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# THE HOMŒOPATHIC RECORDER.

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## CAUSTICUM IN DISEASES.

By F. G. Œhme.

By distillation of burned lime and bisulphate of potash a clear, white liquid is obtained, which Hahnemann called *Causticum*. What it really is from a chemical standpoint is not known with certainty, some supposing that it is potash, but the provings show the two bodies to be different substances.

*General.*—*Caust.* suits especially *timid*, nervous, fanciful, apprehensive, melancholy, tearful, weakly, anæmic, scrofulous persons with dark hair.

It is indicated in debility from long grief; in affections from cold, dry winds, or where there is great sensitiveness to cold air or to a draft of air, or inclination to sweat. The patient is worse morning and evening, and from slight exertion.

It has been used in spasmodic diseases, in convulsions, in epilepsy, especially at puberty or with menstrual irregularities, and in chorea of the right side.

*Causticum* occupies a prominent place in paralytic diseases, particularly when they attack single parts or single nerves, for instance, the face, the tongue, the vocal organs, the bladder, one limb.

Chronic rheumatism or rheumatic gout with stiffness, contraction of the flexors and concretions in the joints are benefited by it.

*Head.*—Pain in the temples, dizziness, weakness of memory, use of wrong words.

*Eyes.*—Scrofulous inflammations, scabs on the tarsi, feeling of sand in the eyes. It is of great importance in cataract and amblyopia; further, in ptosis, asthenopia and double vision from paralysis of the muscles.

*Ears.*—Scrofulous and nervous diseases, purulent otorrhœa. Hardness of hearing. Buzzing and roaring.

*Face.*—Sallow, sickly complexion. Twitching and paralysis of the muscles of the face. Neuralgia.

*Mouth.*—Toothache, the teeth are loose, and as if too long, the gum swollen, sore and easily bleeding, with fistulous, festering openings.

Loss of speech, indistinct speech from paralysis of the tongue. Stammering and stiffness of the tongue.

No remedy in my experience has been so efficacious in restoring speech after diphtheritis as *Causticum*.

The use of this remedy in diseases of the *stomach and bowels* has been very limited. It has been used for constipation with ineffectual urging and hæmorrhoids.

In paralytic diseases of the fundus and sphincter of the *bladder* *Caust.* is one of the most important remedies. Here we have the following symptoms: Inability to urinate on account of having retained the urine too long, from too long labor in childbirth, or other causes. At the attempt to urinate the urine does not flow until after some time, and then only slowly, with pain. Involuntary micturition while awake, especially when coughing or sneezing, or during sleep, especially the first sleep at night.

We had once a married woman of about 40 years under treatment for pneumonia. On turning the bed clothes back for examining the chest we noticed a terrible stench of urine. The bed was soaked from escaped urine caused by frequent coughing. As the pneumonia was not of a dangerous nature, and the patient robust, we gave first a few doses of *Caust.*, which removed this annoying trouble but had no perceptible effect on the cough or pneumonia.

Another important field of action are the *respiratory organs*, especially *larynx* and *trachea*. Catarrh with hoarseness or aphonia from paralysis of the vocal organs. Hoarseness worse morning and evening. Pain, rawness, soreness in larynx, trachea and lungs; short, dry, hollow cough caused by tickling and phlegm in the throat, relieved by a sip of cold water. *Caust.* suits frequently the rough, hoarse voice of singers or speakers.

*Back and Limbs.*—Lumbago. Pain in the sacrum, extending in the hips, from overlifting. Weakness, paralysis of the limbs. Stumbling in walking. Slow in learning to walk.

The scrofulous, sycotic, psoric nature of *Caust.* is very apparent in the diseases of the *skin*. Here we have warts and horny

growth. *Fistulæ*. Arthritic, varicose, fistulous ulcers and burns with ichorous, badly looking discharge and unhealthy granulation (proud flesh). Rawness, excoriation behind the ears, in the folds of the skin, between the thighs. Cracked, sore nipples by nursing women. Felons. Ingrowing nails. Subacute and chronic eruptions, with burning and itching. Pimples on the end of nose; scabs in the corners of the mouth and wings of the nose. *Acne rosacea*. *Ecthyma*. *Fona*. *Pemphigus*. *Leprosy*.

*Roseburg, Ore., Dec. 7, 1896.*

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### CADAVER.

(The following lines were written by a student in the University of Michigan, and published some years ago in one of the ephemeral college journals. I have thought them worthy of a place in the *RECORDER*. Their author is not a trained writer, as will be seen, but he had a seeing eye and thoughts that are by no means common to the frequenters of the dissecting room.

Ugly and shrivelled, yellow and dead,  
Naught but a cloth on the slab 'neath its head;  
Naked and nameless, food for the knife—  
Where is the husband that called this his wife?

Those arms that are seamed as the bark of a tree,  
Once fondled the baby that crowed in its glee;  
That bosom so shrunken once heaved with the fire  
Of passion and hatred, of love and desire.

The blue lips so shrunken, the mouth shut so tight,  
Crooned cradle songs once by the fireside's dim light,  
Were tender in love and were anxious in care,  
Were solemn and reverent when pleading in prayer.

But the soul that looked out from the eyes once so blue—  
Do we sever that, too, when the knife passes through?  
Is this naught but a shell? Is the body the whole?  
When we perish in shape, do we perish in soul?

Ah, rede me that riddle, thou, stretched on the slab!  
Just open thy mouth for a moment to blab  
Of the mystery eluding the quest of the knife;  
Of the difference unsolved 'twixt death and 'twixt life.

Silent and sphynx-like, grizzled and grim,  
Answerless, heedless, rigid in limb,  
Naked and nameless, food for the knife—  
Where is the husband that called this his wife?

—W. H. ALLPORT.

## SOME OF DR. AD. LIPPE'S KEYNOTES.

## II

By Thomas Lindsley Bradford, M. D.

*Asafætida.* Sensation of a ball rising in the throat. (Obliging frequent swallowing to keep it down; this feeling causes great difficulty in breathing.) (Globus hystericus is the primary symptom.)

*Asafætida.* (Any condition of hyper-sensitiveness, either physical or mental.) (Excitement brings on hysterical trouble with œsophagus.)

*Asafætida.* Ulcers very painful to contact. (Burns, ulcers, marked by a great degree of sensitiveness to suffering; the child cannot bear to be approached, or touched with dressings for the wound.)

*Asarum Europæum.* Over-sensitiveness of the nerves; the scratching of linen or silk is unsupportable. (Disagreeable sensations from even imagining that unpleasant things might occur, sensation arresting momentarily all thoughts and functions.)

*Aurum Met.* Melancholy mood, dejected, inclined to weep and longing to die. (Looks on the dark side, weeps and prays and thinks she is unfit to live. Want of confidence in herself and thinks others have none in her; this makes her unhappy.)

*Aurum Met.* Excessive anguish increasing even to self-destruction. (Serious inclination to suicide—feeling of desperation inclining patient to jump from a height, to throw herself down in bed violently, to dash himself down into a chair.)

*Baryta Carb.* Mistrust, want of self-confidence and aversion to strangers; the child does not want to play. (Dreads the presence of others. Imagines himself criticised or laughed at by others, which causes a feeling of great unhappiness. Is suddenly overwhelmed with apprehensions of evil, cries out that his family or friends are ill, which causes great distress; is anxious about the most trivial things.)

*Baryta Carb.* Deficient memory; children cannot remember and learn. Persons forget what they have just said or done, or what they are about to do.)

*Baryta Carb.* The light hurts the eyes, and in the dark he sees sparks before them. (Artificial light appears surrounded by an iridescent halo. Very weak eyes.)

*Baryta Carb.* Great weakness of mind and body in old men. (Important in mental or physical weakness.)

*Baryta Carb.* Especially suitable for old people or scrofulous children, especially those who suffer from inflammation of the throat or swelling of the tonsils after the least cold. Great liability to take cold, sore throat, stiffness of the neck, or diarrhœa. (Suitable to dwarfish people, persons of low stature.)

*Baryta Carb.* (Patient feels weak and weary; wishes to lean on something, or sit or lie down, and then still feels weak and weary.)

*Belladonna.* Nervous anxiety, restlessness, desire to escape. (Wishes to run away. Wild look.) (Much violence of action; patient must do every thing violently; wants those around her to kill her; sensation as of floating along in a boat, as if body, or a part of it, were much enlarged.)

*Belladonna.* Fantastic illusions when closing the eyes; sees horrible objects. (Aconite patient is better from closing the eyes.)

*Belladonna.* (Sits and breaks pins to pieces a half day at a time.)

*Belladonna.* Rage, sadness, disposition to bite, to spit, to strike, and to tear things. (See *Veratrum*.)

*Belladonna.* Delirium with frightful figures and images before the eyes when eyes are closed. (The *Stramonium* patient sees horrid objects when the eyes are open.)

*Belladonna.* Congestion of blood to the head with external and internal heat; distended and pulsating arteries; stupefaction in the forehead, burning red face, worse in the evening, when leaning the head forward, from the slightest noise and from motion.

*Belladonna.* Headache from taking cold in the head and from having the hair cut. (From exposure to cold air.) (Taking cold from exposure of feet to the cold as in changing boots to thin slippers—*Silicea*.)

*Belladonna.* Headache aggravated by moving the eyes, by shaking the head, when lying down, from a draft of air; relieved by sitting up, leaning the head backward, from pressing the head with the hands. (Headache relieved during catamenia. The Glonoine headache is also relieved during catamenia, and only then. Headache is aggravated from the woman's putting her hair up too tight.)

*Belladonna.* (Cold spot deep in the head, opposite the centre of the forehead.)

*Belladonna.* Burning and dryness in the œsophagus. (Lessened by sugar, but not by water.)

*Belladonna.* Excessive burning thirst, with constant desire to drink; drinks hastily; or aversion to drink, or inability to swallow. (Great wish for acids, lemons, etc., and to have the head bound up in vinegar, but the *Belladonna* patient *must not* have acid or acid applications.) (In great aversion to drinking—consult Hydrophobin.)

*Belladonna.* Inflammation of the throat with sensation of a lump, which induces hawking, with dark redness and swelling of the velum palatæ and pendulum. (The Mercury patient wants to swallow the lump.)

