condition and the air-passages the same. *Arsenic.* 3. 0.10 is substituted for *Chinin.*

January 22 (31st day). Temperature, 97.7° in the morning;

99.5° in the evening. Pulse remains at 129; respiration at 60. The child is cheerful. Reconvalescence has begun.

23 and 24. The improvement continues.

Epicritical remarks by Dr. Jousset: "When we consider the long continuance of the fever, here amounting to thirty-three days, the temperature which frequently exceeded 102°, the dyspnoea, which is shown by seventy-two, and sometimes ninety-six respirations, and when we consider how extensively both the lungs were affected, the fact that symptoms of asphyxiation appeared twice, also the deep depression and somnolence, no one can deny that this was a most severe case of bronchopneumonia.

"The cure of this tedious case, and especially the undeniable action of the remedies on every symptom, can only be explained by the activity of the organism. \* \* \* \*

"*Ipecac* and *Bryonia* first produced an improvement, shown by the decrease in temperature, but this improvement only lasted two days, then the temperature rose above 102.2°, while at the same time asphyxiation began to appear. *Carbo veget.* (30), continued for a day, changed this for a better state. *Ipecac* and *Bryonia*, then being resumed in the evening, again produced an improvement in the general condition and in the pulmonary symptoms, so that a solution of the disease was then to be hoped for. But the temperature, as well as the frequency of the pulse, increased again. Now, *Ipecac* in the 1 trit. and *Bryonia* in the mother-tincture were given, lowering the temperature again for two days.

"To this was still added another complication, the inflammation and secretion first in the left and then in the right ear; this contributed not a little to raising the temperature and aggravating the condition. Asphyxia once more set in, which was again successfully met with *Carbo veg.*

"*Arsenicum* (on the 17th day) no doubt contributed to lower the fever during the following days.

"*Phosphorus* 3 finally produced a decided improvement in the last days of the disease. At this time the fever had become intermittent, but the *Chinin.* now given remained without effect. Pfeiffer's bacillus, which appeared so copiously in the beginning of the disease in the expectoration, disappeared later on, and then only pneumococci could be found.

"Blood letting, *Digitalis*, *Tartarus stibiatus*, sometimes, however, well indicated, though given in two large doses (Dr. M.), vesicatories and other remedies recommended by children's phy-

sicians cannot show any such results, and although the treatment with alcoholic stimulants and cold compresses may have lowered the mortality in bronchopneumonia, they nevertheless remain far behind the results reached by homœopathic therapeutics."

Dr. Mossa adds to this: We gladly recognize the splendid results attained by our colleague, P. Jousset, in this very severe case, by means of homœopathic remedies. But we are a little astonished that our honored colleague did not give more weight in his therapy to the hereditary consumptive, encumbered from the side of the father, and which probably also shows itself in the long continuance of the diarrhœic stools. An intermediate dose of *Sulphur*, or, perhaps, even better, of *Tuberculinum* in high potency, might perhaps have brought a turn to improvement sooner and more easily. On the whole, he operates with medium doses, but he also seems to properly value and use the action of *Carbo veg.* in the 30th potency in the case of asphyxiation. Occasionally, of course, he uses strong doses, such as *Arsenic* 1 and *Aconite* and *Bryonia* in the mother tinctures. This forcing of the effect of remedies is not in the vein of us old Hahnemannians. Why Dr. Jousset totally neglects hydropathic measures, which especially in the form of Priesnitzian wrapping powerfully support our remedies in the resolution of pneumonic processes, we do not quite understand. It is true, that we, in this, pass beyond the prescriptions of Hahnemann, if he should absolutely refuse all outside aid.

The very exact observations carried on by Dr. Jousset, which can be carried through more easily, indeed, in a hospital than in private practice, deserve all praise.

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## ANACARDIUM ORIENTALE.

By Dr. Stauffer, Munich.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
July 28, 1904.

We excerpt the following interesting cases from a more lengthy article on this subject:

In a former number in this journal I found in a dissertation of a French colleague on stomach troubles an observation on *Anacar-*

*dium orientales* intimating that this remedy has not been much approved in stomach troubles. I could not agree with that author, as I had found in *Anacardium* a very reliable remedy, and my continued successes with this remedy in dozens of cases since led me to speak up for this remedy and to recommend it to my colleagues.

I herewith submit the following clinical cases:

I. Mr. Sch., fifty-eight years of age, a manufacturer, is on a strain from mental and bodily activity, from early in the morning till late at night. Since three years he has had stomach troubles, and having undergone various treatments, he finally came to me on January 11th, 1903. He complains that almost every day from 11 A. M. to 5 P. M. he has cramp-like pains in the stomach. He has nausea in the morning and disinclination for work in the forenoon; much eructation, mostly somewhat bitter, without giving any relief; formerly he suffered much from heartburn and from acidity of the stomach. Lately the cramps in the stomach and the pains have grown considerably worse. He feels worse after prolonged mental exertion and when the stomach is empty; but when he eats he at once feels a relief and this continues for about two hours; then slowly the pressure in the stomach reappears, which gradually increases until it becomes unbearable. The appetite is always very good and the stool regular. The sleep before midnight is not good, and he is late in falling asleep, but sleeps well early in the morning; but he is weary when he awakes. Hæmorrhoids. Prescription: *Anacardium orient.* 6 D. dilution, two drops morning and evening; with the direction to stop taking the medicine as soon as an improvement results.

January 18, 1904. The patient states that the first doses caused a violent medicinal aggravation which gradually subsided after three hours. Early next day he again took the medicine, but he has had no attack since. Nearly a year and a half have passed since then and the ailment has not since returned, for I had opportunity to observe the case.

II. Mr. B., forty years of age, director of a large institution, hardly ever leaves his office; his duties are very exacting and he has great responsibilities. On the 17th of January he came under my treatment, after having spent several months during the preceding summer in sanatoriums and climatic curative institutions, on account of a chronic ailment of the stomach and intestines of several years' standing. In earlier years he had suffered from

malaria while in Hungary, and had used quantities of *Quinine*. Since late years he has had chronic catarrh of the stomach, also inert digestion, and continuous constipation alternating with diarrhoea. Now he particularly complains that his memory has suffered much, as well as his ability to work. After moderate mental work he feels a pressure in the frontal region; there is general weakness and drowsiness by day, especially after meals. At night he has vivacious dreams, which by day he often thinks were reality. Peevish, hypochondriac. No pleasure in life; full of anxiety about the future.

The greatest trouble is caused by the stomach. He is voracious, yet his appetite is at once satiated. Before meals the contractive pains in the stomach are worst; through eating there is an immediate relief, lasting for three hours; there is drowsiness in this period. Afterwards the ailment returns. Thus there are usually three periods of cramp-like symptoms every day. He has often to leave his work, because work aggravates the pains, and has to eat something. The stool at present is constipated, in the rectum there is a sensation as of a dull pressure which he seeks to relieve by injections. There is a great tendency to catarrh of the air passages; coryza and cough every time he takes cold.

A careful examination showed excessive emaciation with considerable anæmia, an enlargement of the stomach and a relaxed state of the intestines.

January 17, 1903. Prescription: *Anacardium orient.* 3 D. dilution, three drops, thrice a day.

January 18. A considerable aggravation during the forenoon. *Anacardium* 6 D.

January 20. Slow improvement, but the pain increases every time he takes the medicine. I therefore gave *Anacardium* 8 D., three drops, twice a day.

January 22. The improvement continues. The pain is only slight. Stool spontaneous. The appetite good and the food is well digested. *Anacardium* 8 continued.

January 30. General condition good, strength and mood are improved, he looks better. The stool is regular. *Anacardium* 8 continued.

February 15. Has taken up all his work again and feels well; the medicine is discontinued.

March 2, 1903. A relapse. The old symptoms suddenly reappeared. At first they only threatened, but during the last five

days they have steadily increased. I repeated *Anacardium* 8, but without any effect. Also other potencies of the remedy refused to act.

March 5, 1903. A dose of *Sulphur* 10 D. I prescribed bodily and mental rest, since the patient had no doubt overworked himself. In the following days he received for several days *Lycopodium* 6, thrice a day, which was followed by a slow improvement. The pains however, which was only alleviated through eating, did not yield, in spite of the use of remedies characterized by the same remedy (*Chelidon.*, *Petrol.*, *Graphit.*, *Ignatia*). After resting for a week *Anacardium* 6, was tried again, and it acted again. In view of his overwork and strain, I now insisted on a furlough from his employment. The troubles in the stomach did not return afterwards and the continued use of *Carbo veg.* 6 D. and *Nux vom.* 6 D. completely cured the enlargement of the stomach. The stool had remained normal since the use of *Anacardium*.

I will briefly give two other cases, for, when carefully viewed, the image of the disease was nearly always the same in all the many cases which I had an opportunity of observing.

III. A gentleman, sixty years old, of lively temperament, very active intellectually, complained in June, 1901, about a lancinating and cramp-like pain in the stomach, which also only ceased from rest, and while eating and two hours afterward, then regularly returning. Obstinate constipation with a sensation as if the rectum was plugged. *Anacardium* 6 D. caused violent aggravation, but *Anacard.* 16 D. and 12 D. in one night took away all the symptoms, and they did not return.

IV. A servant in the chancellor's office had to go up and down stairs and to stand around all day; he also complained of this kind of cramps in the stomach, besides also of pressure, burning, lancination and formication up between the shoulder-blades to the seventh cervical vertebra; worse when tired, better from rest and lying down, and from eating. *Anacardium* 6 D. removed all these symptoms in two days without any previous aggravation. \* \* \* \*

## BOOK NOTICES.

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**Essentials of Diseases of the Eye.** By A. B. Norton, M. D.; Author of "Ophthalmic Diseases and Therapeutics," etc. 349 pages. Cloth, \$1.75. Postage, 10 cents. Philadelphia: Boericke & Tafel. 1904.

It is needless to eulogize a work from the pen of Dr. Norton. His larger work is the acknowledged standard on the eye among homœopathic specialists, and this smaller one will easily take that place among the smaller ones. It is designed for the student and for the general practitioner, giving them the fundamental facts and the proper treatment of all the diseases of the eye. The therapeutics are fine and the indexing very complete. A very useful book for any library.

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**First Lessons in the Symptomatology of Leading Homœopathic Remedies.** By H. R. Arndt, M. D. Cloth. 271 pages. \$1.25. Postage, 5 cents. Philadelphia: Boericke & Tafel. 1904.

"The perfect memorizing of these symptoms should constitute the *Materia Medica* work of the freshman year," writes the author in his preface, and this gives the keynote of the book. It is, however, a book for more than freshmen and any man who is not very strong on *Materia Medica* can refer to it with great satisfaction. The size of the page is  $6\frac{1}{2} \times 4$  inches and, with a few exceptions, each remedy covers from a half to a full page, and each remedy begins at the top of a page. After the black letter heading follows the general indications of each particular remedy, as, for instance:

(Indicated in affections of the respiratory organs, chiefly of children; Millar's asthma; sniffles of infants; laryngitis; spasmodic croup. Also nephritis with dropsy.)

Who can, offhand, locate that remedy?

On page 207 begins the regional Index of Symptoms, a most excellent feature of the book and something new under the sun. The book is printed on thin paper and contains much more matter than would appear from its size.

**Radiotherapy, Phototherapy and High Frequency Currents.**

The Medical and Surgical Applications of Radiology to Diagnosis and Treatment. By Charles Warrenne Allen, M. D., Professor of Dermatology in the New York Post-Graduate Medical School. Octave, 618 pages, 131 engravings and 27 plates. Cloth, \$4.50, *net.* Lea Brothers & Co., Publishers, Philadelphia and New York.

Recent discoveries in radiant energy have developed a new and important system of therapy. In fact, such positive results have already been achieved in maladies which were hitherto considered intractable, as to warrant the recognition of Radiotherapy as a very efficient addition to the resources of the profession. Dr. Allen's work is peculiarly opportune. It is based upon practical experience, as well as upon a careful review of the great mass of literature on the subject coming from almost all quarters of the globe. Naturally, in a science so new, much faulty observation has been encountered, and in this volume no effort has been spared to eliminate the errors and to present the subject correctly and abreast of its position to-day. Ample information is given upon the physical as well as the technical side, to equip the reader for the selection and management of appliances. The object of the work is always practical, and it has been the earnest endeavor of the author to enable his readers to secure for their patients prompt and permanent benefit. Accordingly, much attention is given to questions of diagnosis and treatment, and, inasmuch as such powerful forces as are treated of in this volume may do harm if improperly applied, cautionary directions are carefully given and exact instructions for the determination and measurement of dosage.

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One of the neatest homœopathic show cases we have seen lately contained a bust of Hahnemann, a model of the monument, while artistically grouped about was Dr. S. A. Jones' prose poem, *The Porcelain Painter's Son*; Bradford's *Life of Hahnemann*; *History of the Monument*; *The Materia Medica Pura* and *The Chronic Diseases*.

# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.,

By BOERICKE & TAFEL.

SUBSCRIPTION, \$1.00, TO FOREIGN COUNTRIES \$1.24 PER ANNUM

*Address communications, books for review, exchanges, etc., for the editor, to*

E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

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## EDITORIAL BREVITIES.

At the recent annual meeting of the British Homœopathic Congress Dr. Edmund Capper read an exhaustive paper on "Epidemic Diarrhœa in Children and Its Homœopathic Treatment," in which he said: "The general treatment we have just considered is doubtless important, but after all it is at best accessory; our sheet anchor is Homœopathy. Deprived of that resource, gentlemen, I do not think I should dare to face an epidemic of infantile diarrhœa." He also said that "by far the most helpful book to me has been Bell's *Homœopathic Therapeutics of Diarrhœa*."

FROM the Twenty-second Annual Report of the M. M. Bose Homœopathic Medical College of Calcutta, India, we clip the following, which is a good showing for the cause in India:

"The M. M. Bose Homœopathic Medical College has now been in existence for a period of twenty-three years. During all these years it has been making steady and rapid progress. Year after year its influence has been spreading far and wide throughout the entire area of the Indian peninsula, till at the present moment, it stands as the premier institution of its kind. It was started by its founder, the late Dr. M. M. Bose, with a noble object—the spread of Homœopathy in a country where it was very little known—and that object has to a great extent been fulfilled. Students have been flocking to this institution from all parts of India, and every year successful candidates from this college have been settling down as homœopathic practioners in different parts of the country.

"The session just closed affords a splendid record of good and substantial work. There were 56 new admissions. Of these three

were from Bombay, two from Poona, one each from Karachi, Kathiwar, Malabar, Kolnapur, the Punja, and Allahabad, and the rest from Bengal, Behar and Assam. Thus the area from which students have been coming to this college extends from the Himalayas on the north to Cape Comorin on the south, from Guzerat on the west to Assam on the east. From the above figures it is also evident that the homœopathic method of treatment is everyday becoming more and more popular throughout the entire length and breadth of this country."

J. W. ALLAN, in the *London Lancet* for May 14, 1904, believes that transplantation of the pancreas is advisable in certain cases of diabetes mellitus. Dr. Clifford Mitchell, in *Diseases of the Urinary Organs*, page 581, expresses the belief that pancreas grafting may possibly be of service.

SLANDERER SUIT.—Last year Dr. Mende-Ernst was appointed Professor of Materia Medica at Leyden, Holland. A great outcry was raised by the "regulars," and one of them used some very insulting terms in a German Medical Journal, terming Dr. Mende "a quack and a homœopath." It seems that the matter did not stop there, for a Dr. Spatz has been fined 150 marks for libel on Dr. Mende-Ernst. Serves Spatz right and probably the next time he will not be so brash.

GREAT EXCITEMENT IN THE BEE MARKET.—Nearly all of the big and little newspapers have recently printed glowing articles on the wonderful medicinal properties of bee-stings; these are now spreading to the journals of the *Digest* and *Review of Reviews*, order and presumably will depart into oblivion via the "patent inside" country weeklies and be heard of no more, as thousands of "wonderful, medical discoveries" have done before—one glorious hour of fame and then silence.

Indignant homœopaths write "letters to the editors" claiming a priority of discovery by over half a century, of better indications for the use of the remedy and an immensely larger scope for it than "rheumatism," also a far better method of preparation than to make "serum" from the stings, but to little avail. The editor has had his sensation and doesn't like to have it made ridiculous even though it be for the "benefit of humanity." And then the average editor stands in great awe of the "metabolisms," the "toxines," and all the wonderfully learned and new language of the high priests of "scientific medicine" and their acolytes. Homœopathy isn't theatrical enough for the average editor.

CAN IT BE.—A learned physician and health officer in a long interview published in a leading newspaper says—among many other things: “What is now a scientific fact has been known in a crude fashion to many semi-civilized tribes in Africa and elsewhere, who will drink water only out of copper vessels, ascribing to that metal miraculous attributes in the way of protection against cholera.”

Can it be that the homœopaths are one of the “semi-civilized tribes” “elsewhere?” It must be, for they have known of the virtues of copper as a prophylactic for about one hundred years.

Another curious thought arises in connection with the learned doctors' interview: As water is simply poured into a copper vessel and then drawn off as needed, how much copper does it contain? Wouldn't the 30th potency seem not very remote from it, if not cruder?

If any enthusiastic copper water drinker suddenly contracts cramps let him not be afraid, but go back to ordinary water for a time, for he has been making a proving.

A SURE CURE FOR FAT.—An esteemed prints the following: “It is said that one dram of *Vichy* and *Kissengen* alternately on rising, and ten drops of the juice of *Phytolacca decandra* before meals, will reduce flesh fast.”

Of a truth it will; even to the extent of sending you on a journey feet foremost; but if you will substitute the juice of the *Phytolacca* berries, it may reduce the flesh without the other part of the programme being carried out.

LOST FREEDOM.—Dr. B. M. Jackson, in August number of *Pacific Medical Journal*, writes: “Prior to the enactment of the present medical laws, one who graduated from a medical college could practice medicine wherever he pleased within the confines of this country. No one asked him to contribute a sum of money towards the support of a few politicians, no one asked him to prove how much he knew about medicine; in short, no one molested him. He was ‘as free as a bird.’ Physicians regarded one another as gentlemen, they treated each other with the utmost courtesy, and the people in turn treated physicians with the greatest respect and accorded them full honors, as becomes men of a noble profession. Physicians, too, minded their own business, and never did they stoop to persecution or prosecution. And last, but not least, physicians were well paid for their services, and

all of them earned more than a livelihood from the practice of medicine."

He goes on to bitterly assert that the examining boards do not protect the public and are a fearful hindrance to the physician himself. "A physician in California is not such in Nebraska, or anywhere else," and so on. You cannot please every one.

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### NEWS ITEMS.

Dr. Howard Locke Vaile, of Philadelphia, is practicing Homœopathy in Dunedin, New Zealand, writes a correspondent.

Dr. A. P. Williamson, one of the best known physicians of Minneapolis, has accepted the position of Medical Superintendent of the Southern California Hospital for the Insane at Patton, near Redlands. He has just returned from an investigation of the hospital and will go back with his family to take charge Sept. 1. Unsolicited positions have frequently been offered Dr. Williamson, which he has consistently refused, including the last. Such pressure was brought to bear, however, that he will return to his specialty after twelve years of private practice in Minneapolis, which followed sixteen years general and insane hospital work.

"The Texas State Board of Homœopathic Medical Examiners will meet in October, to examine all desiring to enter practice in Texas. Fee, \$15.00. See Law in late medical directories. For particulars and application blanks, address Hunter B. Stiles, M.D., Secretary, Gainesville, Texas."

We regret to learn that the *American Medical Monthly* of Baltimore, successor to the *Southern Journal of Homœopathy*, has suspended publication. Temporarily only we hope. If revived again why not go back to the older title, which is excellently descriptive, showing the journal is at once southern and homœopathic?

The Fortieth Session of the Homœopathic Medical Society of the State of Pennsylvania will be held at Easton on September 20, 21 and 22, 1904. Secretary Dr. E. M. Gramm writes:

"The Lehigh Valley Homœopathic Medical Society has arranged bounteous entertainment for members and visitors who will be in Easton on the three days of the meeting. A trolley

trip by special car will be taken to the new Hospital for the Insane at Allentown, the most recently established landmark for Homœopathy, and of which every homœopathic physician in the State should be proud. The ladies of Easton are preparing to entertain the visiting ladies royally and extend a special invitation to the families of physicians to partake of their hospitality. Arrangements have been made for sightseeing and other pleasure trips that will make their visit a memorable one."

After September 1st, Dr. F. W. Cornwell, of New York City, will be located at 513 Broadway, Saratoga Springs, N. Y.

Dr. James E. Burt, of Asbury Park, N. J., will remove after October 1st, to Hotel Normandie, New York City.

Dr. Luther Peck has removed to Plymouth, Mich.

A Homœopathic physician is wanted in La Gloria, Cuba. For information, address Mr. Herbert W. O. Margary, La Gloria, Cuba.

Apropos of "News Items" the RECORDER is always glad to print them, but often they arrive too late to be of any use. This journal is published on the 15th of each month, and if the meeting is, say, for the 10th, the announcement would be after the meeting would be held. Any physician who removes his office or locates in a new place, or the graduate who opens an office, are all welcome items. Send them in.

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In Curtis' letters from the Phillipines, China's part in the war is put as follows :

Foreign devils shindy kickee,  
 Damnee bag of tricks!  
 Chinaman no ha'pence pickee,  
 Always gettee kicks.  
 Foreign devils battle makee,  
 Russia and Japan;  
 Samee gamee; come and takee  
 Swag from Chinaman.

CHORUS.

Chin chin Chinaman  
 Russia lettee fly  
 Missee Jap,  
 Me the chap  
 Gettee blackee eye,  
 Jappy smack  
 Russia back,  
 Me the bullet stop—  
 Chin chin Chinaman  
 Cop, cop, cop!

## PERSONAL.

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In the eyes of mobocracy all men are not free and equal.

American civil engineers have been deported from Canada as "contract laborers." Wonder if a doctor would be so classed?

Nash's *Regional Leaders* cover all points covered by Hering's *Materia Medica Cards* and twenty times more. The *Cards* are long since out of print.

A man remarked that he had not given his seat on the trolley line to a woman for over a year. Queried: replied had never had one to give.

Among the "new remedies" we noticed "Trygase," "Tutulin," "Triberane" and "Tot."

Professor von Leyden, of Germany, thinks he has discovered the cancer parasite in the "vogelangenkorperchen."

According to the latest, "every patient with malaria is a public danger." Quarantine 'em!!

A man (they say) does not need to tell his wife he has done wrong; she does it.

Does not *Belladonna*, *Mercurius*, *Argentum nitricum* look better in print than *Bell.*, *Merc.*, or *Arg. n.*

"Strassburger says the human intestines in one day contain 128,000,000,000 microbes." Gosh!

It is reported that the largest known diamond is the ace.

Charles Chassaing predicts the day when every one will have to have his appendix removed.

Will not concentrated sunlight, by means of a burning glass do all for ulcers, etc., that the radium rays will accomplish?

They say it is easier to know a man like a book than to shut him up like one.

The worst shadow is that of suspicion.

The "pure whiskey for medicinal purposes" gag is almost obsolete. It was too sleazy.

Norton and Arndt are again out with new books. See Book Reviews.

We don't know, Mary, whether the "kissing bug" is a gentleman or lady bug.

# THE HOMŒOPATHIC RECORDER.

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VOL. XIX.

LANCASTER, PA., OCTOBER, 1904

No. 10

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## DIACETIC ACID IN DIABETES MELLITUS.\*

By Joseph C. Guernsey, A. M., M. D., Philadelphia.

“In all cases of *diabetes mellitus* be sure to make the *ferric chloride* test. The patient should avoid taking drugs for several days before the test is made. To a fluid drachm of freshly voided urine, preferably passed in the daytime, especially in the afternoon, add, drop by drop, three drops of a twenty per cent. aqueous solution of ferric chloride. A wine-red color at the bottom of the tube below the white mass of phosphates shows presence of diacetic acid, indicates that the case is a severe one, and shows the need of fats in dietary rather than reliance upon meat alone, which in excess may be harmful. A golden-yellow color obtained with this test is without significance.”†

Medical text-books and medical journals contain so many references to “Diacetic Acid in Diabetes Mellitus” that physicians having cases of this nature frequently turn to their ferric chloride, search for the “red reaction” and find it—perhaps!

The existence of diacetic acid in diabetes mellitus is declared by high authority to be of grave import; so, wishing all the information possible in my prognoses, I began to test for its presence. After frequent, futile attempts to find it, I concluded that my technique was faulty or that my ferric chloride was not properly prepared and then I began to inquire of my professional brethren concerning their experience in the premises.

I wrote to about thirty leading physicians, in both Schools of

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\* Read before the Homœopathic Medical Society of Pennsylvania, September, 1904.

† Clifford Mitchell, M. D., The Chicago Homœopathic Medical College Bulletin, July, 1904.

Medicine—and in different cities. Several replied that they had never tested for diacetic acid; others tested for it occasionally; and some sought it only when grave symptoms appeared. Only a few looked for it in every case of diabetes mellitus coming to them. In the answers received I felt that I had data sufficiently reliable to warrant me in concluding as follows:

1. In a large majority of cases of diabetes mellitus diacetic acid does not appear;
2. There may be grave symptoms (coma even) without diacetic acid;
3. There may be diacetic acid without co-existing grave symptoms, although
4. Death seems to be the finale of all cases where diacetic acid *is persistent*;
5. Diacetic acid may appear in a case of diabetes mellitus and then disappear, either to remain away, or after a longer or shorter time to reappear;
6. Sometimes a marked increase or marked decrease in the sugar, or its complete disappearance, is cotemporary with the appearance of diacetic acid;
7. Diacetic acid is present nearly always (*probably always*) in the diabetes mellitus of young people—say, under thirty years of age;
8. Diacetic acid may be looked for with confidence in diabetic urine where acetone is found.

As a matter of fact one cannot think of diacetic acid without recognizing the presence of acetone; the former may be regarded as nothing else but highly oxidized acetone. A large majority of investigators look for diacetic acid only in acetonuria.

Diacetic acid is a valuable aid in prognosis, *but* we must not forget the value of knowing the *amount* of sugar in a case. We are too often content with ascertaining the presence of sugar and then carelessly guessing at its amount. Only by a knowledge of the quantity of sugar, in grams, can a diagnosis of the patient's condition be made; the severity of the disease measured, and the result of treatment learned.

The amount of urine for twenty-four hours should be accurately noted and, during collection, kept in a cool place to prevent fermentation.

### Memoranda Regarding Copper Tests for Sugar.

If sugar be present, a yellow or yellowish red precipitate is found on cooling after boiling with copper solution.

The urine of patients taking *Salicylic acid* gives Trommer's test for sugar. (Merck's Manual.)

Boiling the urine (with copper solution) may cause a greenish reaction; or a grayish cloud; or a greenish-yellow precipitate without sugar being present in any case.

When in doubt, use the yeast-fermentation test.

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### \*PHYTOLACCA.

By C. M. Boger, M. D.

This is one of our rheumatic medicines; achiness and rheumatoid pains run through almost every phase of its action; whatever the disease may be there is sore aching all, over seeming to concentrate in its greatest intensity in the neck and back; no remedy has more severe neckache or backache; these pains are worse from a change of weather and at night.

There is much heat and fever, especially about the head and trunk, while the extremities are cold, reminding one of *Belladonna* and *Arnica*; the eyes are injected and tinged a deep yellowish-red; sometimes the face takes on the same color; I do not recall this symptom under any other remedy; above all there is "faintness on raising up," just like that other great rheumatic, *Bryonia*, but, unlike it, there is great nervous erethism.

Symptoms indicating an irritation of the cord and brain are numerous; among these is the "inclination to bite the teeth together," which may be but the forerunner of a deeper action, manifested by convulsions, wherein the hands are clenched, the toes flexed, the lips everted, the lower lids and chin drawn down, and alternate spasm and relaxation of the facial muscles occur, reminding one of some of the phases of the action of *Belladonna* or *Strychnia*; the spasms of the latter, however, are marked by an almost spastic fixation of the respiratory muscles and the lips are tightly drawn over the teeth; besides its effects come on with exceeding rapidity, while those of poke root appear tardily and are more persistent.

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\*Notes from lecture delivered at Pulte Medical College, Cincinnati.

It affects the right side predominately; particularly is the numbness in heart disease confined to that side, while *Aconite*, *Kalmia* and *Rhus* take the opposite side; its sciatica follows the same rule, with the additional peculiarity that it chooses the outer side of the limb.

*Phytolacca* is a decided irritant to the mucous membranes, causing a sense of burning, heat and great pain when the parts are moved either voluntarily, as in swallowing, or involuntary, as in dysentery; they are also much inflamed, mostly when it is visible, showing some shade of scarlet; this is especially true of throat diseases where there is apt to be pain of a rheumatic sort at the root of the tongue or shooting into the ear and a burning as of a rough, hot substance or a lump lodged in the throat on attempting to swallow; the tongue has blisters along its edge like *Apis*, *Carbo animalis* and *Lachesis*; sometimes the glands are swollen and the patient complains of a feeling as though mumps were coming on; taken in connection with the painfully sore, itching eruption which it causes this reminds you of some forms of scarlatina, for which it has been found quite useful.

It has a pronounced effect on the glands, which is most manifest on the mammæ; they swell, harden and may finally suppurate; even the 30th potency has caused such effects in the breasts; the tendency to form lumps is inherent in the remedy; the breasts become lumpy, various glands swell and harden, dark purple nodes sometimes form in the skin, the nasal secretions harden and the patient detaches chunks of mucus with difficulty; the milk becomes cheesy, is bad and is filled with lumps; all this reminds you somewhat of *Kali bichromicum*, whose pace is also slow.

In all these troubles you will naturally look for corroborative symptoms before selecting *Phytolacca* in preference to *Apis*, *Belladonna*, *Bryonia*, *Phosphorus* or *Rhus tox.*; this little diagram may help to you to decide:

Red streaks: *Apis*, *Belladonna*, *Rhus tox.*

with stinging: *APIS*.

throbbing and aggravation from every jar:

*Belladonna*.

aggravation from heat: *Apis*, *Belladonna*,

*Bryonia*.

chilliness on uncovering: *Rhus tox.*

Hardness: generalized, worse from every motion, even of distant parts: *Bryonia*.

nodular; sensitive nipples, aching pains worse at night; pains radiate all over body when the child nurses: *Phytolacca*.

The irritation of the mucous membranes extends to the bowels and causes a dysentery, distinguished from that of other remedies by being accompanied by a sickly feeling in the abdomen and a tenesmus so persistent that it continues even during sleep; last winter I made a beautiful cure of a patient of over eighty years of age with these symptoms; sometimes it will take on a typhoid type with redness of the tip of the tongue, then a differentiation from *Rhus tox.* may not be easy, although under the latter remedy the redness is more distinctly triangular and it also lacks the faintness on raising up so characteristic of *Phytolacca*.

It has caused a dry, croupy cough, with burning in the larynx and trachea; I should not, therefore, hesitate to prescribe it for such cases when other symptoms coincide in the choice.

It has produced and cured rheumatic soreness of the spermatic cord, and is especially suitable in orchitis with this symptom; pain shooting along the perineum to the penis is also a valuable indication in some conditions.

The pains in the head, like those of *Bryonia*, go from before backward; in general, however, the *Phytolacca* pains change their locality rapidly and are often accompanied by stiffness of the affected parts.

Like most rheumatic drugs its effects are worse in wet weather, this is especially true of the periosteal pains, which are often quite severe.

We have for review then:

1. Generalized achiness worse in neck and back.
2. Faintness on rising.
3. Throat and skin symptoms like those of tonsillitis, diphtheria and scarlatina.
4. Glandular affections. mumps, mastitis, etc.
5. Worse in wet weather and at night.

## MY EXPERIENCE WITH HOMŒOPATHY.

Eli G. Jones, M. D., Dartmouth, '71.

When a child I had inflammation of the bowels and was given up to die by an allopathic physician. A homœopathic physician was called in as a last resort; his remedies restored me to health. In the '60's when diphtheria raged so extensively in New England I was taken with that disease in its worst form.

Most every person died with it under old school treatment. My father went for an old school doctor; but fortunately for me, he was away from home and a homœopath took charge of me. Under his treatment I was restored to health. I afterwards studied Homœopathy with him (one of the best doctors of that school in Maine, long since passed over the "great divide"). He taught me a good deal of the *provings* of homœopathic remedies. That has been a great help to me in understanding the true therapeutic value of such remedies as *Aconite*, *Belladonna*, *Bryonia*, *Chamomilla*, etc. I would advise any doctor who wants to understand the real nature of the remedies of that school in combating disease to study well the provings of the principal remedies of their *Materia Medica*. In the '80's I had catarrh of the stomach and bowels, with a deathly sickness to my stomach day and night, constant watery discharges from the bowels, ordinary remedies had no good effect. While in a homœopathic pharmacy in Providence, R. I., I talked with the manager about my case; he prescribed *Nux vomica*, the 6th decimal dilution, in pellets. I took twelve, three times a day; in a month I was cured. One little book has been a great help to me, "Sixteen Principal Homœopathic Remedies," published by Boericke & Tafel. I wish every old school doctor would *study* that book and *use* the remedies as indicated. I know it would make him think *kindly* of Homœopathy. It would surprise him to see how much can be accomplished with a few remedies. From the knowledge gained from that little book I have saved many lives, after other doctors had failed to help them.

I am not a homœopathic physician, but I believe in "giving honor to whom honor is due." For the above reason I shall always feel *kindly* towards the homœopathic school of medicine. I have seen it developed in the past thirty-five years into one of the strongest pathies in the world. May it always retain its individuality as a school of medicine.

*New Brunswick, N. J.*

A CASE OF ACUTE LARYNGITIS TREATED  
HOMŒOPATHICALLY AND CURED.

A. W. K. Choudbury, M. D.

Before I deal with this case I wish to give you here, my dear reader, some description of her previous health. She, a Mahomedan lady of about sixty years, of a fairly brunette complexion, thin and delicate frame. Just before this present complaint she was under my treatment for superficial serpiginous ulceration of the skin (right leg), and for which disorder she was given in the beginning of her treatment, as I remember, *Arsenicum* and *Lachesis*, but with no satisfactory result. But she improved and the ulcer healed under *Bacillinum* 200. It would not be out of place to note here that she had cracks on the soles of her feet, especially on the heels. These cracks disappeared as gradually as the skin ulceration improved and healed under *Bacillinum*. On the eve of departure of her long companion (I mean the ulceration) she all on a sudden got a large burning and smarting blister on her little toe of the same limb (right one). This healed under *Cantharis* very satisfactorily.

On the first day of the second week of June, 1904, she came under my treatment. Her case was not so very serious as there was no very well marked dysphagia and no dyspnoea, and she could walk about in the house attending house business, and, moreover, there was no fever.

The following are the symptoms of her case: Tonsils found not inflamed, but throat reddish; pain low down in the throat in the larynx; pain felt in deglutition, but not marked; no dyspnoea; hoarseness and the voice almost inarticulate; a painful constriction of the throat: slight pressure on the affected part with the fingers causing pain; frequent hawking up to clear the air passage; expectoration thick, tenacious.

I am not for alternation of remedies in the treatment of my cases, not that it may not produce the desired effect, but that it seems to me as if unhomœopathic. Yes, I use alternation, but very, very rarely, and never with results which would not please both the patient and the doctor. Alternation never adds anything to our store of knowledge of Homœopathy. In my opinion alternation of remedies is minimized polypharmacy in another form. In our present case I gave her *Aconite* 6 and *Spongia* 6, to be

taken every hour alternately; of each ten doses were given. Nothing was given as diet.

The next day she reported: "Pain much less; hoarseness almost gone; cough much less; no more stool; appetite good; sleep good."

Repeated as above.

10-6-'04. Much improved; pain only in cough; cough much less; almost no hoarseness; two stools yesterday; sleep good last night.

Repeated *Aconite* 6, two doses, *Spongia* 6, two doses, to be used every three hours a dose.

11-6-'04. No more pain in throat; hoarseness almost gone; coughs now and then with no expectoration to-day; two stools yesterday; no sleep last night for some external unavoidable cause; appetite good; taste in mouth bitter, sometimes sweetish.

Placebo. Bathing not allowed, as it had been raining since four or five days.

12-6-'04. No pain in throat; cough gradually disappearing; two stools yesterday.

Placebo. Diet and bathing as above.

13-6-'04. A small boil-like swelling on the upper margin of the blister which she had on the right little toe; a little fluctuation there; little hoarseness remaining.

A dose of *Hepar sulphur* 30 was given her.

14-6-'04. Hoarseness as above; boil on the toe discharged a bloody matter at about 4 P. M. yesterday; no burning and less pain there; one stool yesterday; one stool last night.

Placebo for one day.

*Result.*—Recovery.

*Remarks.*—Her previous ill health and broken down constitution caused a great deal of fear in me, though her case was a mild one. In diseases like cholera, diphtheria, etc., which close the scene of life very speedily, we scarcely hazard ourselves with experimenting new sorts of treatment with medicines never tried before. My experience with *Aconite* and *Spongia* alternately in laryngitis was all very satisfactory and enticing. This previous experience with *Aconite* and *Spongia* in the treatment of acute laryngitis led me to use them alternately in our present case, too; and the result in this case is not less satisfactory and enticing.

*Satkhirā P. O., Calcutta, India.*

STATISTICS OF THE BOARD OF HOMŒOPATHIC MEDICAL EXAMINERS OF PENNSYLVANIA.

June, 1894–December, 1903, Inclusive.

At the Annual Meeting of the Board of Medical Examiners Representing the Homœopathic Medical Society of Pennsylvania, statistics of the work done by said Board during the ten years of its existence, 1894–1904, were presented in his Annual Report by the Secretary, Dr. Joseph C. Guernsey, as follows:

“*Fellow Members*:—We now come to a portion of this Report to which I invite your closest attention. Ten years ago “The Medical Act” of Pennsylvania became operative, under provisions of which this Board was created to perform a special function. Considering it a matter of interest to know precisely what work has been accomplished since its organization, April 3, 1804, to the present time, June, 1904, your Secretary has prepared the following statistics.

Table A shows the number of “Applicants” at each Examination held by this Board since June, 1894; the General Average of those examined (which includes successes and failures); and the Rank of each examination. You will see that twenty-one examinations have been held; the highest general average was 87.45 obtained in June, 1901; the lowest general average of any class examination was 71.33 in December, 1897.

A

Date.	Number Examined.	General Average.	Rank.
June, 1894 . . . . .	43	77.02	18th
October, 1894 . . . . .	5	78.98	16th
February, 1895 . . . . .	8	82.49	10th
June, 1895 . . . . .	38	82.44	11th
December, 1895 . . . . .	13	85.92	4th
June, 1896 . . . . .	64	82.37	13th
December, 1896 . . . . .	8	84.07	5th
June, 1897 . . . . .	57	86.13	3d
December, 1897 . . . . .	9	71.33	21st
June, 1898 . . . . .	57	76.87 (Failed 22)	20th
December, 1898 . . . . .	20	82.60	9th
June, 1899 . . . . .	51	79.99	14th
December, 1899 . . . . .	11	82.39	12th
June, 1900 . . . . .	30	82.64	8th
December, 1900 . . . . .	10	77.42	17th
June, 1901 . . . . .	38	87.45	1st
December, 1901 . . . . .	9	77.32	19th
June, 1902 . . . . .	52	86.32	2d
December, 1902 . . . . .	6	79.02	15th
June, 1903 . . . . .	60	84.02	6th
December, 1903 . . . . .	12	83.68	7th
Total, 21.	Total, 601	. . . . .	. . . . .

Table B shows all the Medical Colleges from which the applicants came; the number of applicants from each College; the number passed and failed, also the percentage passed and failed from each College; finally, the number of applicants, and their Colleges, who "withdrew" from an examination prior to its completion.

## B

June, 1894—December, 1903, Inclusive.

College.	Number Examined.	Number Passed.	Number Failed.	Percentage Passed.	Percentage Failed.	Number Withdrew.
1 Boston University School of Medicine, . . . . .	12	10	2	83.33	16.67	. . .
2 Chicago Homœopathic Medical College, . . . . .	14	12	2	85.72	14.28	. . .
3 Cleveland Homœopathic Medical College, . . . . .	76	53	23	69.74	30.26	2
4 *Cleveland University of Medicine and Surgery, . . . . .	24	12	12	50.00	50.00	. . .
5 Dunham Medical College and Hospital, Chicago, . . . . .	2	1	1	50.00	50.00	. . .
6 Hahnemann Hospital College, San Francisco, . . . . .	1	0	1	0.	100.	1
7 Hahnemann Medical College and Hospital, Chicago, . . . . .	10	8	2	80.00	20.00	. . .
8 Hahnemann Medical College, Philadelphia, . . . . .	435	390	45	89.66	10.34	3
9 Hering Medical College, Chicago, . . . . .	2	2	0	100.	0.	. . .
10 Homœopathic Medical College University of Michigan, Ann Arbor, . . . . .	1	1	0	100.	0.	. . .
11 New York Homœopathic Medical College and Hospital, . . . . .	4	4	0	100.	0.	. . .
12 New York Medical College and Hospital for Women, . . . . .	3	3	0	100.	0.	. . .
13 Pulte Medical College, Cincinnati, . . . . .	6	5	1	83.33	16.67	. . .
14 Southern Homœopathic Medical College and Hospital, Baltimore, . . . . .	8	5	3	62.50	37.50	. . .
15 Southwestern Homœopathic Medical College, Louisville, Ky., . . . . .	1	1	0	100.	0.	. . .
16 †Western Homœopathic College, Cleveland, . . . . .	1	1	0	100.	. . . . .	. . . . .
17 Trinity University, Toronto, . . . . .	1	1	0	100.	. . . . .	. . . . .
	601	509	92	84.69	15.31	6

\*Now known as the "Cleveland Homœopathic Medical College."

†Now known as the "Cleveland University of Medicine and Surgery."

Table C shows the very *lowest personal averages*, to wit, all those below 50 and the Colleges from which the recipients were graduated.

Surely one fact proclaims with more eloquence the need of Examining Boards to spur Medical Colleges to better work than these averages. I rejoice to say that there is an apparent improvement on the part of Medical Colleges in teaching and preparing their students for the practice of medicine. For, while from 1894 to 1900, students were permitted to graduate so illy instructed as these averages show, from June, 1900, to June, 1903, the lowest average was 58.28—a decided gain! In June, 1903, however, an applicant again received an average below 50—viz., 49.14.

One of two things seems evident: either those who are poorly qualified fear to try the Pennsylvania State Medical Examining Board; or, the Colleges are doing better preparatory work. Which ever is the case, Pennsylvania reaps the benefit.

C

Date.	General Average.	College.
October, 1894, . . . . .	45.43	Cleveland Univ. Med. and Surg.
December, 1895, . . . . .	49.00	Cleveland " " " "
December, 1895, . . . . .	40.43	Hahnemann, Philadelphia.
June, 1896, . . . . .	48.28	Hahnemann, "
December, 1897, . . . . .	47.71	Cleveland Hom. Med. Col.
June, 1898, . . . . .	41.28	Hahnemann, Philadelphia.
June, 1899, . . . . .	47.71	Cleveland Hom. Med. Col.
June, 1899, . . . . .	46.00	Southern, Baltimore.
June, 1900, . . . . .	43.29	Hahnemann, Philadelphia.
June, 1903, . . . . .	49.14	Cleveland Hom. Med. Col.

D

We now turn to the bright side of our figures and view, in Table D, the very *highest personal averages* since 1894, taking all those above 95—in itself a very high mark—name of recipient and College graduation.

Date..	Name.	General Average.	College.
Feb., 1895,	G. A. Van Lennep, M. D.	96.71	Hahnemann, Philadelphia.
June, 1895,	R. J. Abele, M. D.,	98.86	" " " "
Dec., 1895,	A. Cookman, M. D.	99.71	" " " "
June, 1896,	A. Korndorfer, Jr., M. D.,	98.71	" " " "
Dec., 1896,	Anna D. Varner, M. D.	96.57	Cleveland Hom. Med. Col.
June, 1897,	John E. Dehoff, M. D.	97.28	Southern, Baltimore.
June, 1898,	Oscar E. Boericke, M. D.	95.43	Hahnemann, Philadelphia.
Dec., 1899,	R. H. Woodruff, M. D.	96.00	" " " "
June, 1901,	Roy C. Cooper, M. D.	96.43	Boston Univ. School Med.
June, 1902,	John E. James, Jr., M. D.,	98.28	Hahnemann, Philadelphia.

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Table E presents a general summary of all the foregoing.

	June, 1894—June, 1904.		
Total number of Examinations	in 10 years,		21
“ “ “ applicants examined	“		601
“ “ “ passed	“		509
“ “ “ failed	“		92
General average of all applicants examined	“		82.33
“ “ “ “ passed	“		85.48
“ “ “ “ failed	“		64.89
Total number examined in 10 years,		Men, 565, Women, 36	
“ failed once,		“ 48, “ 5	
“ “ twice,		“ 8, “ 3	
“ “ three times,		“ 3	
“ “ four “		“ 2	
Highest, personal, general average,		Men, 99.71	
“ “ “ “		Women, 96.57	
General average attained by 565 men, 10 years,			82.65
“ “ “ 36 women “			77.26

The above statistics are absolutely correct, each figure and detail having been proven and verified. They have cost much time and great labor, but I felt that in no way could the ten years' existence of this Board be better exhibited and emphasized than in stating just what work it has accomplished. Whether it would be advisable to publish them in medical journals is a matter for our consideration. I am in favor of doing so. By the Medical Act of Pennsylvania all records of the Medical Examinations are kept on file and are open for public inspection. Any person can go through the Records at Harrisburg and can collect and publish any or all of the facts here given. I would rather have them come from us direct in their present accuracy and entirety than some day to have an outsider publish a garbled and incorrect version.

JOSEPH C. GUERNSEY, A. M., M. D.,  
*Secretary.*

After hearing the above Report the Board of Homœopathic Medical Examiners of Pennsylvania unanimously voted that Dr. Joseph C. Guernsey be authorized to publish the statistics as given above.

### WHO WROTE IT?

Editor of the HOMŒOPATHIC RECORDER.

In what book or journal can I find the phrase, "Die milde macht is gross;" by this I mean where did it first appear and who was its author? Pręsume it was Hahnemann, but would like to be assured of the fact.

INQUIRER.

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### NO MORE CHILBLAINS.

Editor of HOMŒOPATHIC RECORDER.

I wish to report a man named "Chase" who has no more chilblains. He was given *Agricus* 30.

W. U. REYNOLDS, M. D.

*New York City.*

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### HOMŒOPATHY AS SCIENCE.

It hardly seemed possible that anything new could be produced in the polemics of Homœopathy, but this achievement has been reserved for Dr. Burford. In his presidential address, the first part of which appeared in our issue of last month, Dr. Burford has brought to light the testimonies of Bain and Mill to the logical and philosophical strength of our position, and so has done a real service to the fighting power of Homœopathy. Both these masters took examples from the practice of medical therapeutic as illustrations of their arguments, and both unconsciously postulated that in order to give therapeutics a scientific basis something ought to be done which, as it happens, has already been done by Hahnemann before their time.

Bain took *Quinine* as his example. "That *Quinine* cures a fit of ague," says Bain, "is an empirical law." By that he means "An uniformity established by experience." He regarded as a disadvantage the inability to resolve this into "a more general uniformity." "We must," says Bain, "somehow arrive at inductive generalizations, and next prove them when arrived at." When this has been arrived at—when an empirical law has been resolved into more general laws or into highest laws—it is termed a "derivative law."

Now, although this does not express much to the "man in the street"—or even the "medical man in the street"—it is important for the reasoner to know that Hahnemann followed the rules of the strictest logic in working out his problem. He also took *Quinine*—or the bark from which it is obtained—as his example; he experimented with it in his own healthy body, and he educed a higher grade of law out of empiricism in the very way Bain says it should be done.

Mill, like Bain, used medicine to illustrate his thesis. He chose medicine because it afforded a problem involving many complications. Is or is not some particular medicament a remedy for the disease in question? Mill says there are three possible ways of arriving at a solution: (1) Simple observation. (2) Experiment—*i. e.*, trying the drug in different circumstances of disease and comparing the results. These are the well-known allopathic ways, and are unequivocally condemned by the logician. But there is also (3) the method of *deduction*:—

"The instrument of deduction alone is adequate to unravel the complexities proceeding from this source. . . . If, for instance, we try experiments with mercury upon a person in health, in order to ascertain the general laws of its action on the human body, and then reason from these laws to determine how it will act upon persons affected with a particular disease, this may be a really effective method, but this is *deduction*."

Of course, neither, Bain nor Mill knew anything about Homœopathy. All they knew and all they were writing about was logic and logical methods. And to these methods Hahnemann conformed and so verified their logic before they worked it out.

But Hahnemann did much more than ever they dreamed of. Neither Bain nor Mill got further than thinking of diseases and remedies for diseases. It never occurred to them that it was possible to discover a method whereby a remedy might be found, not for abstract diseases—diseases in the abstract don't exist—but for any case of any disease. This is the achievement of Hahnemann—he revealed an art and a science at the same time—and if he could not convert a non-reasoning medical world of blind imitators into rational beings and artists at one stroke he is not to be blamed for that.

As far as it is possible to provide for the treatment of a specific disease Hahnemann has met the requirements of Bain and Mill, as Dr. Burford has shown in the case of cholera. Before Hahne-

mann had seen a case of the disease from the description of cases which reached him he was able to name the remedies, and these remedies have proved the mainstay of homœopaths in the treatment of cholera ever since. But epidemics vary as cases do, and the remedies which are successful in one epidemic are not suited to the next epidemic, though it may be called by the same name. But Hahnemann's science and art provide against the changes in type and character of epidemics, as well as against differences in individual cases, and this is far more than ever Bain or Mill imagined.

Dr. Burford referred to the ancient dispute about the Latin formula which Hahnemann used to express the homœopathic rule of practice. As it is better, when possible, to avoid dead languages and use living ones we will confine ourselves to English. The *Rule* of practice is "Let likes be treated with likes." The *Law* of Similars is "Likes cure likes." If Hahnemann had had any doubt or hesitation about the truth of the fundamental *law* that "*Likes cure likes,*" there would be no sense or reason in his *rule* directing the medical world to treat likes with likes.

Excellent use was made by Dr. Burford of the most recent discoveries in relation to radium to illustrate the potencies of homœopathic attenuations. For generations the world has known that a grain of musk can give off emanations perceptible to the nose, for years together without appreciably losing weight. But of this the world took no notice. Radium, however, appeals to a more respectable sense, the evidence of which is not to be ignored. This is how the case is stated by Dr. Burford :

"These radio-active bodies are continually forming in their own interstices a product, which in the case of radium is many thousand times more active than radium itself; which, moreover, induces the same radio-activity in all bodies exposed for some time to it, and which to the extent of  $\frac{1}{200000}$ th of its original potency, remains a new and permanent property of the acquiring body. These processes are above and beyond the cognizance and scope of the most refined chemical methods. Here is a demonstration: A tube out of which a perfectly invisible emanation from radium, and possessing absolutely no weight, has been emptied, is next washed out with an acid; this is evaporated, leaving a radio-active residue more potent in some respects than radium itself, requiring two hundred years to decay to half value. Moreover, in rooms where radium has been exposed to the air, an

invisible radio-activity, perfectly undetectable by the balance or the spectroscope, is produced on the walls of the apartment, persisting even though the radium has been removed for some time."

It is possible that even this will not suggest anything as to the power of infinitesimals to the medical man-in-the-street: but the other man-in-the-street is not so impervious, and for our part, we have much more hope in the intelligence of the latter.—*Homœopathic World, September.*

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### ABSORPTION.

"Ducky, ducky, come and be killed," is the genial invitation of the duck-wife to her swimming charge in the season of green peas. We are reminded of this by an invitation to homœopaths to come and be "absorbed," published in an article in the *Medical Press* of July 27th. We fancy that neither bird will be in too great a hurry to accept; but we publish the article for the benefit of those homœopaths who are always regretting their sectarian position and craving for union of hearts with—gentlemen of the *Medical Press* type. We publish the article also to keep on record what that type is. What the editor of the *Medical Press* says about Homœopathy and homœopaths is of no consequence whatever either to it or to them; but it is of very much consequence in regard to the writer himself. He paints his own portrait, and it would be a pity to spoil it by any comment of ours. Likes attract likes. Let those so-called homœopaths who feel that the editor of the *Medical Press* has struck a chord of fellow-feeling in their bosoms hasten to "confess" the error of their ways and be—absorbed!—*Homœopathic World.*

The following is the article in question. Editor HOMŒOPATHIC RECORDER.

### "Is a Homœopath a Quack?"

"An interesting libel action was lately tried in Germany, the plaintiff being Dr. Mende-Ernst, a homœopathic practitioner of Zürich, and the defendant, Dr. Spartz, the editor of the *Muenchener medizinische Wochenschrift*. Dr. Spartz's journal had published an article in which Dr. Mende-Ernst was referred to as 'the well-known charlatan and homœopath,' a conjunction of designations to which the latter took strong exception, so much

so that even after Dr. Spartz had published an announcement that Dr. Mende-Ernst was a duly qualified medical graduate of Zürich he found himself sued for libel by the indignant homœopath. A number of witnesses, including von Winckle, the great authority on forensic medicine, were called by the defence to show that, however well a man might be qualified in the view of the law, from the point of view of scientific medicine he deliberately placed himself on a level with charlatans when he embraced and practiced the exploded system of Hahnemann. Von Winckle quoted the amusing dictum of Müller that the principles of Homœopathy seemed to him to be about the same as if after a man had been run over by a wagon he should be treated by having a toy-cart run backwards and forwards over him three times; and he showed, moreover, how Homœopathy is used to hoodwink and deceive the public, just as much as frank charlatanism is. Spartz, in his evidence, dwelt on the fact that homœopaths were in reality worse than quacks, in that they had been instructed in the scientific basis of medicine and had eschewed it in favor of ridiculous doctrines, such as that the "intellectual vital force was dynamically out of time," and that it was inconceivable that any man who had been taught pathology could act so from conviction. The other scientific witnesses spoke to the same effect, saying that from the point of the profession homœopaths rank as quacks. As it happens, however, the Bavarian law recognizes homœopaths, and in the end the editor had to pay a nominal fine and costs, although it was clearly established that there was no question of personal malice. For a long time past the homœopaths, in this country at least, have been holding out the olive branch to those whom they are pleased to call "allopaths," or "antipaths," for they are tired of being cold-shouldered by the self-respecting members of the profession, and they are willing, as expressed by the mouths of some of their leading spokesmen, to give up their sectarian character. No doubt it would suit them well to be able to meet scientific physicians in consultation in dangerous cases, and to have eminent surgeons to operate on their patients when they are in difficulties, so long, that is, as they can retain the hold that they have on the section of the public who see magic in the blessed word "homœopath." But the homœopathic practitioner cannot have it both ways, and while he professes to practice a hole-in-the-corner system he cannot expect scientific men to meet him and recognize him as one of themselves. In this country, as in

Germany, it may not be legal, or even scientific, to call a homœopath a "quack," if a quack is taken to be "a boastful pretender to medical skill that he does not possess," but the gulf that separates the man who holds that pathology of disease to be the basis of rational treatment from one who holds that pathology is irrelevant to treatment, and that the "vitality of symptoms" is the true guide to the prescription, is one that cannot be bridged. The homœopath of today is certainly very far removed from the enthusiast who held that the "itch was the cause of seven-eighths of all chronic diseases" and that "by the trituration and succussion of drugs there is an actual exaltation of medicinal power, a real spiritualisation of the dynamic property, a true, astonishing unveiling and vivifying of the medicinal spirit." They have indeed given their master the go-by in almost everything; they do not scruple to use remedies that confessedly act on allopathic principles, and they admit the virtues of such a radical antipathic ally as surgery. In fact the homœopath now is very much of an eclectic, and when he hears a method of treatment is doing good he does not wait to see if it acts on the "*similia similibus*" or the "*contrari contrariis*" principle before adopting it in his practice. He reserves his globules of *Bryonia* and his pilules of *Pulsatilla* for old ladies who have not much wrong with them, and for children who will get well if not treated much with anything, and if taxed with inconsistency, he will exercise a deal of casuistry to show that a potent treatment, such as antitoxin in diphtheria, is quite admissible under homœopathic rules. Indeed, the most wonderful thing about the modern homœopath is his aptitude for sophistries, and the amount of ingenuity he can expend on showing that in spite of all appearances he remains a homœopath is worthy of a better cause. But in so far as the homœopath is removed from a quack and approaches to "allopathic" standards, it is difficult for the unsophisticated to believe in his disinterestedness, and, quack or no quack, it behoves the medical profession to give him a wide birth while he continues to obtain practice on the pretence of having some esoteric principle up his sleeve. When he confesses that he is prepared to drop his sectarian title and to do what is best for his patient, irrespective of system or creed, it may be feasible to absorb him into the general rank of the profession. But that day is not likely to come in this generation."

## THE THERAPY OF TYPHOID FEVER IN FRANCE.

Hospital Saint Jacques, Paris.

(As reported by Dr. P. Jousset.)

The treatment of school cases of typhoid fever at this day, owing to their frequency and the amount of clinical experience thus gained, has become systematic.

*Aconite* (tincture, 10-20 drops) is only indicated in the first week, when the fever is attended with a quick and vigorous pulse, with red face, thirst and restlessness.

*Veratrum vir.* (tincture, 5-10 drops) is used by American physicians in the same clinical symptoms; but in France it is used very rarely.

*Ipecacuanha* (1st tritur.) in a fever less violent, when nausea and diarrhœa set in, without much thirst.

*Baptisia* is much favored at present. It is said that *Baptisia* is able to cut short typhoid fever. This erroneous idea comes from a defective distinction between cataleptic\* states and typhoid fever.

At the end of the first week and during the time that the disease shows itself chiefly in the intestines and the brain, the treatment may be as follows:

• For diarrhœa: *Acidum mur.* or *Acidum phosph.*

*Acidum mur.* 3 is indicated in frequent greenish stools, now and then discharged involuntarily; flatulence and distension, stomatitis, with swelling of the gums, dryness of the mouth, coated tongue while the tip is red. This remedy also corresponds in a remarkable manner to prostration and a high fever-temperature.

*Acid. phosph.* is used under the same conditions; but it should be preferred when the stools are light-colored instead of being dark green. An involuntary discharge of stool and urine confirm this indication.

As soon as the brain shows deliria and states of excitation, three remedies are indicated from the solanacææ:

*Belladonna* 3 (or tincture) in a loud delirium; merriment, at times also frenzy, hallucinations, a red face or one cheek red and the other pale, violent pulsation of the carotids and involuntary

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\*Jousset here takes catalepsy in the sense of the older school of doctors as *morbus suigeneris*, while at this day it is only regarded as a symptom.

evacuations especially indicate this remedy. The mouth and tongue are dry, the teeth coated.

*Stramonium* 3 (or tincture) has the same conditions with one notable difference: deliria with furious frenzy and malignity, the face is darker red than in *Bella.*, and tends to the purple; deliria alternate with stupor; when there is a degree of stiffness of the neck and jaw-bones, and the deliria are aggravated by light and noise *Stramonium* is the remedy most indicated.

*Hyoscyamus* 3 (or tincture). The deliria peculiar to this remedy are different from the preceding, less connected, having more the character of insanity. The patient wants to jump from his bed; jerking of the tendons, and in spite of the feverish temperature the limbs feel cool. The deliria are aggravated by drinking.

These medicaments are given by night, while *Acid. mur.* and *Acid. phosph.* are given in daytime.

But when the pulmonary symptoms predominate, when there are symptoms of broncho-pneumonia, *Bryonia* and *Ipecacuanha* and other remedies related to these symptoms must be used

If in spite of these remedies used from the beginning of the disease there is an aggravation of the state, then other remedies must be used. So also when we are called to a patient who is already in an advanced state of the disease.

*Arsenicum* (6-3 tritur.) is the chief remedy directed against, the high temperature; it corresponds to a severe state, the pulse is small and weak, very frequent, at times irregular, very frequently the face is pale with an expression of mental alienation; there is great prostration with trembling of the limbs, tendency to heart failure, very rapid emaciation, anxiety, restlessness. In this condition instead of the usual delirium, there is typhomania, a mixture of stupor and delirium, with a murmuring of unintelligible words, the mouth is dry and covered with crusts, the tongue is leathery, and the patient has difficulty in putting it out; gnashing of the teeth, unquenchable thirst or absence of thirst; stools dark green, very foetid and copious, frequently discharged spontaneously. The urine is retained, or passes off involuntarily. This is the complete image, dominated by *Arsenicum*.

*Mercurius sol.* (3 trit.) is indicated, when intestinal symptoms predominate, very copious and foetid stools, very severe stomatitis, the gums ill-smelling and bleeding, unquenchable thirst, the tongue white-coated and moist, but sometimes dry like a piece of wood, the face pale; typhomania or somnolence.

*Rhus toxic.* is highly recommended by German physicians in septic cases, but we have no clinical experience as to this remedy.

*Carbo veg.* 30 is indicated in the very severe feverish conditions, especially when a collapse threatens.

In the severe cases it is the main thing that the physician should keep himself informed as to the state of the heart. In this stage of the disease many patients are lost from heart failure. When the tones of the heart grow weak, and especially when only one can be plainly heard, we must hasten to apply a heart tonic. *Digitalis* is probably the most reliable. Already Hahnemann and the older homœopaths recommended it in the advanced stages of typhoid fever. *Crystallized Digitalin* is a preparation even stronger and more reliable. To satisfy the indications presented in these cases, small and oft repeated doses will suffice: three drops of the 3 dilution every two hours, until the muscle of the heart recovers; in very urgent cases the subcutaneous application is to be preferred.

*Sparteïn sulph.* (1 trit.) may be used under similar conditions. *Caffeïn* and *Oil of Camphor* are less reliable in their action.

COMPLICATIONS: *Epistaxis.* Besides the usual remedies for epistaxis, we should, in typhoid fever especially, consider *Phosphorus* 6.

*Hæmorrhages from the bowels.* These hæmorrhages are peculiar to typhoid fever; if they appear toward the end of the disease, and in moderate quantity, the prognosis is favorable. But very frequently deeply penetrating ulcerative processes are involved, and in such cases these hæmorrhages present a grievous and often fatal complication. The remedy prominently indicated is *Acidum phosphor.* Clinical experience has proved the excellent effect of this remedy in the plurality of cases.

*Ipecacuanha* (1 tritur.) is also indicated pathogenetically to a great degree; it corresponds especially to black stools. We generally use it in alternation with *Phosphorus*.

Of other remedies we would mention *Hamamelis*, *Lachesis*, *Mercur. corros.* and *Ergotin* (subcutaneous). But the two first mentioned are by far the most reliable.

We should not omit the application of ice in bladders as an adjuvant.\*

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\*Though we should remember that, in spite of the painstaking investigations of Ziemsén, the computation of the depth to which the effect of ice penetrates is very unreliable, and that in many cases the exact locality of hæmorrhages is difficult to determine; and that the local vesicular contraction by cold is followed by a collateral enlargement, so that the intention of the therapist is frequently perverted into the opposite.

In severe cases I would recommend, beside the above remedies, the injection of a solution of common salt in a dose of 500 grains, to be repeated every six to twelve hours. Injections of gelatine (50 grains) also give very favorable results in hæmorrhages

*Perforations of the intestines.* This complication, peculiar to the last stage of the disease, can only find a favorable issue by an absolute rest for the intestinal canal. The patient must remain immovably quiet, lying on his back, receiving *Opium* in massive doses, as follows: at once for one dose 0.05 grain, then afterwards, every hour, 0.01 grain. When perfect rest has been attained, the remedy may be given at greater intervals. The application of a bandage of sticking-plaster to firmly fix the abdominal membranes will serve as a support.

It will easily be seen, that under such threatening circumstances it would be childish to give a remedy to heal up the ulcers. Of late years laparotomy has been occasionally used with success.

In *diffuse peritonitis Colocynthis* (two drops of the tincture), *Arsenicum* 3 and *Carbo veg.* 30 are chiefly to be considered.

*Tympanitis* calls for *Taraxacum* (20 drops of the tincture) or *Lycopodium* 30.

*Decubitas and Gangrene* All the rules of hygienic nursing must here be observed. Change of the position of the patient, washing with *Arnica* and a water-pillow.

*Attack of pernicious fever.* If severe symptoms concur every day with the patient, always appearing at the same time, *Chinin. sulph.* (10 divided for adults into two doses with an interval of half an hour) given at the period of intermission of the fever, will essentially assist in the treatment of this complication.

*Forms of stormy progression.* *Aconitum* or *Veratrum vir.* should first be given in very vigorous doses. From the third day onward *Arsenicum* (3 tritur.) becomes the chief remedy, followed by *Carbo veg.* 30, *Lachesis* 6, *Secale cornut.* (tincture). The particular indications have been given before.

*Lighter forms (Typhus levissimus).* The treatment remains the same as in the school-cases. But great care must be exercised in nutrition, as the patient very soon regains his appetite and therefore eats too much. It should be known that perforation occurs most frequently in this form of typhoid fever.

*Baths and washing.* Cold and warm baths have been used for the treatment of typhoid fever at all times. Warm baths are indicated by high temperatures, restlessness and delirium. They

may be of great use, but should not be used with patients of feeble heart power.

Cold baths are given in two ways. They were formerly applied as douches in delirium or in a threatened collapse. The patient was seated naked in a bath-tub and four to six buckets of cold water were poured over his shoulders, when he would be taken back to bed and rubbed down energetically. Under such treatment the delirium would for a while give way, the strength increased and the disease took its normal course.

At this day (according to Brandt's method) the patient is seated in a bath of 72° to 75° F., in which the patient is left for ten minutes, after which he is put back into his bed where he is lightly covered. The bath is repeated as often as the temperature rises over 102° F., thus every two to three hours.

Cold douches are indicated in the forms which take a very rapid course, and also in very severe cases of the ordinary form. We do not use the baths after Brandt's method: 1. Because the mortality amounts to twenty-five per cent. (chantemesse), which is enormous. 2. Because sudden death may ensue from collapse, pneumonia or intestinal hæmorrhages. I might say that this method is very difficult and laborious in its application.

*General rules.* During the whole duration of the disease, the patient is only to receive liquid food, cooked or raw milk, if the stomach will bear it; otherwise beef-broth and soups. Abundant supply of liquids is permitted. In case of weakness, wine and water or grog. When convalescence begins, nutrition must be watched very carefully and we can only return slowly and groping along cautiously to solid food; thereby relapses may mostly be avoided.—*Mémorial de Thérapeutique Homœopathique.*

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## HOMŒOPATHY BY THE SICK-BED—CURE OF A CASE OF TWENTY YEARS STANDING.

By Dr. Stauffer, Munich.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*, August 25, 1904.

Prof. K., sixty-one years of age, has been suffering from habitual constipation for about twenty years. In the year 1895 there was an obstruction of the stool which is said to have lasted for

thirty-five days, and was only finally relieved by digital manipulation and unnumbered lavements of oil; all imaginable purgatives, clysters, as also massage, electricity and hydropathic measures, as well as the various springs, had been tried. In his early twenties he had a case of hives—cured with *Mercury*. When about twenty-five years old he had malaria; later on twice abdominal typhoid fever. I have known no patient who has given himself up with equal trustfulness and perseverance to medical treatment. He always remained for one or two years under the treatment of the same physician, before looking for help elsewhere. His firm character may further appear from the fact, that this highly cultured gentleman was always treated by the “purely scientific” school, and that he came to me full of prejudice against Homœopathy. I took up his treatment after he had been treated immediately before for a full year by one of the first specialists in diseases of the stomach and intestines, by whom he had been daily treated with massage and electricity. The essential nature of the disease had never been clearly made out, so that, exceptionally, he had no diagnosis to furnish me. The severe previous diseases, the massive doses of medicines used, etc., had wrought such a confusion that a “purely scientific” treatment would have required some fifteen to twenty remedies to be compounded together at one time to combat all his symptoms.

*Nov. 24, 1902.* Status: The leading symptom is *Constipation*. A stool can only be obtained by the use of Bitter-water, and simultaneous lavements of one to two quarts of soap-suds. At night there would be repeated *urging to stool without result*, with great pains in the abdomen. Much *flatulence*. Occasional bleeding from the *hæmorrhoidal knots*. Itching of the anus. Every evening at half-past five there is a contraction of the abdomen, now here, now there; the pains increase up to the most violent colic. At the height of the attack, there is nausea, salivation, retching and *vomiting* of bitter green mucus and bile, often with remnants of the ingesta; then relief. Much sour eructation, *heartburn*. There is no appetite at all; early in the morning especially, there is a bitter taste. Aversion to *bread and meat*, with occasional *voracious hunger*, but a sensation of fulness, aversion and heartburn *after the first morsels* are eaten. Afraid of every heavy article of food, with the idea that it would cause great ailments and pain. *Insomnia*, he can usually only get to sleep early in the morning; *tired and wretched feeling in the morning*. Oppressed,

despondent and *melancholy* in mind, averse to being alone; at the same time *irritable* and passionate; all the symptoms worse after getting vexed. His ability to work has much suffered through his long continued illness, he complains of *weakness of memory*, but only occasionally.

The urine shows no albumen nor sugar, but there is frequent urging to urinate; the urine clings to the vessel and smells strongly, it has frequently contained *sand and grit*.

The complexion is *yellow*, the eyes are sunken in with dark rings around them; some smaller and larger brown spots in the face, especially about the cheeks and the temples. Emaciation attended with a distended abdomen, thin legs and a very flabby skin. Emphysema of the lungs. *At every cold there is a tendency to bronchial catarrh*. Heart action is good, The abdomen is much distended and very sensitive in the hepatic region and on the left side in the region of the descending colon. The liver is too large by two fingers' breadth, with a dull edge, harder than normal and sensitive to pressure. In the whole of the left side of the abdomen there is resistance, doughy as from a large, thick sausage, painful on pressure. The patient states that for years he has felt an extended swelling toward the hipbone, and from this swelling the pains mostly originate. This swelling could not be easily distinguished while the patient was lying down, but only while he was standing; when pressed upon it was not momentarily sensitive. The inguinal glands on the left side were large as beans.

There could be no doubt as to the remedy to be selected. The patient received *Lycopodium* 30 D. ten drops in a tumblerful of water, to be emptied during the night. Then he should pause a few days, using no laxative, except when necessary a lavement of warm water. Diet as before.

*Dec. 1, 1902.* The colicky pain still returns at 5:30 P. M., but is not so violent; the pain now is localized inferiorly on the left side of the abdomen, it is more burning, there is numbness there and great weariness. The nights are very bad, he has to go to stool six or eight times, the discharge being spontaneous; a little thin, pappy, foetid old stool being discharged. Vomiting has ceased, there is no appetite, the tongue is coated white. Heartburn. Violent urging to urinate; the urine is discharged drop by drop, burning. The urine is dark, with a sediment. Enuresis toward morning. Prescription: *Lycopodium* 30 D. one dose early in the morning, then a pause.

*Dec. 8, 1902.* Improvement. There has been no pain during the last days. The stools are still frequent, but more copious. The secretion of urine is less painful and more copious. There has not been any more enuresis. An examination showed that the region about the colon descendens was more empty; the flatulence is less, the liver less sensitive but it remains swollen. The swelling above the hip-bone may now be felt very plainly. It is somewhat thicker than a thumb, and is about eight inches long, of a serpentine course, freely movable; when lying down, it falls back, when it is followed upward it is seen to connect with the movable, sunken kidney. When the kidney is slowly pushed upward, the serpentine swelling stretches out. It thus became manifest that there was a loose kidney, and the swelling noticed was a thickened ureter. This was troublesome only occasionally, and as it seemed to me, only when the intestines were full and caused a bent in the serpentine ureter with congestion in the basin of the kidney. Later on I showed the patient how to push up the sunken kidney, and then he was easily able to relieve and remove the pains appearing in that region.

*Dec. 15, 1902* Improvement. The stool is non-spontaneous, every day two or three times; the stools are large masses of fæces, of a partially solid consistency. No more colic. Sleep very good, his strength increases. The appetite is excellent; he can now, without the least discomfort, partake of food which he had not dared to look at for ten years: *Lycopodium* 30 D., one dose in the morning before breakfast.

*Dec. 22, 1902.* Further progress; no more ailments. Sleep and stool are normal. Has eaten saur-kraut and liver-dumplings without any ill effects, and he drinks his glass of beer, which he has not been able to do for years. He goes out into society and enjoys life again, as he has not been able to do for a long time previous.

*Dec. 29, 1902.* Occasionally there is still an urging to micturition and defective urination; often he has to wait quite a while before the urine is discharged; the urine has a slimy sediment. Hypertrophy of the prostate glands: *Sabal ser.* 1.