*Belladonna.* The œsophagus feels contracted; spasms in the throat not permitting one to swallow, the drink is discharged through the nostrils. (Important in choking with meat.) Continual inclination to swallow. (Sensation as if he would suffocate if he did not. Inability to swallow; the attempt causes lachrymation and closing the eyes.)

*Belladonna.* Painfully distended abdomen very sensitive to the touch. (Cannot bear the least touch to the bed.)

*Belladonna.* Colic, with restlessness, below the umbilicus, as from clutching and griping with the nails, worse from external pressure. (*Ipecac* and *Bell.* are the only two remedies having this symptom.) (Cannot bear the least jar to the bed.)

*Belladonna.* Flatulent colic, with protrusion of the transverse colon like a pad, ameliorated by bending forwards and by external pressure. (Bends abdomen over chair back.)

*Belladonna.* Great pressing in the genital organs of women as if everything would protrude.

*Belladonna.* Metrorrhagia; blood clotted, with violent pain in the small of the back, and bearing down. (Heaviness or fullness.)

*Belladonna.* Whooping cough with crying, or pain in the stomach before the attack, with expectoration of blood, pale or coagulated; congestion of blood to the head, (sclerotica injected) sparks before the eyes, spasms in the throat, bleeding from the nose, stitches in the spleen, involuntary stool and urine, oppressed breathing, stiffness of the limbs, shaking of the whole body and general dry heat. (Cough continues for a long time.)

Cough with fear of spitting blood—taste of blood in the mouth.)

*Belladonna*. Mammæ swelled, inflamed or indurated. (Inflammation extends in radii and streaks diverging from centre to circumference.) (The *Bryonia* inflammation has less redness and heat, and more induration, more isolated swelling.)

*Belladonna*. Coxalgia, with stinging or burning in the hip joint; worse at night; aggravated by the least contact. (Especially important in the first stage of coxalgia.) (Do not repeat the dose too often in coxalgia.)

*Belladonna*. Over-excitability of all the senses. (Jerking pains coming on even during sleep. Chorea; tongue partially paralyzed; difficulty of articulation—right side—debility; stupid; red eyes. Affects the right side principally.)

*Belladonna*. Renewal of spasms by the least contact, or from the glare of light.

*Belladonna*. Starting when closing the eyes or during sleep, as in fright. (Especially in children. Sleep with moaning and tossing about.) (Hears all there is going on during sleep; lies in drowsy state, half waking half sleeping.)

*Belladonna*. (The child who has had *Bell.* in the evening and on the next P. M. has great fever, at which the parents are frightened; should have no repetition of the dose as the fever is merely an aggravation produced by the remedy.)

*Belladonna*. Erysipelas; smooth, even shining (not circumscribed) redness of the skin, with bloatedness, dryness, heat, burning, itching, pricking and swelling of the parts, especially face, neck, chest, abdomen and hands. (Sensation of heat in hand on taking it from the patient's skin.)

*Belladonna*. (Sensation as if the skin were being cut or sliced with a knife.)

*Belladonna*. (Collect when flowering in June. Where the *Belladonna* plant grows there will surely be found limestone. *Belladonna* is good for nothing when taken from hothouses, it must be collected in the wild state.)

*Berberis*. (Aggravation from slight fatigue, getting worse and worse as the fatigue increases.)

*Borax*. The child feels an anguish when rocked in a cradle; has an anxious countenance during the downward motion, when carried down stairs. (Can't bear the least downward motion; child can't bear to be laid down from nurse's arms; cannot bear riding on horseback, swinging, rocking in a chair.)

*Borax* (Children with dirty looking complexion and who have *frowsy* hair every day, although it is combed out, however, carefully.) (Ends of the hair stick together so that there is difficulty in combing it.)

*Borax.* The eyelashes turn inward into the eye, inflaming it, especially in the external canthus, where the borders of the lids are quite sore. (Trichiasis.)

*Borax.* Aphthæ in the mouth and on the tongue, bleeding when eating. (Child quits nipple often on account of the pain while nursing.)

*Borax.* Stitches in the chest whenever he coughs or takes a deep inspiration. (Can't lie on the right side. The pains are in the right pectoral region (pleurodynia), and are ameliorated by making hard pressure on the painful spot, though the patient lies better on the left side.)

*Borax.* Child starts from his sleep and cries. (Catches hold of something as if to save itself from falling.)

*Bovista.* (Early morning vertigo; he falls over and seems to lose his senses for a time.)

*Bovista.* (Intolerable itching at the tip of the coccyx; he must scratch till the parts become raw and sore.)

*Bovista.* Weakness of the hands, arms and fingers; they let the least thing drop. (Is unable to write from an apparent defect in shoulder joint.)

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## SPONGIA TOSTA.

By E. G. Pyrum Perry, M. D.

This is a much neglected remedy, and is noticed only for certain kinds of cough, for which it is *good* even for horses, dogs and all domestic animals; but in my hands it is a specific for all kinds of eczemas. Two drop doses, three times daily, cures scaly and pustular eczema and keeps the offspring of scrofula away. Of course, scrofula being an inherent disease, I feel sure that nothing can cure it; but salt rheum can be kept from the painful trouble that it brings by the use of *Spongia Tosta*. This is my experience.

*Fryeburg Centre, Maine, Nov. 20, 1896.*

CARBOLIC ACID AND ASIATIC CHOLERA AND  
DIABETES MELLITUS ACCIDENTALLY  
BENEFITED.

By R. K. Ghosh.

A Mohammedan gentleman, aged about thirty-five, residing in Calcutta, had an attack of cholera of a severe type in April, 1884. I was called to treat him. I found that the purging and vomiting were profuse, and of rice-water stuff; there was great thirst for large quantities of water at intervals; there were restlessness and prostration, but the prostration was not great in proportion to the amount of purging and vomiting; the extremities were icy-cold; the skin of the fingers looked wrinkled, as if they had been long immersed in cold water. The pulse was perceptible neither at the wrist nor at the *axillary artery*; the eyes were sunk in their sockets; the voice was hoarse and husky; there was great burning all over the body; there were cramps, though occasionally, in the hands and the legs; there had been suppression of urine from the first stool at 5 A. M. These symptoms led me to prescribe *Veratrum alb.* 12x, in one-drop doses, a dose every hour. Six doses of *Veratrum alb.* 12x did the patient no good. I now tried *Veratrum alb.* 30, a dose every hour. Six doses gave him no relief, and yet no other medicine seemed indicated. I again tried *Veratrum alb.*, but of the 6th potency, a dose every hour, with no benefit whatever.

I gave up *Veratrum* now in disgust, and tried *Carbolic acid* 6x, in one-drop doses, a dose every hour. After the third dose the patient passed a semi-consistent bilious stool, but no urine. After the sixth dose of *Carbolic acid* he passed about an ounce of urine of a rather dark color. For six hours after this he passed neither stool nor urine, though there was urging for both. The color and the smell of the urine led me to think that *Carbolic acid* was still indicated, and that only the potency required to be changed. Accordingly I tried the 12th potency, a dose every three hours. After 6 doses, he passed a large fœcal stool, more consistent than the last, with a large quantity of watery urine, having neither color nor smell.

I stopped medication now. As the patient felt hungry and thirsty, I gave him some well-boiled sago water. He was quite

comfortable now. Two days after he told me that he had diabetes mellitus, which had been much better since the attack of cholera. He showed me the results of an analysis of his urine, dated a week before the attack of cholera. Much sugar was present; the specific gravity was 1.040. I asked him to have his urine analyzed afresh. The specific gravity was found to be only 1.020, and there was only but a trace of sugar present. Was it cholera or *Carbolic acid* which had improved the condition of the diabetic urine? I adopted the latter supposition.\* But, to test it, I allowed the patient no medicine for fifteen days. Then he complained that his diabetes had increased to a considerable extent, and that for the last four or five days his sleep had been very much disturbed by his having to urinate four or five times at night. He further said that he believed that the medicine which I had prescribed for him last (*Carbolic acid*) might do him good, as he thought it had done during the attack of cholera. A fresh examination of the urine showed that the amount of sugar had increased very considerably, and that the specific gravity had gone up to 1.044. I prescribed *Carbolic acid* 12x, in one drop doses, three doses daily, for a week, after which the patient reported that the urine had somewhat decreased in quantity and frequency, but not in the same proportion which he had noticed after the cholera. I now prescribed the 6th potency (the same which I had prescribed during the cholera), three doses daily, for a week, after which the patient reported the urine had considerably diminished in quantity and in frequency, and that he now passed urine only once at night—viz.: when going to bed, and never woke up from sleep for urination. I prescribed the 6th potency again, only one dose a day, at bed time, for a week, and made no restriction as regards his diet, which consisted of rice, bread, butter, milk, vegetables, meat, fish, etc. Eight months later—during which, following my advice, he had taken no medicine whatever—the urine, on examination, indicated a specific gravity of 1.015, and *no trace of sugar whatever*. A year after this the patient saw me again, and said he was quite well. This is the last I know of him.

The above case, coupled with Dr. Hale's remarks in the "New Remedies," has led me to the belief that *Carbolic acid* may help

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\* Dr. Hale ("New Remedies," 5th edition, page 131) says: "I predict it (*Carbolic acid*) will be useful in some of the varieties of Bright's disease, and, possibly, diabetes."

us *very much* in the treatment of diabetes mellitus, even without any restriction of diet.

And as regards cholera, *Carbolic acid* is our *grand* remedy in cases *where Veratrum alb. seems to be indicated and yet does no good*. I say so from actual treatment of a large number of cholera cases at Rangpur and at Dacca.\* I would request a *fair trial* of this medicine on the part of the profession in cholera, and I am confident great success would follow.

*Nabábpur, Dacca, East Bengal, India, March 22, 1896.*

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\* Last April there was a fresh outbreak of cholera at Dacca. In a number of cases under my treatment, where the symptoms of *Veratrum alb.* were present, *Veratrum* did no good, but *Carbolic acid* was *wonderfully successful*, not one of these cases having been lost.

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## THE DYNAMIC CIRCLE.

By A. A. Ramseyer.

In a paper read before the Homœopathic Medical Society of the County of Philadelphia, Dr. Chas. Mohr discussed the incompatible remedies of the Homœopathic Materia Medica. As examples of incompatible medicines he cites *Zincum* and *Nux vomica* in nervous affections, *Rhus tox.* and *Apis* in skin diseases, *Cinchona* and *Selenium* in their effects on the sexual apparatus, *Mercurius* and *Silica* in suppurative processes.

I am happy to be able to present an explanation of the incompatibility of remedies, and to give at the same time some kind of compass which will be found useful in the systemization of the remedies of the Materia Medica. I will say, however, that the compass is not of my own invention, but that of Prof. Baehr, of Dresden, Germany.

By means of a pendulum arranged in a peculiar manner and suspended above the substance to be examined, oscillations are produced different for almost every arc. The body to be examined is placed in the center of a circle drawn on a sheet of paper or a wooden board, and divided into 360 degrees. Now, after suspending the pendulum above the substance we wish to examine, it will be found that if the proper position has been taken the pendulum will begin to swing, and its oscillations will show on the circle a certain number of degrees, always the same for the same substance. For instance, Hydrogen and Gold take their position on 0°, that is, the oscillations they cause on

the pendulum strike exactly the beginning of the circle ( $0^\circ$ ); Diamond is marked as  $5^\circ$ ; Sodium as  $22\frac{1}{2}^\circ$ ; Silver,  $45^\circ$ ; Magnesium,  $60^\circ$ ; Zinc,  $67\frac{1}{2}^\circ$ ; Silicium,  $80^\circ$ ; Copper,  $112\frac{1}{2}^\circ$ ; Platinum,  $135^\circ$ ; Iron,  $157\frac{1}{2}^\circ$ ; Selenium,  $172\frac{1}{2}^\circ$ ; Phosphor,  $175^\circ$ ; Sulphur,  $180^\circ$ ; Quicksilver,  $270^\circ$ ; Iodine,  $310^\circ$ ; Bromine,  $355^\circ$ ; Chlorine,  $357\frac{1}{2}^\circ$ , and, finally, Oxygen completes the circle at  $360^\circ$ .

It will be seen that the circle can be divided into four segments of  $90^\circ$  each. The first segment ( $0^\circ$ – $90^\circ$ ) contains, besides those chemical substances which are given above, the flowers of all plants, ether, aromatic oils, fine spices and the yolk of the egg ( $45^\circ$ ). The second segment ( $90^\circ$ – $180^\circ$ ) contains some sulphates and carbonates, coal, wood, gums, fine wines, oils, casein, gluten, cereals, starch, sugar, butter, milk, and the white of the egg ( $135^\circ$ ). The third segment ( $180^\circ$ – $270^\circ$ ) contains some oxides, salts, narcotic plants (leaves), resins, wax, spirits, vinegar, strong spices, tobacco, the shell of the egg and the human saliva (both at  $225^\circ$ ). The fourth segment ( $270^\circ$ – $360^\circ$ ) contains quicksilver, acids, organic and inorganic poisons, alkaloids, the roots of plants, dung and human fæces; besides the above-mentioned, iodine, fluorine, bromine, chlorine, and oxygen.

“The salutary or hurtful influence of the substances on the human system is in the closest connection with their position on the dynamic circle,” writes Prof. Baehr. On the circle the oil of roses is the first member of a great series of fragrant substances, while the last member is chlorine, a poisonous gas. In the first segment the series of fragrant substances begins with oil of roses ( $0^\circ$ ) and closes with oil of bergamot ( $80^\circ$ ); the second segment begins with patchuli and closes with valerian oil; the third segment contains musk ( $180^\circ$ ), ammoniac ( $225^\circ$ ), asafœtida ( $265^\circ$ ); in the fourth segment valerianic acid ( $275^\circ$ ), bromine ( $355^\circ$ ), and chlorine ( $357\frac{1}{2}^\circ$ ). The products of the fermentation and distillation open their series with Muscal and Bordeaux wines ( $125^\circ$  and  $130^\circ$ ) and close it with rectified spirits (alcohol,  $280^\circ$ ). The series of spices begins with nutmeg flower ( $40^\circ$ ) and closes with pepper ( $260^\circ$ ). The series of milk and its derivatives begins with fresh, sweet milk ( $100^\circ$ ) and closes with lactic acid ( $280^\circ$ ). The series of the alkaloids begins with coffein ( $265^\circ$ ) and then ( $267\frac{1}{2}^\circ$ ) and closes with ergotine ( $325^\circ$ ) and strychnine ( $330^\circ$ ). The animal products begin their series with albumen ( $250^\circ$ ) and close it with uric acid ( $307\frac{1}{2}^\circ$ ).

Now to come to the explanation of the incompatibility of remedies. All those bodies whose distance from each other on the dynamic circle amounts to  $180^\circ$  are *antagonistic* to each other, while those whose distance from each other is  $90^\circ$  are *polar* to each other, which polarity supposes a relation between them, one being the complement of the other. For instance, there is a polar relation between the yolk ( $45^\circ$ ) and the white of the egg ( $135^\circ$ ), between the white ( $135^\circ$ ) and the shell (of the egg) ( $225^\circ$ ), between the white (of the egg) ( $135^\circ$ ) and the human saliva ( $225^\circ$ ), and lastly between the human saliva ( $225^\circ$ ) and the fæces ( $315^\circ$ ), for they differ  $90^\circ$  from each other; while the yolk ( $45^\circ$ ) is antagonistic to the shell ( $225^\circ$ ), and the white ( $135^\circ$ ) to the human fæces ( $315^\circ$ ), for their distance from each other is ( $180^\circ$ ). Further examples of polarity are: Silver ( $45^\circ$ ) to platinum ( $135^\circ$ ), silver to the white of eggs, sodium ( $22\frac{1}{2}^\circ$ ) to copper ( $112\frac{1}{2}^\circ$ ), sodium to sugar ( $112\frac{1}{2}^\circ$ ), platinum ( $135^\circ$ ) to sepia ( $225^\circ$ ); while the following are antagonistic to each other: Silver ( $45^\circ$ ) and sepia ( $225^\circ$ ), zinc ( $67\frac{1}{2}^\circ$ ) and nux vomica ( $247\frac{1}{2}^\circ$ ), sugar ( $112\frac{1}{2}^\circ$ ) and oxide of copper ( $292\frac{1}{2}^\circ$ ), the white of eggs ( $135^\circ$ ) and calomel ( $315^\circ$ ), purified sugar of milk ( $100^\circ$ ) and carbonic acid ( $280^\circ$ ), Mocha coffee ( $135^\circ$ ) and atropin ( $317\frac{1}{2}^\circ$ ), etc.

This explains why the white of eggs is the remedy against calomel poisoning, sugar against the poisonous effects of copper, and why silica (silicum =  $80^\circ$ ) and mercurius ( $280^\circ$ ) antidote each other. Further, why chamomilla is the best remedy in the opium habit, since chamomilla flowers =  $80^\circ$  to  $120^\circ$ , while morphine =  $292\frac{1}{2}^\circ$ . I will say right here that Baehr found the fresh chamomilla flowers =  $80^\circ$ , while those of the drug store =  $120^\circ$ , probably because the latter contained some debris of leaves which would make the oscillations of the pendulum diverge from left to right, that is, increase the number of degrees on the circle. Flowers are generally found to cause the pendulum to oscillate only in the first segment of the circle, then follow the leaves, the top leaves being in the second while the bottom leaves are generally in the third segment. Then the stems, roots and seeds follow, being found generally towards the end of the third and in the fourth segment. The position of the leaves and other parts of the plants on the circle varies according to their character, the leaves of all aromatic and mild herbs being found mostly in the second segment, while those of the narcotic

plants being found mostly in the third and some even in the fourth segment. For instance, the herb *datura stramonium* gave the following results: The whole flower =  $140^{\circ}$ ; pistil =  $0^{\circ}$ , anthers =  $22\frac{1}{2}^{\circ}$ , corolla =  $45^{\circ}$ , top part of calyx =  $112\frac{1}{2}^{\circ}$ , lower part of calyx =  $157^{\circ}$ , the flower stem =  $170^{\circ}$ , a young leaf =  $170^{\circ}$ , its stalk =  $180^{\circ}$ , a full-grown leaf =  $210^{\circ}$ , its stalk =  $230^{\circ}$ , the outside of the unripe thorn apple =  $260^{\circ}$ , the inside =  $282\frac{1}{2}^{\circ}$ , the ripe seeds =  $300^{\circ}$ .

Here are a few tinctures examined by Prof. Baehr: Sambucus,  $112\frac{1}{2}$ ; Chamomilla,  $157\frac{1}{2}$ ; Millæfolium, 160; Crocus, 170; Cannabis sativa, 170; Pulsatilla, 225; Bryonia, 230; Rhus tox., 235; Ipecac,  $237\frac{1}{2}$ ; Euphrasia, 240; Aconite, 255; Senega, 270; Lauro-cerasus, 295; Stramonium, 300; Nux vomica, 315.

Here are some alkaloids: Coffeine,  $262\frac{1}{2}$ ; Theine,  $267\frac{1}{2}$ ; Cinchonin, 270; Salicin,  $272\frac{1}{2}$ ; Santonin, 275; Ananine,  $277\frac{1}{2}$ ; Solanine,  $282\frac{1}{2}$ ; Theobromine, 285; Quinine,  $287\frac{1}{2}$ ; Codein, 290; Morphine,  $292\frac{1}{2}$ ; Digitaline, 295; Cantharidine, 300; Conine,  $302\frac{1}{2}$ ; Ergotine, 310; Nicotine, 315; Atropine, 320; Boricin, 325; Strychnine, 330.

Some animal substances: The white substance of the brain of the calf, 0; (cerebral hemisphere) arbor vitæ (cerebelli),  $22\frac{1}{2}$ ; corpus collosum, 45; Paris varoli and medulla oblongata,  $67\frac{1}{2}$ ; gray substance of the cerebral hemisphere, 90; gray substance of the cerebellum,  $112\frac{1}{2}$ .

1060 E. 2d street, Salt Lake City, Utah.

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### "NOCH EINMAL."

Editor of THE HOMŒOPATHIC RECORDER:

I have the honor to acknowledge the receipt of your favor of recent date stating that "THE HOMŒOPATHIC RECORDER is a homœopathic Forum in which both sides are heard;" in which you also state that my answer to Dr. Bradford's attack upon *Arsenization* "will appear in the November, issue" of your journal "along with Dr. Bradford's short note which we trust will close this little episode."