*Jan. 4, 1903.* Improvement in the urinary troubles. The general condition is excellent and it continued so. In the summer of 1903 there was a violent attack of gall stone colic, which yielded to *Berberis* 6 and *Atropin sulph.* 3. For the enlargement of the prostate glands *Pulsatilla* 6 D. was given for some time,

and later on *Acid. picric* 6 D. and it continues in a tolerable condition. About once in two weeks a dose of *Lycopod.* 30 is interposed, and under this treatment the patient feels well to this day, traveling about and drinking as he feels inclined.

If we now examine this case as to its chief features, we find besides the lues (*Lycopodium* is an antidote in chronic poisoning with *Mercury*), two attacks of typhoid fever passed through, and this doubtlessly left behind cicatrices in the intestines, which caused his tendency to constipation. This was combated with all manner of laxatives, producing a sort of paralysis of the intestines. The products of decomposition in the intestines, the intestinal poisons, reached the liver through the system of the mesenteric vein, causing irritation of the liver and swelling of the same, also congestion of the bile and thus indirectly a defective digestion in the duodenum (not to mention the formation of gall stones). How then could the stomach under such conditions properly perform its functions, and how could there be appetite and digestion in the stomach? He had no desire for anything, and in time became catarrhic, with eructation, heartburn and an excess of acid in the stomach. A further consequence of the congestion in the mesenteric vein showed itself in the hæmorrhoids, the hæmorrhages from the anus, and probably also the hypertrophy of the prostatic glands, and its consequence, the disturbed function of the bladder. The movable kidney and the enlargement (?) of the ureter I consider to be an independent matter. But the mental and psychical disturbances are probably to be explained as secondary effects of the defective function of the abdominal organs, especially also of the liver; the emaciation also, which was soon removed after the digestion again became regular, is also to be ascribed to that cause. The thread might be spun out further, but this will suffice.

The choice of remedy was simple: liver-spots, yellow complexion, with rings around the eyes, depression of mind, with irritableness, increased by anger; acidity in the stomach and bitter eructations, voracity and instant satisfaction and sensation of fulness on eating; colic, swelling of the liver, constipation of the most severe kind, hæmorrhoids, sand and grit in the urine, urging to urinate, with ineffective urging to stool—all this was sufficient to plainly indicate *Lycopodium*. In such a case I consider it of more importance to diagnose the remedy than to diagnose the disease. It is of more use; though there is a double

satisfaction in finding out also in a "purely scientific" manner the actual cause of the disease.

The high potency of *Lycopodium* was used, because experience has shown that this remedy acts better and more permanently in the higher dilutions; then, also, as I was at once convinced that this remedy was the right one, and where this is the case, the homœopath may safely take the higher potency, which will effect more than the lower ones. Finally, the result also shows the efficiency of high potencies, which I do not, however, use exclusively, and who ever will not concede their effectiveness in this case must be afflicted with blindness.

### Another *Lycopodium* Case.

Mr. E., general dispatcher, forty-eight years of age, came to my office June 23, 1903, and complains that he has been made very anxious, because now for two days he can only see one-half of the objects before him; *the right side of objects in a perpendicular section* not appearing to his eyes. If he closes the left eye the disappearance is still more manifest, while when he closes the right eye, one-half of the objects seems veiled, indeed, but can still be seen. When the patient wishes to read he must hold his book now closer, now at a greater distance from his eyes, and the print coalesces, he sees as through a veil, with lachrymation of the eyes. Nothing can be seen in the eyes themselves. I have known the man for years, and know that owing to the strenuous service in the telephone department he is *overstrained*. Lately he has also had to travel much to gather information and was overstrained and excessively exhausted; this exhaustion is plainly visible in his appearance. Besides this, he has had a great deal of vexation in his office as inspector these last days. He feels heaviness in the head and dullness, with a whirling *vertigo*, especially on getting up. Prescription: *Lycopodium* 5 D., three drops, three times a day.

A few weeks later he again consulted me on account of constant headache and I then found out that the perpendicular half-vision had completely disappeared after three days, on using *Lycopodium*; he was able to continue at his work.

But how do we find out the right remedy in such a case, offering so few points to take hold of? Perpendicular hæmiopia is too slight an indication for the selection of a remedy. Still, when we see this symptom, we at once think of *Lycopodium*, *Natrum mur.*,

*Calcarea carb.*, *Aurum*. It was by a further consideration of the anamnesis, and by considering the attendant circumstances (over-exertion, exhaustion, sequelæ of vexation, whirling vertigo), and partly by exclusion (*Aurum* has horizontal hæmiopia), that we approach the right remedy. I was also assisted by the fact, that shortly before I had treated this patient for right-sighted tonsilitis, in which *Belladonna* had not been a striking success. Probably *Lycopodium*, if it had then been given, would have cured more quickly and might also have warded off the eye-symptom. (*Lycopodium* acts especially on the right side.) Without a searching examination and a careful consideration of attendant circumstances, our homœopathic materia medica may easily leave us in the lurch.

It might be stated that the disturbance, which was manifestly a nervous one, would have righted itself; this we may grant; but I would point to the fact that the patient did not stop working, and that the cure was effected very quickly, and that *Lycopodium* offers the following symptoms: hæmiopia, the right side of objects being invisible, etc.—owing to this fact I believe that it was an effect of *Lycopodium*. Allopathic materia medica offers nothing about *Lycopodium*, but that it may serve to put pills into it, and may be strewed on in a case of intertrigo; thus absolutely nothing about the curative effects of *Lycopodium* is known to allopathy.

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## SUNLIGHT AS A DIAGNOSTIC AND PROGNOSTIC AID.

By Dr. Mossa.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
Sept. 8, 1904.

It is an old saying, and one well known among the common people, that patients who easily get sun-burned by sunlight, of course, especially in summer, whether in the face or on other parts of the body, have more chance for recovery than those whose skin remains unchanged from the sun.

Rikli, the apostle of light-cure, says concerning this fact: "An interesting and at the same time very useful observation, so as to enable us to judge of the virulence of the disease, is offered by the various degrees of sun-burn or tanning, appearing on exposure to the rays of the sun. All possible shades from the white-

ness of linen even to a scarlet red, and later on even to a mulatto-brown, may be observed. By many years' experience it has been established, that the more quickly and completely the skin is tanned, the more surely we may expect the patients to improve and to get well, and so also inversely. The less the skin of a patient is tanned, the more unfavorable will be the prognosis as to his recovery. On the arena of the sun-bath gallery in Veldes there are patients who have regularly used for several weeks during the worst heat of July and August the sun-baths and light-baths, and yet remain after all as *white* as a wall, because with them the corpuscles of blood are preponderatingly bound by the process of the disease, *i. e.*, they are kept back from going to the circumference. In such cases, however, our prognosis must be, that the case is incurable. Persons who have eancer, tuberculosis, softening of the brain, etc., remain as white as they were before they exposed themselves to the sun-bath "

We opine, that it is not only the defective circulation but also the morbid constitution of the blood itself with such patients, which prevents the action of the rays of the sun on the cutaneous organ.

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## PSYCHOLOGY OF THE HOUR OF DEATH.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*,  
Sept. 8, 1904.

We know but little as to that which takes place in the human soul and in the human body in the last hour of life, and psychology has mostly confined itself to studying the last hours of criminals who are condemned to death. But with such persons the approach of death and the state of mind connected therewith are so abnormal that we cannot likely draw any more general conclusions therefrom. First of all, the death agony with them in its proper sense is lacking; this, indeed, is not even recognizable always in a natural death. What we know as to the psychology of the hour of death is given us in a very vivid manner in the *Blaetter fuer Volksgesundheitspflege*, according to the investigations of Dr. Naecke. Of man's senses, the sense of hearing seems to endure longest, even when consciousness is already obscured, as dying persons usually answer a loud cry by a motion of the head, of the lips or of the hands; definite questions sometimes

even being still answered with quite rational words. The sight of the eyes usually fails earlier. As to the state of the mind in general, this may either be clear till the last breath or it may experience an obscuration of a greater or lesser degree for a shorter or longer period before that event. Complete clearness of mind up to the last moment is rare, but the spirit after a severe obscuration frequently flares up again for a brief time. The diminution of consciousness may come either through a dreamy state, or in consequence of a confusion, which may also ultimate itself aloud in disconnected words. It sometimes happens that the dying person, after a slight obscuration of the mental powers, rises yet to a wonderful height, and then speak words which astonish the hearer and cause the dying person to appear like a prophet. But this is by no means the rule, not even with men of prominence; at least we are taught by experience that dying persons generally make but indifferent and unimportant remarks. It is a mistake to think that every great mind must utter in his dying hour something great. Nor can we state what should be believed as to the fact that many dying persons pass hurriedly as in a vision or panorama through their whole life or at least through their youth. The transfiguration of the countenance of dying persons may far more easily be explained from the bodily side than from that of the spirit. When after a severe death agony or after violent pains which have impressed on the face the stamp of the greatest anguish, a soft expression of the features appears; this may be explained by a relaxation of the muscular tension, the influence of which must be all the more important as a face is more spiritual. It is worthy of notice, that the so-called fear of death as to its essentials must be conceived of as a product of cultivation. People living in a natural manner have as little of this fear as children. On the other hand, it is indubitable that religious influences may serve to suppress this fear, but they may also strengthen it. The influence of culture on the increase of the aversion to death may be clearly recognized and is also explicable, for with culture the tendency to self-preservation and the love of life increases, because life has become richer and more valuable through culture. We may, therefore, well say, that a diminution of the fear of death is an evil "sign of the times" and the increase in the number of suicides points in the same direction. Comparative research teaches that Germanic tribes always clung to life more eagerly than the Southern Romans or the Slavs; so that difference of race also make an important difference.

## EPISTOLARY PRACTICE OF HOMŒOPATHIC PHYSICIANS.

By Dr. Mossa, Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
June 1, 1904.

From an interesting article on this subject we excerpt the following epistolary cases:

I. In June, 1891, I received a letter concerning a five-year-old boy who had been healthy and merry, but who for the last six or seven weeks had been hard of hearing, and who for the same length of time had been suffering from catarrh, first a running catarrh, but afterwards no more mucus was secreted, but the nose was obstructed, so that he had difficulty in breathing, especially by night. He is, besides suffering from cough, the most and worst attacks of coughing occurring in the evening. An (allopathic) physician living in the place had been consulted, who diagnosed it as catarrh of the fauces which has extended to the ears and nose. He prescribed gargling with salt water and drawing this up into the nose. But that was of little use. The boy had no pain in the ear.

The diagnosis in this case, even when made at a distance, offered no difficulties. It was one of those protracted catarrhs which extend from the throat to the mucous membrane of the nose and of the Eustachian tubes. But as to a "general view" of the case, the statement offered no clue. The complex of symptoms was the only thing that could enable me to find the simile. But as to these symptoms, there was quite a competition of remedies, among which *Ammonium carb.* appeared to me finally to be the most suitable. In this we find the combination of "catarrh with hardness of hearing," "obstruction of the nose chiefly at night," "the nose is at night so obstructed that she could only breathe through the mouth"—a symptom that has been often verified, especially with children. I sent several powders, each of which contained five pellets of *Ammonium carb.* 30, directing that the child should receive one powder for three evenings and then to make a pause, and to repeat the remedy after a three days' pause only if necessary. The effect was striking; even after the first powder there was an improvement, so

the father wrote me on July 19th, and this continued, the hearing becoming again quite normal.

II. A brother of this little patient, two years older than he, was seized in the year 1892 with scarlatina with a violent inflammation of the throat, with a diphtheritic coating of the tonsils and a swelling of the cervical tissue. The father had given him *Belladonna* and *Mercurius cyanatus*. In the meantime the skin began to scale off. During this time there was an issue from the right ear and since a few days the boy became hard of hearing. On account of this symptom the boy's father wrote to me. In characterizing the child he remarked: The boy from infancy has always been lively and easily excited, without having been sick. If he suddenly sees something unexpected, if a dog runs by, a flock of pigeons flies up, or his brother rocks about, he excitedly moves his hands, yea, his whole body; as the Swabians describe it, he is "jerky," nervously excitable.

On account of the symptoms and his natural disposition, I considered *Hepar sulph.* to be indicated and sent a number of powders of the 30th potency.

In two weeks, April 22, I received the report that his ears were no better, and that a swelling had appeared in the ear. The copious flow is sharp and corrodes the parts of the cheeks which it touches. There is also fever in the evening. The swelling of the throat has not yet disappeared. In order to satisfy the indications, I then took two remedies, *Baryta carb.* 6 dil. and *Kalium chlorat.* 6 trit. two doses of these remedies were to be given daily in alternation.

May 10. The flow from the ears is milder, less copious and more clear. The swelling of the throat has diminished to a minimum. The face is free, but now came the trouble: the urine is less in quantity and appears black like coffee-grounds. No appetite; the little boy only craves for cider, beer and sausage. The nose is dry; he often bores in it. He is very peevish. The face is pale.

Any doctor would at once see that the process of the scarlatina, as is frequently the case, when the disease has seemed to have run its course, had affected the kidneys, and nephritis was threatened. Besides this were the symptoms pointing to irritation of the brain, *i. e.*, invermination. The patient received a few doses of *Cina* 30 and *Acid. nitric.* 30, and between these a dose of *Sulph.* 200.

May 19. The albumen test had for some time shown a con-

siderable quantity of albumen, but on the day the letter was sent the color of the urine was no more brown like coffee, but lighter, the quantity being in proportion with the liquids consumed. The fever has ceased. The mood is more cheerful, he likes to play again. The appetite is still only moderate. The flow from the ear is diminished and lighter. Some days ago a lumbrical worm was discharged.

I would here remark that, in addition to the remedies mentioned, the boy had taken twice a week a warm bath at 28° temperature (82.4° or 95° F.) of fifteen minutes' duration, after which he was wrapped in a woolen blanket to perspire in addition for half an hour or three-quarters.

To have treated a morbus Brightii by letter is quite a serious matter, and we thank God when we are successful. The boy had nothing left over from his scarlatina, for the flow from his ear has ceased, and he can hear again with his right ear as well as before.

To wind up the treatment, the boy received yet for a while *Calcareæ phosphor.* 6 trit., which contributed to his complete recovery.

III. The third case is that of an adult, which has some points of interest. A man above forty years, who works in the fields and meadows, wrote me about his case on August 26, 1895, as follows:

Six weeks ago while working—it was a hot day in June—he was perspiring, when he was wetted through by a heavy shower. He usually wore a woolen shirt, but on account of the heat, he had taken it off. He took cold with feverish symptoms, sore throat and general aching of the limbs. From his medicine case he took *Aconite* and *Bryonia*. His sore throat improved, but he had pains between the shoulders which were almost unendurable. On the right side the pain extended from the shoulder down into the elbow, and from the axilla it extended around into the upper ribs. He felt as if an iron ring had been put around him between the arms and the chest. It was worst at night. The fever continued with much thirst and lack of appetite. But he could take a deep breath without pains.

Finally on the fourth day perspiration set in and with it improvement, so that he could get up again and do light work. But in five days the fever returned, a chill running down his back. He took *Aconite* and *Mercury* and rubbed his back with spirits

distilled with pine sprouts; in five days he was better. Two weeks ago the frightful pains between the shoulders returned with increased fever, and the *left testicle*, which had for several days been sensitive to pressure, became *inflamed* and very *painful*, swelling up to the size of a *goose-egg*. Soon also the *left spermatic cord* became swollen and painful. The physician prescribed fomentations with powdered linseed, first cold and afterward hot, gave him a brown foetid ointment to rub in, and between his shoulders he was rubbed with camphor oil (or liniment). The inflammatory symptoms gradually diminished, but the swelling remained and was somewhat painful in walking, lancinating pains in the left spermatic cord also still continued.

He received some more ointment and medicine (perhaps *Iodide of Potassium*) from his physician, and since his condition would not improve he talked of a surgical operation.

Status præsens on August 26: The left testicle is hard, in size larger than a hen-egg. He feels better when lying down, though in the evening when going to bed he feels some fever, which reaches its acme between one and two o'clock at night; this is followed by perspiration. Also when he is up and moves around, he is apt to perspire; he also feels chilly occasionally in the daytime. The appetite is good, the stool occasionally hard. He has to urinate frequently, the urine still leaves a somewhat burning sensation. (At first this burning sensation was intense).

*Diagnosis.* Many data were still lacking in this otherwise good report to enable me to make a strictly scientific diagnosis. The part played by the kidneys in this ailment was not *e. g.* quite clear. Peculiar in this case was the affection in the infrascapular region and the orchitis sinistra which appeared last. Syphilis or gonorrhœa were excluded. The rheumatic process alone could be considered as cause.

*Prescription:* After putting aside the former remedies, the patient first received some doses of *Sulphur* 200, partly on account of the protracted, sub-acute fever with frequent perspiration, partly on account of the swelling of the testicle and the frequent urination with burning in the urethra. This remedy was also to excite the morbid organism to reaction. Then a pause for a few days, followed by a few doses of *Spongia* 30, a remedy which has not only a hard swelling of the testicle but also of the spermatic cord, as also the symptoms of a slow fever with copious perspiration in the morning. The patient was directed to wrap the scrotum in raw cotton and to wear it in a suspensory.

I received a report on October 25th, and this was quite favorable:

The fever had soon ceased; the pains between the scapulæ and in the upper part of the chest were gone and, what was most important, the swelling and painfulness in the left testicle and spermatic cord had ceased. The testicle had almost resumed its former size. The man was satisfied with this result and so was I. Thus a real cure without a surgical operation had been effected by internal medication and through epistolary treatment. That such a testicular swelling of rheumatic origin is reabsorbed more easily than one due to syphilis or gonorrhœa may easily be granted.

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## CURATIVE EFFECTS OF CALCAREA JODATA.

By Dr. Goullon.

Translated for the HOMEOPATHIC RECORDER from the *Leipziger Pop. Zeit. f. Hom.*, June 1, 1904.

*Calcarea jodata* is one of those remedies altogether unknown by allopaths which yet has a most manifest action on a special disease of the tonsils, namely, the hypertrophy of the tonsils or enlarged tonsils. We often find in connection with this chronic catarrh of the fauces. This enlargement is found with adults as well as with children, but much more frequently with the latter. These children—mostly scrofulous—are inclined to angina pectoris (croup and pseudo-croup), to diphtheria and all the various manifestations of scrofulosis, among which we must also number the polypi of the nose, so much talked of at present. By means of *Calcarea jodat.* we can frequently produce such a diminution of the tonsils, that finally they actually seem to be melting away. We only need patience. Chronic diseases require chronic treatment. It is often quite again to obtain only a certain diminution, so as to remove certain concomitant symptoms, such as nightly snoring, and, with children, another ailment which is thought to be connected therewith, namely, a very stubborn enuresis nocturna.

I will here give a very brilliant therapeutic success of this kind,

which clearly proves that our third centesimal dilution has great curative virtues, if we know the specific nature of the remedy and know how to use it within its proper sphere.

This was the case of an adult. For months he had been worried by a catarrh of the fauces. One remedy and another would give some temporary relief. But his voice continued veiled, and the crawling sensation on the right side continually causing cough, hawking and expectoration would not go away, sometimes manifesting itself as pain, else only as a pressure. The fact that it would not move or budge, always remaining in the same place, disquieted the patient, who was about fifty years old. He thought of cancer or some other incurable disease. There was at the time a general panicky fear of polypi in the throat, owing to the operation performed on Emperor William.

When I examined the patient more carefully at the last consultation, I came to the conclusion that the enlarged tonsils I had noticed already before would have to be acted on. On the right side, the seat of the pressive pain showed a hypertrophy perfectly spherical. I had never seen his fauces other than deep red. I had prescribed on this account that he should gargle his throat with *Mercurius corr.* 1 C., which always gave some relief.

Now I remember Dr. Wehsemeyer's advice, always to use *Calcareo jodat.* with such tonsils. From that time the form of the disease, which before became stationary, gave way. There was a manifest relief and at the same time the mucous membrane of the fauces and of the tonsils became paler and the thick right tonsil began manifestly to diminish in size. As in the so-called furrowing process, the tonsil seemed to divide into two parts of varying size, while before there had been a more equable homogeneous roundness. Instead of the aggravation that had been steadily observed before, there was now a cheering improvement which also continued with the further use of this remedy.

If in any case of this kind, especially with children, the result should seem to be too tardy, *Ioduretum sulphuris* is a promising remedy. Though I do not remember having seen any mention of this remedy in any allopathic materia medica, any more than *Calcareo jodat.*

## CURATIVE EFFECTS OF ÆTHIOPS ANTIMONIALIS.

By Dr. Goullon.

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

In cases where the complexion lacks the desired purity and clearness Homœopathy has quite a series of remedies, of which now the one, then again another, and sometimes several in alternation prove useful. Among these are especially, *Graphites*, *Arsenicum*, *Silicea*, *Sulphur* and *Causticum*. At times, however, when but little that is characteristic can be discovered I give *Æthiops antimonialis*, which was even long ago valued in the cure of obstinate forms of scrofulosis of the skin and the mucous membranes.

So I have also used *Æthiops ant.*, 1D. trituration, for some time in scrofulous ophthalmia, giving it morning and evening, or only once a day, obtaining good results.

About four months ago an unmarried lady of thirty years called on me for assistance on account of her "muddy" complexion. The face looked variegated, owing to red spots, partly raised, partly smooth, especially on the nose. Her own mother, indeed, was "*a shining example*" with respect to the latter.

Everyone has seen more or less numerous cases of this kind. At the time of the menses aggravations usually appear. Frequently this is accompanied with disagreeable heat in the face (calling for *Causticum* and *Arsenicum*), or with constipation (*Graphites*), or there is a copious supply of pustules (*Silicea*). In this case, where I was really only requested for advice *en passant*, on the staircase, as I was leaving another patient, I fell back the more readily on this preparation of *Antimony*, as I knew the family were allopathic, and when receiving this preparation they would be able to say: "Here we can at least tell the why and the wherefore."

This applies very well to *Æthiops ant.* in the first centesimal trituration. It looks grayish, and anyone who claims everything as allopathic which tastes or smells or looks different than the pure alcohol or sugar will count also such cures as being allopathic. But it is easy to show that this is a gross error. For there is a whole series of medicines that are used according to the

homœopathic principle of *similia similibus*, though they are by nature already so active that they need no potentizing, but may be given even in a crude form.

But to return to our case. After a few months I learned that the complexion had become "very fair," though the patient had not used nearly all the medicine.

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## DIABETES.

By Dr. Stauffer, Munich.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*, July 28, 1904.

Mrs. v. F., sixty-five years of age, came under my treatment January 9, 1903. She complained of general *debility* and great weariness, disinclination to work and a depression and melancholy, such as she had never known before. Her moods vary, as she is sometimes irritable, then again inclined to weep. There is little appetite, but much *thirst*, also a tendency to *perspire*, with hot skin. Cough with copious mucous expectoration. Œdema on both ankles. Severe *pain in the small of the back*, especially on the right side, better while lying down. These ailments had gradually grown worse in the course of last year. Besides this, in consequence of a deep rupture of the perinæum, there had been for years a *prolapsus ani* and a sinking down of the uterus; also a tendency to diarrhœa, and frequently involuntary stools, in consequence of the defective action of the sphincter ani. Frequent urging to micturition, the quantity of urine discharged daily being between two and three quarts. The skin generally feels hot and moist. Obscurity of vision, especially in a bright light. The visual power of both eyes is depressed, it is quite impossible for her to read small print, even with the spectacles ordered a short time before.

She is large and of imposing appearance, with a strongly developed adipose cushion; the face is bloated, but nothing additional can be reported as to the organs, except a slight bronchitis and a slight fatty enlargement of the heart. In both eyes there is *incipient cataract*; an examination of the urine showed a specific gravity of 1025, with 4 per cent of sugar; a tendency to accumulate fat, and *prolapsus ani*. It can not be exactly determined how long the dia-

betes has existed, as, strange to say, the urine had never been examined; it must in any case have existed for a year—to judge from the symptoms and from the cataracts, which were probably due to it. In correspondence with the symptoms, the patient received *Acid. phosphor.* 3, three drops, thrice a day.

January 24, 1903. Sugar, 2 per cent. Purposely, there was no strict sugar diet. The strength and mood is decidedly better. *Acid. phosphor.* 3, contin.

Feb. 6. Sugar, 1 per cent. The general condition is much improved. Diarrhœa has ceased. Perspiration and thirst are slight. Appetite excellent. Urging to micturition less troublesome, the quantity of urine about two quarts.

Feb. 12. No further improvement: *Kreosotum* 4, three drops, thrice a day.

Feb. 26. Free from sugar. Condition good, except the pains in the small of the back on the right side and in the region of the sacro-lumbar joint. Hæmorrhoidal knots appear and discharge blood. Prescription: *Æsculus hipp.* 4, three drops, thrice a day.

March 4. No sugar. The pain in the back has disappeared, the hæmorrhoids are better. An intercurrent ischias on the left side and simultaneous violent diarrhœa with a cutting colic called for *Colocynth.* 3, as an intermediate remedy. This was given in frequent doses. Curious to relate, the patient herself stated that after this remedy the *prolapsus ani* was much improved, and this effect has persisted till today. In reading up *Jahr's Symptomen-Codex* later on, I found under *Colocynth.*: "Paralysis of the *sphincter ani.*" I will leave it undecided whether the effect mentioned should be ascribed to this remedy in this chronic case; I could more easily understand this in a case of an acute violent diarrhœa with prolapsus of the mucous membrane.

In the further course of the treatment, the sugar never returned. On account of the obscuration of the lense, the patient received consecutively: *Natrum mur.* 30, *Caust.* 6, *Calcarea carb.* 6 and 12. By May 13, 1903, the bodily weight had diminished by ten kilos; the general health was good. By June 17 the obscuration of the lenses had diappeared, and the patient with her spectacles could read even the smallest print.

I would not affirm that every cataract can be cured with homœopathic remedies, but this obscuration of the lenses, accompanying diabetes, disappeared, and neither the obscuration nor the sugar have returned to this day.

**CAMPBOR IN ACUTE ARTICULAR RHEUMATISM.**

By Dr. Schlegel, Tuebingen.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*

I would here make a brief report of an epidemy of acute articular rheumatism, which was confined to one house.

In the family of a farmer living near this place about five years ago, a son, aged seventeen years, had died of heart disease, a consequence of acute rheumatism (which had *not* been treated homœopathically). Since then there have been in this family, several cases of a lighter nature, which were treated by me. A little daughter, three years ago, had chorea and recovered, though she retained a murmur of the heart without other injurious consequence. Now, in the course of last fall five children of the family were taken ill with acute rheumatism. In one case merely one knee-joint was affected, without necessitating an absolute cessation from work. But the other four cases were more severe, and these were daughters, respectively twenty-four, twenty, fifteen and eleven years of age. The first two had had the disease some years before, but the last two had rheumatism then for the first time.

Besides these cases, in the adjoining building (belonging to the same owner) a printer's apprentice, sixteen years old, was taken sick. This case, also under my treatment, proved rather light, with a brief period of taking care and of keeping the bed. A slight systolic murmur of the heart and a strikingly accelerated pulse were present from the first, also in this case. With these four girls nearly all the larger joints were attacked, but the disease had a tolerably favorable course; only each one of these patients had occasional attacks of violent pains in one or the other of the joints, or in the neck, the pectoral muscles, angina of the heart; the two older girls, at the height of the disease, had severe and exhaustive *retching*; all had to vomit several times. There was pretty severe occasional perspiration, but with three of the patients these changed into states of collapse, with chills and cold, so that the patient longed for the return of the perspiration, which, before, they had deemed so troublesome. Among these conditions the angina, the heart troubles and the pains in the joints were the most threatening, though in none of these cases was there induced any organic change in the heart; the trouble

was confined to a functional disturbance and morbid sensations. I believe that such a favorable course of this disease is mainly secured by avoiding a local mode of treatment with cold or a narcotizing treatment. The treatment was, of course, homœopathic, with the well-known remedies. The chief reason which led me to make this report, however, was the remarkable good effects yielded in these alarming conditions by *Camphor*. Some fifteen years ago, during the first great epidemic of influenza, I had to treat the case of a young man, eighteen years old, which began with a violent inflammation of the right shoulder, attended with a long continued chill, during which I also employed *Camphor* (2 dilut.), which was then frequently used. The whole disease was aborted by this remedy, so that my patient could go to work again in a week, though there remained also in this case a murmur of the heart, which caused his exemption from military service.

Now, when one of these girls after the other showed these symptoms, attended with chills, great anxiety and a sunken cast of features, and when the girl who was fifteen years of age even declared that she was dying, I was at once reminded of this action of *Camphor*, the more as the symptoms in these cases seemed to present the exact homœopathic indications for *Camphor*. So I at once gave them some drops of *Camphora 2*, repeating it at every more pronounced appearance of angina and chill, or in the more severe attacks of pains in the joints. The effects were brilliant in all three of the patients who showed these symptoms, and the parents were delighted with the possession of a remedy which in a short time removed all the alarming symptoms, quickly restoring with the patients the normal bodily temperature and the tendency to perspire, also removing the heart symptoms and the violent pains in the joints. Their recovery is now proceeding favorably.

It might prove worth while, even where the camphor-symptoms are less pronounced, to try this remedy in the treatment of this troublesome and severe acute infectious disease, and to communicate the results. In *Camphor* we have a remedy which acts very quickly, so that it would appear very soon, whether it is of any use in the disease, or whether it is necessary to investigate more closely the symptomatology. It may be indicated only occasionally in certain epidemic cases, but it may be of use more frequently and would then prove all the more valuable.

The brother of these girls, whose case was lighter, recovered

from his pains in the knee which were aggravated from day to day by merely putting some *raw Sulphur* into the shoe of the side affected (in the form of a strip of sulphur). He received no other remedy. When the other patients were able to get up, I directed them to put some *Sulphur* in their shoes, a well-known remedy for guarding against infection and intended in these cases as a guard against a relapse. The same remedy is also frequently very effective in ischias.

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### ACONITE.

“*Aconite* causes a prompt removal of inflammatory action without consecutive effect in fevers, called purely inflammatory; acts magically in Measles, Purpura miliaris, in inflammatory fevers with Pleurisy, &c., if the regimen be somewhat cooling; is an indispensable remedy in the most obstinate chronic affections, in which the state of the body requires a diminution of what is called rigidity of fibre, (sthenic diathesis, &c.); is the first and most powerful curative agent in Croup, several kinds of Angina, and other local inflammations, especially when thirst and frequent pulse are attended by great impatience, agitation which nothing can calm, and tossing from side to side in great agony; cures morbid states in persons whose minds have been excited from fear and indignation; is indispensable for females who suffer from fear or contrarieties during the catamenia, which otherwise might be interrupted.”—*Hahnemann*.

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### BOOK NOTICES.

**Simon's Physiological Chemistry.** A Text Book of Physiological Chemistry. For Students and Practitioners of Medicine. By Charles E. Simon, M. D., late Resident Physician, Johns Hopkins Hospital; author of Simon's Clinical Diagnosis, etc. New (2d) edition. Revised and enlarged. Octavo, 500 pages. Cloth, \$3.25, *net*. Lea Brothers & Co., Publishers, Philadelphia and New York.

Dr. Simon has here treated Physiological Chemistry in a manner adapting his work to the wants of the medical student, and of the physician who has previously been unable to devote to the subject the attention which it merits. It deals with foods, their

origin, classes and decomposition products, their digestion, re-sorption and excretion, the chemistry of the tissues and organs of the body, the substances resulting from their activity and their relation to physiological function. The early call for a new edition has enabled the author to include the results of the very active research in this field to date. The chapters on the Albumins, Nitrogenous Katabolism and Gastric and Tryptic Digestion have been rewritten. To render the work still more useful both to students and teachers, laboratory exercises have been added. The methods have been described in such detail that the student should find no difficulty in performing the experiments.

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**Taylor on Genito-Urinary and Venereal Diseases and Syphilis.** A Practical Treatise for Students and Practitioners. By Robert W. Taylor, A. M., M. D., Clinical Professor of Genito-Urinary Diseases in the College of Physicians and Surgeons, New York. New (3d) edition. Revised and enlarged. Octavo, 757 pages, with 163 illustrations and 39 plates in colors and monochrome. Cloth, \$5.00; leather, \$6.00; half morocco, \$6.50, *net.* Lea Brothers & Co., Publishers, Philadelphia and New York, 1904.

A very comprehensive work, embracing the entire range of diseases affecting the genito-urinary organs of both sexes, excepting those which are purely gynæcological. In addition to the non-specific ailments, gonorrhœa in all its phases and syphilis in all its conditions and relations have been fully considered. The author has endeavored to present trustworthy, conservative and practical treatment in full detail, and while surgery proper has received ample attention, it is considered as being but a part and not the whole of genito-urinary therapeutics. The work is profusely illustrated with most original cases of the author.

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**Magee & Johnson's Epitome of Surgery.** A Manual for Students and Practitioners. By M. D'Arcy Magee, A. M., M. D., Demonstrator of Surgery and Lecturer on Minor Surgery; and Wallace Johnson, Ph. D., M. D., Demonstrator of Pathology and Bacteriology in Georgetown University Medical School, Washington, D. C. In one 12mo volume of 295 pages, with 129 engravings. Cloth, \$1.00, *net.* Lea Brothers & Co., Publishers, Philadelphia and New York, 1904.

The authors and editor have made an earnest endeavor to furnish an authoritative, clear, compact presentation of the essentials of modern Surgery. While this little volume is by no means intended to take the place of a text-book, it will be found convenient for study many times when a large book is inaccessible, while for students' use in quizzing themselves or each other, in preparation for college or State Board examinations, it will be of the utmost service. As with the other volumes of this excellent and very popular series, the questions are not interspersed with the text, but follow each chapter, thus permitting consecutive reading without interruption.

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**Essentials of Diseases of the Eye.** By A. B. Norton, M. D.

"We have here just what is needed to enable the man in ordinary practice to help the diseased conditions of the eye which come under his observation. It is a book concise, and at the same time thorough in its treatment of the subject, and needs one thing to make it complete, namely, a repertory of symptoms found in ophthalmic diseases. It is without hesitation that we heartily endorse the book and bespeak for it a large sale everywhere."—*Cleveland Medical and Surgical Reporter*.

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**Treatment of Lithemia.**—E. Le Fevre in the *Medical Record* for April 30th, 1904, says: "With an outdoor life and free muscular exertion immense quantities of animal food and even of alcohol can be taken without causing a corresponding increase in the uric acid secretion and this same mode of life is frequently sufficient to remove the symptoms of lithemia." Dr. Clifford Mitchell advises the "Adirondack cure" for lithemia in *Diseases of the Urinary Organs*, p. 387, an up-to-date book.

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The closer one studies Arndt's recently published *First Lessons in the Symptomatology of Leading Homœopathic Remedies* the clearer will it be seen that the author has presented in comparatively few words splendid pictures of the various remedies, pictures that will make each drug stand out distinctively in the student's mind. "The Regional Index of Symptoms" that rounds out the book will be a great convenience to any one. For instance two pages of "Headache"—where else could anyone so quickly find the different kinds of headache?

# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.,

By BOERICKE & TAFEL.

SUBSCRIPTION, \$1.00, TO FOREIGN COUNTRIES \$1.24 PER ANNUM

*Address communications, books for review, exchanges, etc., for the editor, to*

E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

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## EDITORIAL BREVITIES.

CNICUS ARV.—We were sure we had run down an error when we struck "*Cnicus arv.*" in a catalogue of homœopathic medicines. But it turned out to be a tincture of the Canada thistle. It is an unproved remedy not being included in Bradford's *Index to Proving*s and is barely mentioned by the Dispensatories. Who knows its medicinal virtues? If they are as great as its agricultural vices they must be great indeed.

THE BOARD IS THE LAW.—Some medical examining boards are, like the heathen—a law unto themselves. Dr. R. P. Hanson, of Oshkosh, Wis., in *Medical Talk* for September, writes of a case in point in Wisconsin. A graduate of an Illinois college and who had a license in that State twice took the Wisconsin examination and twice was turned down. The board, it seems, does not like certain colleges and when one of their graduates appears before that body even though he stand 100 in all branches he is turned down.

EXAMINER'S REPORT.—Anyone interested in examining boards will read with interest the report of Dr. J. C. Guernsey, Secretary of the Board of Homœopathic Medical Examiners of Pennsylvania, published in this number of the RECORDER. It is very thorough and exhaustive, and can well serve as a model for other Boards. The graduates of "Old Hahnemann," of Philadelphia, seem to stick to Pennsylvania, if we may judge from the number of them that came up for examination, and, incidentally, the college may be proud of their average before the Board.

## NEWS ITEMS.

Dr. Oscar C. Swope has removed from Blue Spring, Neb., to Kingston, Mass.

Dr. Stacy Jones, author of the *Medical Genius*, *Bee Line Repertory* and *Mnemonic Similiad* (the latter in press), will spend the coming winter in Seattle, Wash.

Dr. Guy B. Stearns has removed from 168 West 78th St. to 119 West 82d St., New York City. Hours until 10:30 A. M., 5 to 6:30 P. M.

Dr. James Parker has removed from Bucoda to Ballard, Washington.

Dr. F. Mortimer Lawrence, author of *Practical Medicine*, has removed to 1722 Chestnut St., Philadelphia.

Drs. Lorence & Scholl, dentists, who employ homœopathic treatment in their work when needed, have removed from 1017 Arch St. to Room 415 Pennsylvania Building, 15th and Chestnut Sts., Philadelphia.

The Souvenir Programme presented to Homœopathic Medical Society of the State of Pennsylvania by the Lehigh Valley Homœopathic Medical Society at the meeting held at Easton in September is unusually handsome and a credit to those who got it up.

Dr. Frederick W. McAfee, '04, of Ann Arbor, has located at Davisburg, Mich.

Dr. W. Eck Doran, '04, Ann Arbor, has established a fine practice at Colon, Mich.

Dr. H. H. Norton, '04, Ann Arbor, is located at Quincy, Michigan.

Dr. M. A. Kester has removed from Pasadena to Los Angeles, California.

## PERSONAL.

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They say the ocean moans when the Atlantic City crowd is in it.

According to an erudite Belgian scientist, hand-shaking should go—you swap too many microbes.

“He who steals my purse steals trash;” but allee same no one wants to part with his “trash” that way.

“There is nothing more intrinsically benevolent in selling cures for the body than there is in selling food or clothing for it, and there may be much less.”—*Journal of Zoöphily*.

The *Flegiendie Blatter* kids were “playing Indians,” and, asked why they were so ghastly pale, replied: “Smoking the pipe of peace.”

Binks said he was always “touched” when his wife gave him a present.

Yes, Mary, we presume that a chap of her own is better than a chaperon.

A way-back reader suggests that the base ball diamond is bigger than the ace.

“Mrs. Eddy says there is no devil; if there is not, I would like to know who sent her?”—*Burning Bush*.

“If God gave us doctors, what school did He give?”—*Idem*.

He asked for her hand and got papa’s foot instead.

Dr. O. S. Haines, in his monthly retrospect (*Hahn. Monthly*), says: “To-day vaccination is no laughing matter, as we all know.” Correct!

Italian medical journals write of the “Ospedale Giovanni Hopkins.”

The battleship Connecticut was baptized by a common workman; keep your eye on her if she ever gets into a scrap.

“First be sure you’re right and then go ahead” sounds well, but suppose its a horse race, stock deal, or something of the sort!

The weekly wages of some are much weaker than those of others.

There ought to be money in nickel watches at four dollars per.

“The ‘germ of disease’ is the result of ‘dynamic changes,’ and not the cause of them.”

“One thing can be said to Duclaux’s credit—he never invented a serum.”—*Medical Letter*.

The greatest test of a man’s love is to accompany his girl on a shopping expedition.

“Metchnikoff” thinks that “the large intestine” is unnecessary. Well, let M. set the pace by having his removed.

“There is purpose in pain.”—*Bulwer*.

Peace congresses generally break up in a row.

# THE HOMŒOPATHIC RECORDER.

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VOL. XIX.

LANCASTER, PA., NOVEMBER, 1904

NO. 11

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## THE PATHOLOGY THAT DEFINES THE DRUG\*.

By John Hutchinson, M. D., New York City.

As a school we exemplify our knowledge of the effects which drugs produce on the healthy. As far as we have ascertained these effects, thus far are we able to cure the sick. The science of pure Homœopathy is master of the whole field of pathology, and easily covers, with its far-reaching principles, the very latest findings of working scholars.

Pathology embraces the whole field of human abnormality. This is the practical meaning of the word, whatever we may consider its narrow technical one. It must be remembered that our instruments of measurement for vital phenomena are comparatively crude. Morbid anatomy may be the unquestionable fact in some cases, while in others, even though the morbid state be obvious, the question whether it is limited to anatomy may not be settled ante-mortem.

Certainly there are logical limitations to the sphere of Homœopathy. These are sometimes due to the personal misunderstandings of physician and patient, albeit such occur perhaps but rarely! Then, Homœopathy is a progressive art. New remedies must ever be investigated, proved by the best methods and their application to diseased humanity by clear minded physicians yet unborn may far transcend our present efforts. Just now, however, we must look back a generation or two for the master exponents. For while traditional drugging has met its reaction in the retreat of its votaries to the haven of physical and mechanical therapeutics, men from our own school have also been diverted

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\*Read at the quarterly meeting of the Hom. Med. Soc. of Western Mass., at Springfield, Sept. 21, 1904.

thereto Truly important as this department is, it cannot supplant others of importance, and it does not render the homœopathic drug useless. Quite the contrary; sometimes the indications, therefore, are accentuated by its very influence. Let us recognize them.

Two questions confront the practical therapist throughout his career. These questions relate directly to the distinctive position of the school which flourishes because it maintains the law of Similia. Every prescriber entertains both questions, though it may be that he does it unawares.

Shall I prescribe on the basis of the diagnosis?

Shall I prescribe according to the totality of symptoms? As we honestly answer, so as physicians are our rank and place in medicine determined. One decision permits exclusion of the diagnosis as a dominant factor, ranking it as a single objective symptom; the other conclusion depends for guidance upon the diagnosis and, therefore, necessarily excludes the symptoms to greater or less extent.

A patient once said to his physician, "I don't care about anything in medicine but diagnosis. I want a doctor who can tell me what is the matter. That's all there is to it." This man had never been very ill in his life, but he was fond of good round names of diseases. A few years later he was delayed in some important engineering on a large contract, by the combination of gout and sciatica. The consultant agreed with the attending physician in the diagnosis, and cheerfully asked the patient if the decision was satisfactory to him. "No!" he shouted. "What I want is relief!"

In this particular case *Mercurius* was the remedy that cured, though it certainly was not suggested by the diagnosis. It was demanded by the group of symptoms of that individual patient, irrespective of the name of his complaint.

The practice of Homœopathy establishes a distinct technique for the care of the sick, which technique is opposed to that of other systems. This statement does not seek to belittle in any way whatever of value has been given to medicine by great and earnest men who, nevertheless, have rejected the law of similars, which law we consider fully demonstrated by the enduring work of Hahnemann and his worthy followers.

Dilated pupils suggest the drug that causes pupils to dilate; the skin eruptions of acne demand the remedy that will produce like

lesions; maniacal frenzy calls for medicine which has power to originate in the well and sane such symptoms of mental disorder.

This is the straightforward proposition always to be faced. Now, as to its application. It sounds simple, while really difficult. The application may vary with each case, dependent upon its origin, severity, and other factors. One symptom may be the key-note, and lead through harmony with all the others to the dominant drug. But the theme must first be worked out before we can tell. The dilated pupil is not all of the story, nor is the drug it needs one that stands out obviously from others of like power in the materia medica. The acne pustule is only one phase of acne. Hundreds of drugs cause skin eruptions of like character. The case of mania must be studied from the beginning, its ancient history.

Yet the difficulties encountered have no force whatever. Special work must be difficult. Homœopathy is a specialty. It is an art that comprehends whatever is useful in drug therapy as well as what is positively appropriate to the human being and to human life.

The homœopathic physician is a specialist because his prescription is governed by considerations remote from those which depend upon the diagnosis or upon popular reasoning on pathology. The materia medica does not owe its existence to diagnostic art. That is secondary to the information gained through drug proving. No drug is a specific for any disease. Because *Hamamelis* cures one case of hay fever, it does not follow that it will cure hay fever in every case. There is no specific in this sense. Yet so unkindly does the human mind take to this truth that the truth probably will never be learned.

Every remedy has its own personality, if you will permit such application of the word to drug entity, and that personality of the drug must be in harmony with the sick individual, irrespective of the names of disease.

So in the scheme of case-taking, diagnosis as such has merely its relative place among objective symptoms. It is but an incident. It does not dominate the situation. In the treatment of pneumonia, tuberculosis, carcinoma, rheumatism, even for a multiplicity of cases, no one drug may be indicated for many patients suffering from the same malady. And the drug needed in a given case is not defined by the diagnosis. The curative remedy is chosen by virtue of all the symptoms. These symptoms

point to pathology most directly, however their significance may fail to accord with our preconceived ideas of that pathology. Accordingly one and the same drug, say, *Arsenic* or *Natrum muriaticum*, may be the simillimum in some cases of all the five diseases mentioned, though not on the basis of diagnosis.

It is impossible to accord too much attention and obedience to this principle—the study of symptoms in their totality. Many failures are to be attributed to superficial work here. Let me cite a case in point.

Acute catarrhal tonsillitis and pharyngitis in a male of thirty-six years. History of exposure to sudden chill at the end of a journey during hot weather. Throat became very sore in the night; sleep disturbed by ugly dreams. Inflammation pronounced on the left side. Empty swallowing imperative and painful. No thirst. Great sense of illness and prostration. Slight rise in temperature at first, falling to normal as symptoms increased in severity (subjective). Pulse, 90. *Lachesis* failed to relieve, likewise *Merc. bin.*, remedies which any of us would have considered. The case progressed badly for two days. Pulse rapid and erratic. No membrane in throat. Little mucus. Clearing throat or blowing nose most painful. Slight hæmorrhages from nasal pharynx. The sudden congestions, and all the following pathology as such were of little or no help, objectively, as guides to the proper remedy. The patient was in the country, and his physician had repertories there. On reaching the city the case was worked out without delay. Kent led to a study of these remedies in the following order: *Phytolacca*, *Lachesis*, *Nitric acid*, *Merc. bin.*, *Lac caninum*, *Alumina*, *Chelidonium*, *Natrum mur.*, and *Caut.* Closer study of *Phytolacca* determined its selection, and a dose gave prompt relief.

I refer to this case, though sketchily, because it illustrates pretty well just how easy it is to do careless work.

In the first place, the illness was serious, out of all seeming proportion to the diagnosis, or the apparent pathology. Evidences of systemic cellular disorganization were rapidly approaching. It will be remembered that the beloved Phillips Brooks died suddenly before it was thought that his complaint—diphtheria—was of serious type. I believe no membrane was found.

The drugs first employed in the present case were not the ones indicated. With proper study the one indicated was quickly discovered and chosen. I certainly harbor no grudge against our

Materia Medica when it will serve the men who will learn how to use it, and then use it in that way.

It is a curious misfortune that we are not able to make uniform progress in our special work. Every one of us is prone to get side-tracked in the direction of his own peculiar disability to comprehend and adhere to exact homœopathic treatment. It is imperative that we reiterate again and again in our own ears the dicta—Symptom totality, Similar remedy, Single remedy, Minimum dose. Then, as physicians who have done their best work in this way, we are bound to recognize its precise result, and we are also bound to translate the language of result into terms of definite meaning, that further steps may be the right ones.

There is not a shadow of doubt that many a pathologist fails utterly as a therapist because his mind is completely saturated with knowledge of morbid anatomy. He is unable to disassociate himself from the idea, the consciousness of disease in itself, perhaps wholly apart from the suffering patient. Homœopathy does not provide for such attitude, for it is devoted to the cure of the sick man.

The art of healing must be accomplished in the surest, swiftest, and pleasantest way—all three combined. What can be said in extenuation of the habit, which, if it does not order, permits repeated administration of a cathartic, when the remedy prescribed has failed to influence peristalsis? This topic has been frequently exploited, and we have men who refer to the use of cathartics as sensible, and to the non-prescribers of them as mental invalids of various kinds. Is it not possible that a third class has reason for living?—the men who prescribe in a way as not to need in addition to the really indicated remedy barbaric agents, such as those which assume to take the functions of nature out of her hands, instead of giving to her kindly support where most needed, thereby bringing about restoration of functional activity and poise of the organism.

What propriety, then, is there in the advice which orders the 200th of *Lycopodium* as the indicated remedy, but permits at the same time the exhibition of one or several palliatives, so-called? Is not such ignorance or perversity inexcusable? There is no more comfortable palliative than the remedy that is homœopathic to the case, the simillimum in kind, potency, and dose. Further, extraneous remedies burden the depleted system, even if they do not directly interfere with the action of the proper medicine; they

confuse the drug picture, which alone is our guide to the control and banishment of disease; they retard progress toward recovery, and sometimes render cure impossible.

The classification of our drugs into groups under pathological headings would no doubt reach a degree of utility. We can hardly study drugs from too many viewpoints. Our aim is always to recognize the simillimum, and to that end we can never learn too much about the nature, peculiarities, and scope of any remedy.

Whatever will teach more of the nature of drugs will teach pathology. Human symptoms lead us directly to the essential disease, however our theories may digress; and our proved remedies are the complement of pathology.

So let us keep in mind that the system based on Similia Similibus Curentur demands its own forms of classification of drugs, and of diseases, if you will. We may tabulate our *Materia Medica* into columns, headed — anæmia, hyperæmia, stasis; fibroma, carcinoma, sarcoma; toxæmia from cocci, spirilla, or bacilli, *ad infinitum*. The work would yield its own reward to the student thus engaged. A measure of value might result. But let us understand clearly the real point at issue. You may read it shining through all modern pathological literature. It is the demand for that agent which shall meet and reckon with not only the end-products of diseases, but their beginnings.

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## KALI BICHROMICUM.\*

By C. M. Boger, M. D.

*Bichromate of Potash* occurs in commerce in the form of large, brilliant orange-red translucent four-sided prisms or plates, and is much used in the arts, particularly as a mordant in the production of a beautiful navy blue color. This proneness to *fixation* extends to its effects upon the human economy as well, where *sticky*, adhesive secretions are eminently characteristic of its action; the ophthalmia agglutinates the eyelids, the leucorrhœa pastes the labia together, stickiness of the synovial fluid causes the joints to snap and crack on motion and the expectoration is so sticky that the patient must wipe it out of his mouth, while, be-

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\*Notes from lecture delivered at Pulte Medical College, Cincinnati.

cause of the same effect upon the saliva the patient complains of pastiness in the mouth, a common symptom in quinsy, and one which should make you think of this salt, for when indicated it will mature and break these abscesses within twenty-four hours if given in a single dose of a very high potency.

The typical *Bichromate* patient is chilly, fat and indolent; if thin, he is usually large and raw-boned; indolence runs through the whole remedy; not only is the patient mentally and physically slow, but the disease processes run a sluggish course and the system shows a want of quick reaction, as evinced by its ulcers, which belong to the indolent class, but tend to penetrate deeply and perforate the part; in the nose they perforate the septum, on the limbs they penetrate to the bone, often they have a punched-out appearance. This slow gait is also shown in its effects on the mucous glands which slowly secrete increased quantities of a thick, ropy mucus which shows a tendency to harden and form false membranes, a process very similar to the ones found in diphtheria, membranous croup, membranous bronchitis, membranous dysmenorrhœa, etc.; in diphtheria it is shown by a thick, tenacious exudate, often of an ashy-gray color, accompanied by a pain, which on swallowing shoots up into the ear and down the neck and is worse on protruding the tongue; if there is an increase of saliva it is stringy or ropy; sometimes there is a feeling of a hair in the fauces.

In membranous croup it is useful in proportion to the predominance of the fibrinous element. but, as you know, most of these cases are a true diphtheria of larynx for which the reputation of *Lachesis* is deservedly very high; the snake venom is especially indicated when the disease is primary in the larynx and the patient awakens with a sense of suffocation every time he falls to sleep; it may be and generally is necessary to change the potency whenever the cough becomes tight and dry again; this will, however, rarely occur more than three times; by this procedure your death rate in primary diphtheritic croup will be very low indeed, but when then there is a secondary infection or the exudate spreads to the larynx from contiguous parts there will be another story to tell and your hope will often be centered in *Mercurius cyanatus*. particularly if there be much systemic prostration and the patient breathes as though the air came through a metallic tube. If, on the other hand, there is profuse sweat, great thirst, a restlessness which finds expression in a desire to be car-

ried constantly, very difficult breathing and a slight rattle in the throat, don't be guilty of giving *Chamomilla* or *Antimonium tartaricum*, because they are not indicated, but *Bromium* is, and you will be more than satisfied with its action.

Because the secretions become tough, stringy and adhesive, finally hardening into plugs, clinkers or lumps, they are apt to cause obstruction of the outlets or narrow portions of hollow organs with consequent pain or dilatation above; this applies with great force to the nose and its accessory cavities, particularly the Antræ of Highmore, inflammation of which excites the atrocious pain because of difficult drainage; when so affected a dose or two of the *Bichromate* in a high potency, the 1m is very good, will give a welcome as well as speedy relief. It has quite a reputation for the cure of nasal catarrh but unless you have its peculiar symptoms present, it is no better or more successful than dozens of others; besides the generalities already mentioned the most indicative ones are: "Pressure at the root of the nose." "Feeling as tho' a weight hung to the nose." *Mercury* has the same symptom: "A pain from the root of the nose along the brow to the outer angle of the eye, coming in the morning, increasing till noon and ceasing toward evening;" the nasal and Antral symptoms are relieved by the application of heat or the appearance of a discharge from the nose which is usually yellow and thick; there are numerous other indications, but you will have to consult the repertory and *Materia Medica* for them.

In catarrhs with purulent discharge *Kali bichromicum*, *Pulsatilla* and *Hydrastis* form a trio for comparison; under *Pulsatilla* the secretions are apt to be bland and profuse, while *Hydrastis* has a yellow, but excoriating pus.

It has an irritative action on the gastric mucosa, causing inflammation of various grades, ulceration with twisting, burning, raw pains and intolerance of drinks, very much like the gastritis of drunkards; in such cases it competes sharply with *Arsenicum* for the first place, but its picture expresses more anxiety and restlessness while the *Bichromate* portrays mental sluggishness; when hæmorrhage complicates such cases *Sulphuric acid* is very useful, particularly if the vomitus sets the teeth on edge and there is a dull gnawing in the stomach. The *Bichromate* patient with stomach symptoms is often a beer drinker; when beer drinking affects the bowels *Aloes* or *Sulphur* are more apt to be indicated.

It is one of the few remedies having an astringent taste; *Alum* and *Mercurius corrosivus* are two others with the same symptom.

It causes the tongue to become dry, red, smooth and cracked or to take on a patchy coat, the so-called mapped or geographical tongue; if either of these forms appears during an illness you will know that you have a tedious case to deal with unless you can select the simillimum at once; *Arsenicum*, *Mercurius corrosivus*, *Ranunculus sceleratus* and *Taraxacum* are other remedies having mapped tongue.

Follicular pharyngitis is a disease which will often prove troublesome to you as it is not always easy to cure; when small, fœtid, cheesy masses are expelled *Kali bichromicum*, *Hepar*, *Merc. i. r.*, *Nux vomica*, *Æsculus* or *Kali chloricum* may be needed; the latter is especially called for when much fœtor oris is present.

Headache preceded by blindness, when the pain increases as the vision improves, has been cured many times, but not unless the other symptoms coincided, for *Gelsemium* may be needed if drowsiness and a tendency to ptosis or flickerings before the eyes are also present; *Iris versicolor*, if sour eructations, a greasy taste in the mouth or burning, bilious stools are also in evidence; and *Natrum muriaticum*, if intermittent symptoms with a 10 A. M. periodicity are coincident. Under *Causticum*, the blindness accompanies the headache while the *Silicea* headache precedes the blindness, just the opposite of our subject remedy.

Rheumatism with cracking in the joints, due to thickening of the synovial fluid, often calls for it, the pains are of a sticking nature and wander about, sometimes they alternate with gastric symptoms. Formerly, *Pulsatilla* was used almost exclusively for metastasis of rheumatism to the stomach, but now the *Bichromate* competes with or may supersede it, according to indications. Gouty or rheumatic troubles better from eating is a useful indication.

In the pneumonias of plethoric persons, especially children, in addition to the sticky or ropy expectoration and mapped tongue there is often a pain extending from the sternum through the chest to between the scapulæ; a very similar pain occurs under *Phosphorus*, *Ferrum phosphoricum* and *Kali iodatum*.

The respiratory symptoms are worse from 2 to 4 A. M. (*Kali carbonicum*), just like *Arsenicum*, which is also complementary thereto.

In affections of the coccyx you will probably find it necessary to consult *Hypericum*, *Petroleum* and *Kali bichromicum* in the order named before making a final choice.

*Kali bichromicum* causes scabs to form on the fingers and penis. It has phagedenic ulcerations like *Mercurius corrosivus* and *Nitric acid*, altho' the *Bichromate* shows these destructive changes only as a late manifestation of its action while the others exhibit it as acute action.

Many pains occur in spots like *Fluoric acid* and *Calcarea phosphoricum*, or radiate therefrom. In a general way it greatly resembles *Pulsatilla*, but with morning aggravations; *Arsenicum* is complementary to both; *Lachesis* to *Kali bichromicum* only.

We have, therefore, for review:

1. Sticky, adhesive secretions, forming false membranes.
2. Indolent in mind and action.
3. Pains from retained secretions; wandering pains.
4. In general, better from heat and hot applications.

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## DRIFTING.

By Luther Peck, M. D.

A most excellent Homœopathist and professor once said: "There are all kinds of doctors; but only one *real* kind, *i. e.*, the homœopath, allopaths are *Non-Homœopaths*." Thus no longer need we bother to think of the word Regular (He is a Regular, etc.) to please those of the school who do not like to be called allopaths. They admire the word Regular, for the impression it may leave with some to think, *we* are Irregular. But, alas! Not so, "There is only one *real* kind, *i. e.*, *The Homœopath*. All others are *Non-Homœopaths*."

The following are, few of the many, deducted from "Allopathic Journalism," but they help to show the Regular tide is moving on toward homœopathic shores. Non-homœopathic journals and non-homœopathic literature are drifting toward that greatest standard, *Similia Similibus Curantur*. Note the following:

"The internal use of *Rhus tox.* is said to be of much value in the treatment of eye diseases."

(Why! yes, any Homœopath can tell the *Non-Homœopath* about the curative powers of *Rhus* in eye diseases. He is guided by certain symptoms to use *Rhus* in *Rhus* cases.)

Thus, œdematous swellings, redness and acrid discharges belong to *Rhus*. The *Rhus* patient cannot bear the light. He shudders with great fear when asked to open the eyes even at night. The

trickling tears are like boiling bubbles and cause little blisters to form on parts touched by them. Pus usually forms in *Rhus* cases though the secretion is not profuse. Dewey says: "A gush of tears on separating the lids is a trustworthy indication." He also teaches us to think of *Rhus* in rheumatic ptosis, in conjunctivitis from getting wet, and in rheumatic iritis, with pains shooting from the eyes into the head, worse at night and in damp weather.

What better compass of painters can a *Non-Homœopath* furnish to guide *him* in the giving of *Rhus* in eye troubles? Ah! Oh! erring one, drift on, drift on, Homœopathy is before you. Grasp hold of its truths and it will touch you. How and when and where, *Rhus* is of much value in eye diseases.

The second phrase deduced from "Allopathic Journalism" reads: "Stramonium is said to act favorably in puerperal mania characterized by wild and furious, but intermittent delirium." (It is certainly evident from the above that the *Non-Homœopaths* are drifting on toward homœopathic shores. They are beginning to prescribe on symptoms and the time is not far distant when the word *totality* will have a meaning for them.)

The third phrase, "Ammoniacal urine calls for the administration of *Benzoic acid*." (This symptom borders on the symptom obtained in the homœopathic proving of *Benzoic acid*, namely, "Dribbling of strong smelling urine; it is high colored and of a very offensive ammoniacal odor, like that of the horse.")

The fourth, "Fulness of the eyelids, swelling of the feet, œdema of the superficial cellular tissues, are indications for *Apocynum cannabinum*." (True, these are all *Apocynum* symptoms, but the homœopath has many more important symptoms to guide him in his choice of *Apocynum*. But drift on, drift on, O, *Non-Homœopath*. A straight course is before you. You are nearing the pure waters of Homœopathy.)

Lastly, "Spasms of the glottis yield readily to small, frequently repeated doses of *Belladonna*." Yes, the truth again is before you. You will soon *begin* to recognize that great Law. *Just* drift on, drift on, O, *Non-Homœopath*. You are now recognizing the value of symptoms, you are now using smaller doses, you are now nearing homœopathic truths. So drift on, drift on.

*Plymouth, Mich.*

## ACONITE IN CHOLERA.

By S. C. Basu, L. H. N. S.

*Aconite* is regarded as one of the best remedies in fever, but I have always found it equally curative in cases of diarrhœa and cholera. I give below a few cases from my practice to corroborate the above statement:

CASE NO. I. Kesurhath Dus, male, Hindu, age about forty-five. On the morning of the 4th of April, 1901, I was called to attend him. He had been purging and vomiting since 3 o'clock the previous night. Stool profuse, watery, reddish, gushing out with force. Vomiting water mixed with mucus. Eyes gone down to socket; pulse thready, almost imperceptible; restlessness and thirst very great. Extreme fear of death. Urine suppressed. I at once gave him *Aconite nap.* 1x, every half hour. About a quarter of an hour after the first dose the patient fell asleep. Two hours after when he awoke he passed another stool, which was yellow and slightly fœcal. In the evening I again saw him and learned that he passed three more stools which were much improved in character, but he was slightly drowsy, his eyes being injected red and he was complaining of headache. I gave *Bell.* 30 every two hours. Next morning when I again saw him I learned that he had passed the night well, had slept though by fits and starts and also had passed urine. The patient talked with me intelligently and I felt his pulse, consistent and well established. I gave him a few doses of *China* 30. I had no occasion to visit him again.

CASE NO. II. Huh Kumar, age eleven, male, Hindu. In the latter part of the night of the 5th of May, '03, the boy was seized with vomiting and purging. There had also been severe griping of the abdomen. I was called in next morning when the boy had already passed ten or twelve stools. On inquiry I learned that he had also vomited four or five times during this time. I felt his pulse, very feeble; his eyes gone down to socket. Thirst, very much; restlessness; stool almost every half hour, watery, profuse, slightly reddish; the boy was saying to his people that he would not survive the illness.

I prescribed *Aconite* 1x every half hour and instructed them to bring me news two hours after. The father of the boy saw me at my office three hours after to inform me that after two doses

the boy fell asleep and had been sleeping till then. I advised him to repeat the dose every four hours. Next morning when I again saw the patient I learned that he had passed two more stools which were yellow and fæcal; slept at night, though not very well; no more thirst; countenance much improved; feeling hungry and also at times burning over his whole body; had not as yet passed urine. I prescribed *Cantharis* 30, to be taken every three hours; diet, arrow root. After the first dose the boy passed about half a pound of urine, succeeded by another half a pound after half an hour. Next morning the father of the boy reported to me that my patient was well in every respect, except very weak. I gave *China* 30, twice daily.

CASE NO. III. An old woman, age sixty-five, Hindu. I was called at 12 o'clock on the night of the 20th of May, 1903, to attend her. She was vomiting and purging; was almost senseless; her countenance cadaverous and voice hoarse; thirst, very much; had four or five stools which were watery, profuse and rice-water-like white. Vomited two or three times. I prescribed *Aconite* 1x every half hour and gave instructions to report to me again if the medicine failed to do her any good. Next morning the son of the patient informed me that after the first dose she passed one stool only, which was considerably small in quantity; slept for three or four hours and on awakening passed urine. I ordered *China* 30 to be given every six hours.

CASE NO. IV. A young woman; age, eighteen, Hindu. I was called at 9 P. M. on the 5th of June, '03, to attend her. She was very restless on account of severe griping of abdomen and cramps in hands and feet. Thirst almost insatiable; pulse, thready; stool watery, profuse, rice-water-like and mixed with flocculent matter; purging almost every quarter of an hour; vomiting constant; eyes sunken; heart sound feeble. I prescribed *Aconite* 1x to be given every half hour. I was again called at 12 M., when I found that, although the purging and vomiting had considerably decreased, the patient was greatly distressed on account of cramps and thirst. I noticed that only a small quantity of ice satisfied her thirst for the time being. I at once gave her *Cuprum ars.* 30, to be taken every two hours. I had again to see the patient at 4 o'clock in the morning. There were then no more cramps and thirst considerably decreased, but her eyes were red and she was drowsy and complaining of headache. Her pulse was not firmly established. I gave *Bell.* 30, to be taken every two hours, and ordered application of ice-bag on the head.

Next day at 10 A. M. I saw the patient again. She was then quiet, her pulse feeble, but steady, but her abdomen was slightly tympanitic. I gave *Carbo veg* 30 every three hours.

June 7th. On visiting her I found her well in many respects, except that she had not then passed urine and that she was rolling her head to and fro on the pillow, uttering a shrill cry at times. I gave her *Apis* 30 every three hours and after the second dose she passed quite a small quantity of urine. Four doses of this medicine were given her that day and she passed urine thrice and stool twice only.

June 8th. This day when I saw her she complained to me of hunger. I ordered *China* 30 every six hours and ordered arrow-root for her food. She then gradually recovered.

The above cases illustrate how *Aconite* has the power to arrest purging and vomiting even in worst cases of cholera. Though it cannot cure this fell disease entirely, it has the power to cut it short in its earlier stage. *Aconite* has been reported to be a great remedy in removing congestion. As in the early stage of cholera, there is congestion of the alimentary canal I always select this remedy and am glad to find that I am successful in the majority of cases.

*Calcutta, India.*

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## THIOSINAMIN.

By Dr. F. G. Oehme, M. D.

The drug is made by mixing two parts of oil of black mustard seed, one part of absolute alcohol and seven parts of aqua ammonia of the specific gravity of .0960, heating to 105° F., and after a few hours evaporating over a waterbath. *Thiosinamin* is deposited as the mixture cools, as white, rhomboic crystals, having a garlic odor and very bitter taste. It is moderately soluble in water, very soluble in alcohol and ether.

It causes a garlic taste in the mouth, diuresis and diaphoresis in doses of 4-8 grs., three or four times a week; also slight nausea, headache and malaise, but no serious ill effects have been reported from moderate doses.

The drug has been injected more frequently than taken internally. It is injected either under the skin or slowly into the muscular tissue between the shoulder blades or into the biceps or

glutens. If injected into the lesion its effect is stronger and prompter. The injections are painful, but not excessively so.

Begin with  $\frac{1}{2}$  gr. and increase to  $1\frac{1}{2}$  gr., or more, twice a week, never oftener than once a day; discontinue injections for ten days every one and a half to two months. A solution of ten parts of *Thiosinamin* in one hundred parts of a sterilized mixture of water and glycerine keeps well and is non-irritating; use 1-15-30 drops of it for one injection. A 15 per cent. alcoholic solution causes sharp pain at first.

*Thiosinamin* has been injected in doses as high as two drachms into carcinomatous tumors without stomach distress and without any appreciable good effect upon the malignant growth.

It is taken internally in doses of  $\frac{1}{2}$ -3 grs. in capsules daily, in one case for eight weeks.

*Thiosinamin* produces the resolution of tumors and the absorption of scar tissue and cicatricial contraction of the skin, tendons and ligaments after burns, lupus, etc.

It has been used with success in ectropion, with perfect success in opacities of the cornea, *after the last vestige* of inflammation had disappeared; in cataract, deafness after otitis, also in catarrhal deafness, urethral strictures, in uterine myomata and tumors of the uterine appendages, ankylosis of the knee after lupus, chronic, enlarged and tubercular lymphatic glands, sarcoma, fibroids, scleroderma, syphilis, palliative in inoperative malignant growths (keloid, carcinoma).

It is contra-indicated in all cases of partially healed tuberculous foci.

Authorities: Hebra, Unna, Juliusberg, Crocker and many others.

CASES.—Twenty-five injections caused complete extension of so severe a contraction of the palm that the finger nails had grown into the flesh.

A man of sixty years had a stricture of the urethra for thirty years; bladder enormously enlarged and sacculated and sinuses penetrated into urethra and scrotum in many places. Only a fili-form sound could be passed, when the patient was completely relaxed. Three grains of *Thios.*, after meals. In three months he could pass a No. 10 sound himself. The sinuses had closed and the patient's general health had greatly improved. He could pass fair stream of urine without a catheter.

A man of fifty-six years had stenosis of the pylorus and for the

last twenty-eight years gastric disorders. He had sufficient fibrous strictures to cause secondary dilatation of the stomach for over a year. Seven drops of a 15 per cent. solution of *Thios.* in alcohol were injected into the subcutaneous tissue of the back and this amount was increased until on the fourth day fifteen drops were being used. The next four injections of fifteen drops each were made twice weekly. The next injection was of twenty-two drops, but it produced distressing symptoms, therefore fifteen drops were used thereafter. After the eleventh injection the symptoms had practically disappeared and he ate food with a relish. After the twenty-third injection the patient felt well and had no symptoms, not even indigestion.

*Thios.* was used with success in two cases of Dupuyfren's contraction.

A remedy which has such wonderful effect in hitherto perfectly incurable and intractable cases would probably show also great effect in other directions than those from large doses, if proved and given in attenuations. Why not prove it?

*Portland, Or., 173 East 32d St.*

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## MY EXPERIENCE WITH BIOCHEMICAL REMEDIES.

By Eli G. Jones, M. D.

I was asked to prescribe for a lady suffering from severe nose-bleed; she had taken a sudden cold at the monthly period, her menses stopped. It was the *worst* case of nosebleed I have ever seen. I gave her *Ferrum phos.* 3x, fifteen grains in cup of water, teaspoonful every fifteen minutes; a few doses checked the hæmorrhage. In all the years that I have been in practice I have never seen a case of nosebleed cured so quickly.

I had a case of a young lady suffering from profuse leucorrhœa. I gave her *Kali mur.* 3x, five tablets once in three hours, cured her in a week's time. In long standing constipation I have used successfully *Kali mur.* 6x, ten grains at bedtime, followed by a glass of water.

Several years ago I had a bunch in my left breast; it felt very sore and I had darting pains through it, felt quite hard. I took *Calc. fluor.* 6x, five tablets, four times a day. In about six

weeks it was all gone, have felt nothing of it since then. I am satisfied it was a cancer.

In several cases of otorrhœa discharge from the ear; I have cured them with *Silicea* 12x, five tablets, three times a day. Using locally five grains *Boracic acid*, night and morning, blown in the ear with a powder blower.

In measles I used to use tincture *Aconite* and *Ipecac.*, and they always seemed to do nicely for me, but at last I had one case of a little girl where the fever and cough did not yield to the above remedies. I changed the treatment to *Ferri. phos.* 3x and *Kali mur.* 3x, fifteen grains of each in separate cups of water, teaspoonful of each in alternation once in fifteen minutes, made a decided change for the better in all the symptoms in a few hours.

*Calc. fluor.* 6x has helped me cure many cases of piles; I give five grains in tablet form once in three hours. Apply to the pile tumors the same remedy, one drachm to the ounce of vaseline. In tumors in the breast and in the glands with *stony* hardness this is the remedy. It also helps me to cure prolapsus uteri.

*Kali phos.* is the nerve tonic and brain food par excellence.

I am glad to contribute my mite to the general stock of medical knowledge. I like the HOMŒOPATHIC RECORDER because I always get some *facts* from it each month that helps me to *cure* my patients. Some medical journals I have read a whole year without getting one solitary fact to help me in my practice.

*New Brunswick, N. J.*

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## DIE MILDE MACHT IST GROSS.

Editor of HOMŒOPATHIC RECORDER.

"Inquirer" in RECORDER for October, page 445, asks for author of "Die milde macht ist gross." The above is not a literal translation of the quotation. The correct English spelling is Die milde macht ist grosz from German Die milde Macht ist groß. The poet is Johann Wolfgang Goethe, I do not now recall in which of his works it occurs.

Very truly yours,

J. W. HODGE.

*Niagara Falls, N. Y., Oct. 24, 1904.*

## WHAT DRUG HAS THIS SYMPTOM?

Editor of HOMŒOPATHIC RECORDER.

Can you tell me what drug or drugs have a symptom as if some one had come and grasped a handful of the skin; this sensation comes mostly in region of heart, but seems to be entirely superficial and does not cause any palpitation of heart or impart any distress save as consciousness of the presence of this sensation. It may come anywhere on abdomen or chest or back, but mostly on left side, either near heart or on side under left arm. This moves around from place to place.