I now have your November, number and had you sent me a copy of Dr. Bradford's answer to my answer to his paper, styled, "A wonderful discovery" "this little episode" might have been closed in this same November issue; but the tone of what I feel to be my colleagues' unfairly admitted rejoinder to my delayed

answer to his attack upon my work prompts me to again request space in your periodical for the above and for what may follow ; for I want Dr. Bradford (and our colleagues, also,) to know that I appreciate the fact that he is sorry if he “said anything he oughtn’t,” for I fail to *see* any harm in anything he said (except, possibly, to himself), yet the *little* he *did* say *might* have been delivered with a *little* more consideration for “the accused,” especially since he *now* says he did not know that I was a homœopath. (All the more reason he should have been more courteous in his criticism, else not criticize; at least, that’s the way it looks to “the fellow up a tree.”)

But now that Dr. Bradford *has* had his say, let us see just what there is in it for which we shall return thanks this beautiful 26th inst. (of 1896, A. D.)

For instance, Dr. Bradford says, “there is lots of cholera in Egypt; let the doctor really prove the assertions he makes.” Now, mind you my colleagues, he does not, *now*, say that *Arsenization* is not the most perfect Similimum to “the true cramp-grip kind of cholera” (as he did say in the September HOMŒOPATHIC RECORDER); but, like the whilom friends of Morse, he says, “let the doctor prove the assertions he makes;” for Morse’s friends, when he was making his assertions as to electrical transmission by wire, said, “let him prove the assertions he makes;” while the poor, fellow, like his counterpart now “under fire” in things assertive, hadn’t a sou with which to *prove* he had a sou, let alone possessing enough to string the wires necessary for the practical demonstration of “the assertions he makes.”

So, you see, our Philadelphia brother treats this subject exactly as most similar subjects have been treated by his predecessors—simply offering the stone where bread is the necessity asked for; so, I presume one should not blame Dr. Bradford *too* severely for following in the rut of precedent (even though he be a homœopath who is *supposed* to know no precedent except that sublime, fundamental law of nature, Similia, Similibus, Curantur whose advocate (so says the doctor) “went *quietly* to work to prove it, and for *six long* years he experimented until, when he spake from the pages of *Huffland’s Journal*, he really had something to say”).

For *six* years, mind you, Hahnemann “went *quietly* to work experimenting until, when he spake, he really had something

to say;" but, let me ask, did our illustrious preceptor go to work quietly by himself? I am inclined to believe this a fair question for one to propound who is, and has been for the past *four* long years, *trying* to interest the medical profession, and his own colleagues in particular, in a preventive measure alleged to be founded upon the law upon which we, of the homœopathic school, pretend to effect cures. I say, is *this* anything more unusual than the practice of our great Hahnemann? Did *he* not endeavor, *before* he had *proved* his theory, to interest *his* colleagues in the theory of Similia, Similibus, Curantur? Did he not *endeavor* thus to obtain their *coöperation* in making the required tests to *prove* the same? I am inclined to believe he did, else how comes it that we find, on page 38 of Dr. Bradford's Life and Letters of Samuel Hahnemann, words to this effect: "Drug after drug, specific after specific was tried on himself and on healthy friends." (But more of this anon.)

Dr. Bradford says: "It can never be proved by writing allopathic articles for allopathic journals and homœopathic articles for homœopathic journals;" then, I suppose, Dr. Bradford would not hear of his "Life and Letters of Hahnemann" being translated into the German or French languages that Germans or Frenchmen might, thereby, read and understand something of the life and works of *the sublimest character who has honored the medical profession* by virtue of his acknowledged membership in the same; but, if he would, wherein is the difference between Dr. Bradford's "catering to a class of men" who can not read and understand English to the couching of my ideas in such technical terms an allopath will most readily understand, and thus obtain the interest and, possibly, active interference in *Arsenization* of a class of medical men who, though they will not grant that vaccination is founded upon the law of similars, will practice vaccination upon the well (or supposedly well) in times of possible danger to variola; and really, *what*, after all is said and done, *do I want* but that all medical contemporaries shall test (in the most crucial manner known to science) each and every asseveration I have and shall make upon *Arsenization* as the aseptic prophylaxis, par excellence, of Asiatic—"the true cramp-grip kind of"—cholera?

Thus, in insinuations not *usually* obtaining among gentlemen of his class, Dr. Bradford practically accuses me of "straddling," while all I seek is the censorship and support of my government

in the practical demonstration, in proper places, of my hypothesis, while Dr. Bradford *shirks his bounden duty* when he alleges (as he does in your September issue) that “as a matter of fact the symptoms of arsenical poisoning are not very much similar to the real cramp-grip cholera” and *does not*, at once, *prove that my assertions are false* (which same might be done without practical experiments, too; else why have our *materia medicas* at all; else, truly, are our provings without base or foundation).

But if *Arsenization* is, as I maintain it is, the most perfect Similimum to Asiatic cholera (Farrington says it is “almost identical,”) it is the duty (as it should be the pleasure of all true homœopaths) to support the principle and to advocate its practical testing by our government, which alone has the ability, and which, truly, makes sufficient and numerous appropriations yearly for the practical demonstrations of all alleged virtues pertaining to “death-dealing” machines offered our army and navy.

This is what I maintain, and what I shall continue to maintain; and to attack a proposition, when its author is supposed to be out of the country and on his way to endeavor, at his own expense, to prove his proposition (however false his premises might be), is, to say the very least, remarkable conduct upon the part of one holding the exalted position of “Librarian to Hahnemann College, Philadelphia.”

My proposition, first placed before the world in September, 1892, is too far reaching and embracing to be circumscribed by the narrow limits of any one dogma; and although I claim it, like vaccination, is founded upon the Law of Similars, I claim it is too big to belong to any one class or schism, for its alleged efficiency involves the welfare of all mankind; and although I maintain that all physicians should (in self-defense, if for no other reason,) advocate its most crucial exhibition in times and places of danger to infection, the homœopaths, particularly (and particularly of America), should make every endeavor, consistent with good judgment and courtesy to those in authority, to obtain that recognition for *Arsenization* and its advocate desired; else *prove*, at once, that I am wrong in toto and leave ridicule to—the ridiculous.

But Dr. Bradford will continue to be facetious (he certainly must entertain a chronically “risable funny-bone,” to cure which, being a good homœopath, I *must* exhibit the nearest Similimum),

for he says—I "quote from Hahnemann in homœopathic journals;" I wonder would he have me quote German in my communications to a Frenchman or French in my communications to a German? These two love (*amo, amas, amat*) just like our homœopaths and our allopaths of today (vide Dr. Bradford's "courtesy" when he supposed *me* an allopath).

But Hahnemann, our frater tells us, "just went *quietly* to work to prove it" (his new law of cure); well, I must say, so did Leach "just go *quietly* to prove it (*Arsenization*) by going down to New York (in September, 1892, when they had some cholera, you remember) and Leach just got" *quietly* "set down upon" for his pains. (And by friends (?), too, to whom he quoted Hahnemann.)

Then this same (this identical) Leach—"the man from Texas," if you will—"just went *quietly*" home again, where he "just went *quietly*" to work writing of an alleged homœopathic principle in homœopathic journals, and then he "just *quietly*" got set down on again by—"the deutsch who had captured Holland" and didn't want to hear from any "innovator kind." Now, say, wouldn't you "kind-a call that gettin' it both gwine an' a comin'?" (But, then, you remember how considerate the Puritan Fathers were for all who possibly differed with them as to how best to serve God? *They* knew what persecution meant; so, *of course*, they immolated none; *they* respected preferences, however divergent from their code; "and the band played on").

But again, to say nothing of the great difference between the natural advantages Hahnemann had, with his law of cure, over my alleged preventive, and to say nothing of the acknowledged great disparity between the promulgator of Similia, Similibus, Curantur and his humble disciple, the promulgator of *Arsenization*, I have found that the only way in this day and time to get a hearing is to *say something* that will rouse my colleagues from their soporific desuetude, something that will divorce them from the pernicious prevalent practice of inoculations with "antitoxines," etc., and corral them, so to speak, and bring them back to drug pathogenesis and Similibimus to the condition; and, as I claim that *Arsenization* is a homœopathic measure, enunciated by a recognized homœopathic practitioner (who prescribes homœopathically), I claim that homœopaths, above all others, should advocate, with me, its practical demonstration at such times and places as practicable, and that these demonstrations

should be made by the author and under the guidance and aid of our government; for this measure, alone, would eliminate, in the minds of the incredulous, all possibility of personality and foisted aggrandizement.

But, above all else, I claim that although *Arsenization* (as I claim of vaccination) is based upon the law of Similars, *Arsenization* is too specific in its probabilities to circumscribe its enunciation as a theory, therefore I have approached *all* schools of medicine and all grades of educated and investigating laymen in language I thought most seemly and most likely to strike deepest into their respective understanding; I, therefore, rescind *no* allegations made to Germans in their particular guttural, nor to the allopaths in the technical phraseology with which they are most conversant, more than I rescind the advocacy of *Arsenization* as THE *aseptic* prophylaxis, *par excellence*, of Asiatic cholera, and that the same is based solely upon the law of Similars.

Yet *even this can not be proved* unless the profession to which I belong, and that branch in particular which claims allegiance to the precepts of Hahnemann, realizes that it takes time, and much time; that it takes money and much money to do this, and that the author of *Arsenization* alone can not accomplish this herculean task which the Director General of the district of Cairo (Egypt) has but recently declined to undertake, as, according to a communication by him to our Consul-General to Egypt (the Hon. F. C. Penfield), “such investigation as this of *Arsenization* as a prophylaxis of cholera will involve more time and require more assistants than I am able to spare that the same may be of any scientific value to the world.”

But to try to close this I will acknowledge that “Q. E. D.,” as Dr. Bradford says, “at the tail of an assertion does not prove its truth;” but “Q. E. D.,” “at the tail of an assertion,” if interpreted as I wrote it to *The American Homœopathist* (Quod erunt demonstrandum) means “Which WILL BE proved,” and that is *exactly* why “Q. E. D.” was at “the tail end of an assertion” I made in the September issue of *Moody's Magazine of Medicine*,” and just why “Q. E. D.” was “at the tail of an assertion” I made in the October issue of *The American Homœopathist*, for *Arsenization* “quod erunt demonstrandum.”

(But, I forgot; here I am quoting latin to a latin scholar just like I wrote “allopathic articles for allopathic journals,” when I should be writing (or quoting) allopathically to a homœopathic

colleague; but, pshaw, there I go again—actually writing "homœopathic" when everybody knows that the very word itself is from two Greek ones which mean respectively "like" and "condition," all of which, along with *Arsenization*, however elucidated, appears, thus far at least, to have been "Greek" to our Hahnemannian historian.)

But we must proceed now, sure, for we find our colleague having "nothing but the kindest feelings for the GENTLE-man from Texas," for it's always best (so I've been told) to "get in when stocks are going up," and I reckon ours "is goin' up" (from "the man" to "the GENTLE-man"), since our brother has, at last, discovered our kinship through a mutual fealty for Similia. Great is fealty and greatly to prevail.

And still our friend goes on to say that "when a man makes an assertion to the scientific world he must expect criticism." Well, of course, one making an assertion to the scientific world expects investigation, yet not necessarily criticism (and *investigation I have not only expected but have courted*), but so long as "criticism" is here let's *investigate* it and see what there is in it; but would you call such counter-assertions as were made by your "classmate" (in your September issue) as "coming from the scientific world?" when each and every counter-assertion is contradicted by words "taken right from the mouth" of his own authorities? Do you? I don't, and I doubt if anyone else does; and, really, I have my doubts if Dr. Bradford himself would repeat such assertions now, knowing that they are refuted in the works of our most astute observers whose experience and opinions are at least equal to our own. (Note Dr. Bradford's assertion as to the unsimilarity of *Arsenic* to "the true cramp grip kind of cholera," and then note the counter-assertions of Farrington, and Majumdar, and Raue, and Virchow, and others.)

And now, as to the doctor's "doffing his hat and doing him proud" business "when *Arsenization* has been proved prophylaxis of cholera."

I will leave *this* exhibition of polite condescension to our urbane brother while I address myself to the balance of my contemporaries in the investigation after truths.

Do you believe that Asiatic cholera is the result, *per se*, of the *comma bacillus*? If it is the result *once*, is it not the result *always* of this same specific morbid germ or its toxins?

Do you believe that Asiatic cholera is the *cause*, *per se*, of the

*comma bacillus* ? If it is the *cause once*, is it not the *cause always* of this same specific morbid germ and its toxins ?

I will not now argue this point, as you all doubtless know where I stand upon this question (as I have fully amplified same in the *Southern Journal of Homœopathy*), so I will just add that either way you may look at it—if *Arsenization* (which is always the *result* of a specific drug action and is always the *cause* (in the thoroughly arsenized) of specific morbid symptoms and signs, *very similar* to “the true cramp-grip kind of cholera”) is *once* the similimum (or analogue, if you will) to “the true cramp-grip kind of cholera,” is not *Arsenization always* the similimum, or analogue, to “the true cramp-grip kind of cholera ?” Does *this* look as though “the man from Texas” “starts his little calculation in bacteriological supposition with a false quantity ?” Does this again remind *you* of “these philosophers from impulse, these discoverers of mares’ nests.”

And now, my colleagues, I ask—are you satisfied with the justice done ? Are you interested in seeing homœopathy assigned that position amongst the advocates of prevention and other hygienic measures which rightly belong to our repeatedly exemplified law of healing, and which can be only augmented by the practical proving of *Arsenization* ? Are you ?

I have simply, though repeatedly, called upon my colleagues to rally to the cause of homœopathy and its legitimate offspring, *Arsenization*, yet our Philadelphia friend undertakes to silence TRUTH by what he meant as pleasantries, but which same did not accomplish their very evidently intended purpose, for *Arsenization* can not be ridiculed out of preventive medicine, *it must be proved false*; and if *Arsenization, per se*, is false, upon what shall future students of “drug provings” rely ?

*Arsenization*, as “an assertion made to the scientific world,” *courts investigation* as well as criticism, if you will, but not ridicule; and its advocate courts the support, before the authorities of our government, of all those homœopaths *who can not prove*, by *scientific* argument (upheld by recognized logical deductions), that the hypothesis is unhomœopathic and its practical demonstration contrary to the teachings of Hahnemann and a menace to humanity.

*Arsenization* courts friends—not immolation from personal spite; therefore, to all those who condole acknowledged superiors—to those who arrogate to themselves all of the erudition sup-

posed to reside alone with the "wiseacres" of their particular locality, and to those who condescend occasionally to observe the newer lights, I would just like to add right here that you must not congratulate yourselves that just because *some* of us hail from TEXAS that we spend *all* our spare time perambulating among "the cowboys and Texas steers," or in "communing with the vast in nature;" that we *only* hoe the much-sung-of "cotton an' de corn," or raise *only* Populists and "Johnson grass," for *sometimes* we *even* peruse a work like "The Life and Letters of Hahnemann," and, occasionally, recall our "perusings."

"But, listen! I think I hear footprints; I must away and congeal myself, for if I am discovered I shall be found." "Q. E. D."

Yours very truly,

R. B. LEACH,

"The GENTLE-man from Texas."

*Paris, Texas, Nov. 26, 1896.*

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### FUCUS VESICULOSIS IN GOITRE.

Editor of THE HOMŒOPATHIC RECORDER:

It gives me great pleasure to be able to say a word confirmatory of the remarks made in your December issue by Herbert J. Knapp, M. D., respecting the above named drug.

Twenty years ago, while turning over the pages of that very useful book, "The American Eclectic Dispensatory," by John King, M. D., I chanced to notice the following sentences: "Fucus vesiculosus, sea wrack, or bladder wrack, \* \* \* has a peculiar odor, and a nauseous saline taste. \* \* \* The charcoal of this plant has long had the reputation of a deobstruent, and been given in goitre and scrofulous swellings."

So far as I now remember, this is the only hint I ever received which led me to try the drug in goitre. At the same time, I do not feel sure of this. Perhaps I had met in some medical journal a statement respecting the relation of this drug to goitre, which fact led me to look it up in the "Eclectic Dispensatory." But if so, I cannot recall the authority. At all events, I was led to try the remedy in a pronounced case of goitre, with such good results that I have never since given any other remedy for that disease, either in the exophthalmic or in the uncomplicated form. And what is more, I have never known it to fail to cure when

the patient was under thirty years of age. After that time of life, or about that period, it seems to be no longer efficacious.

I have now used it on more than twenty-four cases, with the same unvarying result, and never with any other result—that is, no unpleasant consequences have ever accompanied or followed its use.

I published this fact in the *Medical Investigator* after I had used it in a few cases, and again announced it in the Chicago Homœopathic Medical Society still later; and again have frequently repeated it with growing confidence and of greater numbers of cases, in medical societies, in colleges, and in private conversation with physicians.

And yet the fact is so utterly unknown that your journal publishes Dr. Knapp's inquiry respecting it, which shows how easily a good thing may be forgotten, and how readily a genuine specific may be superseded by a host of abortive procedures right under the eyes of the profession. It is most probable that more real good things have been forgotten or cast aside in medicine than it now, or at any one time, possesses.

Respecting this *Fucus vesiculosus* and its use in goitre, I would like to add a few words. The drug is of variable quality. If one specimen fails to give satisfaction it ought to be discarded and another tried. The pharmacist must be importuned to make special efforts to give us an article that is not inert, but contains all the activity that belongs to the drug.

The time is required for effecting a cure. This varies according to the age and size of the goitre. Three months may suffice for a small goitre of one year's growth. Six months may be required for one twice as large and of longer standing. A year and a-half is the longest period during which I have had to continue the medicine. But during all that time the goitre was manifestly diminishing.

The dose is a teaspoonful of the tincture twice or three times daily, in a well-developed case. Half a teaspoonful twice a day will answer in recent cases.

Smaller doses seem not to produce any effect.

The medicine is very unpleasant to the taste, but causes no disturbance after it has been taken. It ought to be taken, each dose in about two ounces of water, and preferably between meals.

R. N. FOSTER, M. D.

*Chicago, Ill., Dec. 20, 1896.*

## SANGUINARIA IN (?) INCIPIENT TUBERCULOSIS AND HÆMORRHOIDS.

By E. D. Shirtliff, L. R. C. P. (Lond.), M. R. C. S. (Eng.)

Some years ago a gentleman, a patient, told me he had cured himself and several of his friends of blind piles with *Sanguinaria*. I do not know where he got the idea from.

A year or two after that I had some symptoms of commencing phthisis, namely some cough with expectoration, fever, temperature going up to  $100^{\circ}$ — $101\frac{1}{2}^{\circ}$  being highest in the early part of the afternoon—hoarseness, debility, and later a moderate amount of hæmoptysis, the blood being bright and apparently quite pure blood, not mixed with anything. When I was recovering, if I ran fast to catch a tram for instance, I had a strong taste of blood in my mouth, which was followed at first by hæmoptysis. Afterwards I had the taste of blood only. When I found this persisted I gave up running fast. As I was acquainted with Burt's therapeutics of tuberculosis, which quotes Dr. Holcombe's high recommendation of *Sang.* combined with *Calc. c.* in incipient tuberculosis, I decided to try this treatment. This was quite empirical, and the totality of my symptoms was not considered. I ought to say that for a long time previous to my illness I was in constant and close attendance upon a young man dying of consumption, and I frequently visited him upon an empty stomach. This patient died a short time before my illness began, and I quite put my illness down as being contracted from my patient through constantly inhaling the bacilli and not being in good condition at the time.

My lungs were examined by a colleague, who could not find anything abnormal.

Dr. Holcombe's prescription is *Calc. c.* 200, a dose every morning before breakfast, and *Sanguinaria*, 1st trit., a dose an hour or two after each meal.

In about three months I was well, and have remained well ever since. My illness was in 1893.

Dr. Holcombe says, as to this treatment, that it "has procured me more reputation and business than any other one prescription I have ever made. I prescribe it in a certain harassing cough without marked inflammatory action, when you are uncertain whether you are dealing with a chronic bronchitis or an incipient tuberculosis."