Could you give me any enlightenment on this. Would be greatly obliged.

Yours sincerely,

J. A. WHITNEY, M. D.

*Chicopee Falls, Mass., Oct. 11, 1904.*

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## URINALYSIS DEDUCTIONS FOR THE GENERAL PRACTICIAN.

Dr. Hartung.\* Trans. by P. W. Shedd, M. D.

From the specific gravity the following significant and correct conclusions may be drawn:

If it be assumed, as is usual, that the specific gravity of normal urine lies between 1017-25, it must also be admitted that there is no absolute normal, since the specific gravity is dependent on the amount of urea and addition of fluid (specific gravity decreased), or the dermal and forced pulmonary excretion of fluid (specific gravity increased). However, it may be taken that in a healthy individual, nourished and clothed according to the rules of modern hygiene the specific gravity 1020-25 is normal. Pathologically, it may sink to 1000 and less or rise to 1045 and more.

In general it may be taken as a physiological rule that the higher the specific gravity, the darker must be the color; the lower the specific gravity, the paler the urine; normal urine being a light gold-yellow. Variations from this rule are pathologic, and must be noted.

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\**Berliner Zeitschrift homöopathischer Aerzte.*

It may be remarked here that the specific gravity is an indicator of the intensity of metabolic process, especially in relation to the urea excretion. That is, with increased specific gravity metabolism may be accelerated; with decreased specific gravity it is retarded, and in this connection it is interesting to remember that physiologically the amount of urea equals (with slight variations) the two last figures of the specific gravity. Marked variations are pathologic. Thus, with a specific gravity 1024, under normal conditions urea will be about 24 gms. per liter. If, on the contrary, with specific gravity 1024, the urea is only 16 gms., a pathologic condition exists, the patient suffers from decreased metabolism and decreased supply of oxygen. Such relation is frequently found with sedentary persons or those who do much mental work and take little exercise.

The specific gravity is commonly increased in hyperacid urine, febrile urine, diabetes; frequently in oxaluria, in cases of anæmia due to an acid intoxication of the tissue juice; further, in forms of neurasthenia showing increased uric acid.

If, with large percentage of albumin, we find high specific gravity it points to amyloid degeneration.

In abdominal tumors also, we commonly find a high specific gravity frequently with a clear pale-yellow shade instead of the normally indicated dark color; also in epilepsy.

Low specific gravity follows increased ingestion of fluids; also in diabetes insipidus, in chronic nephritis, especially with granular atrophy of the kidney; further, in anæmia, chlorosis, crises following a migraine or colic, after diuretics, in anxious mental states, in nervous shock. It may be here noted that usually the A. M. urine is of much lower specific gravity than the evening, especially in old people.

We now come to the consideration of the color, which normally is a clear gold-yellow, resulting from urobilin and the coloring matters of the blood serum. Two chief coloring agents may be distinguished in urine, viz.: 1. leuochromogenic, derived from the katabolism of cell-protoplasm; 2. hemachromogenic, derived from the blood.

To the leuochromogenic belong

1. Uric acid and its derivatives (nuclein-bases), where sodium urate tends to produce a rather brick-red tint; potass. urate more of a brown red.

2. The putrefaction-pigments, as leukophenal, urosin, etc.

In health, urine contains no leucochromogenic pigments. If anywhere in the body there is a focus of pathologic albumin-katabolism, whose products are resorbed, these pigments are extraordinarily increased. Characteristic of such pathologically colored urine is its progressive darkening after passage, accompanied also, as a result of various chemic metatheses, by increased acidity; urine of a different etiology, on long standing, becomes increasingly alkaline, from ammoniacal fermentation.

Hence, if we find progressive darkening and increasing acidity we may conclude that suppurative processes or tumors are in evidence, where, together with the characteristic leucochromogenic color-stuffs, pigment from disintegrating cells is set free. Thus, in malignant neoplasms of the liver, spleen, bone-marrow, in chronic inflammations, in marked putrefactive processes in the intestinal tract, etc.

Further, with a change in the blood serum we usually discover change in the color of the urine, *i. e.*, in anæmia the urine is very pale, as is also the blood serum.

In hydræmia the color (urine) is generally pale with a tint of red, due (Hamburger) to the separation of the hæmoglobin from the erythrocytes, which again is the result of the diminished NaCl of the blood in hydræmia. Observation also show that serum and urine are slightly tinted red in febrile processes with blood disintegration and increase of acidity; also in cardiac disease. In chlorosis a greenish tint; in icterus, yellow-green to brown-green urine. The urine in hepatic disease tends to exhibit a color approaching brown.

*Transparency.* If cloudy urine be passed, the odor is commonly ammoniacal because of a bladder fermentation due to catarrh, calculus, suppuration, etc. Exact diagnosis is furnished by the microscope.

If clear urine be passed, becoming turbid on standing, the change may be due to

1. Uric acid, disappearing in heating (40C, 104F), or by adding an alkali forming soluble urates.

2. Formations of alkaline phosphates, difficultly or not at all soluble, from the more easily soluble acid phosphates, due to diminished acidity (fermentation of urea in carbonic acid and water). On heating, the turbidity increases; by adding acids it is cleared up.

3. From saturated carbonates, resulting from lowered acidity.

The addition of an acid clears up the urine with the formation of CO<sub>2</sub> bubbles.

*Underlying with a Nitric acid preparation.* To expedite the progressive darkening of urine and the exhibition of the above-mentioned pathologic pigments, underlying with a *Nitric acid* preparation is the most serviceable. With the underlying of cold urine, only the color-rings due to oxidation of the hemachromogenic bilirubin derivatives are seen; if, however, the underlaid urine be heated, the oxidation of leucochromogenic pigments is brought out in the color-changes.

Cold underlying gives us an indication of the intensity of metabolism. In health the yellow urobilin ring is marked and normal. Red, blue, violet, green rings are abnormal and denote diminished (especially hepatic) oxidation. Green is always a sign of cholic stasis. Painful nerve-affections invariably bring out an indigo-red ring.

Underlaying (with heat) permits the appearance of the leucochromogenic pigments, *i. e.*, dark-red, red-brown, black-brown rings. From these color-rings, appearing first after the application of heat, conclusions may be drawn as to the quantity and quality of uric acid derivatives and the ethereal sulphate-acids, whose presence denotes uric acid dyscrasias, articular rheumatism, gout, calculus, intestinal or tissue abnormalities. A uric acid ring, similar to the albumin ring, is found chiefly in anæmic gout, and is distinguished from the albumin ring by disappearing partially or completely on heating, and it has a finely granular appearance.

If above the albumin ring a second finer ring is seen, it is hemalbumose.

In heating urine to boiling it either remains turbid or clears, and the following points are to be noted:

1. Turbidity is caused by uric acid, or,
2. By expulsion of carbonic acid and the precipitation of phosphates or carbonates of earthy alkalis, or,
3. By albumin.

As before mentioned, the uric acid turbidity is removed by heating above 40°C, 104°F; phosphates and carbonates of earthy alkalis are removed by addition of acids, which, however, increase albumin turbidity.

In acid urine, albumin is chiefly derived from the kidneys; in alkaline urine from the bladder. Microscopy is decisive.

In health no turbidity results from expulsion of  $\text{CO}_2$ ; turbidity here denotes retarded pulmonary excretion of  $\text{CO}_2$ ; further, diminished bases in the blood as calcium, sodium; also cardiac and vascular diseases.

On heating urine with liquid potass. only the lime phosphates are precipitated, while with Nylander's reagent and heat all phosphates are thrown down. The normal ratio of lime phos. to total phos. is 1-3; hence, a graduated test tube is to be recommended.

If the lime phos. are decreased, disturbances of assimilation, stomach and intestinal affections, hunger, anæmia, and chronic nephritis are etiologic.

Increase of phosphates is found in bone-suppurations, pulmonary tissue liquefaction, rachitis, phthisis, emphysema.

Furthermore, in such precipitates the color is to be noted. If the precipitate from liquid potass. be red it is hemic in origin. *Rhubarb* (and *Chrysarobin*) gives rose-red to both urine and its precipitate.

The precipitate with Nylander's often gives a gray or black-brown color, due to reducing substances. The conclusion may be drawn from the black-brown color that a large increase of incompletely oxidized sulphur compounds has taken place in the intestinal tract, which enter the urine and cause the formation of sulphates.

It must be emphasized that blackening of the Nylander precipitate, which is usually progressive, is not alone sufficient for a certain diagnosis of sugar,—the whole urine should be darkened.

Acetone, diacetic acid, and ammonia invariably denote diseased liver function, without necessarily implying diabetic involvement.

In regard to deductions made from total acidity (decinormal alkali and phenolphthalin) it must be remembered that the sum of all acid ingredients is thereby measured, hence the acid phosphates, urates, sulphates.

Acidity is lower in the A. M. than P. M. Normally, it ranges between 300-500 (deci. NaOH). With vegetarians it sinks to plus or minus zero. Vegetarians with acidity above 300 are sick. A high A. M. acidity points to mental over-exertion, cramps, neurasthenia, epilepsy, constipation, migraine, etc. A continued evening acidity of over 700 is commonly an accompaniment of retention of uric acid and other metabolic products.

If, with acidity, the urea does not also increase, diminished in-

tra-oxidation is present, conjoined commonly with anæmia, chlorosis, hepatic stasis, etc.

With regard to urea we have observed before, that its amount is proportional to the specific gravity. The two last figures of the specific gravity give approximately the quantity of urea in grammes to a liter; *i. e.* specific gravity 1024 gives physiologic urea 24 gms. If there should be only 16 gms., a marked disturbance of health is present,—diminished intra-oxidation, hepatic disease, blood poverty. With increase of CO<sub>2</sub> in the blood, urea is decreased; also in the uric acid retention, gout, rheumatism.

Indican points always to abnormal putrefactive processes in the intestinal canal; constipation.

More might be written on the interpretation of urinalysis. He who by syntheses gains a comprehensive idea of his case will be richly rewarded, for without a physiologic picture of the functions of the otherwise intact organism, successful cure cannot be anticipated.

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## CHLOROSIS WITH DROPSICAL SWELLING OF THE LEG.

By Dr. Mossa, Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
September 22, 1904.

A servent girl, forty years of age, had to attend to the general housework in a villa near the city, located on an eminence. This gives her but little chance to sit down during the day. On market days she has, besides her other work, to climb this eminence, frequently loaded down. It is chiefly her osseous structure, which is well developed, rather than her muscles. For several weeks she has felt pains in both the legs, but especially in the left leg; but now both of them are so much swollen, and the left leg is so painful, that she had to stop working and had to lie down.

On the 9th of May I found her in the following condition: The body is considerably emaciated; the skin on the covered parts of the body is white, as are also the mucous membranes, the gums and the palate. The complexion, however, is rather gray, speckled with many yellow spots like freckles. Both the legs are considerably swollen; the swelling on the right leg extends up to

the thigh, it feels soft and doughy, and when it is pressed in a deep dent remains. On the left leg the swelling is more tense, and does not yield to pressure. Above the left calf, the skin appears mottled with bluish and reddish spots, which in some places coalesce, and this part is spontaneously painful and very sore to the touch. The pains are aggravated at night and by external heat. Some reddish streaks run from the calf down to the foot.

A further examination shows small, weak pulse, especially on the left radial; on the heart there is a slight enlargement to the right; there is also some weak, systolic bubbling. The urine has lately diminished in quantity, and is dark-brown; in boiling it a thick white mass is formed, almost filling up the test-vial; this at first gives the impression of a copious albuminous sediment, but on adding some acetic acid it is dissolved, showing that the mass does not consist of albumen but of phosphates. The patient, for several evenings, had a chill, followed by heat, disturbing her sleep. There is no change in her appetite and her stool.

The menstruation has always been regular, but the patient some years ago suffered from chlorosis and also from a one-sided megrim (on right side), which she says she inherited from her mother and which seldom left her. There have also been frequent pains in the lumbar region. She has had several attacks of influenza.

*Diagnosis.* With a patient that has had chlorosis for years, accompanied with a heart-ailment, though this has not much developed, but which might cause a congestion of venous blood in the right side of the heart, but also in the region of the circulation of the portal vein, a dropsical swelling of the lower limbs may be explicable. But whence the peculiar morbid symptoms on the left leg? These called to mind a morbid thrombosis in the region of the femoralis or the cruralis; but the physical signs of such an affection were lacking. But it may be assumed that the tense swelling may have produced congestion of the vessels by pressure, which extended to the capillaries and to the lymphatic vessels, and thus caused an image of disease such as is peculiar to lymphangitis or erysipelatous inflammation.

*Therapy.* *Sepia* seemed most proximately to correspond to this case; but the symptoms just considered, which also seemed to be of especial pathological importance, and which were most troublesome to the patient, turned my choice to another more penetrating remedy, to *Apis*.

So I directed eight pellets of *Apis* 30, to be dissolved in a tumblerful of water, one teaspoonful of the solution to be taken every two hours. The effect of the remedy soon showed itself in a considerable increase in the quantity of urine, a sign, which, with *Apis*, is generally considered favorable. The right leg had also been wrapped in raw cotton to produce perspiration. This could not be done with the left leg, as this could not bear warmth. Little change was made in the diet, only for coffee, milk was substituted.

Subsequent to this treatment, the fever in the evening diminished. At night there was generally a copious perspiration of the body. The remedy which called into activity the natural filters of the body, urine and perspiration, giving the necessary rest to the heart, exerted so favorable an influence that the swelling of the right leg had disappeared within a week. But the left side responded more slowly.

*Apis* 30 was repeated once more in the manner described above, and after two days' pause one teaspoonful thrice a day of *Sepia* 30. in solution, was given. The erysipelatous or lymphangoid symptoms on the left leg slowly yielded, the sensitiveness on the parts affected gradually diminished, while the swelling also disappeared. The general health was favorable, and since the patient had a good appetite, she even increased in weight. Also the morbid symptoms in the heart disappeared, showing that they had depended on chlorosis.

In three weeks the patient could leave her bed. As a precaution, her legs up to the knee were wrapped in a flannel bandage. The megrim showed itself but little while she was in bed. When I saw the girl two weeks ago her condition was quite satisfactory, and she could again fully perform her duties. This success was the more satisfying, as at first I had been afraid of a severe thrombosis.

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## HOMŒOPATHIC AND BIOCHEMICAL THERAPY.

By Dr. Strohmeyer, Frankfurt, A. M.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Zeitschr.*, Sept. 1, 1904.

The following case shows the superiority of the homœopathic biochemical therapy over that of the old school, and also shows briefly the method by which I am accustomed to treat chronic affections of the lungs:

The twelve-year old daughter of an official has now been suffering for three years from cough with a thick yellow expectoration, with occasional nocturnal perspiration, and she complains of lancinating pains in the right side with constant lack of appetite, palpitation of the heart and general weariness. The family physician had prescribed cod liver oil and a visit to the country, but this did not produce any change. An examination showed a pretty extensive catarrh in the tip of the right lung, while the left lung was unaffected. The girl is very slender in build, brunette, and bright intellectually.

Prescription: *Natrum phosphor.* 6, trit., as much as would lie on the tip of a knife, four times a day. A decisive point in my selection of phosphate of soda was the coating of the tongue, which was intensely yellow, as I had frequently observed in consumptives, and also the fact that an enlarged tonsil had been removed by surgical operation a few years ago. The use of meat was also reduced to a minimum, while the abundant use of fruit of every kind was recommended. Every morning the whole body was washed with water that had the chill taken off, and systematic respiratory exercises morning and evening were recommended. I also directed the mother to insist on her daughter's taking deep breaths while walking in the open air. After three weeks her weight was increased by one and a half pounds, the thick yellow coating of the skin had changed to a yellow mucous coating. The expectoration which had strongly increased during the first days was much changed not only in quantity, but also in quality; and the dull sound in the tip of the right lung is becoming clearer, there is still a considerable rattling as from fine bubbles. Prescription: *Natrum phosphor.* 6, twice a day, a dose as large as a coffee-bean, taken dry.

In four more weeks there was again an increase in weight; the expectoration is now colored yellow only in the morning; during the day it is of clear mucus; the appetite is good. Auscultation only shows noises in isolated spots; the sounds of percussion are nearly the same on both sides—the yellow coating has disappeared. Prescription: *Arsenicum jodat.* 12 D., two large pellets, four times a day. A short time ago the father told me that the cough had vanished and every one was surprised at the healthy appearance of the child. In reviewing my successful treatment of forty lung-patients, I think I have a right to emphasize the great service which Schuessler's *Natrum phosphor.* has done in my

practice. Wherever I find the indications: A slender build, a lively temperament, a *thick yellow coating of the tongue*, great anorexia, sudden change of mood, active sexual desire, etc. I generally begin the treatment with *Natrum phosphor.* and at my next visit I generally find that the cough at first considerably increased with an augmented expectoration, while the general health and the appetite have improved. To this corresponds a change in the coating of the tongue, which has become of a more yellowish-mucous nature. Some patients emphasize the action of the remedy on the stomach and intestines. I have also used *Calcarea phosphor.* with good effect, especially with women whose chest is affected and who have an excessive menstrual flow. The characteristic differences between the patients who will be benefited by *Natrum phosphor.*, and those for whom *Calcarea phosphor.* is suitable, is difficult to define in words, but as a whole *Calcarea* will be found more suitable, where persons have had a hard time in their daily life, as we often see it with women of the working classes, who have been brought down by a series of badly nursed confinements, through much nursing or through household cares. With them there is also usually a depression of mind, thus the very contrary state to that of the proverbial freedom from care and to the hopefulness characteristic of the average consumptive.

With *Calcarea phosphor.* I usually start with higher potencies, *e. g.*, with the 12th trituration and then gradually descend to the third or even lower. Later on in the treatment I substitute *Arsenicum jodat.*, also in higher potencies, for Schuessler's remedy, and I am obliged to acknowledge the efficacy of this remedy, as well as that of *Kreosotum*. I have also convinced myself of the usefulness of the Scotch wrapping, which is so much lauded by Dr. Bergmann, and have, thereby, benefited a patient; but in the cases indicated above I have had excellent success with Schuessler's remedies (also *Ferrum phosph.* should not be forgotten, especially when the cough is more dry, and when the patient keeps changing color every moment). A number of patients who have again become enabled to work testify that also in phthisis many roads lead to the goal, and it is best to carefully collect all the experience gathered, without despising aught that has been honestly gathered, nor should we be so opinionated as to refuse to try the different remedies, keeping whatever is good. Systematic respiratory exercise, daily ablutions of the entire body, a diet as nearly vegetarian as possible, *gradually* accustoming

oneself to sleeping with open windows, as well as strict abstinence from alcoholic liquors, supply important aids to internal therapy and are absolutely necessary in order to secure satisfactory results.

## A CASE OF SECALE CORNUTUM.

By Dr. Mossa, Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
Aug. 11, 1904.

On the 20th of June, 1904, I was called in the forenoon to see a woman, forty years old, who, in the preceding night, had been seized with a violent attack of vomiting and diarrhœa. The patient is a robust woman, otherwise healthy, but since she lives in a constant, violent feud with her husband, who is given up to drink, she is in a state of constant vexation and acute outbreaks of passion. I could not discover, in spite of careful inquiry, whether these mental emotions alone, tending to a bilious state, had now come to "a gastro-intestinal crisis," or whether other causes had contributed to the attack.

The patient had first vomited food, then mucus and at last bile. The diarrhœic discharges, which the patient stated were fifty in number during the night, were first fœcal and solid, then they had steadily become thinner and more colorless. When I saw the patient at 10 A. M. the main storm was over; the vomiting had ceased, but she still complained of *pressure in the stomach*; the stools also were less frequent, but one symptom tormented her unbearably: Very *painful cramps in the lower extremities*; these not only attacked *the muscles of the calves*, but *all the muscles of the lower part of the leg*, from the toes on up to the thigh. It was on account of this trouble that she sent for me.

*Therapy.* In view of the symptoms enumerated, *Secale cornutum* seemed to me the most suitable remedy. I prescribed it in the 3d dilution, the patient to take three drops every half hour; when improvement set in, the medicine was to be taken every three hours. The effect, as I found at my evening call, was, indeed, brilliant. The stools were soon checked, as also the muscular cramps, and the woman could even get up now and then in the afternoon.

That *Secale cornutum* may produce such painful muscular cramps, not only in the calves, but also in the other muscles of the lower leg as also of the thighs, is shown by its pathogenesis. Clinical experience also has proved its homœopathic action in this direction. The remedy has proved itself useful in cases of sporadic and of Asiatic cholera, especially where the excessively copious stools are accompanied with violent, painful cramps of the feet and toes, as also in the muscles of the upper extremities; there is also found in it occasionally a convulsive pressure in the stomach, with flabby, wrinkled and cold skin; the stools being sometimes preceded by an urging to vomit, anguish, cramps in the calves, and grumbling in the abdomen. It is said to be particularly suitable with beer-drinkers. My patient, no doubt, also consumed her quart of beer a day, for she was born in Bavaria.

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### CASE OF GALL-STONE COLIC.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,  
Aug. 11, 1904.

A woman, aged fifty-three years, large, meagre and fair-haired, had been in good health, excepting some arthritic attacks. She had hæmorrhoids and urticaria, but no icterus up till now. But now, June 4, 1897, there was icterus extending generally, having lasted about two months. There was extreme debility and constipation all the more severe, as she had used purgatives without stint during these last two months. The color of the urine was of mahogany color, the excrements like clay. Nausea, frequent pain in the left shoulder, which was aggravated during the painful hepatic attacks; she never had felt any pain in the right shoulder.

An examination showed that the liver protruded by two finger's breadth beyond the lower line of the ribs. The gall bladder is very sensitive to the touch. The right kidney has sunk down; owing to the excessive emaciation and the relaxed, soft abdominal walls of the patient, it may be easily grasped.

Her domestic physician had diagnosed the ailment as gall-stone gravel and obstruction of the biliary passages, and this had been confirmed by an eminent professor. They considered her condition as precarious and maintained that since all medication so far had been ineffectual, a surgical operation was immediately re-

quired to save the patient's life. But the patient could not make up her mind to this and concluded first to give Homœopathy a trial.

Dr. Serrand who undertook her case found the patient's temperature to be in the morning 97° F. It seldom rose above 99° in the evening. Although the patient has much moral energy, she felt her strength utterly exhausted. She can hardly partake of a very mild milk diet, and of soup and light dishes made of flour. She is much troubled with flatulence, and has fits of weeping. The first day she received *Ignatia*, and for the purgatives I substituted simple lavements with boiled water. Her rational diet needed no change.

June 6. A painful attack, sensation of constriction of the larynx. *Belladonna*.

From the 6th to the 21st of June there was no particular change in the condition of the patient; but her painful ailments and her nervousness diminished.

June 21. Hepatic colic, a slight increase of temperature. Salivation. *Mercurius dulcis*.

June 22. The pain in the shoulder is worse. *Bryonia*.

June 25. A new attack of gall-stone colic; the jaundice which for several days had been less dark is now again more prominent. Temperature in the evening, 101° F. *Berberis*.

June 26. A copious discharge of sand, the stools begin to be slightly colored, the urine is less dark. The icterus is less pronounced, some attacks of pain, but no vomiting.

June 26-30. A considerable quantity of sand was discharged and also some gritty grains in the stool, which also contained numerous crystals of phosphate of lime. *Berberis*.

July 5. Another attack of colic. The night from July 5 to 6 was very bad, with violent pains. *Belladonna*.

July 6. A copious discharge of sand and gritty grains. Temperature higher. *Berberis*.

July 6. A large calculus was discharged; it was shaped like a sheep's head and of the size of a filbert. In the succeeding days the condition of the patient considerably improved. The stools took on more color, the jaundice diminished and disappeared. Her appetite and strength return. The patient finally begins to again walk about in her room.

July 30 She departed for Vichy, still feeble, indeed, but in full convalescence.

During the last seven days the patient felt only very slight traces of suffering from biliary stones; she is again active, vigorous and well nourished. Still there was frequently noticed in her stool, during any disturbances in digestion, sand and detritus of caculi, whether in the form of grains or of scales which remained on the blotting-paper as the residuum of the washed out fæcal substances

In February, 1904, after the woman considered herself fully restored, and had given up her treatment, living again in her own fashion, there again appeared some indications and at last an actual attack of gall-stone colic. She again discharged some calculi, but without any sign of obstruction in the biliary passages. The patient, who had thought herself permanently cured from gall-stone colic, was of course somewhat discouraged; though her condition, as a whole, may be called really satisfactory.

Though the homœopathic treatment begun with her had not wholly removed the diathesis to the formation of gall-stones, this treatment had, nevertheless, helped the patient over a very precarious and critical period, and introduced her into a very passable state of health, without exposing her to the dangers of a surgical operation, always more or less uncertain in its results. When she again met the professor, who had advised her to undergo a surgical operation as a last refuge, he was not a little surprised at the course of events and with his customary amiability he felicitated her on the surprising results of the treatment she had used.

That *Berberis*, as the author claims at the conclusion of his interesting observations, in this case essentially contributed to the cure we willingly grant, as this remedy has also been of great service in other analogous cases.

M.

(*Revue homœopathique française Mai, 1904.*)

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## L'OMIOPATIA IN ITALIA, WITH CLINICS.

By Dr. Mossa.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*

The forty-eighth number of *l'Omiopatia in Italia*, the organ of the *Instituto Omiopat. Italicus*, contains an annual report for 1903 concerning the financial condition of this General Homœopathic

Society which supports the polyclinics in Turin, Florence and Milan. The Society has not only been able to accomplish this object, but owing to the support of liberal patrons, it has been enabled to enlarge the small hospital in Turin and to fully equip and start it. There even remained an amount of 14,000 fr. in the treasury, sufficient to support a free bed. The financial report closes with a small balance on the right side.

In the homœopathic polyclinic in Turin there were last year 7,520 consultations with 2,025 patients treated.

Among the cases reported, the following seem of interest :

I. A woman thirty-three years of age had a kerato-conjunctivitis and a hypopion on the left eye. The ulcer of the cornea was small but deep and with the hypopion occupied the lower quarter of the eye-chamber. Several physicians had recommended her to have the eye operated upon, but the patient would not hear of it, and sought help in the homœopathic hospital. She received here *Hepar sulph.*, and a protective bandage was tied over the eye affected.

In four days the hypopion began to decrease and the improvement proceeded so quickly that in twelve days only traces of the hypopion remained, which vanished soon after. Only a slight leucoma, causing her no trouble, remained from this ailment.

II. A severe case of epileptiform convulsions and hemiparesis.

A boy, ten years of age, had never been noticeably sick except an otitis sinistra, two years before. There is no hereditary encumbrance. One of his brothers, indeed, had some epileptic attacks when a child, and also now suffers occasionally with arthritic rheumatism and heart disease. The sufferings of the patient started from a fright some days ago. For a week he has been suffering from epileptiform convulsions, following each other at longer or shorter intervals, eight to twelve a day. The physician treating him sought the cause of the disease in the antecedent otitis, and accordingly urgently recommended the trepanning of the mastoid process as the only remedy that would save his life.

But the patient sought the help of Homœopathy, which other members of his family had before used with good success.

An examination showed: a hare-lip and split molars. Otherwise the body was well built and the organs sound; his intelligence was but partially developed, the patient showed a certain

effort and difficulty in pronouncing words. The appetite is small, the stool regular. There is a slight hemiparesis dextra; he occasionally complains of weariness and weakness in the head, but cannot designate any special spot. No vomiting or fever.

Before the attack, there is sometimes a sort of aura, as the patient before he is seized has for some moments a sensation of insensibility. This is followed by tonic-clonic contraction of the limbs, especially the upper limbs, which always urge him to fall toward the left side of the bed. There is no triasm, the mouth is continually half open.

The attack is always followed by a soporous state, an increase of the cephalalgia, so that he often laments aloud.

Jan. 30. Three attacks by day, twelve by night. *Absinthium*.

Jan. 31. The same.

Feb. 1. Long resting-spells by night and by day, then attacks with short intermissions. *Calcar. carb.*

Feb. 2. The attacks continue numerous by night. *Aconitum*.

Feb. 3. Attacks still numerous. The patient complains of pains in the temple and the neck. *Gelsemium*.

Feb. 4. Cephalalgia sometimes more violent. *Atrop. sulph.*

Feb. 6. During the night eighteen to twenty attacks. *Absinth.*

Feb. 7. Same condition and medicine.

Feb. 9. The hemiparesis is more pronounced. *Enanth.*

Feb. 10. A sort of torpor. *Opium*.

Feb. 11. Same condition. *Ignatia*, in the evening *Silicea*.

Feb. 12. The attacks are becoming still more frequent both by night and by day; he can hardly raise the right arm. It is very difficult for him to form words; he limits himself to a few monosyllables. *Cicuta virosa*; ice is applied to the head.

Feb. 13. The attacks are so frequent, that they cannot be counted. In his convulsive movements the patient is pressed to the left side of the bed, so that a screen had to be placed there, to keep him from falling out. *Ignatia*, ice.

Feb. 14. The patient has lost the use of his voice and can only with difficulty say "yes." The dextral paralysis is complete. He has difficulty in swallowing a little milk, he is in almost constant convulsions. *Belladonna*, *Iodoform*.

Feb. 15. Unchanged *Iodoform*.

Feb. 16. *Iodoform* 3 D internally, and externally his temples and legs are rubbed with it.

Feb. 17. The convulsions are subsiding. There are pauses of rest. *Iodoform* internally and externally.

Feb. 18. The convulsions are more rare. Repeated.

Feb. 19. Three attacks in the night, none by day. His intelligence is more active. He does not any more complain of headache. The semi-paresis continues.

Feb. 20. Noticeable improvement. Repeated.

Feb. 21. Only one attack, he can say some words, he can freely move the right arm. *Iodoform*.

Feb. 22. No attack. Sacch lact.

Feb. 23. A slight attack. Sacch. lact. *Iodoform* only externally.

Feb. 25. No attack, language and movement more free.

Feb. 26. He sits up in bed and eats with appetite. The paresis continues but is less in degree.

From this time he continued to improve, so that he could be dismissed as fully cured on March 6.

Dr. Bonino remarks on this fine cure by Dr. Radioli, that he has had the opportunity of repeatedly seeing this boy, who lives fifty kilometers from Turin. He continues in good health, only one day, when too much exposed to the sun, he had a pain in the left temple, which, however, quickly passed off after a dose of *Glonoinum*.

Dr. Mossa makes a few remarks on this case. He thinks it indubitable that *Iodoform* contributed to the cure. As to the diagnosis, the totality of the symptoms points less to epilepsy than to an ailment arising from an exudation into the dextral temporal convolutions of the brain, appearing with epileptiform convulsions and a hemiparesis of the right arm. It is difficult to say how much the fright may have contributed to the symptoms. This might, indeed, have influenced the choice of remedies at once in the beginning. The question may be asked, whether a less frequent change of remedies might have been more effective; but this question is difficult to answer. *Iodoform* was in place to effect the resorption of an exudation, as it has also proved of use in some cases of meningitis.

Dr. Baldelli reports from the polyclinic in Florence that 352 men, women and children applied last year for aid, and 921 consultations were held. Among the cures reported we select the following:

I. A lady, whom the author had before cured of articular rheumatism, was taken sick last summer from having taken cold at her villa. She first felt violent pains in the base of the thoracic

cavity on the right side, the pains following the course of the ribs. Her physician prescribed rubbing with oil of henbane (*Hyoscyamus*), then with *Chloroform*, with *Belladonna ointment*, *Cocaine*, etc., but the pains only increased. On the fourth day a violent burning and itching appeared on the same side and a pustulous eruption of blisters—of course, herpes zoster.

The state of the patient, of course, was not improved thereby; she now suffered unspeakable pains from the eruption and from the continual violent intercostal neuritis. A celebrated physician was consulted, who only confirmed the diagnosis, but had no other therapeutic advice than to continue with the sedative (?) remedies, and eventually to resort to the last refuge of injections of *Morphine*. This also was resorted to, but with only transitory alleviation, and since the patient knew the danger of morphinism, after suffering for forty days, she took refuge at last in Homœopathy, which had helped her before. I need only add to the symptoms enumerated above, that besides the continuous and extremely violent intercostal pains which destroyed her sleep, in the place where the herpetic eruption, now almost gone, had been, she now also had a sensation of burning deep down, and at the same time anæsthesia of the epidermis there. I first gave her *Mezereum*, then *Actæa racemosa*, and the cure was completed with *Ranunculus bulbosus* in various dilutions. An improvement in the symptoms soon appeared after I began her treatment. The patient could sleep and rest, her appetite and strength returned. In four days the neuritis appeared.

## II. A case of nephritis

A boy, ten years old, was sick with acute nephritis, and the allopathic colleague treating him had openly declared that he could not do anything more for him. Dr. Baldelli found the child helpless in bed, with œdematous face, half-open eyes, apathetic and indifferent to all questions. The scrotum and penis were also swollen and œdematous; ascites had set in; the face was cyanotic; respiration irregular, becoming ever quicker and more superficial, presenting in its totality an attack of uræmic eclapsia.

This was the first attack of this kind, but it seemed so threatening that it was to be apprehended that it would also be the last, fatal in its issue. From the beginning of the attack, the child remained in an immovable soporous condition.

The doctor left *Apis mell.* which should be given the little patient, a spoonful at a time, as soon as he should be able to swal-

low. In the succeeding night there were two other but lighter attacks. There was no more vomiting, and the exhaustion and somnolence were diminished. The boy had taken the remedy pretty regularly, had also drunk some milk and had discharged 400 grammes of urine. The latter was deep red, containing much sediment and some albumen.

*Apis* was continued. On the third day the report was: The attacks had not returned since the first night, occasionally there was some perspiration and an increasing quantity of urine. The child answered questions, the general œdema continued, but that of the penis and scrotum had almost disappeared. The prognosis was now much more favorable. *Apis* was continued for two days more. The perspiration became copious, and the urine discharged increased in quantity from day to day, and in the same proportion the œdema diminished.

The patient now received *Arsenicum alb.* The albumen in the urine then ceased altogether, the strength of the exhausted organism gradually increased and the cure was completed with *China*, and the little boy continued in best health during the fall and winter.

The polyclinic in Milan also has been well patronized.

May these homœopathic polyclinics of Italy continue their successful and blessed activity.

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## WOOD ALCOHOL.

The recent occurrence in one small section of this city of between twenty and thirty deaths, believed to be directly traceable to drinking a so-called whiskey made by coloring and flavoring diluted methyl alcohol, calls attention in a forcible manner to this new menace to life and health. Up to within a comparatively recent period cases of poisoning by wood alcohol were among the rarities of medical practice, for so long as the substance was manufactured by the old processes its offensive smell and taste were sufficient to deter even the most hardened drinker from using it to satisfy his craving for alcoholic stimulants. Since the time, however, that "deodorized" wood alcohol has been placed on the market, under various names, the fatalities from its use have gone up by leaps and bounds. Not only may it be used in place of grain alcohol in the manufacture and adulteration of spirituous

liquors, but it is also largely and widely used as a menstruum in many toilet preparations and remedies for internal and external use. The reasons for this practice are twofold. First, and that which appeals most forcibly to human nature, is the comparative cheapness of wood alcohol, it being untaxed and costing but fifty cents per gallon, while grain alcohol, taxed, costs at retail \$3.60 per gallon. The second reason is the ignorance of many manufacturers as to the deadly nature of methyl alcohol. Indeed, even among members of the medical profession views with regard to the poisonous nature of methyl alcohol are widely divergent, and some who have had no experience in cases of wood alcohol poisoning are openly sceptical concerning its reputed toxic properties. In order, therefore, to decide the question, Dr. Frank Buller, of Montreal, and Dr. Casey Wood, of Chicago, undertook in the beginning of 1904 an investigation of the subject, under the auspices of the Section on Ophthalmology of the American Medical Association. An exhaustive paper embodying the results of these investigations is published in a recent issue of the *Journal of the American Medical Association*. The investigators found that about 175 cases of blindness and about 100 deaths during the past seven or eight years could be directly imputed to wood alcohol in the various forms in which it is manufactured. This estimate is a conservative one and only treats of published instances of death and blindness.

Into the question of the manner of poisoning by wood alcohol, there is no space here to enter, but it may be said that all observers agree that the symptoms of such poisoning are unmistakable, and that the eye is the organ especially attacked.

Drs. Buller and Wood consider that the investigations undertaken by them confirm the suspicions entertained by many physicians that the fumes of wood alcohol, under certain favorable conditions, are a dangerous menace to eyesight, and they moreover believe that the consensus of opinion is opposed to the statement of the makers of the various forms of "deodorized" wood alcohol that its external use in liniments, alcohol "rubs," in baths, in cosmetics, hair tonics, perfumes, etc., etc., is always devoid of danger to the eyesight.

The practice of substituting wood for grain alcohol in the manufacture of medicinal preparations would be a most insidious and pernicious means of poisoning, and the sale not only of methyl whiskey but also of internal remedies and toilet preparations man-

ufactured or adulterated with wood alcohol should be restricted by law. In fact, there is every reason why the proposition of Drs. Buller and Wood should be adopted that methyl alcohol in any of its forms should be treated as a poison and subject to the laws of the various states restricting and regulating the sale of poisons.—*Medical Record.*

### GONORRHŒA A CAUSE FOR STILL BIRTH.

“A few years ago I attended a lady in confinement, the result being a still-born infant. This was the second still birth for that mother. I had the mother under my observation during the period of gestation, and everything was done that could be thought of for her good, as they were both anxious to have a living child.”

“Immediately after the second unsuccessful issue the husband bitterly arraigned his wife's incompetency. I saw that divorce was in his mind, and led him on to have his talk out. Then I quietly told him that he was the one to blame, as I knew that he had had three attacks of gonorrhœa. He was thunder-struck at my words when I prophesied that he would never raise a child. Since then my views have been substantiated by the fact that a living child was born after I left the city, the physician in charge reporting that the child six hours after birth died quietly in its crib without apparent cause.”

“I assert, then, that previous gonorrhœa in the father is the most fruitful cause of marasmus in infants, both parental and post-natal.”

“It has been my habit for years to inquire into all cases of still birth and marasmus, and I may say that I find in almost every case not directly traceable to other causes a gonorrhœal history.”  
—*From Presidential Address of David A. Strickler, M. D., Denver, Col., in Oct. Progress.*

## IPECAC IN MORNING SICKNESS.

A woman, aged twenty-nine, in second month of first pregnancy, became peevish, irritable and impatient. Morning sickness with a general feeling of distress in the region of the stomach at all hours of the day, with more or less nausea and some vomiting. Feels weak and miserable.

*Ipecac.* 3x, was given, a dose every hour or two, which promptly relieved the nausea and improved her condition in general, so that in ten days she felt quite well.

Her medicine giving out, the distressing symptoms and the nausea began to return and grew steadily worse. After a week of suffering she called for more of the medicine, which gave prompt relief as before, and in a day or two she was again comfortable, and has remained so. She could hardly hope for a cure so complete as to enable her to stop the remedy altogether, since the cause must of necessity continue. With occasional doses of the *Ipecac.* she has continued hopeful and cheerful, with only a slight gastric disturbance.

The actual amount of the *Ipecac.* she took did not amount to more than a single drop of the mother tincture in a whole month, and yet this small amount, prepared and given in accord with the principles of Homœopathy, gave her comparative health and kept her cheerful and happy.—*W. A. B., in October Progress.*

## MACHINE MADE DIAGNOSIS.

The Editor was once a hot laboratory man. He firmly believed that the test tube and the guinea-pig were the most promising means for the advancement of therapeutics. He had an acrimonious fight which lasted for many, many weeks, with the anti-vivisectionists, who were not slow to bestow upon him all kinds of epithets for his defence of vivisection. But as I live and learn, I become more and more convinced of the secondary value of laboratory research and animal experimentation. Now, please do not misunderstand or misquote me. I do not say that those experiments are *worthless*, I merely state that they are of secondary or subsidiary importance, both as an aid to diagnosis and as a means of therapeutic advancement. And it is pleasant to see that the most eminent practitioners, as Sir Dyce Duckworth and the Editor of the Practitioner, do not hesitate to express themselves

in the same direction. And what Dr. Bosenquet says on the subject is well worth considering. "Whether it be due to our methods of teaching or not (he says) we cannot say, but there can be no doubt that the tendency of the present time is to rely more and more upon laboratory methods of diagnosis and less upon clinical examination of patients. If we are in doubt as to whether a patient is suffering from diphtheria, we care little as to the presence or absence of membrane in the throat; we send a "swab" to the nearest laboratory, and make our diagnosis on the report of a man who has never seen the case at all. If enteric fever is suspected, the blood must be examined; and as the Widal test is positive or negative, so the sufferer's ailment is classified. The onus of a decision is thrown on to some one who has no responsibility in the matter, and we are free from blame in any case. And so great is our faith in the refinements of modern laboratory methods that their findings are often accepted in the face of distinct clinical evidence to the contrary. Yet we would venture to suggest that no single one of the laboratory tests has as yet established itself as infallible. It is known that virulent diphtheria-bacilli may exist in healthy throats, and therefore also in sore throats which are not diphtheritic. Agglutination of *B. typhosus* may occur with serum from patients who are not suffering with enteric fever, and may fail to appear in the case of those who are so afflicted. In short, the tests are useful in their way, if used rationally as aids, of quite subordinate value to the study of clinical symptoms and signs. Otherwise employed, to the neglect of the phenomena met with in individual cases of illness, they are as likely to mislead as to help the too confiding practitioner." True, every word of it.—*Critic and Guide*.

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## BOOK NOTICES.

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Lea's Series of Medical Epitomes. Nagel's Epitome of Nervous and Mental Diseases. A Manual for Students and Physicians. By Joseph Darwin Nagel, M. D., Consulting Physician to the French Hospital, New York. In one 12mo. Volume of 276 pages, with 46 Illustrations. Cloth, \$1.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York. 1904.

In this age of rapid progress and evolution of new theories and sciences the student of medicine, who in four years is supposed to master the intricate and varied details of his chosen profession, and the busy practitioner, who must still spend a good part of his time in research and study to keep abreast with the rapid strides of advance, both feel the daily need of a text-book which will give them the essence of the subject which they are pursuing. It is with this idea that the author has undertaken to gather the various facts and data contained in the numerous text-books and pamphlets on the diseases of the mind and nervous system, and to weave them into a compact fabric, easily studied by those who are in search of precise information.

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**Diabetes Mellitus. Its Prevention and Treatment.** By Sarat Chandra Ghose, M. D. 32 pages. Paper. Price, 6 annas. Hahnemann Home, 212 College Street, Calcutta, India, Publisher.

A valuable little brochure from the pen of Dr. Ghose, giving very full details of the treatment of diabetes mellitus, together with very complete homœopathic therapeutics.

The pamphlet is a timely one, for the disease is steadily and rapidly on the increase in Bengal.

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**Treatment of Cholera.** By Dr. Mahendra Lal Sircar, C. I. E., M. D., D. L. Second Edition. Revised and Enlarged, Demy 146 pages. Cloth, Rs. 2. Postage, 4 annas.

The first edition of this book was published thirty-three years ago, as we learn from the preface, yet it was sold out within two years; but the author was a busy man and it was not until near the day of his death that the manuscript for the second edition was completed. Owing to the author's vast experience his book is invaluable to any one having to treat cholera.

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**The Surgical Treatment of Bright's Disease.** By George M. Edebohls, A. M., M. D., LL. D., Professor of the Diseases of Women in the New York Post-Graduate Medical School and

Hospital, etc., etc. 440 pages Cloth, \$2.00 Frank F. Lilliecki, Publisher, 15 Murray St., New York. 1904.

This book is largely made up of various papers that have appeared in the *Medical Record*, *Medical News* and other medical journals on the subject of surgery of the kidneys and Bright's disease. Many cases are given and to one interested in such surgery the book will be well worth its price.

**Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition.** By Dr. Carl von Noorden. Authorized translation under the direction of Thomas Boardman Reed, M. D. Part IV. *The Acid Autointoxications.* 80 pages. Cloth, 50 cents. Part V. *Concerning the Effects of Saline Waters (Kissengen, Hamburg) on Metabolism.* 92 pages. 75 cents. New York, E. B. Treat & Company. 1904.

These two little books contain the latest knowledge on the subjects of acid autointoxication and the effect of saline water. The author, von Noorden, is Physician in Chief to the City Hospital, Frankfort, A. M., and one who goes into his subject with German thoroughness.

**Blood-Pressure as Affecting Heart, Brain, Kidneys and General Circulation.** A practical consideration of Theory and Treatment. By Louis Fangeres Bishop, A. M., M. D. Physician to Lincoln Hospital, New York, etc. 112 pages. Cloth, \$1.00. New York. E. B. Treat & Company. 1904.

"Just as tuberculosis has for its victims the most attractive youth of the land, so high arterial tension claims the best and most successful of those past middle life who have borne the weight of the strenuous demands of a modern career," so asserts the author in his preface. The author has struck something new under the medical sun, at least to the average reader. However, the "strenuous" will not give up until, perhaps, it is too late.

**Faculdade de Medicina de Janeiro. Similia Similibus Curantur.** (These Inaugural.) Por Cairo da Silva. Bacharel em Mathematica e Sciencias Physicas e Engenharia Militar. Amicus Plato; magis amica veritas. Rio de Janeiro. 1903.

Such is a title of a 160 page pamphlet in Spanish received from South America. It will no doubt do good missionary work in Spanish speaking countries.

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**The Diseases of the Uterine Cervix.** By Homer Irvin Ostrom, M. D., New York, Surgeon to the Metropolitan Hospital, etc. Author of "A Treatise on the Breast and Its Surgical Diseases," "Epithelioma of the Mouth," etc. 386 pages. Cloth, \$2.50. Postage, 18 cents. Philadelphia. Boericke & Tafel. 1904.

This beautiful and *original* work will probably stand for many years as the court of last appeal in matters pertaining to its subject of which the author is a past master. In this hasty notice, details of the work cannot be gone into, that will be left to the future. We might state here that Dr. Ostrom is a graduate of the New York Homœopathic Medical College, of the class of 1873. Very shortly after graduating he turned his attention to operative surgery; of late years he has confined his work almost exclusively to gynæcological and abdominal surgery. His work in hysterectomy is especially noteworthy for the rapidity of operation and the good results. The author has repeatedly visited Europe for the sake of studying his profession. It must not be supposed that the book is confined to surgery only; it takes in the whole treatment and is strong in its homœopathic treatment.

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Messrs. Boericke & Tafel have accepted the manuscript of a work by Egbert Guernsey Rankin, M. D. The title is *Diseases of the Chest*. The work will contain many original illustrations, from cases in the Metropolitan, and the Flower Hospitals of New York City, Dr. Rankin being on the staff of each, and as there are from three to four thousand cases of the diseases, treated in the book, in these hospitals each year some idea of the wealth of clinical material coming under the author's treatment, or observation, may be formed. The book will run from six to seven hundred pages covering most effectively the entire domain of diseases of the heart, aorta, lungs and mediastinum. It will be a thorough, modern, and homœopathic text-book, one in which the homœopathic medical profession may well take pride.

# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.,

By BOERICKE & TAFEL.

SUBSCRIPTION, \$1.00, TO FOREIGN COUNTRIES \$1.24 PER ANNUM

*Address communications, books for review, exchanges, etc., for the editor, to*

E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

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## EDITORIAL BREVITIES.

REPROVING THE DRUGS.—The *North American Journal of Homœopathy* prints Dr. Howard P. Bellows' paper read at Niagara Falls. The drug proved was *Belladonna*, but the results have not yet been fully sifted. There are 750 typewritten pages. Here are a few individual symptoms. Of fifty-three provers fifty recorded dryness of the throat, Thirty-one experienced frontal headache. Dryness and heat of the skin were very pronounced, which is a new feature, or at least one that was not much emphasized in the past. Thirty developed diarrhœa. Dr. Bellows gives numerous other results, and his complete proving of the drug will be awaited with interest as it promises to confirm many old uses of the drug and open new ones.

“PINK SWEAT.”—Anent the query that appeared in the August RECORDER as to a remedy for “pink sweat,” the following additional replies have been received: Dr. P. W. Shedd, of New York City: “Sweat scanty but at times red like blood,” “Bloody Sweat,” “Red Sweat.” R. *Nux moschata*.

Also from Dr. Geo. Wigg, of Portland, Oregon: “*Gastein* might help Dr. Keenan out, for it has red sweat.”

BELLEVUE-STRATFORD.—The immense new hotel, the Bellevue-Stratford, of Philadelphia, said to be the finest in the world, is equipped with a complete hospital on one of its floors, including a modern surgical operating room. It is not, however, a free dispensary and hospital.

ALETRIS FARINOSA.—“In all cases, where there is a weakness or feebleness of the digestive functions, and a failure of proper assimilation, or a lack of nervous energy, I would advise the use of *Aletris farinosa*.—*Eclectic Review*.”

ECHINACEA AS A DRESSING.—“The result of this treatment was that, unusual as it may seem in a wound of this character, there was no sloughing, no pus, no pain nor soreness, and the healing uninterrupted to the end. I never had as satisfactory results in the treatment of wounds before I began using *Echinacea* as a cleanser and subsequent application by compress. I attribute the good results mainly to the thorough cleansing of the wound with *Echinacea* in the beginning.”—*A. F. Stephens, M. D., Eclectic Review.*

WHOLESALE POISONING BY WOOD ALCOHOL.—“In a limited area on the west side of the city upwards of thirty men and women have died within the past three weeks, it is believed, of poisoning by amyl alcohol. Most of them were known to have drunk heavily of whiskey purchased at a certain saloon, one of the barkeepers of which was also one of the victims. It is supposed that the whiskey was doctored stuff, the basis of which was wood alcohol, flavored and colored with various chemicals. The police, the health department, and the coroner are all investigating the cases, and analyses are being made of the gastric contents of the dead and of the liquor found in bottles in the rooms formerly occupied by them.”—*Medical Record, Oct. 15.*

THE SALICYLATES OUT OF FAVOR.—Dr. Burwinkel discussing acute articular rheumatism in *Deutsche Medicinal Zeitung* says that statistics supplied various authors show that the introduction of the salicylates cannot be viewed as a progressive step in the therapy of this disease, for not only are they accompanied by unpleasant after-effects, but there seems to have been an actual increase in the number of cases with cardiac complications.

A WIDELY KNOWN JOURNAL.—“Kindly send me a sample copy of the HOMOEOPATHIC RECORDER. I have heard much of it and wish to subscribe for same, therefore kindly let me know what the subscription for one year would be.”—*Extract from Letter from British West Indies.*

MEDICAL TREATMENT OF CONSTIPATION BY THE INJECTION OF OLIVE OIL.—G. Herschell (London *Lancet*) believes that in suitable cases, and a proper technique for the injections, that olive oil is a most useful remedy in constipation. Results of a gratifying nature follow in chronic colitis, constipation associated with spasm of the bowel, as in neurasthenia and in atony of the

intestine, here combined with the use of electricity. From three to ten ounces of oil should be injected at bed time and retained over night. It should be slowly introduced by the force of gravity. He prefers a glass funnel hung in a metal frame and connected by a rubber tube with a nozzle of large bore and well rounded tip. A spring clip regulates the flow. The amount at first should be restricted to five or six ounces, but this can gradually be doubled. After a while the injections can be given on alternate nights only.

A CASE OF ANILIN POISONING.—P. G. Harvey (London *Lancet*) reports the case of a woman of twenty-seven years, suffering for two months from painful swelling of the lips and gums, dyspnoea, and faintness. Later the buccal mucosa became discolored, and vomiting came on immediately after eating. A diagnosis of ptomain poisoning or local infection from unknown causes in the mouth was made, and on investigation it was found that she was in the habit of using an anilin pencil, which from time to time she moistened in her mouth. Discontinuance of the pencil-sucking habit led to a speedy cure.

TRANSMISSION OF TUBERCULOSIS.—Koch is not disturbed by the decision reached by the British Royal Commission on the subject of bovine and human tuberculosis. He sees no reason for modifying his views, and declares again emphatically his conviction that the transmission of bovine tuberculosis to man cannot take place by means of food. Neither bovine flesh nor milk, he asserts, can transfer the disease. It is possible for a butcher at the slaughter-house to become infected by injuring himself when handling tuberculous meat, but even then the infection remains local. It causes a local sore, but no general disease.

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#### NEWS ITEMS.

In the first official order issued by Governor Bell, of Vermont, occurs the following: "Warren E. Putnam, of Bennington, is hereby appointed Surgeon General of the State of Vermont, with rank of Brigadier General." Dr. Putnam is a graduate of the Cleveland Homœopathic Medical College, 1881, and Post-graduate of St. Thomas Hospital of London. This official recognition of Homœopathy is very gratifying.

Dr. Stacy Jones will spend the fall and winter at 1901 E. Jefferson St., Seattle, Washington.

The *New England Medical Gazette* with its October issue comes out under new owners and management, though until further notice Dr. A. T. Lovering will remain editor. Messrs. Otis Clap & Son have relinquished the publication of the journal and henceforth it will be published by an association of physicians under the firm name of "The Gazette Associates." We wish the new managers a successful future, as the world needs true Homœopathy as much, or more than ever. The address is 10 Park Square, Boston, Mass.

Dr. J. F. Hill has removed from Battle Creek to Jackson, Mich.

Dr. G. P. Connolly has removed from Rockford to Lake City, Minn.

Dr. A. Eugene Austin has removed from New York City to 4014 Ellis Ave., Chicago, Ill.

Dr. Geo. W. Parker has removed to 5040 Market St., Philadelphia, Pa.

Dr. H. K. Brouse has removed from Waxahaelue to 1085 Elm St., Dallas, Texas.

Dr. O. M. Drake has removed from Warren Chambers to 1085 Boylston St., Boston, Mass.

Dr. E. H. Wilsey has removed from Parkersburg to Martinsburg, West Virginia.

Dr. Petrie Hoyle has removed to 707 W. 28th St., Los Angeles, Cal.

# PERSONAL.

The kid wrote that dust was mud with the juice squeezed out of it.

The man accused of theft was acquitted by proving an alibi, that he was in jail for theft.

"Small fevers thankfully received" remarked the young medic.

Dr. B. M. Jackson writes that all great men are pessimists. Isn't it more a matter of digestion and liver?

"Oh, yes, Homœopathy is all right *but* there are others." Especially the others which change constantly.

"Who are the scholars? A scholar alone can tell, and the scholars do not agree in the answer.—*Mod. Med. Science.*

Yes, Mary, a goat may be termed "property bounding and abutting on the highway," but he is not real-estate.

Kuropatkin is reported to have said that in some respects this is the most pleasant war he ever engaged in.—*Press of Oct. 17.*

A Spanish city raised money for the S. P. C. A. Society by means of a bull fight.

Binks says probably the first threshing machine was mama.

Oh that English language! "Shot in the shoulder." "Shot in the dark." "Half shot!"

**WANTED.** Second-hand set of Hering's *Guiding Symptoms*. Will pay cash for same. Address J. B., P. O. Box 921, Philadelphia, Pa.

"I do not want to lay aside for a rainy day for I never go shopping then."

"Eight out of ten of the first born will occur on Thursday or Sunday."—DR. G. W. BOWEN.

"Seed planted in the morning will in eight cases in ten produce a male child."—DR. G. W. BOWEN.

"There is reason to believe that since the introduction of antitoxin the percentage of cases developing post-diphtheritic paralysis has increased."

Anyone can butt into swelldom now—with the telephone.

They can knock fishing boats to pieces easily.

The use of epithets relieves the editor's feelings, but——?

A Missouri doctor was sent to an asylum for scattering \$2,000 along the street. Happy land!

When you apply for a license to marry in Ohio you have to prove that you are not insane.

# THE HOMŒOPATHIC RECORDER.

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VOL. XIX.

LANCASTER, PA., DECEMBER, 1904

NO 12.

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## OBSTETRICS.

How to Manage Cases to Avoid Making Dangers and Troubles, and a Guide to Nurses and Attendants in the Absence of a Physician.

By W. L. Morgan, M. D.

For two weeks preceding the expected time care should be taken that the patient is in a generally healthy condition and the bowels moving regularly without purgative medicines; if not, use the indicated remedy (see Laurie & McClatchey's *Domestic Medicine*, chapters 241 and 247), and, as a last resort, an enema (water) as necessary, and a dose of *Nux vom.* or *Pulsatilla* as indicated (see L. & M., page 886 *Nux vom.*; 895, *Pulsatilla*) one dose, 100,000 potency (marked cm.), to correct any mal-presentation or abnormal condition.

When labor begins, let it alone unless vomiting or nausea appears, then give a dose of *Ipecac.* 10,000 (10 m.) and let it alone; it is a safeguard against hæmorrhage later on. If pain in the back is great and progress slow, lay patient on side near front of the bed, face front, back covered with loose gown; then, by slow, firm, steady pressure, not slipping on the skin, find the spot or spots where the pain and soreness is; then place all four fingers of one or both hands about an inch from the spine and press firmly but gently, not letting the nails touch, push the gown and skin forward till the fingers feel the spine; then press deeply, slowly and firmly, and draw slowly outward and upward as far as the skin will stretch; then move backward as before, repeating several times, changing a little up or down, or until the pain leaves that place; then move to the next, and treat all the sore and painful places the same way. Do the same on the other side until all the

pains leave the back and move to the fundus of the womb in the front of the abdomen, and will there act as a strong, downward pressure, which is so much needed at such times. It is often well about this time to give a dose of *Hypericum* 45m. to modify the sharpness of the pains a little later on. The patient may lie on side or back during pain, but should always have limbs flexed on abdomen and should not exhaust and waste her strength in uselessly pulling at someone's hands or sheet fastened to the bedstead, as is often done. Let it be remembered that the uterus is the organ of force at this time, and everything should be done to let it have a fair chance. If labor is very tedious, progress slow, the patient losing strength, labor weakening, make a careful examination to know if the dilations are complete, as at a time when forceps would be used, then be patient, cool and quiet and give a dose of *Kali phos.* 30 and let it alone, but prepare for business soon; don't give it higher than 30th; should never be given unless positively necessary, then in place of using forceps. It is liable to give such force that it will lacerate the perineum, which accident should be repaired at once while it can be done without anæsthesia. Narcotics or anæsthetics should never be used, as they cause more suffering than they relieve.

When the child is born, the cord tied and cut, the babe wrapped in a soft, warm cloth and laid away to rest, let all parties rest about thirty minutes, and then look after the placenta, which should be removed with great care. Clots all removed and a careful examination that all is right, the patient should be washed, dried, the bed changed and fixed dry and comfortable, given a dose of *Arnica* m. to prevent sore feelings later, and left to rest, but may turn over at any time desired. No douching, syringing, disinfectants, or any other nonsense permitted. Let her eat anything she relishes in moderation. After thirty-six hours give a dose of *Hepar sul.* cm., which will prevent putrid odors or septic conditions.

After the babe has rested forty-five minutes or an hour, wash and dress it, put it to the breast and let it draw all it can. Don't feed it anything else for twelve hours, then very little until it gets its milk on the third day. Let it lie quietly in bed, don't allow it to be carried, rocked or to wear shoes until it is two years old. They tend to make a child unhealthy, cross and troublesome.

The mother should have a pleasant, well ventilated room and pleasant surroundings, and should not lie in one position too long

at a time, as in the days of barbarism, but should change position as often as necessary for comfort, and eat nourishing food as necessary; and about the fourth day, if she is doing well, may sit up in an easy chair a little while, morning and evening each day; but an American woman should be careful about venturing too fast.

These are directions for managing an ordinary case in a way to avoid making a bad case where it is not necessary. Care should be taken to avoid frightening the patient by display of instruments or talking of operations. Never exaggerate anything.

With this method of management bad cases will very seldom occur. The remedies directed should be used in the highest potencies, except *Kali phos.*, which, if used high, acts with too much force and is liable to cause trouble, and in such cases should only be used when well indicated, and to restore the badly wasted vitality, and avoid the use of forceps.

When called to a case where blood poison has set in, think of *Arsenicum*, *Lachesis*, *Crotalus hor.*, *Kali phos.* or *Tarantula*. Select the remedy with great care and be sure of the right one, and watch for visible improvements within six hours, but don't repeat the dose under twelve hours or longer; the higher potencies are most reliable. Don't get frightened.

Let it be understood that this apparent routine of remedies is only anticipating the conditions and symptoms that naturally occur in the different stages of labor and should not interfere with the use of any remedy that is indicated by the totality of the symptoms in the case, for such a remedy must always have the preference.

With the sincere hope that this system in the hands of others, as it has with me, may be the means of alleviating much of the suffering of womankind for many years to come.

*Baltimore, Md.*

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### GLONOIN.\*

By C. M. Boger, M. D.

The corporeal symptoms are a true reflex of its physical properties in their suddenness and violence; the terrible bursting or expanding pains coming in shocks remind one of the explosiveness of nitroglycerin. Sudden, violent circulatory disturbances run

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\*Notes from Lecture Delivered at Pulte Medical College, Cincinnati.

like a red strand through the whole pathogenesis; universal or localized throbbings, terrible pulsating, congestive headaches, so severe they make the patient frantic with pain. The blood rushes alternately to the head and heart, the patient often speaks of feeling as if he were hanging with his head down, or standing on his head; these headaches are much worse from any jarring motion, like a hard step or jolt; you may perhaps remember that dynamite explosions are often caused by concussions. Such states often follow exposure to the heat of the sun and furnace fires, or the glare and heat of gas jets; the combination of glare and heat seems particularly effectual in bringing about sudden prostrations like sunstroke, in which there is great congestion to the head; the face may be turgid, but oftener it is pale, with protruding eyes and very powerful, visible pulsation of the carotids. In students, bookkeepers and other persons working at night directly under a strong light, a meningitis sometimes supervenes with many symptoms of *Glonoïn*; occasionally this state comes on more slowly and the patient will suddenly forget where he is, don't recall his surroundings at all, loses himself in well-known places, then quickly recovers himself again and goes about his business, this slower process may be the beginning of a serious brain disease; shortly he complains of a pain deep within the brain, now he gradually grows worse and cerebral softening follows; what was formerly only a localized congestion and amenable to its curative power now takes on a degenerative change, and you must look to remedies of deeper action for relief, probably *Phos.*, *Baryta c.* or *Mercury*. From what I have said of these surgings of blood, etc., you will infer its use in the first stages of apoplexy, when the circulation needs equalizing, but after effusion has fully taken place it is powerless, in that event you will rely upon *Arnica*, *Cocculus*, *Nux v.*, etc.

In these cases it comes into sharp competition for the first place with *Belladonna*, *Opium* and *Tabacum*.

*Belladonna* will be needed if the patient is excitable, with dilated pupils, a tendency to dryness of the mucous membranes, jerkings and a predominance of symptoms on the right side.

*Opium*, if stupidity and lethargy are prominent; in extreme cases there will be blowing respiration, contracted pupils and perhaps a hot sweat.

*Tabacum* will help if powerlessness, numbing sensations, qual-mishness and a tendency to cold sweat are present.

*Nux mos.* has cured where there was intense congestion with sleepiness and great dryness and coldness of all parts.

*Hyoscyamus* is needed if snoring is very prominent.

*Glonoin* patients are worse from anything that stimulates the circulation, like spirits; ascending steps, exertion, etc.; conversely they are better from anything that impedes it, quiet, in a half reclining posture, hard pressure on the head (like *Nux mos.*), etc.

The aggravation from jarring has led to its use in cranial injuries, for which the symptoms sometimes indicate it.

In one form of congestion the pain comes in great waves and surges, or there may be a feeling of a band around the neck keeping the blood from returning to the trunk, just like *Bell.* and *Sepia*, etc.; this is quite dissimilar to the cutaneous hyperæsthesia of *Lachesis* which requires a loosening of the collar.

*Nitro-glycerin* has found use as a palliative in angina cordis, with a sense of overfulness or bursting about the heart, from whence pains radiate to the interscapular region or arms which often become powerless, or restless, and can't be kept still, having numb prickling pains in them; in this disorder it greatly resembles *Amyl nit.*, *Kalmia*, *Aconite* and *Cactus*

Under *Amyl nit.* emotions cause very transient flushings followed by drenching sweats; sometimes a pain follows the rib, half encircling the chest from the heart to the spine.

*Kalmia* pictures the angina as a sequel to rheumatism, the pains shift rapidly and cause numb sensations.

With *Aconite* there is much anxiety and fear of death, restlessness, agonized tossing about and numbness.

*Cactus* has an all pervading sense of constriction which finds its most pronounced expression in a sense of tightness about the heart which feels as if grasped.

The angina of *Mellilotus* comes with a smothering feeling in the chest and very red face; it is relieved by nosebleed.

When brain irritation results in the so-called cerebral vomiting you may need it if the symptoms agree; it will be necessary to compare it carefully with *Æthusa*, *Apomorphia*, *Belladonna* and *Rhus t.* before the final choice is made. In passing, it may be well to say that the vomiting of *Æthusa* is followed by a pronounced exhaustion, as shown by the deep sleep which accompanies it, from which the little patient will be awakened by another vomiting attack; the vomited matter is very character-

istically composed of large hard curds of milk which seem of a leathery toughness; this is a very dangerous state and confined almost exclusively to infants; the remedy will, however, surprise and please you by its quick and thorough action.

In puerperal eclampsia you will often think of *Verat. virid.* or *Glonoin*; you will prefer the former when the congestion is so intense that the patient's face is dark blue and swelled, but at the same time she objects to being raised up because it induces faintness; but you will use the latter if the face is bright red and puffed, the pulse full and hard, and the urine albuminous; the thumbs are clenched into the palms, there are repeated rushes of blood to the head, the lochia or labor pains have most probably suddenly ceased and this congestion to the head has followed; in suppressed menses with congestion to the head and convulsions, it is also to be thought of; here it should be compared with *Artemisia vulgaris.*

Before leaving the subject of puerperal eclampsia let me point out the indications for *Strychnia* in this exceedingly dangerous affection; the convulsions are marked by excessive violence and the predominance of opisthotonos, each spasm is preceded or followed by hiccough, and the pectoral muscles take on a spastic fixation which threatens to asphyxiate the patient; these are not theoretical symptoms, for they are the well-known effects of this powerful poison and have pointed to its successful application in suitable cases.

Puerperal convulsions preceded by blindness have been cured by both *Cuprum* and *Strychnia.*

In a recent number of the *British Medical Journal*, Major Jennings, of the army, relates the symptoms of soldiers who became addicted to cordite, which is 50 per cent. nitroglycerin; nearly every effect enumerated is already contained in Hering's pathogenesis, again showing the great reliability of our materia medica. Many pseudo-scientists have tried to cast doubt upon the work of the pioneers of Homœopathy, but time, the great vindicator of truth, is slowly but just as surely bringing utter confusion into the camp of their detractors.

The most similar remedies for comparison are *Amyl nit.*, *Belladonna*, *Usnea barbata* and *Mellilotus*, the sweet clover.

We have then for review symptoms which express:

1. Violence and sudden onset.
2. Surgings and congestions of blood, particularly upward.

3. Sensations of over-fullness and bursting in different parts.
  4. Aggravation from heat, jarring and stimulating things.
  5. Amelioration from quiet and the half reclining posture.
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## WHO ARE THE CRITICS OF BIOCHEMISTRY?

By Eric Graf von der Goltz, M. D.

Nothing is more difficult than to correct a faulty conception regarding the inner working of something that has seemingly many points in common, but is nevertheless, if scrutinized and sifted, in all points radically different.

Already had the late Dr. Schüssler, not once, but on different occasions, to use his whole eloquence to prove the difference between Homœopathy, Allopathy and Biochemistry

Not only had the late Dr. Schüssler to protect Biochemistry against the hostile charges of homœopathic and allopathic physicians opposed to his teachings, but also against faulty conceptions of biochemical writers, authors and translators, who, more or less, mixing homœopathic symptomatology with biochemical indications, mislead both sides into therapeutical errors and failures.

Dr. Strohmeyer, from Frankfurt, A. M., in Germany, published his opinion regarding the inability of Biochemistry to treat chronic cases, with the following words:

*"I have not been successful in permanently curing cases, especially those of a chronic nature, with merely one or two biochemical remedies. In such cases I am glad to get a loan from my friend Homœopathy, or I start the treatment at once with homœopathic medicines and only introduce later, when the right picture seems to have come, the Abridged Therapy."*

This article published in the *Leipziger Populære Zeitschrift für Homœopathie*, August 1, 1904, entitled "*Homœopathy and Biochemistry*," came to my notice through a translation in the *Homœopathic Envoy*, November 1, 1904.

The injustice against Biochemistry, as also the glaring incapacity of Dr. Strohmeyer to select the fitting remedy, and his pretension to cure chronic cases by single homœopathic remedies, avowedly not being able to do the same with one or two biochemical ones, caused me to analyze Dr. Strohmeyer's case "*an ailment of the stomach of long standing*," and to prove that according to the clinical data his selection of the tissue salt was incorrect;

that Dr. Strohmeyer, although professing a great regard for Dr. Schüssler's Biochemistry, has absolutely not yet grasped the meaning of Biochemistry, and that last, but not least, Dr. Strohmeyer seems to be very undecided regarding homœopathic *Materia Medica*, so that, by his own confession, even with homœopathic results, he vacillates between Homœopathy and Biochemistry.

The case described by Dr. Strohmeyer was as follows:

*"Last November a teacher requested me by letter to send some suitable medicines for an ailment of the stomach of long standing. He was in hopes that his ailment might yet be cured, since several weeks' stay at Karlsbad had much alleviated it. According to the family physician, it was probable that the liver was implicated, and part of the morbid symptoms had really to do with this organ. He complained in brief of the following symptoms: A dull headache, mostly in the occiput, more rarely in the forehead, combined with occasional vertigo; general sore feeling in the limbs, aggravated in the forenoon; almost all day a sensation of a painful distension in the region of the stomach, temporarily relieved by eating, and entirely removed by taking a certain quantity of alcohol. During the night and early morning he was free from trouble. The appetite is changeable. In the lower costal region on the right side there is at times a sort of soreness, and now and then a sensation of burning soreness. The tongue is thickly coated, and not infrequently there is something of a bitter taste. As an extremely troublesome symptom there was given last of all a sensation of intense burning during urination; the occurrence of slight rheumatic pains may also be mentioned."*

Dr. Strohmeyer cured this case with *Lycopodium*, after first giving *Nat. sulph.* and then *Mag. mur.* without result. In his explanations of the selection of *Nat. sulph.* Dr. Strohmeyer writes: *"Because patient received such a benefit from Karlsbad, i. e., from Sulphate of Soda,"* and, further, the two homœopathic remedies were selected *"because the symptoms called for them."*

In all literature regarding Biochemistry I have never read a more surprising argument *"because patient received such a benefit."*

If Dr. Strohmeyer will closely study Dr. Schüssler's Therapy, he must find that *Nat. phos.* and not *Nat. sulph.* will be the remedy required; it is therefore clear that *Nat. sulph.* could not have any curing or helping influence.

But what do we observe in this astonishing prescription of *Nat. sulph.*? Dr. Strohmeyer prescribes partly from a wrong argu-

ment, "Karlsbad," and partly from some points of the more general homœopathic symptomatology—thus mixing Homœopathy and faulty Biochemistry—without considering for one moment that a good and effective homœopathic cure can only be made by considering *Locality, Symptoms and Modalities* (vide v. Bœnninghausen). It is therefore not surprising that only the third trial was a success—by chance!

To be able to cure we must be clear regarding the cause of any ailment, and if this cannot be attained we must consider the present condition, so we shall be able to gain some idea regarding the cause. The amelioration by a *certain quantity of alcohol* gives the key to the situation—the alcohol eliminates (in a palliative way) the super-acidity of the stomach. The alcohol, or perhaps something equally harmful, may have been the cause of a general pyrosis—the present ailment.

If, now, Dr. Strohmeyer takes "Karlsbad" as the cue for his remedy, *Nat. sulph.*, I regard the palliative amelioration at "Karlsbad," according to the observations of the late Professor v. Ziemssen, as a proof of my diagnosis, "pyrosis;" v. Ziemssen recommended the Karlsbad waters in such diseased states from his experience. It will now be clear that *Nat. phos.* cannot be replaced by *Nat. sulph.*, so more if we recapitulate shortly the action of *Nat. sulph.* "*Sodium sulphate attracts the water formed during the retrogressive metamorphosis of the cells and secures its elimination from the organisms. . . . Sodium sulphate withdraws waters from the super-annuated leucocytes and thus causes their destruction.*" (Schüssler.)

The whole history does not show the least necessity for such a use of this tissue salt, *Nat. sulph.*

If Dr. Strohmeyer would study up *Lycopodium*, he would certainly find that, next to *Nux vom.*, *Lycopodium* will prove the greatest remedy against *pyrosis* brought on by any cause.