I have lately prescribed it in an undoubted case of pulmonary tuberculosis with physical signs of consolidation and some breaking down of the tuberculosis formation, with the bacilli in the sputum, without any good effect. Hence, I conclude it is of special benefit in the very early stages, when no physical signs can be detected as positively indicating tuberculosis. I have described my case in some detail as being instructive, although I really introduced it as showing a connection between *Sanguinaria* and hæmorrhoids in this way. After taking the *Sang.* for some time I was troubled with a soreness at the anus externally, which continued and increased; it was felt especially when drying myself after a bath, indeed that was how I first discovered it, and it became very sore indeed, just as if I had external piles. I could not detect any increase of the hæmorrhoidal swelling that had been there for years. Only this swelling was sore. After this soreness had existed some time I concluded it must be due to the *Sang.*, so I left it off. (I do not think I left off the *Calc. c.* 200). The soreness then gradually disappeared. After it had completely gone I again commenced the *Sang.*, when the soreness returned just as before. I hence concluded, and I think justly, that this symptom was a pathogenetic effect of the *Sang.* As far as I know, this symptom has not hitherto been elicited from this drug, the only anal symptom in Allen's "Encyclopædia" being "sensation as of a thick mass in the anus, together with ineffectual desire for stool." These symptoms are the only subjective ones given as indicating *Sang.* in Dr. W. J. Guernsey's "Therapeutics of Hæmorrhoids." As concomitants he gives sick headaches, neuralgia of the face, dry cough, and rheumatic pain in the right shoulder, with special details under each of these.

Dr. Farrington says in his "Clinical Materia Medica" that *Sang.* is indicated in phthisis florida, and especially when the fever comes on from two to four in the afternoon.

My next experience was the case of a young married lady, who applied to me for treatment for piles, chiefly blind, but occasionally with a little blood. There was great soreness externally. I prescribed *Sanguinaria* with complete relief.

This lady's sister, unmarried and young, also had piles, and I prescribed *Sang.*, also with relief.

The history of this first case is interesting. This patient had been treated homœopathically from her birth. Aged about 23,

her eyesight getting bad, she consulted an old school oculist. Up to this time she had neither constipation nor piles. The oculist prescribed some medicine, of which she took four tablespoonful doses, and then she declined to take any more. From this well meant but hurtful treatment she had immediately very great constipation, followed by piles. She treated herself with the usual routine, *Nux* and *Sulphur*, without benefit. She thus went on some years, when she married, and about 12 months after consulted me with the above result. Behold, therefore, one of the many evils, minor but very real, of rational (!) medicine. A little more of this case brings out another point. This lady after the exhibition of *Sang.* became pregnant, and the piles returned. *Sang.* this time only gave partial relief, *Collinsonia* ditto, so *Sepia* 30 was given, with radical cure of the constipation and hæmorrhoids. The cure was radical, because she has never had them since. Her next pregnancy was passed through without either.

This lady's sister also married. In her second pregnancy she had constipation and piles. In spite of her scepticism as to any good it could do, I prescribed *Sepia* 30, one dose a week. She did not think so infrequent a dose could do any good, and was therefore very much astonished to find after two or three doses that her constipation and piles were giving way, to be followed by complete relief.

I can therefore highly recommend *Sepia* for trial in the constipation of pregnancy, first brought to my notice by the warm praise accorded to it by an American "lady doctor." I always use the 30th potency, as I read somewhere that it ought never to be prescribed below this. I think *Sepia* is a powerful drug.  
—*Monthly Homœopathic Review.*

*Malvern England.*

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### "DOES ALCOHOL KILL CANCER?"

The following interesting communication appeared in the *Medical Brief*. The writer is Dr. E. H. Bowling, of Luster, North Carolina.

"Henry B., an old negro man, consulted me in the fall of 1894 concerning a tumor on the inner side of his right thigh. My examination was rather brief, as he stopped me while I was passing by and came out to the road and showed me the place."

"I told him I was afraid it was cancer and that he had better

have it cut out. He remarked that he would see about it, and I did not see the place again until some weeks ago, when he called me in to again see the place. It had grown to the size of a quart measure and had begun to slough, and had an almost unbearably offensive odor. I told him again to let me cut it out and that I could suggest no other treatment that I thought would benefit the place in the least. He still could not bear the idea of a knife, and I left him without giving him one ray of hope for his recovery, so you can imagine my surprise when a few days ago he stopped me again to see the place, and instead of the tumor I found a hole in his leg that I could have, with ease, put my clenched fist into, with healthy looking granulations springing up all around the edges and with every appearance of getting along nicely."

"The history of this treatment was this: His wife's son had had a tumor something like this on his jaw, and the doctors wanted to cut it out, but he would not allow it, when some peddler passing through the country had recommended a pint of brandy and six eggs mixed into a liniment and applied to the tumor three or four times a day, and the tumor came out entire and the boy had gotten well. So 'Uncle Henry' had concluded to try the same remedy with the result that two days before I saw him the whole lump had just dropped out without the suspicion of a hemorrhage, although the tumor had been bleeding rather profusely before he began using the remedy. The application did not cause one particle of pain and the offensive odor was entirely gone. He did not use more than half of the medicine."

"Now this may not have been a cancer. There was no enlargement of the inguinal glands, and of course I could not detect any cachexia, he being a negro. I did not have it examined microscopically, but all other symptoms pointed strongly to that diagnosis. But even granting that it was a benign tumor, was not the result rather marvelous?"

I report this case because there is no telling when I may run up with another case of cancer, it may be years, and I give the remedy so that some brother who is now at his wits' end with a case, as I know he is if his experience is any way similar to mine, may try the remedy and possibly benefit his patient as well as gratify himself."

"If I had a case of cancer now on hand, I would try pure un-

diluted *Alcohol* on it. Is it not possible that *Alcohol* being an antiseptic may destroy the germs, if we believe cancer to be of parasitic origin ; at any rate will it not destroy the cancer cells, for we all know them to be of low vitality ?”

“Brother, try this if you have exhausted your skill on a case, and report results so that we may find out whether there is any virtue in the remedy or not. It certainly worked wonders for this old negro.

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## GASTRIC FEVER.

By Dr. Heugstebeck, Leipzig.

Translated for THE HOMŒOPATHIC RECORDER, from *Leipziger Pop. Zeitschr. fuer Hom.*, October, 1896.

Formerly lighter cases of abdominal typhoid fever received this name, and the fever was further described by the descriptive adjectives, *nervo-gastric* or *mucous-gastric*. But at present most physicians, and also most manuals, use this appellation only for the more severe and intense forms of acute catarrh of the stomach, in which fever is at the same time present. When in acute catarrh of the stomach, besides its usual symptoms of nausea, vomiting, loss of appetite, bruised pain in the limbs, costiveness or diarrhœa, distension of the stomach and white-coated tongue, there appear the additional symptoms of much headache, thirst, strong fever or chills, eventually delirium, especially with children, we shall be correct in describing this state as gastric fever, especially when improvement appears in a few days and no other disease manifests itself; for it may also occur that an acute so-called infectious disease may masquerade as gastric fever.

Gastric fever is distinguished from the typhus abdominalis by the absence of the swelling of the spleen and of the typhus spots on the abdomen, called the roseola-spots; as also, by the tongue being more moist and not fissured; also, by the quick disappearance of the fever and the frequent appearance of a vesicular eruption (herpes) upon the lips.

What then is the treatment of gastric fever? As in all diseases of the stomach, so also in gastric fever, the diet must be regulated. Only soups made with milk or water, with an addition

of grits, farina, flour or oatmeal gruel, must be eaten; also, beef soup, from which the fat has been removed and in which an egg has been beaten up, may be allowed. No harm will be done if the advice of experienced physicians is followed and the patients are allowed to fast for the first 24 to 48 hours, merely taking sips of raspberry juice mixed with water. As an internal remedy, immediately at the beginning, *Aconite* should be considered, especially if it may be shown that the fever was caused by taking cold, especially when the pulse is full and hard, the skin very dry, attended with anxiety and restlessness. *Pulsatilla* also is frequently indicated, especially when the tongue is coated white, the taste in the mouth is sour and pappy, with much ill-smelling eructation without much constipation. *Nux vomica* deserves especial consideration when the stomachic troubles become very prominent, with a sensation of pressure and distension in the scrobiculus cordis, with bitter taste in the mouth, the tongue coated yellow, loathing of all food with inert stool. *Belladonna* will be of use as an intermediate remedy off and on, especially when there are congestions to the head, and fantastic delirium becomes predominant. When *Nux vomica* is used for predominant stomachic troubles, but these symptoms yield only slowly or not at all, we incline to the use of *Antimonium crudum*. We also frequently use *Bryonia*; many physicians use this remedy from the beginning, especially when the tongue is dry and fissured, when jaundice appears, and in fantastic delirium with the patient thus at the height of the disease. *Bryonia* must, however, be taken for several days, and we must not always expect relief in 12-24 hours. Its effect is seen in the fact that the tongue becomes moist, the delirium subsides and the skin is covered with a warm perspiration. Also *Mercurius* may be needed, especially when the face is bloated, with a swollen throat, the cervical glands and the cellular tissue being inflamed. Some other remedies may be considered, but are much more rarely indicated, *e. g.*, *Ipecacuanha*, *Phosphorus*, *Muriatic acidum*.

## CURES WITH GRAPHITES.

By Dr. H. Goullon, in Weimar.

Translated for the HOMŒOPATHIC RECORDER, from *Leipziger, Pop. Zeit. fuer Homœopathie*, Nov., 1896.

Mrs. B. had been suffering for some time from cramps in the stomach; the frightfully violent pains extend even down into the abdomen. The pain is most violent between breakfast and lunch in the morning. Lately it has also appeared as a "quietly gnawing sensation of soreness," which spreads toward both sides and extends even to the back. Prof. von Romberg says, "When there is pain, the nerve is crying out for healthy blood." This may have been so also in this case, *i. e.*, through former severe losses of blood during the menses there had arisen a morbid anæmic state of the blood, and this had resulted in a defective innervation of the nerves of the stomach. To this were added frequent worrying emotional impressions, which further depressed the power of resistance in the nervous system. In fine, the ailment proved very stubborn, for it lasted from early spring even into the summer. The fact that at the height of these attacks the water gathered in the mouth, which is a well-known symptom of *Bismuthum nitricum*, caused me to give this remedy. The failure of this remedy surprised me the more, as there was a paleness of the blood, or anæmia, which is also one of the characteristics of *Bismuth*. There is, however, still another remedy to be considered in such cases, *i. e.*, when there is a certain failing, decrepit bodily constitution; this remedy is entirely unknown as to its remarkable medicinal effects to our allopathic brethren; it is *Graphites*. The indications pointing to *Graphites* were, besides this, a constant, long-continued costiveness, which is an almost unfailing attendant on anæmia. Every homœopathic practitioner probably knows that *Graphites* has cured cramps in the stomach. Of course it is necessary in such a case to individualize with exactness.