It is surprising that Dr. Strohmeyer at all uses Biochemistry. His statement, "*I have not been successful in permanently curing cases, especially those of a chronic nature,*" not only denies a cure, but denies the possibility of a *permanent cure* in any case. If he has reached such a conclusion from his own experience, how can he then at all use Biochemistry in his practice, as shown by the following statement: "*I start the treatment at once with homœopathic medicines and only introduce later, when the right picture seems to have come, the Abridged Therapy.*"

The difficulty to understand this sentence is a twofold one.

Either it is a playful fancy to interrupt a successful (anything else to be excluded) homœopathic treatment, and as a patronizing friendly pat on the shoulder of old Schüssler to use biochemical therapeutics, or Dr. Strohmeyer feels himself incapable to proceed and to follow up his so far resultful homœopathic treatment with consecutive remedies, change of potency, etc.

Further, I cannot understand how Dr. Strohmeyer imputes to the late Dr. Schüssler the claim to cure with one or two remedies?

The wording of his article seems to indicate that such a feat is regularly achieved by him with Homœopathy, but in this regard I cannot help putting more faith in v. Grauvogl's teaching regarding the successful termination of complicated cases with homœopathic treatment than in such a dry and clean cut statement.

Biochemistry and Homœopathy are two different principles—the individual inclination of the physician will always be the motive power for choosing either one.

The promiscuous use of both, as always, and already characterized by the late Dr. Schüssler in the following words: "*But he who only now and then—as often as he is left in the lurch in a given case by the method of cure to which he is accustomed—resorts to Biochemistry and Biochemical Therapy as ultimum refugium without having made a thorough study of it, will, indeed, be left. My book is not designed for those who essay to traverse on one foot only, the province of biochemical therapeutics*"—works only harm.

And now I cannot understand how Dr. Strohmeyer so ex cathedra in the face of such other critics as Drs. Goullon, Fuchs, Schlegelmann, Orth, etc., etc., writes about the incapability of Biochemistry without suspecting for one moment that in the face of all those contrary opinions, his opinion—perhaps based on faulty and hasty studies—was to be revised and re-edited before publication?

I cannot help wondering how the late Dr. Schüssler would have answered Dr. Strohmeyer—perhaps à la Chuesse, v. Villers, Julius Hensel, etc.?

The biochemical treatment, as published by the late Schüssler since 1874 for twenty-five years successively in a new edition under the name of an *Abridged Therapy*, really is everything else but an abridged treatment, especially if we consider the chronic cases. The criterium *chronic* already involves the notion of being

complicated with all possible individual symptoms, which again can be complicated with new ones impressing the individual sensitiveness of the patient to such an extent that the fundamental ailment and its guiding indications will either be blurred or be fully hidden by secondary and most irrelevant complaints.

During my years of biochemical practice I have collected the histories of many chronic ailments now permanently cured since years and in a much shorter time than some homologue cases published by the late J. Compton Burnett, of England. Among these were several cases of recurrent attacks of appendicitis. Cases which had been recognized by several physicians and recommended to the surgeon. The patients unwilling to be operated upon, being referred to me by friends, were cured by either *Kali muriat.* or *Silicea.*

Also cases of nephritis, for which disease the homœopathic profession seems to be convinced lately that decapsulation of the kidneys is the only resource to be recommended.

I will in brief review a recent case of chronic nephritis brought to a clinic by coexisting pregnancy—with forced labor as cure, etc., etc. As the patient did not get cured by her physicians, she was referred to me. The examination of her urine revealed casts, and albumen, 1 per cent., with all other symptoms of chronic nephritis. The initial visit was August 13th, 1903. I saw patient regularly once per week in my office until November 5th, 1903, when all traces of her disease had disappeared. Patient was put upon liberal diet without recurrence of symptoms. The most searching microscopical, as also the most painstaking chemical, examinations at the various periods since November 5th, 1903, have not revealed the least signs of existing irritation. The consecutive remedies in her treatment were:

*Natrum mur.* 12x, then one single dose *Nat. mur.* 200th. Intercurrently *Mag. phos.* with following *Calc. phos.*, both 6x, and finally several single doses of *Natrum muriaticum* 200th.

Another case of acute nephritis caused by exposure to great cold was cured, after protracted allopathic treatment and consultations, not with one, but several, prominent allopaths—all concurring in the same opinion of nearly absolute hopelessness, with biochemical remedies.

I must here mention that according to the progress of biological chemistry since the time of the late Dr. Schüssler I have added such tissue salts to the original list of biochemical remedies as

have been proven to be constituents of the human tissues. A forthcoming publication shall state my views and observations.

I must add that the nephritis cases coming under my treatment are subjected to a certain routine practice a description of which I insert from the before mentioned publication:

“All cases coming from allopathic treatment must begin with *Kali phos.* with or without the addition of *Nat. mur.* according to circumstances (stupor, etc.).

“After thirty-six to forty-eight hours, it will often be found necessary to substitute intercurrently *Plumb. iod.* for *Kali phos.* or *Nat. mur.*

“During the change from allopathic to biochemic treatment, *Calc. phos.*, *Calc. sulph.* and *Nat. sulph.* must be kept at hand to be substituted at the proper moment.

“*Kali mur.* will be found of service only in cases treated from the beginning.

“During any moment of the disease, *Mag. phos.* must be given for any arising pain.

“It has of late been the author’s custom to substitute *Kali. ars.* for *Ars. alb.*, as it seems to respond more quickly and energetically than *Ars. alb.*”

The further treatment in the leading moments are the following:

“With œdema, urine scanty,	<i>Kali ars., Ars.</i>
“Without œdema,	<i>Plumb. iod.</i>
“Following exanthemata,	<i>Ferr. iod.</i>
“Pain in kidneys,	<i>Kali iod.</i>
“Gouty patient, etc., etc.,	<i>Lith.’</i>

Any physician having worked out Biochemistry with the older and the new\* remedies—arranged around the elements: *Arsen.*, *Iod.*, *Mangan.*, as the more important ones and *Alumen.*, *Brom.*, *Barium*, *Cuprum*, *Plumb.* and *Zincum* as the lesser does not need, *if his inclination directs his choice and preference of Biochemistry*—the homœopathic symptomatology nor the isopathic nosodes to effect a cure even under the most trying conditions, supposing, of course, that the presenting case shall not prove pathologically, etc., against any reasonable expectation of cure.

Here I will also add the cure of a scrofulous bone fistula in a boy fourteen years old, who came under my treatment three years ago. The fistula involving the upper left thigh up to the

\*HOMŒOPATHIC RECORDER, Vol. XVIII, Nos. 3, 5, 6 and 8, 1903.

trochanter major was filled by the former attending physician with iodoform gauze. The physician had recommended hospital treatment, *i. e.*, surgical, but doubted if anything could be done for the boy.

The status was weakness, excruciating pains, wasted body, sleep and rest only obtained by *Morphine*, a constant draining of the lower opening of the fistula about the middle of the external surface of the thigh.

Without too great a hope I took this case in charge. After first removing the iodoform gauze, I washed the fistula canal with a continuous stream of *Aqua silicata* (1x) and gave *Silicea* (12x), five grs., three times per day, internally.

From the first the excruciating pains, etc., became less, and finally, with the cessation of the excretion, the fistula grew smaller in volume and closed about October 30th, 1901, after having been under treatment from September 20th, 1901. The fistula in its cicatrix has grown more and more solid, so that now after these three years there is no sign of its breaking forth again.

The entire constitution of the youth, now active in his father's business, is stronger without any signs of scrofulosis.

The foregoing results of chronic and acute ailments under the most hopeless conditions, not only ad restitutionem ad integrum, but decidedly quad vitam will show what Biochemical treatment if properly applied can achieve.

*New York City, December, 1904.*

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## SCISSORINGS FROM THE TRANSACTIONS OF AMERICAN INSTITUTE OF HOMŒOPATHY FOR 1904.

(The following are some clippings from the noble volume of the *Transactions* for 1904, a volume to be proud of):

RESULTS OF EXPERIENCE.—“The more I practice Homœopathy, the more I watch the results of different kinds of treatment among my confreres, because in Philadelphia we have the five kinds of homœopaths, not only the two kinds, the more I am convinced of the efficacy of Hahnemannian Homœopathy. By all this experience I have found the very best success when I have studied my case sufficiently to make a diagnosis of the dis-

ease, and then another diagnosis of the remedy ; and when I have satisfied myself that I have made a diagnosis that cannot be disputed upon scientific grounds, and I have clearly defined symptoms of the remedy that is indicated beyond peradventure of doubt—I give that remedy, and I repeat it as often as may be necessary, but rarely give another medicine; and I have treated all kinds of diseases from beginning to end, resulting in cures and resulting in palliation where a cure is not possible, by the method I have indicated.”—*Dr. Charles Mohr.*

POTENCY QUESTION.—“ Now, gentlemen, I have thoroughly tested this question with the most earnest desire to learn what was right, and for a whole year, in a very large practice connected with our hospital and dispensary, I gave to every case the single remedy, but always in the 30th centesimal; and then I took another year and gave every case of sickness I had to treat in the hospital, dispensary or private practice the 3d centesimal dilution; and then I took another year in which I used nothing but the high potencies above the 30th centesimal dilution—the 200th, 1,000th and 10,000th as made by Fincke, by Boericke, and other pharmacutists who believe in the efficacy of their potencies and that they ought to be used, and practically, gentlemen, I could not see any difference in the curative effects, and therefore I came to the conclusion that the potency question was of secondary importance.”—*Dr. Charles Mohr.*

FUMIGATION.—“ Notification quarantine have their uses, but fumigation, I am persuaded, is of very doubtful value. We know for example that the most thorough fumigation of ships, hospitals, in which there had been yellow-fever cases, has had no effect in destroying the germs of the disease. I have no reason to assume that the germs of scarlet-fever, tuberculosis or measles, which are no less tenacious of their vitality, can be destroyed in this way in houses. And the fumigation in houses is both a disturbing and expensive process. Therefore not to be urged save for the soundest reasons. Such reasons are supposed to lie in the high mortality still existing in measles. But if we analyze the fatal cases, we shall find that they occur almost exclusively among the destitute, the degenerate and those living under the most unfavorable hygienic conditions, or among those whose organisms are already the seat of tuberculous disease. The pneumonias and other destructive sequelæ of measles are matters of

predisposition environment. This holds good especially in regard to tuberculosis, on which the last essayist has dwelt with so much emphasis. He demands that we should at once determine the existence of tubercular deposit during the acute attack. Bacteriologically this can rarely be done, and I believe the man does not live who can diagnose the presence of minute deposits, or even exterior ones, in lungs in which the physical signs are obscured by the measles catarrh. To attribute the frequency of tuberculosis in and after measles directly to the latter disease appears to be hardly warranted. We are still too pat to overlook, in these days, *the all important factor of predisposition.*”—*Walter Wesselhoeft, M. D.*

THE BETTER WAY.—“I would like to ask a few questions. Are we lessening the mortality of disease? Are we curing as many cases of smallpox, pro-rata? Do statistics show this? I think there is a great deal of truth in what Dr. Wesselhoeft says. Now, is not a part of this trouble our own? The tuberculosis following measles is practically the same thing as nephritis following scarlatina or varicella or variola. The underlying element in the system we are overlooking altogether, and then we take up the disinfecting practices of the old school. Now, we go a long way to do a thing. We may put it down without allopathic friends, we invariably select the wrong remedy. Let me give you an instance: A man is bitten by a mad dog. What is the first thing to do? Dam it up in the system and let it take its own way? That is not the thing to do. It is the last thing to do; the worst thing that could be done. But it is the dictum of the allopathic school; so they do it, and now we are trying to kill germs with germicides and do successful work. Let us go back to our first principles, Hahnemann’s teachings, and you will find the remarks of Dr. Wesselhoeft are to-day true. We are not lessening the mortality. Why? Because we follow allopathic means in doing it, and we can never do it in that way.”—*H. C. Allen, M. D.*

ANTITOXIN.—It seems to me that this remedy, if such it be, should be investigated more thoroughly than it has been, that it may be placed on a scientific basis, and used accordingly. We read of glowing accounts of how this or that physician has used it; the wonderful improvements that have been made till the throat has cleared up, but scarcely anything is said about the con-

dition of the patient after two or three weeks have elapsed. We know what our homœopathic remedies will do, but if antitoxin, in its action, or its preservative, is homœopathic, and is better than the remedies we already have, we should know why, and then use it. If it is the suggestion, why torture the horse, and torment the children? If it is the preservative, the sacrifice of the poor animal for the benefit of science is over. If it is the serum, the search-light of investigation ought to be thrown on this universal remedy for the treatment of diphtheria, thereby enabling the physician to prescribe it in a more intelligent manner than simply using it as one would a patent medicine.—*Dr. Annie Whitney Spencer.*

HOMŒOPATHIC PROPHYLAXIS VS. VACCINATION.—Compulsory vaccination has come to be something of a puzzle. Every one of us has had it to meet. Children in the majority of cities are not allowed to go to school until they are vaccinated. I vaccinate mine with variolinum, give them a certificate and they go to school. So far they have not been questioned. The law of Illinois does not describe what shall be a vaccination. I have as much right to use my tuberculinum as the other man has to use the other. So I use it. But if compulsory vaccination is to be the law, soon our friends of the other school are going to compel us to do compulsory vaccination for pneumonia, for cancer, for erysipelas, for yellow fever, for the bubonic plague, for scarlatina, for tetanus; and where will we end? The American Medical Association at the head will begin to turn on the screws and it will come down to the state societies, then to the county societies, then to the city societies and pretty soon we will be under the thumb-screw with the rest of them. Isn't it about time to stop and think whether we have not a better method of doing the work with our homœopathic therapeutics, sufficient to protect us in small-pox as it is in scarlet fever? Can we not rely upon our law of cure as a prophylaxis just as we do in therapeutics? Is there not reason in it?

I have frequently been asked the question: "How long will your internal vaccination protect?" How long does scarification in crude virus protect? Four weeks perhaps; if an epidemic breaks out, the whole lot will have to be vaccinated over again. If in six weeks, or two months, a new epidemic comes along, we all have to go through the same process again and have new vac-

ination. How is it in the United States army? When our men enlisted and went to the Philippines they were all vaccinated before enlisting; they were all vaccinated after enlisting; all were vaccinated in the Philippines, two, three, four, five and six times; and still they lost 7,000 soldiers from small-pox in the Philippine islands. (A Member: They lost more from vaccination at Chattanooga.) Perhaps they did.—*H. C. Allen, M. D.*

VARIOLINUM.—As a graduate of the old school and an ex-army surgeon, I cannot be accused of a predilection in favor of *Variolinum* or prejudice against vaccination. I did my share of vaccinating in the early part of my practice, thirty nine years ago. I took great pains in the selection of the virus. I was among the first to use the pure bovine virus. I vaccinated extensively. One time all the employees of a cotton mill in the East, and I vaccinated many at a time; but about thirty-five years ago, after I had become a member of the American Institute of Homœopathy, in the transactions of this society there was an article (I have forgotten the name of the writer) referring to sheep-pox, which had taken off so many of the sheep as to make it a matter of great pecuniary loss to the dealer, and nothing was found to stay its progress until the virus of small-pox was given in homœopathic trituration; and after that there was no death among the sheep and no loss. I immediately wrote to Boericke & Tafel to send me the third centesimal trituration, and within a year, I think it was in six months, I had my first case of severe small-pox—a sewing-machine agent, who had contracted the disease in the surrounding villages of Connecticut, where it abounded. He was boarding in a house opposite the post office. I reported the case to the health officer and he confirmed my diagnosis, saying that it was as severe a case as he had seen. I commenced the use of *Variolinum*. The officer was making preparations to take the patient to the pest house, and, to make a long story short, by the time he got the pest house ready the eruption had just reached the vesicular stage and began to subside, to his great astonishment; he gave up the idea of changing the patient, but he had reported throughout the city that he had a severe case. The man got entirely well, and from that time on I have used *Variolinum*. I would not travel without a vial of *Variolinum* with me, and I should advise all my brethren to use it whenever they have a chance. I could relate case after case that I have had during the last thirty-odd years,

where I have used it with never a failure, and never failing to cut short the disease inside of four days after commencing to administer the remedy.—*Dr. H. M. Bishop.*

A TILT AT STATE MEDICINE.—Why does the consumption serum fail while the diphtheritic is declared a preëminent success? Is it because it has not been raised to the dignity of a “state medicine,” and there under the control of the political doctor? State medicine has always succeeded, vaccination succeeds(?) beautifully because you are fined and imprisoned if you don't take it. You are even compelled to take it long before you are sick, so conservative of your health is your political friend. “Make you sick, of course—rot your arm off, maybe—give you tetanus, perhaps—develop all the latent meanness of your ancestry, likely—but then see what you have escaped. But small-pox kills fewer people than any on the statistical list, besides I may never get it. No difference, the law of the vaccine farm backed by the State Boards demands it, and ‘we need the money.’” *But there is small-pox just the same.*

Right here it might be information to some to know that people are not vaccinated nowadays. When I asked your health officers what was the character and source of vaccine virus, they referred me to the National Vaccine Company, of Washington, D. C. The following reply was received:

PROPAGATES UNDER OFFICIAL INSPECTION.  
NATIONAL VACCINE ESTABLISHMENT.

WASHINGTON, D. C., Sept. 2, 1902.

DR. Z. T. MILLER, Pittsburg, Pa.

*Dear Sir.*—Replying to your favor of the 25th, desire to say that in our opinion all Bovinized Lymph is from an original Various infection and that there is no such thing as Kine pox aside from such infection.

Yours truly,

NATIONAL VACCINE ESTABLISHMENT.

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About the one all-important thing to obtain first is the separation of sanitary matters from political matters. The spoils system is a barrier, I am sorry to say, to any progress toward the elimination of much of the evil conducive to ill health. Greed and graft are above health and happiness. The saloon and prostitution are the grazing grounds of the average political health department, and as long as that element dominates the field, rest assured that there will be little amelioration of conditions which make for the bad.—*Z. T. Miller, M. D., Pittsburg.*

**SILICA CLINICALLY CONSIDERED: ITS GENERAL ACTION AND CHARACTERISTICS, ETC.\***

By J. R. P. Lambert, M. D., Edin., Assistant Physician to the London Homœopathic Hospital.

As the title of my paper indicates it is not my intention to take up the drug in an exhaustive manner, but by means of a few clinical cases to emphasize its characteristic symptoms and most important uses. It is a drug of great interest to all homœopaths, having been introduced into medicine by Hahnemann, and, being an excellent example of the value of potentisation, is practically unknown outside of Homœopathy.

I will take first the head cases and read the notes of two cases of *Silica* headaches.

CASE I.—E. H., aged forty-five, admitted July 10, 1901, complains of neuralgia in the head every time she gets cold. The pain affects the head and face and is always one-sided with no preference for either side. It begins in the temple, or mastoid region, and extends into the whole side of the head and face. The pain is very acute, of a throbbing character. The least cold brings it on, or going out with the head uncovered; even at night she must keep her head covered. During the headache she comes over hot and cold. The pain is diminished by warmth. She used to have cold feet nearly always, but has been better in this respect of late years. She perspires a good deal, and suffers from general weakness. Catamenia regular. Head is worse at that time.

She has suffered in this way for twenty-three years. She was ordered *Sil.* 200, a dose at bedtime, not to take more than four doses if pain diminishes.

July 24.—Head much better. Took only four doses of the medicine. Feels much stronger, and is able to go about without anything on her head. Repeat one dose. She has not reported herself again.

It would have been more satisfactory to have had a further history of the progress in this case, but, having come to this hospital as a sort of last resource and forlorn hope, for she did

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\*Presented to the Section of Materia Medica and Therapeutics, June 2, 1904.

not expect a cure, and having got such prompt relief, it is reasonable to suppose that any marked recurrence of her trouble would have brought her back.

CASE II.—M. P., aged twenty-nine, came under treatment October 8, 1902.

Has never been strong; complains of pain in head, and weakness. (Duration of headache, two months.)

The headache begins in right temple and forehead, and goes all around the head. Is worse after meals; worse from cold; relieved by wrapping up.

She has a poor appetite, and gets palpitation and faintness after meals, but no pain. Bowels constipated. Catamenia regular. She has a slight cough and is losing flesh. Her head perspires at night.

She suffers from cold feet and feels the cold very much.

*Family History.*—Consumption on mother's side, in four brothers and two sisters.

Patient has three delicate children; no miscarriages.

*Physical examination* revealed nothing except a papular eruption on the arms and trunk, leaving brownish discoloration. *Sil.* 30, t.d.

October 22.—Feels ever so much better; not half so much headache. *S. l.*, b.i.d.

November 5.—No further improvement except in head. Has been taking the first medicine again for a few days and is better for it. *Sil.* 30, o.n.

November 14.—Improving. No headache now. Eruption better. *S. l.* b.i.d.

May 6, 1903.—Has been well till the last two weeks, since when headache, weakness, and palpitation have returned. *Sil.* 30, b.i.d.

May 27.—(Note by Dr. Lewin.) Much better. "Eczema" on leg six week, ? gummatous infiltration. *S. l.*

June 10.—Not so well. Very tired in morning. Small discharging ulcer on the leg, now covered with a dark slough. Headache gone. Bowels constipated; act once in two days. *Sil.* 30, b.i.d.

July 1.—Better, but leg bad again; a round depressed ulcer on inner side of left leg, ? gumma. *Sil.* 200, one dose.

July 8.—General improvement. Bowels daily. *S. l.*

Note in this case, in addition to complete relief of the headache,

the disappearance of the papular eruption, and the action of the medicine on the (?) gummatous infiltration of the leg.

I now pass on to the antrum case which you have seen.

CASE III.—S. P., aged thirty-six, admitted April 3, 1903, complaining of her face, which has been bad for twenty-three years or more. Supposed to be due to a blow from a boot twenty-three years ago, but she suffered from faceache very badly before the blow. Soon after the injury she had an operation at the Tottenham Hospital, when the bone was scraped. A few years later was operated on at the London Hospital; the bone was opened and a drainage tube put in. The swelling has never gone down since.

Twelve months ago, *i. e.*, April, 1902 (about), it began to discharge again a yellow matter. She has no pain in it now, but has had some aching. She often suffers from frontal headache, which sometimes comes on in the night. The pain has been so acute that she has more than once fainted with it. During the pain, feels as if she cannot hold up. Appetite poor; likes sour things; no cravings. She gets a sour rising from the stomach after tea daily, and often brings up a quantity of clear water, which is accompanied by a turning over sensation in the stomach. This vomiting of water, as she called it, is caused by any indiscretion in diet, also by any unpleasant smell, or the smell of cooking will bring it on. Bowels regular; liable to morning diarrhoea, which begins as soon as she gets up and lasts all the morning. Cold makes her face ache.

*Physical Examination.*—There is a great and manifest thickening of right superior maxilla; so manifest that it is at once noticed across the room, and so large as to intrude into the field of vision. It extends down to the teeth, and there is a small aperture in the irregular thickened margin of the jaw opposite the first and second bicuspid. *Sil.* 30 n. et m.

April 25.—(Note by Dr. Lewin.) Is better; less discharge in mouth now; less bilious. *S. l.*

May 9.—Better; discharge has quite ceased. Gets attacks of vomiting of clear water; thinks she felt better with the medicine than the pills. Face feels all right. *Sil.* 30 o.n.

May 23.—Face better; no discharge; waterbrash same. *Carb. v.* 6 t.d.s.

July 4.—Discharge returned slightly last week; waterbrash was better till last day or two. Repeat *Carbo* 6.

July 25.—Face decidedly better and smaller. No discharge at all now; feels much better in herself. Waterbrash same, with frequent pain as if something turned over inside. *Carb. v.* 3, t d.s.

August 15.—Sickness slightly better. Last week some more swelling, now going off again. *Sil.* 30, o.n.

September 5.—Much better. Waterbrash still and pyrosis. Headache still after any excitement, as coming here. *Carb. v.* 3x, t.d.

November 7.—Complains of sore throat every night; goes away in the daytime. Soreness and difficulty in swallowing saliva. Still waterbrash. *Sil.* 200, o. 7 d.

December 12. — Face much better. Stomach no better; it feels as if turned over or got twisted, so that she has to hold it, and then the water comes up. Going out into the cold aggravates. *Sil.* 30.

February 13, 1904.—Waterbrash no better; face getting smaller. *Sil.* 12, o.n.

March 12.—Bad, hard, deep cough; liable to it for years off and on. Has had a heavy pain in the chest; could not get her breath on three occasions since here; it occurred between three and six A. M. *Verbasc.* 2x, t.d.s.

March 26.—Cough relieved by day, except in the morning. Pain in the chest again. Eructations of offensive flatulence. *Sil.* 6, b.i.d.

May 14.—Has been better. Waterbrash much better, and pyrosis also better till last week. Has had no medicine for two weeks. Repeat.

This case is of great interest, not only because of the marked improvement in a condition which most medical men would not have considered amenable to internal treatment at all, but also on account of the light it throws on the origin of chronic disease, confirming Hahnemann's teachings in a remarkable way. Modern scientific medicine would have said that the antral disease was due to infection by some evilly-disposed microbe and had nothing to do with the peculiar gastric symptoms, but the fact of the *Silica* touching both conditions, to my mind, shows some etiological connection of a constitutional character. The curious thing is, that though the *Silica* 30 and higher touched the one unquestionably and improved the general health in a marked degree, it had no effect on the other till given in the 12 c. potency. The *Carbo*

*veg.* was only partially homœopathic and consequently gave only partial relief. The occurrence of the hard cough, an old symptom I now think was also probably the result of the curative action of *Sil.* 12, and would very likely have subsided under a placebo as well as with the *Verbascum*. Moreover, the symptom "heavy pain in the chest and hardly get her breath," between three and six A. M., is probably also a clinical symptom of *Silica*, though not produced by the higher potencies. The gastric symptoms also show the importance of bearing in mind such an unlikely medicine as *Silica* in a gastric case; in other words, of individualizing every case. It reminds one strongly of the interesting case of persistent vomiting mentioned by Dr. W. T. P. Wolston, cured by *Silica*, after being pronounced hopeless by two physicians and despaired of also by myself.

CASE IV.—A. E., aged 40, Smithfield porter, admitted April 18, 1903 (first three notes by Dr. Lewin), complaining of sore feet, with very offensive discharge for two days. General dermatitis six to seven weeks; worse from cold. Bowels daily. General health good. *Sil.* 6, t.d.

Has suffered with his hands for twenty-three years. His father and grandfather both suffered with bad feet, a similar complaint to his, and his father's brothers and sisters also.

April 25.—Much better. Great improvement. *S. l.*

May 9.—Feet much better. Hands better, but painful, cracks not so deep.

May 23.—Much better. Generally gets an attack in May and November. *S. l.*

June 13.—Much better. Feet and hands itch and perspire. Bowels constipated at times. *Sil.* 30, o.n.

June 27.—Much better. A little itching at times. Bowels regular.

July 18.—Improving. *Sil.* 200, o. 7 d. *S. l.*

August 15.—Hands better. Feet well. Chronic swelling of lower lids aggravated by tea. *S. l.* Improvement was maintained steadily till September 19, under *Placebos* when he reported getting on very well.

On January 2, 1904, he came again with a slight recurrence, there having been none in November, as usual. On this date I noted scaly eruption (psoriasis guttata) on the arms, slight discharge on foot of a watery offensive character. Itching, burning precedes the discharge. Also the foot swells at night when it is

coming. The swelling goes off on walking. *Sil.* 30, o.n. (He had had no *Sil.* now since July 18 last.)

January 16.—Hand improving. Skin peeling off and less inflamed where cracked. Skin is softer. Swelling nearly gone. Repeat o. 2 d.

February 16.—Improving. Skin peeling off. Feet better. *Sil.* 1 M. Stat. *S. l.*

February 27.—Is much better. No itching for a week. *S. l.*

April 9.—Rash inclined to come out again. Hands numb for quarter of an hour first thing in the morning. *Sil.* 30, o.n.

April 23.—Dr. Lewin noted "better" (doubly underlined). Repeat.

The next case illustrates a very common use of *Silica*, but, nevertheless, one which might be more generally known with advantage, since some people consider such constitutional conditions as sweaty feet incurable.

CASE V.—T. S., aged 27. Admitted June 6, 1903. Complained of great pain in the epigastrium, from which he had suffered a week. The pain was worse after food. He also complained of a feeling of tightness in the stomach, and sensation as if the ribs were pressed in. Bowels twice a day. Very languid. *N. v.* 6, t. d.

June 20.—Is much better. Pain only twice or three times. I now elicited the symptom, "hands and feet always perspire very freely." There is no soreness of the feet now, but used to be; sweat is offensive. *Sil.* 30, o. n.

July 25.—Indigestion much better. Last two weeks perspiration worse than ever. Losing flesh—seven pounds in twelve months. Over the heel there is a large, pinkish-white, sharply defined area like a blister, but no separation of the cuticle. Also has some boils on the face. *S. l.*

August 15.—Feet very much relieved, and generally much better. Pimples on face for many years. *S. l.*

August 29.—Feels much better. Feet better, not offensive and not sore. Still papules on face. *Sil.* 200, o. 7 d.

The last two cases are both infants; one a case of marasmus and the other of strumous glands, and illustrate the use of *Silica* in cases of perverted nutrition. Jousset claims for *Silica* the chief place among remedies for scrofula, and Hughes recommends it in the earliest manifestations of rickets.

CASE VI.—D. H., aged 8½ months. November 5, 1902. Has

been ill two months. Wasting fast. Is always screaming. Chest "very thick" and coughs very much. She is very cross. Has been bottle-fed since birth on cow's milk and barley water, and got on very well till 6½ months old. Child is of fair, clear complexion; right cheek flushed; left pale. Vomits occasionally; bowels act twice a day. Perspiration all over. There are no signs of teeth. Chest and neck emaciated (neck most). Cannot sit up. No physical signs in lungs. Has a dry, hard cough. *Sil.* 200, o. 4 d.; *Cham.* 12, 2 hrs.

November 19.—Is much better; result described as "a great magic." Less screams. Hardly any perspiration now. Ordered more *Cham.*, o. 4 hrs.

CASE VII.—M. C., aged 1¾ years. Admitted January 14, 1903. Two months ago had abscess in axilla and small glands around. Abscess opened at St. Bartholomew's. Has now "a lump" (a mass of glands) under the left ear, which have been painted with *Iodine*. General health good till these glands appeared. Liable to slight bronchitis while teething, sleep bad, restless nights, kicks the bedclothes off. She complains of pain in neck, probably from suppuration. *Sil. marina* 3, t. d.

February 4.—A great deal better. Both ears discharging; slight pain before it began. *S. l.*

March 18.—Lump quite gone. No discharge from ears. She has had this since birth more or less. Is very constipated at present. Head perspires in sleep; rests much better. *Sil.* 30, o. n.

April 15.—Much better. No sweat of head; sleep much better. Slight cough. *S. l.*

From these cases we may glean that the *Silica* is a deeply-acting medicine, affecting chiefly the nervous system, osseous system and general nutrition.

The *Silica* patient is very sensitive and highly strung; sensitiveness of the surface of the body is a symptom which Hughes lays great stress upon. The *Silica* patient is a chilly subject, very sensitive to cold, and relieved by warmth and warm wraps. He perspires easily, especially about the head and feet, the foot sweat being of an offensive character. These symptoms will indicate the remedy in any kind of case, acute or chronic, whatever the pathological condition may be. It is also a medicine of great value in the profuse night sweats of phthisis. The headaches of *Silica* are mostly right-sided, and, in addition to the symptoms named, are increased by mental exertion, or due to nervous ex-

haustion and it thus becomes one of the medicines for the headache of school girls. The headache of *Silica* often begins in the nape and extends over the head, like *Gelsemium*. Another use of *Silica* that needs mention is in suppurative conditions. Here it may abort the process and absorb the pus, or hasten its expulsion. In a case that I did not read, there were numerous abscesses of various sizes, all about the head, most under the scalp, and one over each parotid and over the mastoid process. The patient had about a dozen at ~~one~~ time. Under *Hepar*, and later *Silica*, most of these were absorbed, but some of them opened and then healed rapidly.

Among other conditions where I have found *Silica* useful I may mention the sequelæ of vaccination. One such case I remember well. On my return from Australia we took on board at Cape Town a child covered with a pustular eruption which had followed vaccination, and had lasted some time. It all disappeared rapidly under *Silica* 6.

The cure of housemaid's knee with *Silica* is well known. The following case impressed this use of it very much upon me.

On January 14, 1896, I saw J. M., aged thirty, for some other complaint, but noted at the same time that she had a housemaid's knee due to a fall on the knee five weeks previously, which is described in my notes as a flabby bursa.

On February 1 she complained of the knee being bad, and I then noted "large bursa with melon-seed bodies" and gave *Silica* 30, o.n. When I saw it on the 17th it was nearly gone, and soon after quite went, and has not returned.

I have seen many a Meibomian cyst disappear under the action of *Silica*, and more than one of those little globular cysts that occur in the cheek or lip.

Lastly, I will add a few words on the relationships of *Silica*. It has many points of resemblance to *Belladonna*, which it follows in acute suppurative conditions. Its headaches, too, resemble those of *Belladonna*, and also the excitability of the nervous system. I regard it as the chronic of this drug, though *Calcarea* is generally given this place. It bears a similar relation also to *Ignatia* in neurotic states, and I have seen it do good to an old neurotic lady after *Ignatia* had apparently done all that it could. It needs at times careful comparison with both *Sulphur* and *Calcarea* and *Hepar sulphur*. *Sulphur* is generally the reverse of chilly, and has < from warmth and > from cold in general, but,

where these modalities are not strongly marked or absent, the difficulty in differentiating the two is not always easy.

It differs from *Calcarea* in that the patient is not fat and torpid, but thin and over-sensitive. The only part of the *Silica* child that is fat is the abdomen. The *Calcarea* child is over-nourished in some parts and insufficiently in others, the *Silica* child is more generally imperfectly nourished from malassimilation.

Of all the medicines named, perhaps, *Hepar* resembles it most closely. It has the hypersensitiveness to touch, to pain and cold, and > from warmth in general. Points of differentiation must be sought in symptoms peculiar to one or the other. On broad lines we may say that *Silica* acts more than *Hepar* on bone, and has more influence on nutrition.

Lastly, by way of contrast, I will mention *Fluoric acid*, which has the opposite modalities to *Silica* in regard to heat and cold.

I have not attempted to speak of all the conditions in which this drug has proved of service, nor even all in which I have in my small experience found it useful, but I trust I have said enough to give an outline, and form the basis of a good discussion.—*Journal of the British Homœopathic Society, October, 1904.*

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Nov. 19, 1904.

GEEHRTER REDAKTEUR!—Pedant soll Pedant sein. "Die milde Macht ist gross," ist auf heutzutägigernichtsdestoweniger englischen Druckschrift senkrecht korrekt, denn das deutsche "ß" wird aus "ss" und gar nicht aus "sz" zusammengezogen.

Im englischen schlummert das lange "f" schon lange antik. Im lieblichen Buchlein der Chron. Krankheiten, S. Hahnemann, Dresden, 1828, findet man humoristische Sätze wie "Höchster Ueberdrufs am Leben," (man bemerke das "fs,"—vielleicht stammt draus *Similia Similibus!* Wer weiss?) was, jetzo gedruckt, bildet "Höchster Ueberdruss am Leben."

Mit F. Richter sag' ich, "Ernste Ausschweife für Leserinnen zum Urkapitel sind: Die Ziele der Menschen—Die Leere des Augenblicks—Die sterbenden Kinder," und zum Schluss in allerennstem Abguss, "Die milde Macht ist gross."

Hochachtungsvollgepfropft,

P. W. SHEDD, M. D.

*New York.*

## NEGUNDIUM AMERICANUM.

Ovid S. Laws, M. D., Los Angeles, Cal.

As a medicine peculiar to Eclectics, and which is not known as a remedy outside of our literature, I wish to call attention to *Negundium*, which was reported some years ago by myself to the California Medical Journal. That was the first time it was ever mentioned, by any writer, as a medicine. The following story will tell how I was induced to try it as a remedy:

A fellow named Jones in Southwest Missouri was troubled with painful hæmorrhoids. One day when in the timber near a small stream of water he prostrated himself on the ground, writhing in pain. In his desperation he pulled up a yearling sprout, and without thought or care as to what he was doing he bit off the root and chewed it, but noticed that his pains suddenly ceased. He followed it up and was cured of hæmorrhoids. He collected the roots of the plant, and in powdered form gave others a chance at it, who reported favorably. Finally he sent it out in parcels of two ounces in cotton sacks at \$4.00 per sack, with the condition that if it cured he was to get a fee of \$20.00. One of these sacks and contents came into my hands for inspection. I smelled it and found the odor identical with that of *Negundium Americanum*, or Box elder.