In accordance with our diagnose of *Gastralgia* with an anæmic constitution there was the additional symptom pointing to the choice of *Graphites*: IMPROVEMENT OF THE CRAMPS OF THE STOMACH FROM EATING. Also a *clean tongue*, though in a former stage of the disease, when the ailment was yet of an acute character, the tongue had been coated white or dirty yellow, as it is apt to be in dyspeptic states or in gastricism.

The advice given to her to use a more nourishing diet the patient had followed, as she now thinks, in an extravagant degree, having eaten in a comparatively short time 100 eggs in 1 to 1½ bottles of cognac. Though the pains from her cramp in the stomach were intense, yet as they only appeared periodically, as is the case in all neuralgias, *she could eat anything*. These pains were not aggravated by rubbing or pressing upon the affected parts.

A residence in very wholesome forest-air—at a moderate elevation—did not prevent an aggravation of the disease there, so that I was requested to quickly send the necessary remedy.

Under all these circumstances *Graphites* had a splendid success, so that the patient requested me to give her the name of this wonderful remedy, a real specific in this case, so that she might provide herself for all emergencies.

I would like to mention here an analogous cure which the reader will find on p. 90 of my prize essay: "What does *Graphites* promise and effect in homœopathic practice?" Supposing that the contents of this monograph are known to only few of my readers, I will repeat here the outlines of what is given there under the heading: "What kind of cramps of the stomach is cured by *Graphites*?" These two clinic observations taken together will then enable the reader to obtain like pleasing results in similar cases. The two cases agreed in this, that both of the patients could well bear milk. Milk does not agree with many who have stomach ailments, especially not with anæmics, though many physicians on theoretic grounds often force it on them and frequently in an unreasonable manner. The second one of these patients could even drink larger quantities of milk with the proper appetite.

This second case cured was an unmarried lady of 40 years. She had been subject for years to a very troublesome, distressing cramp of the stomach, which had the following peculiarities; It appears periodically, *i. e.*, about four hours after dinner, and if she eats lunch before dinner it also appears in the forenoon. The pains are vehement and reach an unusual degree of intensity. The spot of the greatest intensity lies to the left of the middle of the stomach, corresponding, therefore, to the region of the saccus cæcus. *Peculiar to the case was the absence of all the usual characteristic symptoms of catarrh of the stomach.* No vomiting, no gathering of water in the mouth, no heartburn,

no sour eructation, no eructation at all in fact, no distension of the abdomen after meals, *no lack of appetite, the tongue but slightly coated*, no irregularity of the stools. Costiveness is, therefore, not absolutely essential in order to make a case adapted for *Graphites*, though it was present in the first case mentioned. There is no irritation either of mind or body, but a bright temperament, no disturbance in the sleep, no participation of the sensory organs, no megrim nor increased thirst. Beer causes aggravation, but warm drinks, especially warm milk, agree with her. Roast meat agrees with her, but not boiled meat, and still less potatoes. In the morning there is a pithy taste, which disappears during the day.

The analogy between the two patients is found further in this, that also the second case had when a young girl suffered in a great degree from anæmia. Twice she had hæmorrhage from the uterus which endangered her life. In the first case it was the consequence of exertions and of violent cramps of the stomach. The second time the hæmorrhage occurred four times in one day and, indeed, on the very day on which the hæmorrhage had occurred the year before. This strict periodicity is food for thought. It reminds us especially of v. Grauvogl's undulatory and pendulum theory. An allopath had given her quantities of tincture of iron, which had further contributed to thoroughly put out of order the gastric nerves. The menses were scant and accompanied with severe cramps of the abdomen (an indication for *Graphites*)!

After taking *Graphites* for 14 days, 5 grains of the third C. trituration, every morning and evening produced such a change in her health that the patient felt quite happy; she also reported that the cramps in the abdomen which she dreaded so much during her menses had not appeared this time.

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### THE FEAR OF BACILLI.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Zeitschrift fuer Hom.*, Oct., 1896.

An American physician who visited Germany this summer, and who was a very intelligent man, made the following remark about his observations in that country: It is curious how timid people in Germany have become as to infection from bacilli and micrococci. They now even recommend great care in handling

money, as some investigators have found pathogenetic bacilli or their germs on money. I thought at one time that even physicians were infected with this fear, until I found out that their refusal to accept money and their request to patients to pay the money for the consultation in the lower story to the cashier has another reason. A celebrated specialist in B., whom I visited, and who willingly permitted me to be present for several hours as a guest at his consultation; after these consultations he would refuse his pay, directing the patient to the cashier. But as soon as the patient had left the room he pressed on his electric bell two to six times. An initiated friend told me afterwards that every pressure indicated 10 marks (\$2.50). It was, therefore, probably not the fear of bacilli but the fear of seeing the patient fall flat on his back at his exorbitant charges, which caused this new mode of payment.

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## GELSEMIUM SEMPERVIRENS.

By Dr. Hengstebeck, Leipzig.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Zeitschrift fuer Homœopathie*, Oct. 1, 1896.

So long as the old school medicine in investigating remedies makes the main point to consist in the question, how great a quantity of it can be given in order to momentarily produce a therapeutic *palliative* effect, or without producing a sudden, severe and manifest injury, and so long as the candidate for state examinations must labor to have at his fingers' ends a series of so-called maximal doses of violent heroic remedies when he is being examined, so long we shall still be far off from a specific curative method, *i. e.*, from a remedial method for *curative* purposes. For in applying this method, the chief question considered will be: How *little* medicine, *i. e.*, with how small and even minimal doses an effect can be produced with patients? When we also see that it is a useless labor indicative of infatuation to search for a definite remedy for every definite name of a disease, since the subject to be considered is patients and their peculiarities, and if, furthermore, we should cease from our endeavor of continually introducing new remedies into the drug market without any exact pharmacological investigation and consequent opinion, and when we again summon up the courage to prove on healthy men the less heroic medicines of the older

Materia Medica, and when they are used in smaller doses according to the law of similars applying to cases in which an internal treatment is practicable, then we shall get to a therapy of organs which will represent the therapy of the future. But very little serviceable for this purpose can be found even in the most voluminous works of the Old School.

Even the heroic remedies which are distinguished for their contents of alkalies often receive a very stepmotherly and frequently mutilated consideration, and often with contradictory statements as to their medicinal effects. So in respect to *Gelsemium*, which acts so splendidly in homœopathic practice, we find in a well-known Materia Medica, in a discussion of the alkaloid derived from it, the following statements: "It was extolled in the beginning by various parties as a specific against neuralgia, while others deny to it all favorable actions in such cases. While some praise it for its action in fevers, others were not able to see any effect on the bodily temperature from it." Further on we read: "Very numerous experiments have of late years been made as to the action of *Gelsemium*, but these exhibit many contradictions."

*Gelsemium* is one of the remedies added to the homœopathic treasury by Americans; it is one of the most important of the later remedies, and in the morbid states to which it is suited it has an almost marvelous action. Its original cradle, like that of *Hamamelis* and *Ipecacuanha*, was in the region of the wild man's medicine of the American Indians. It is the so-called yellow jasmine, a climbing plant belonging to the order of the Apocynæ, or, according to others, to that of the Loganiacæ. It contains, beside rosin, starch, volatile oils and the *Gelsemium* acid, which crystallizes and is strongly fluorescent, the alkaloid *Gelsemin* which is extremely poisonous. In Homœopathy the tincture of the fresh root is used in its various dilutions. Allopaths use *Gelsemium* in various pharmaceutical preparations, as Extract of *Gelsemium*, Tincture of *Gelsemium*, the latter frequently mixed with Bromide of Potassium, or also as *Gelsemium* so-called from its active principle, *Gelsemin*, in combustion with muriates or sulphates. The tincture of the fresh root used by Homœopaths in its various dilutions is used by them in accordance with indications which differ widely from those of the Old School, namely, according to the provings obtained of its action on healthy persons. These symptoms, we are sorry to say, are

unintelligible to the Old School and its disciples, and can, therefore, not be used by them in their practice.

*Gelsemium* was originally proved by a Dr. Henig, who chose it for his graduating dissertation. Besides this we have fragmentary provings by Dr. W. E. Payne in Bath, Me., and by Prof. Hering in the sixtieth volume of the *Allgem. Hom. Zeit.*, 1862. According to these provings, and in agreement with clinical experience—as we see from the excellent treatises of Farrington and Dewey—it is indicated in inflammatory conditions of the brain and of the spinal marrow, in the paralysis of certain motory nerves, *e. g.*, in diplopia (caused by a paralysis of the muscles of the eyes); also in hoarseness, caused by a paralysis of the motory laryngeal nerve which supplies the vocal ligaments; also in the paralysis of the sphincter muscle of the bladder, in dysphagy (difficult swallowing), in ptosis (paralysis of the eyelids), etc. In ptosis of rheumatic origin *Causticum* is, however, preferable. It also dilates the pupil. All these effects on the eyes (ptosis, diplopia, dilatation of the pupils) are explained by a paralysis of the *nervus oculomotorius*. This nerve only supplies the circular muscular layers of Bruecke's muscle in the iris, while the meridional fibres running like rays are supplied by the sympatheticus. *Belladonna*, however, in contradiction to *Gelsemium*, causes a dilatation of the pupils by exciting the rag-like fibres and thus overcoming the action of the circular fibres.