Whether I was correct or not, I have found a valuable remedy in *Negundium*, which I use now in the form of a tincture of the bark of both roots and twigs. I found that chewing the leaves promptly relieved me of one disagreeable swelling. The root bark is probably most reliable, in about fifteen grain doses, three times a day. Painful engorgements of rectum and pile sacs are indications for it.

It grows here as a shade tree, but it is a native of Kansas and adjoining States. It has a winged pericarp like the sugar maple, and in the fall and winter the wind scatters the seeds, and young plants shoot up in the spring of the year, and make a growth of two or three feet in height. The roots of these plants are easily obtained by pulling them up. We cannot expect this or any other medicine to obliterate old indurated pile tumors, but in cases of excessive engorgement, that often occurs in those cases, with great pain, I commend *Negundium* in large doses, three or four times a day. Of the tincture, give at least gtt. eleven every

two or three hours till relief is obtained. I have used it some in ordinary cases, with but little shrinkage of the tumors as reported by patients. So I have *Collinsonia* and other drugs. Please try it and report.

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### VENEREAL DISEASES.

“Now as to the man. Suppose he is infected with syphilis, what results? Under any circumstances or any treatment he is absolutely sterile for from two to seven years, either by abstinence or by the infection of whatever woman may be unfortunate enough to be his wife, during that time. Abortion after abortion occurs until viable children are born, but even then —! Tarnier declares that 85 per cent. of syphilitic children die before the sixth month. Sturgis, 71 per cent. As to gonorrhœa, the revolution in professional opinion in this regard is simply startling. No longer regarded as a mere trifle, its effects are found to be appallingly widespread. Orchitis on the one hand and pyosalpinx on the other spring up in swarms in its wake like veritable dragon’s brood. The despairing cry goes up, ‘It is doubtful whether gonorrhœa is ever cured!’ Here, again, justice may move with a leaden foot, but she strikes with an iron hand. That insignificant little infection gonorrhœa, ‘of no more importance than a cold in the head,’ is found to be followed by a nemesis of infirmity which is simply appalling.” — *Woods Hutchinson, M. D. in Southern California Practitioner, Oct.*

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### COMPULSORY VACCINATION.

The editor of the *Brief* is *not* in favor of compulsory vaccination or compulsory anything else. The evidence at present appears to favor vaccination, hence we endorse the practice. At the same time we concede to the other man the same right to his opinion which we exact for ourselves. If he does not believe in vaccination, and prefers to take his chances of contracting the disease without such protection or immunity as vaccination affords, he has a right to do so.

We must never forget, in these questions of opinion, to ask ourselves, who has the right to be the judge? Who is there among us so great, so infallible, that he can decide the matter?

Was there not a time when the would-be leaders of the profession wanted to compel the use of tuberculin? And to-day where is there a remedy so thoroughly discredited as tuberculin? Where can we find a man, in face of the changing fads and fashions in medicine, to say that he will be the judge as to what shall and shall not be done?

Before we start out compelling people to do this and that, we want to be sure we are right. How can we do this when the history of medicine is replete with discarded remedies and practices? Who would make a business of bleeding fever patients to-day? Yet it is in the memory of practicing physicians when this was the orthodox practice, and not to bleed made a physician lose caste.

Compulsion belongs to the dark ages and to penal systems. It has no rightful place in an enlightened civilization, a learned profession.

When a man wants to compel you to think or to act as he says, he wants to exploit you in some way. He is a monumental egoist, governed by entirely selfish motives. Pay no attention to him. Insist upon the right to think for yourself. Mental liberty is the greatest of earthly boons, worth all the blood and agony it has cost past generations, all the responsibility it entails upon posterity.—*Medical Brief.*

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## RED LIGHT VACCINATION WON'T DO YOU KNOW.

Dr. Goldmann has recently recommended vaccination under the influence of red light. He called attention to its favorable influence of the vaccination process, as noted in experiments on forty children. A number of these were vaccinated on both arms, in a photographer's dark room, under red light, the dressing being thick red bandages. With the remainder, the vaccination was carried on differently, part by daylight, part by red light, and different on each arm. The result was as follows: Those vaccinations done under red light, and kept under its influence, showed no sharp reaction. The pustules were round, and sharply raised like small warts from the surrounding normal unreddened skin, while the pustules on the control arm of the same individual were broadly diffused, with much pus, and surrounded by a

red inflamed area often 8 c.m. in diameter. Moreover, there were swelling of the axillary glands and tenderness, conditions entirely lacking in the arm treated with red light. If the arm vaccinated by red light was left bandaged in red for two or three days, and then exposed to daylight, it promptly showed inflammation and pustulation; and, in like manner, a milder course ensued if the arm vaccinated by daylight was dressed after two or three days with red bandages. By these experiments, then, it was learned that red light, or the absence of light of other colors, modifies the vaccination process, with its well-known formation of pustules, surrounded by an inflamed area, and also that the constitutional changes are less. That red light exerts an influence on the vaccine virus or the vaccination process seems to be established as a matter of fact, by these experiments, so an influence of red light on the course of small-pox is to be assumed. It was natural, therefore, for many voices to be raised condemning this method, and declaring that vaccination by red light would have little or no value; that the round pustules, raised on a normal skin as little warts, are such as the vaccinating physicians look upon as useless results. The flat, scarcely perceptible scar, which is even less plain after six weeks, gives the impression that here was a vaccination, the value of which against exposure to small-pox will extend at best over only a short time. Upon the duration of the immunity depends the value of vaccination, and the ten years' immunity which is now expected from a successful vaccination, is conditional upon the full development of the characteristic pustule, with its umbilication, surrounding inflammatory area, and a constitutional reaction of short duration. The characteristics of a scar from a successful vaccination are that it is not flat, involving only the epidermis, but deep, branched, and uneven, and remaining clearly visible. The discussion of this subject is not yet ended, but the majority of physicians abide by the old method. —*Vienna Letter to Medical Record.*

So unless there is pus, soreness, swelling and sickness there is no "protection!"

## THE DEFECTIVE SECRETION OF MILK WITH NURSING WOMEN.

By Dr. Mossa, Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*, August 11, 1904.

The deficient or even totally lacking secretion of milk with nursing women has of late deservedly received the attention of medical men. What is the use of admonishing women to fulfill their sacred motherly duty, to nurse their babies, if they have no milk in their breasts?

As is well-known, it is generally the well nourished, strong and corpulent women with a full bosom who suffer from a deficiency of milk, while small and slender women produce a superabundance of milk.

A similar phenomenon is also observed in our cows, among whom the lean ones are distinguished by a copious flow of milk. As with the cows, so with the women, the cause of the deficiency will probably be found in a faulty, too copious and too dry nutrition, and hygiene will have to give its prescription in this direction. A more vegetable diet has also actually proved favorable not only in securing a favorable course of gestation, but also in providing adequate lactation.

Professor von Bunge has directed his attention to another cause of faulty lactation, namely, the copious use of alcoholic liquids and heredity. In compiling 166 cases of lying-in women who lacked milk, he found that the abuse of alcoholic beverages on the part of the parents may destroy the ability of nursing with the daughters.

In 420 cases, where mothers and daughters were able to nurse, only 6.9 per cent. of the fathers of those daughters were accustomed to an excess of drink, while the remainder made only a moderate use of alcoholic liquors.

In 281 cases in which the mothers were able to nurse, while the daughters were unable to do so, 35.7 per cent. of the fathers were immoderate drinkers, while 42.2 per cent. were regular drunkards.

In 345 cases neither mother nor daughter had sufficient milk and yet 70 per cent. of the fathers were moderate and only 30 per cent. excessive drinkers. In these cases v. Bunge would at-

tribute the deficiency in milk to generations more distant, *i. e.*, to grandfathers and great-grandfathers; it does not seem to us that he has proved this. Assuredly there may be additional causes.

The clothing of women of all ranks has a considerable influence; the constriction of the breasts by corsets and by dresses fitting too tight hinders the mammæ in their growth and also obstructs the enlargement of the lacteal ducts, which may be quite obliterated thereby.

Then also the inability to nurse, according to v. Bunge, is frequently handed down from mother to daughter even to the third generation. Basing himself on his statistics, he even asserts that in families where the mother, owing to her business or calling, does not nurse her babes, she loses the ability to do so in subsequent births.

Heredity, according to this author, has an incredible influence. He found in 436 cases, where mothers could not nurse their babies, only one case where the daughter was able to do so. But the matter does not seem to be really as bad as this would indicate. At least, Prof. Schlossmann, who has a large field of observation in the "Suckling Home" in Dresden, declares that a daughter, even if thus incapacitated on the mother's side, may, nevertheless, by dieting and by a firm determination recover this capacity.

Intelligent physicians who take in consideration the great importance in nursing the new-born babies not only as affecting the health of the mother, especially with respect to the involution of her entire bodily organism, and especially of the sexual organs, then also the health of the child on the one side, and the danger threatening it on the other side from even the best artificial nutrition, have always admonished mothers to fulfill their maternal duty, and the old, faithful family physicians have always been careful in time to prepare the mothers under their care for the function of nursing by means of hygienic measures. But since even with the best dietetic measures and with the utmost willingness on the part of mothers, there are always a goodly number who are unable to nurse their babies, the question arises whether we may not help in such cases by therapeutic remedies.

Among physiatrical measures, massage should first be mentioned. A gentle gradual pressure may be exercised on the lacteal ducts in the direction toward the nipple. Such a pressure on the lacteal ducts which meander in a serpentine course toward the

nipple and open there with their numerous little mouths may act favorably on the secretion of milk, and may cause the milk present in the smaller ducts to advance into the larger ducts, so as to be discharged from their mouths. But such a manipulation requires a soft and expert hand.

That homœopathic treatment can also show good results in this direction is indisputable; but it requires a very particular regard to the constitutional condition, as also to the attendant individual symptoms in the selection of the remedy. The following case from our literature may serve as an example (*Archiv fuer Hom.* 17: 3. 19):

A woman, thirty six years old, could not nurse her baby—seven weeks old—owing to lack of milk. She is suffering from hard, retarded stool; in the warm room she complains of dyspnœa; early in the day she feels very indolent, during the day always drowsy, while in the evening she cannot get to sleep till late; every exertion tires her.

*Pulsatilla*, which seemed indicated, proved without effect. Then she was given *Sulphur* 30 and two days later *Calcarea carb.* 30. By the tenth day the milk was abundant and all the other symptoms vanished. Increasing fatness with young women who suffer from insufficiency of milk is a particular indication for *Calcarea carb.* Schuessler recommends in deficient secretion of milk *Calcarea phosph.* (when too abundant, *Natrum sulph.*).

#### Agnus Castus.

This remedy represses the sexual function with the male as well as with the female, and has proved itself useful in many cases where the milk failed.

Croserio found the cause of such a failure in the secretion of milk to usually lie in a lymphatic constitution, and a general weakness, either constitutional or caused by a depressing mental emotion.

But that *Agnus* may prove effective even when there is no emotional depression, may be seen from the following case:

A healthy, robust woman, in a good situation, living without care, could not satisfy her vigorous suckling, owing to deficiency in milk.

An abundant supply of food proved ineffectual. Three doses of *Agnus castus* 3, of one drop each, caused the milk to increase abundantly, so that the baby now had an abundance. (*Allgem. Hom. Zeit.*, 11, 321.)

*W. Gross* also saw good effects from the 6th potency.

## Asafœtida.

A remedy which causes the lacteal glands of a woman not pregnant to become turgid with milk might well be supposed to have a special relation to this organ. Owing to this physiological action no doubt, the older *Kettenbach* (see *Allg. Hom. Zeit.*, 26: 25) used *Asafœtida* in deficient or obstructed secretion of milk.

I. A woman, thirty-four years of age, of strong athletic constitution, excellent health, the mother of six children, with fleshy breasts, but with lacteal glands but little developed, after childbirth would lose her milk after one or two weeks. After her seventh childbirth on the fourteenth day only a few drops could be squeezed from the nipple.

She received a solution of tincture of *Asafœtida* in 3.0 of water, five drops, three times a day. In two days the secretion of milk again proceeded actively. But on the third day the evacuations of the baby smelled of *Asafœtida*. The remedy was stopped for a week. After this new secretion of milk had continued for three weeks and a half, *Asafœtida* ʒ was used with the same good result, and again after eight and after fifteen weeks. After eighteen weeks, owing to vexation, the milk stopped and *Asafœtida* then proved fruitless.

II. A young woman, twenty-one years of age, a *primipara*, after six weeks, observed a noticeable diminution of the milk. *Asafœtida* ʒ. After four days the milk became copious, and she could nurse her baby even in the ninth month.

III. A weakly woman, thirty-four years of age, had nursed three children, but the milk in every case had been scanty. On the 16th of September she was delivered of the fourth child. On the 18th of November her breasts were relaxed, and on pressure, they discharged but a few drops of thin milk. *Asafœtida* ʒ, three times a day, without result.

A week later she received *Asafœtida* ʒ. On the third day after this the breasts were more turgid and there was a copious supply of milk. In December there was again a diminution. *Asafœtida*, five drops a day, once a week. The milk again came in copiously.

*Clarke* gives as an indication for *Asafœtida*, failure of milk with hyperæsthesia of the woman after parturition.

*Fennel* has been used from olden times to increase the flow of milk, the root as well as the seeds having been used. *Fennel* tea is even to this day a favorite with the common people. *Nigella*, or black caraway, also has this reputation.

That *beer* favors the flow of milk is indisputable; though we ought to use for such a purpose a beer as free from alcohol as possible; but this kind is hard to get at this day, when Bavarian beer [and its imitations] has supplanted all the milder beers. To endeavor to increase the flow of milk with a well-nourished woman or wet-nurse by means of a strong beer, rich in alcohol, would be against all hygiene, especially when such women and wet-nurses lead an indolent and inactive life, while it is the motion of the hands and arms which essentially promotes the secretion of milk.

#### Urtica Urens.

It is said that cows give more milk after eating nettles. That this plant has some relation to the lacteal glands seems to be demonstrated by the following observation:

A woman drank two cups of tea made from *Urtica urens* which she had mistaken for *Lamium album*. Next day there was a violent burning of the face and on the body, formication, itching and numbness, as also a swelling and œdema of the skin, from which there was an effusion of bloody water. On the fifth day the skin peeled off. For twelve days she suffered with anuria, while the breasts secreted milk, though the woman owing to the lack of milk had never been able to nurse her babies.

In *Clarke's Dictionary of Practical Materia Medica* we find under *Formica: Lack of milk in nursing women*.

#### Ricinus Communis.

Prof. Landerer some years ago reported that *Ricinus* is used in the orient and in Greece for causing a flow of milk and increasing it in the breasts of women. Hale adds some particulars from the observations of O. McWilliams. He saw the leaves of the castor oil plant applied to breasts of women on the Cape Verde Islands to increase the flow of milk, when this is obstructed, and even to cause such a flow with females who have never had children or who have not nursed for years. With nursing women the breasts are fomented with a decoction of the leaves and the boiled leaves are then laid on the breasts. To cause a flow of milk with women who are not nursing, the woman has to sit on a vessel full of the hot boiled leaves, care being taken that the vapor is closely confined and not allowed to escape. When the tea has cooled off, the parts and also the breasts are washed with it.

Taylor Smith, who also experimented with the leaves, observed

in his cases: Swelling of the breasts with throbbing pains; swelling of the axillary glands with pains running down the arms. Also pains in the anus. Leucorrhœa was increased. Soon there was a milky flow from the breasts and the menses appear prematurely.

Whether the *Ricinus communis*, called also *Palma Christi* and *Wonder-tree*, may also produce wonders with respect to the secretion of milk when used in the form of the castor oil gained from the seeds, or in the form of the alcoholic tincture, giving in small non-purgent doses, can only be found out by clinical experiments.

Some may object that these suggestions are fruitless speculations, but the experience of entire nations and several practical experiments are on our side in this matter.

### Cotton-Seed Flour.

Science would not soon have thought of using cotton-seed flour as a lactagogan, if it had not been that practical rational dairymen had blazed the way by using it to increase the amount and richness of the milk of their cows. In East India the oily oval cotton-seeds, *Semina Gossypii* (gathered from the *Gossypium herbaceum*, one of the *Malvaceæ*) have been from olden times boiled or roasted and drunk with coffee, to increase the flow of milk, as we find it reported by the Dutch physicians stationed there. But these experiences, with many others, have been until lately resting stored away in the annals of scientific medicine, until they finally celebrated a joyful resurrection.

Most of my colleagues have probably received a pamphlet containing the address of Dr. Theod. Ziocesti, Berlin, delivered before the assembly of German naturalists and physicians in Cassel, on "The Subject of Increasing the Flow of Milk with Nursing Mothers." But owing to the great flood of pamphlets and addresses received nowadays, this address has probably been swallowed up by the greedy jaws of the waste-basket; and, nevertheless, it is fully deserving of consideration, since it treats in an exhaustive manner of the nutrition of children, the decadence as to nursing by mothers and the remedies to be used for increasing the flow of milk with nursing mothers.

We are there told, that Dr. Schroda, H. v. Peter and H. Pogge have demonstrated by numerous experiments on animals made about 1880 that cotton-seed has a favorable influence on the secretion of milk. According to the statement of B. Beckmann it is not so much the amount of albumen contained in these seeds

(about 46.9 per cent.) as the chemical constitution of the albuminous corpuscles which is of importance in this respect. But the author regards as unsolved the question, whether these albuminous corpuscles or their decomposed particles, or the non-nitrogenous corpuscles of extract, the Melitose or Gossypose contained in the cotton-seed flour, have these milk-giving effects.

It has been seen also by other persons and by the clinical experiments of American physicians with the tincture produced from the inner parts of the fresh roots, that *Gossypium herbaceum* has a pronounced and decided effect on the female sexual organs (see *Allg. Hom. Zeit.*, vol. 140, p. 172).

Dr. Ziocesti has also tried and demonstrated the efficacy of cotton-seed in increasing the flow of milk with women. He first endeavored to free the cotton-seed flour from all impurities and the indigestible, cellulose constituents. In dairying only a by-product gained in making oil from the peeled cotton-seeds is used.

Pearson has gained a fine powder, insoluble in water and of an odor which is not disagreeable, called *Lactagol*. With this Dr. Ziocesti made his experiments, which he summarizes thus:

1. The remedy was willingly taken by all the experimenters; there were twelve women in question.
2. Only in one case there was a gastro-intestinal disturbance, which was, however, only temporary, and did not again appear while *Lactagol* was continued.
3. Dr. Ziocesti observed a noticeable effect on the third day, or when delayed, on the fourth day after beginning the use of twenty-five to thirty grains of the remedy. The breasts became turgid, so that the women themselves felt them to be so. The children could suck longer, and the mother after nursing them had no drawing or lancinating pains.

Dr. Ziocesti has not as yet been able to establish exactly the amount of increase in the secretion of milk, but it must have been considerable, as the children in a few days refused to take the extra food which had before been given them, such as their bottle of cow's milk, or biscuit cooked in milk. On omitting the preparation for a day, the flow of milk remained undiminished, but there was a perceptible decrease when it was omitted for two or three days. With women who had been nursing a longer time, it required about double the quantity of the preparation (up to 55 grams) to produce this effect, and also this quantity seemed to be well borne by the stomach. In one case lactation in the sixteenth

month was, according to the woman's statement, still as copious as in the sixth and seventh months.

Dr. Ziocesti therefore considers cotton-seed in the form of *Lactagol* to be an incentive and support of lactation, which frequently proves effective where other hygienic measures prove insufficient.

Additional experience may be necessary to decide this matter. Since the remedy is in high favor with dairymen as a milk-producer, it will probably also prove effective with women.

*Racahout* for a long time had a great reputation as being easily digested and increasing the flow of milk. It is made of finely ground oatmeal, powdered cacao and some vanilla-sugar.

Still more simple is the remedy recommended by Dr. Hering in his *Domestic Physician*, where he says: "All women who have an insufficient supply of milk, or whose milk is bad, thin and watery, ought to eat *lentils* every day or at least every other day, but *without peppery fried sausage*, only boiled with butter or beef-broth."

It is said that cows fed on lentils give very rich milk; whether they also give more milk, I do not know. It seems to us a very plausible proposal, to supply the needed nutritive salts with nursing women by means of leguminous seeds, if the stomach is able to digest these properly for any length of time. Many of them will, however, prefer the sausages to the lentils.

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## BOOK NOTICES.

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**The Diseases of the Uterine Cervix.** By Homer Irvin Ostrom, M. D., New York, Surgeon to the Metropolitan Hospital. 386 pages. Cloth, \$2.50, *net*. Postage, 18 cents. Philadelphia: Boericke & Tafel. 1904.

Dr. Ostrom's book is a profound and complete exposition of the development, physiology, pathology and treatment of the uterine cervix.

Many books in medicine are the result of a desire on the part of their authors or compilers to bring themselves before the public—they are advertisements pure and simple. He who is necessitated to take this method of gaining publicity has ordinarily to get his material second hand, and the result is that the work is an ill-digested assortment of other men's opinions and experiments; having little, if any, real value, it carries no weight of authority and is essentially uncconvincing. It utterly fails us, when we turn to it for help.

The book before us is the opposite of all this. Dr. Ostrom's has been a labor of love, and he has written his work because he had something to say.

His experience—and few men have had greater—has been drawn upon almost exclusively for his facts, and has brought to their logical consideration a mind singularly acute and long trained. The result is a book that is worth while—worthy to have been written and worth careful reading, study and consideration. It is a book that on every page evinces thought on the part of its author and is sure to make the reader think as well.

Dr. Ostrom has exploited no pet theory nor has he padded his pages with statistics and reports of cases, but commencing at the very beginning of life he has pointed out the natural development of the cervix, its variations from typical development and the resultant disasters; he shows just how the part, when normal, may, through malign influence, traumatisms or infection, become the seat of disease, and finally how best to treat such defects of development or acquired disease, and when he is through we feel that the work is complete and the last word has been said.

There is of necessity a certain air of dogmatism about such a book, but it is never offensive, and rather a relief in comparison with the melanges from which we are so frequently invited to take our choice of disease and unrelated opinions.

It is to be hoped that Dr. Ostrom will develop the literary habit and give us another volume conveying with equal completeness some other field of his work.

H. M. L.

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**Diseases of the Lungs, Bronchi and Pleura.** By H. Worthington Paige, M. D., Lecturer on Theory and Practice of Medicine in the New York Homœopathic Medical College, etc. 165 pages. Cloth, \$1.00, *net*. Philadelphia. Boericke & Tafel. 1904.

Right here, in compact form, clear and concise language, you have the up-to-date treatment of the diseases of the lungs, bronchi and pleura. The methods given under general treatment are the most approved and efficacious, the treatment adopted by the most modern and up-to-date physicians. The homœopathic therapeutics are full and very reliable and the book as a whole will be useful to both student and practitioner.

**A Philosophy of Therapeutics**, the foundation of which rests upon the two postulates: First, that it is the human organism that is the active factor in the healing of the sick, and not the drugs, and second, that there are two therapeutic laws. By Eldridge C. Price, M. D. 336 pages. Cloth, \$2.00. Nunn & Company, Baltimore.

The two postulates found in the title page give the keynotes of this book, which is dedicated to "Galen and Hahnemann." This from the preface will give another idea of Dr. Price's attitude:

"Whether intelligently or ignorantly, all principles and efficient methods of healing the sick are daily practiced by a large majority of all representatives of all the schools of medicine. This being true, there must be good in all these different ways of practicing medicine."

Also this, page 80: "There are definitely two therapeutic laws: the law of similars and the law of dissimilars. For certainly, if there is a law of similars there is a law of dissimilars; or, if there is no law of dissimilars, then there is no law of similars."

On page 93: "Nor does it matter which of the laws are laid under contribution, the curative results must ultimately be caused by the same power," *i. e., vis medicatrix naturæ*. This does not mean that the drug was useless but "the drug appealed to the *vis medicatrix naturæ*, and in the effort to respond the patient was cured." This, as said before, applies equally to drugs prescribed according to either law.

The above quotations will give the reader the drift of Dr. Price's *Philosophy*, a philosophy with which the RECORDER cannot agree—but that small fact does not prevent the other fact that the book from a literary point of view is well written, interesting and shows a wide and scholarly reading.

**A Compend of Medical Latin.** Designed expressly for Elementary Training of Medical Students. By W. T. St. Clair, A. M. Second Edition. Revised. 131 pages. Cloth, \$1.00, *net*. Philadelphia: P. Blakiston's Son & Co. 1904.

To the medical student who is not grounded in Latin, this book will be of the greatest service; also, it will greatly aid one who is a Latin scholar, but not familiar with medical Latin. It is a small, compact work, but covers the subject very completely.

# Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.,

By BOERICKE & TAFEL.

SUBSCRIPTION, \$1.00, TO FOREIGN COUNTRIES \$1.24 PER ANNUM

*Address communications, books for review, exchanges, etc., for the editor, to*

E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

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## EDITORIAL BREVITIES.

A CORRECTION.—The October number of the HOMŒOPATHIC RECORDER contained the following, under "Editorial Brevities":

"The Board is the Law.—Some medical examining boards are, like the heathen—a law unto themselves. Dr. R. P. Hanson, of Oshkosh, Wis., in *Medical Talk* for September, writes of a case in point in Wisconsin. A graduate of Illinois college and who had a license in that State twice took the Wisconsin examination and twice was turned down. The board, it seems, does not like certain colleges and when one of their graduates appears before that body even though he stand 100 in all branches he is turned down."

Since then Dr. Harvey B. Dale, editor of the *Medical Visitor*, has written us that he was a member of the Wisconsin Board of Medical Examiners for six years and that the assertion that the board acted in an arbitrary manner is entirely unfounded. He says that the records of the board are open to inspection to any one. We are glad to hear this and to make the correction. The RECORDER wants always to do the fair thing to every one.

HELODERMA HORRIDUS.—Dr. John Marshall, of the University of Pennsylvania, announces through the newspapers of Oct. 25, that the bite of the Gila monster is not poisonous and what people take for venom is "bacteria" from the monster's teeth. Couldn't the same be said of the rattlesnake or the cobra? Be that as it may, we would like Dr. Marshall, or any other believer, in the non-poisonous nature of the venom, or whatever you may term it, that the monster exudes when it bites anything when angry, we would like them to take two or three doses daily of *Heloderma hor.* 6 for a week and report results. They might learn something. And then you know science laughs at the 6th centesimal potency!

AN OPENING.—Dr. R. S. Stephens, on High street, Dunedin, New Zealand, writes us that he wants to give up his general practice and devote himself exclusively to the sanitarian open air treatment of consumption, and as he is the only homœopath there he wants a successor. “According to the New Zealand law a graduate of a medical college in good standing in the States, and who has his state license to practice, can register here. He requires to bring proof that he has taken at least three years’ course of medical study, his state license and proof of identity.” Dr. Stephenson has been practicing in New Zealand for ten years.

ENLARGED SPLEEN.—Lower Bengal, writes Dr. McKenzie in *Journal of the Royal Army Medical Corps*, October, is comparatively free from malaria, but enlargement of the spleen is very prevalent. Those, however, who drink filtered water rarely are affected. Let the others, according to the late J. Compton Burnett, take five drop doses of *Ceanothus Americana*  $\theta$ . It was his organ remedy for all cases of enlarged spleen.

OPPOSITION TO VACCINATION.—“There never has been a time since Jenner’s discovery when vaccination has met with universal, unqualified acceptance; but probably at no period has it stood in such disfavor with the public at large as it does today. A glance at the situation will satisfy the most casual observer that throughout our country the feeling of opposition against vaccination is not only widespread in extent, but that is growing in intensity. Muttering discontentment is rapidly assuming the proportions of open and forcible resistance.”—*Dr. W. R. Fisher in Medical Record.*

DELIRIUM TREMENS.—The *New York Medical Times* for Nov. 12 has an interesting article on delirium tremens from the pen of Dr. Thomas N. Vincent, of Washington, D. C. For one thing he says that the true delirium tremens must not be confused with *mania a potu* being very different in its nature: “The writer has never seen a person attacked in this way who was anything but an easy prey thereafter for diseases of all kinds and descriptions, and who, in addition, was not, when examination was made, found to be a victim, in a more or less marked degree, of fibroid kidney.”

GOD SAVE THE COMMONWEALTH.—“At the Congress of Dermatology held recently at Berlin, Mr. Metchnikoff, of the

Paris Pasteur Institute, gave an account of his work of experimental syphilis. Mr. Metchnikoff proposes to find a vaccine to inoculate the human body and render it proof against all attacks of this terrible malady. That is to say, he proposes preventive vaccination against syphilis in much the same way as vaccination is now used against small-pox."—*Paris Letter*.

LAW.—“Law governs the sun, the planets, and the stars. Law covers the earth with beauty and fills it with bounty. Law directs the light, and moves the wings of the atmosphere; binds the forces of the universe in harmony and order, awakens the melody of creation, quickens every sensation of delight, molds every form of life.”—*Tappan*.

Law is everywhere in evidence save in old medicine, where empiricism is the only semblance of law.

EDUCATED LAYMEN. — “The educated layman does think ‘doctorin’ is such a ‘snap’ as the ignorant have been heard to remark.

“Do not be afraid your patients will know too much. The more they know the better they will realize how much there is they cannot know, and the better patients they will make. You may not believe this, but if you will make the experiment, we think you will be convinced of its truth. Test the matter for yourself, and see what conclusions you come to.”—*Med. Brief*.

BUT IT'S “SCIENCE.”—“The absurdity of phthisiophobia was strikingly shown recently in San Francisco, where, because Justice Amadee Herville, of the Tahiti Islands, is suffering from tuberculosis, the immigration authorities decided that under the law he could not be permitted to land and cross the continent to New York on his way to France. Tuberculosis was held to be a contagious disease, within the meaning of the immigration law, and Justice Herville will, therefore, be compelled to return to Tahiti or continue his journey to Europe by way of some Mexican port.”—*Medical Record*, October 29.

BE TRUE TO THE BANNER.—We should consider that all men have brains and understanding and always explain the true homœopathic principles to any patient who is interested or in doubt. I recall one patient whose first question was: “To what school do you belong?” “I am a homœopath,” I answered. “Great Lord,” he said, “there are four or five different kinds of

homœopaths. What I want is one that is sure of his own system." He continued that he was tired of paying for cathartics, compounds, etc., when he called or thought that he had called a homœopathist and that if I were not what I professed to be he would bid me good day. The gentleman was well educated, a banker and a broker. This experience has been repeated. It is not only among the higher educated that is found this tendency to demand the true treatment they pay for, but among the poorer classes also. There is among all classes a growing habit to treat with greater respect and confidence the physicians who are true to the banner under which they walk.—*From Paper by Daniel E. S. Coleman, Ph. B., M. D., New York, in Transactions of A. I. H., 1904, p. 329.*

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#### NEWS ITEMS.

Dr. Annie S. Higbie and Dr. Emily L. Hill announce their removal from 177 West 73d street to 158 West 76th street, New York City.

Dr. B. D. Walker has removed from 162 East 122nd street to 169 East 116th street, between Lexington and Third Avenue, New York City.

Dr. Geo. W. McDowell has removed to 1 West 34th street, New York City. Eye, ear and throat exclusively.

Dr. Wm. Francis Honan has removed to Hotel Regent, Broadway and 70th street.

Dr. H. Everet Russell has removed to "The Willard," 254 West 76th street, between Broadway and West End Avenue. Diseases of children given especial attention.

Dr. William H. Bigler, author of the popular *Syllabus of Physiology*, has removed to 331 South Broad street, Philadelphia. Telephone, Walnut 12-42 A.

Dr. D. H. McGraw, of Binghamton, N. Y., is making a trip around the world. He is expected back on December 15th.

The Physicians' Casualty Association, with headquarters at Omaha, has been in successful operation now for three years, paying over 200 claims in 26 States. It is run by physicians and insures physicians only without profits or perquisites to any one.

Dr. B. F. Crummer is president and Dr. D. A. Foote vice president. Address 308 Ramage Building, Omaha, Neb.

Speaking of medical examining boards reminds us that the Homœopathists of Texas have their own State Examining Board. They have the authority to license without examination the holders of certificates of Boards of other States, whose medical laws are not inferior to that of Texas. The Lone Star is the *growingest* State in the Union. Has already three and one-half million people, and rapidly increasing. Birth-rate averages three to four times the death rate. No race-suicide there. Yet only 75 homœopathic doctors in the State. Homœopathic physicians, capable in medicine, surgery and *obstetrics* and possessed of *staying* quality, are invited to come. Fees are good, and many towns of 3,000 to 10,000 population have no homœopathic physician. The Secretary of the Board, Dr. Hunter B. Stiles, of Gainesville, Tex., will be glad to render information to any requesting it.

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THE PENNSYLVANIA EXAMINING BOARD.

DEAR DOCTOR GUERNSEY:—May I say just a word of commendation, regarding your work as Secretary of the Board of Medical Examiners of our school, and thank you for publishing it as in the HOMŒOPATHIC RECORDER.

This proves the need of the Board, and illustrates the most excellent work being done; and yet some few of our physicians talk about amalgamation with the (so-called) regulars, and what for?

With regards, I am,

Cordially,

D. C. KLINE.

*Reading, Pa., 10-28-1904.*

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HADDON HEIGHTS, N. J.

October 25, 1904.

*Dear Sirs.*—Do you know of a homœopathic physician who desires a location?

There is a fine opportunity here for a good, practical man, a hustler.

This chance may be filled at any moment.

There is no homœopathic M. D. here, and the people desire such at once.

For further information, address,

ELIAS WILDMAN, M. D.,  
Haddon Heights,  
N. J.

MAYVILLE, N. Y.  
Nov. 16, 1904.

MESSRS. BOERICKE & TAFEL,  
Lancaster, Pa.

I am going to vacate my present location on or about December 1, 1904. Can't stand the work any longer. Send some one to fill my place. I have done well here, and a younger, stronger man could step right into the work.

All inquiries answered for stamp.

Very respectfully,

A. J. ROBBINS, M. D.

LA GLORIA, Cuba.

*Gentlemen:*—I am making a good many converts to Homœopathy, especially for intermittent fever and neuralgia, for one lady alone declares the medicine I gave her for neuralgia is worth its *weight in gold*. I always stopped it in one-half an hour and now I had to change as she is pregnant, and still has her neuralgia at times, and I readily attest them and really she (although a Cuban lady) seems inclined to think she needs a homœopathic physician until after her confinement. We have not any doctor here yet, but I understand a Cuban allopath is coming soon. I do want a homœopathic up-to-date doctor to meet him and crowd out his *Calomel*, *Quinine* and *Jalap*, etc. I am not a doctor and cannot do so, as I do not know enough and have no books.

## PERSONAL.

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"One thing surely comes after death, namely, the funeral director." How about the Japs and Russians?

An elephant, it is reported, never has to get his trunk checked.

"Phil Graves" is a name that would handicap any doctor.

Yes, Mary, a good man always settles up before he settles down.

"The Boss does not give me an hour for dinner, I bring it in me tin pail," said Mike.

Binks says many smokers will keep on smoking after death.

**FOR SALE.** A practicing physician in New York City wishes to dispose of practice together with library and one year's lease on property. Address, "Doctor," P. O. Box 1582, New York City.

"The term 'hysteria' is a sort of a linguistic blanket intended to cover that part of medical science which the doctor does not understand."—*Medical Councillor*.

"Mash" is from the Gipsej "Mafada," *i. e.*, "to charm with the eye"—so they say.

No, Mary, a "broad" man is not necessarily a fat man, or even an athlete—though he may be both.

After he is found, the "germ" keeps on playing the same old tune as before.

The man who has practiced for so many years and the young man who has it all at his fingers' ends are steadily, and always will, change places Youth is not perenial.

The fool horse play at so many weddings sent a bride to Hahnemann Hospital at Philadelphia recently.

They say camels are the only animals that can always thrive in Kansas and Maine.

**FINE OPENING** for a good homœopathic physician with some money. Fine town of 3,500 in Southwestern Missouri. Address, A. B. E., P. O. Box 921, Philadelphia, Pa.

A Chicago "scientist" says that we'll all be plumb crazy in 700 years. Maybe, if all were crazy the world would get along just as well.

Widows run to grass or weeds.

The Jay prevents prize fights, but smiles on foot ball.