As *Gelsemium* thus acts upon the *nervus oculomotorius* and dilates the pupils, no effect can be obtained through *Physostigmin. veneuos*, which is supposed to contract the pupils by stimulating the motory nerves of the eyes, if *Gelsemium* be simultaneously used. But if *Belladonna* be used simultaneously with *Physostigmin.* the pupils ought to contract, as this acts upon the radial fibres of the musculus ciliaris. The headache of *Gelsemium* is quite characteristic. It causes, according to Farrington, a passive congestion through an enlargement of the bloodvessels. The headache starts in the neck, passes over the head and settles in the eye; the face is dark-red and there is a feeling of "a hoop around the head." The action of *Gelsemium* is very valuable in various paralysis of the motory nerves. We have noticed above its effect on the *nervus oculomotorius*; we add here the paralysis of the nerves after diphtheria, in hoarseness, especially such as is of a hysterical nature; in this the patient is only able to whisper or at most to utter a few sounds. This is attended with

scraping and a feeling of soreness in the throat. Also in difficult deglutition caused by a paralytic state of the muscles of the œsophagus it generally acts very strikingly. Dewey mentions as its characteristic cardiac and respiratory symptoms, the sensation of going to sleep, as if the heart had ceased to beat, forcing the patient to move. *Gelsemium* acts powerfully on the sexual region; it is indicated in relaxation of the sexual organs, in seminal emission without erection, in impotence, in the consequences of masturbation, in incipient gonorrhœa, with a striking sensation of soreness at the orifice of the urethra, scanty flow and little pain, but much heat. In the female sex it is useful in neuralgic menstrual spasms with scanty flow of blood; also, in rigidity of the *os uteri*; for this state *Belladonna* is not suitable as it is suitable in the ordinary spasms of the *os uteri*.

*Gelsemium* is also of good service in many forms of fever with children, especially when they are of an intermittent character; such children usually show great sleepiness and weakness, the muscles are painful, and there is absence of thirst. With adults it is useful in bilious, remitting fever, as it causes a passive congestion toward the liver. In typhoid fever it is given at the commencement, where the above-mentioned symptoms of weakness, etc., are present; also in measles. No less useful is *Gelsemium* in the sequelæ of mental emotion, such as fright or terror; when these produce diarrhœa of soft, yellowish stools evacuated *en masse*, then *Gelsemium* is the remedy. It is also often found very useful in various forms of cramps in the muscles of the forearm—so-called professional neuroses (the cramps of violinists and those caused by writing). Let us then sum up these chief morbid conditions and notice especially out of the great number of symptoms enumerated above the following as of practical importance:

#### Paralyses of Motory Nerves.

1. Paralyses of the eyelid (sinking down of the upper eyelid).
2. Diplopia, paralysis of the muscles of the eyes (both caused by paralysis of the *nervus oculo motorius*).
3. Paralysis after diphtheria.
4. Paralysis of the vocal ligaments (paralysis of the *nervus laryngeus infer*).
5. Difficulty in deglutition (paralysis of the *rami pharyngei* of the *nervus vagus*).

6. Headache extending from the neck over the head into the eye (similar to that of *Cimicifuga*), with characteristic mental symptoms; at times megrim.

7. Diseases of the male and female sexual organs: Impotence, incipient gonorrhœa, rigidity of os uteri during parturition, menstrual troubles.

8. Professional ailments (professional neuroses) (cramps from writing and from playing the violin).

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### GELSEMIUM IN PUERPERAL CONVULSIONS.

Communicated by Dr. Dodge, Translated by Dr. Bruckner.

Translated for THE HOMŒOPATHIC RECORDER from *Leipziger Pop. Zeitschr. fuer Homœopathie*, October, 1896.

I was called to Mrs. G., aged 24 years; she was expecting her fourth child. She had with ease passed through three parturitions. At my visit she complained of a raging headache, the fingers were convulsively closed, the feet icy cold, the head hot, the face bloated. I saw at once that it was a case of puerperal convulsions, though the birth was only expected to ensue in four months. I had warming-pans applied to the feet and sent home for tincture of *Gelsemium*.

Five minutes after my arrival she had the first convulsion, and this was followed by five more; these were more violent than any I had ever seen before. There were no labor pains, but the water had passed off the day before, as the nurse reported. The os uteri was only slightly dilated. I at once mixed twenty drops of tincture of *Gelsemium* with half a tumbler full of water, and gave a teaspoonful every five minutes, but had much trouble in getting her to swallow. In half an hour the muscles began to relax somewhat and the convulsions diminished, and after an hour the patient regained her consciousness, the pulse was softer and all the symptoms milder.

Next morning I found the patient cheerful and bright; the headache, from which she had suffered almost continually for almost fourteen days, had almost disappeared. The patient was directed to keep her bed and received *Gelsem.* 3 every three hours for two weeks. Then I was again called and found the patient in full labor, but the parts were very dry and hot. I had the parts well rubbed with fat, so as to become slippery, and in ten minutes there followed the delivery of a healthy girl.

I have often marveled at the rapid remedial action of rightly chosen homœopathic remedies, and this the more as I had for years practiced as an allopath and had used in such cases *Opium* and venesection, with the conviction that if these remedies failed death was certain to ensue, unless nature should intervene. No one can therefore feel a greater horror of this allopathic treatment than one who has also proved the rapid and safe cure effected by homœopathic remedies.

(P. S. of the translator, Dr. Bruckner). Here I remember a case in which I saved the life of a child, and perhaps of the mother, by a dilution of tincture of *Gelsemium*, and this while I was absent.

The unmarried brother of the lady in question, a great admirer of Homœopathy and living in the same house with his sister, came to me on a certain morning and told me that his sister had had labor pains for more than twenty-four hours, but the labor was not advancing, probably the child was too large for the small lady. Two physicians had been with her and had given her a soporific so as to give her some rest; they had agreed to return in the afternoon, and if no change should then have taken place they would kill the child and remove it piecemeal. The lady was then sleeping, and he would like to give her a homœopathic remedy before the physicians returned.

Judging from the symptoms, as given by the brother, I determined to give her *Gelsemium* diluted with water, in frequent doses, before the physicians returned. When they returned they were astonished to find that matters had taken a favorable turn. The lady was delivered of a living girl and the family is thankful to us therefor even to this day.

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## PRACTICAL POINTERS FOR BICYCLISTS.

Translated for THE HOMŒOPATHIC RECORDER from the *Leipziger Pop. Zeitschr. fuer Hom.*, Nov., 1896.

Bicyclists who are threatened with disease of the heart at any over-evertion are recommended by Dr. Hershel, of London, to use the following precautions:

1. Use low transmission wheels.
2. Retain the upright position without stooping while riding.
3. A sufficient supply of nourishment while riding, avoiding, however, beef tea and similar muscular poisons.

4. Avoid preparations of kola and coca, which prevent the perception of exhaustion.
5. As soon as asthma or disagreeable chest symptoms appear, the ride should at once be terminated.

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#### VINEGAR AN ANTIDOTE TO CARBOLIC ACID.

Solutions of *Carbolic acid* which contain less than three per cent. of the *Acid* produces a transient wrinkling of the skin. Solutions of 4 to 5 per cent. cause a parchment-like feeling, burning, increased perspiration and a slight desquamation of the skin. Stronger solutions (*Acidum carbolicum liquefactum*) first color the skin white, then red and make it numb, and the cuticle scales off or becomes scurfy and this may extend even to the subcutaneous cellular tissue. All these consequences may be prevented if the skin is washed with vinegar and compresses with vinegar are applied. Dr. Carleton extends this treatment with vinegar also to internal poisoning with *Carbolic acid*, which has hitherto been treated with lime water with or without sugar or with a solution of Glauber's salts in water. He advises to make the patient drink large quantities of vinegar mixed with water; as vinegar is to be found in almost every house, this mixture can begin even before the doctor rinses out the stomach. This new treatment has been put to the test in a number of cases.

PHLM.

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#### IRON IN SUGAR OF MILK.—PHARMACEUTICAL CHEAP JOHNS IN GERMANY.

A short time ago a homœopathic physician in Northern Germany who had been summoned before the Court for dispensing his own medicines sent two bottles of a white powder to Dr. Schwabe's Homœopathic Central Pharmacy, in Leipzig; these bottles were supposed to contain the 12 d. trituration of *Ferrum phosphoricum*, he having received it with such a label affixed from a pharmacy in Southern Germany. The chemist (an apothecary) who had testified before the Court had asserted that iron could be proved to be present in it by chemical tests. The quantity sent to Leipzig was too small to allow any quantitative analysis to be applied, so only a qualitative analysis with the chemicals ordinarily used in such cases could be applied to it.

These various tests all agreed in showing that it contained iron in appreciable quantity. The 12 d. trituration of iron made in Dr. W. Schwabe's pharmacy in Leipzig from re-crystallized sugar of milk precipitated with alcohol *lege artis* does not show any reaction for iron with the chemicals ordinarily used, nor will the 12 d. trituration of iron of any pharmacy making exact preparations. Triturations of such a potency can only show a physiological action of iron. There are, therefore, only three possibilities in this case: 1. A lower trituration than the 12 d. was delivered; or 2. Impure sugar of milk, which from its manufacture contained iron either drawn from iron vessels or from being crushed in an iron mortar was used for the trituration without being first refined; or 3. Such milk-sugar may have been filled into the bottles without having been trituated at all. This last supposition is not excluded for the reason that the sugar of milk was in a roughly crystalline state, which is never the case after trituration. Whichever one of these suppositions be the correct one, it is much to be regretted that such things take place in pharmacies which offer the triturations a few cents cheaper than a pharmacy that works conscientiously and exactly can sell them for. Such a state of things is to be more regretted, since such medicines not only make the physician's clinical actions unreliable, but also expose him to trouble before the courts.

W. SCHWABE.

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## HYPERICUM PERFORATUM.

By Dr. Roehrig, in Paderborn.

Translated for THE HOMŒOPATHIC RECORDER.

In pneumonia we should never fail to ask whether the patient has been afflicted with bleeding piles. If this has been the case, and the piles disappear during the disease, the physician will usually give hope of recovery, while nevertheless death will ensue while the patient seems altogether to have recovered.

This may, indeed, also occur in patients who have never suffered from hæmorrhoids, but not with the same frequency. The connection is not yet, indeed, clear to me, but I know from my experience that a pneumonia patient who is afflicted with bleeding piles causes me serious misgivings, when the customary effusions are suddenly stayed. In such cases we should never fail to give *Hypericum*. It has caused me much surprise that in

our manuals we find a whole series of remedies against piles, but *Hypericum* is never mentioned. I am strongly inclined to say: The only real specific for piles is *Hypericum*, and even in cases where piles are caused by ailments of quite a different kind (as *e. g.*, diseases of the liver, the heart, etc.) it will be found that this remedy is far more effective than the other. At the same time this remedy has the inestimable advantages that when it is used *externally* as tincture it will remove the piles without any so-called metastasis, *i. e.*, without removing the disease to some other organs, *e. g.*, the liver; in short, it *cures* the piles. But also when taken internally it is fully efficient. I cannot explain how it is possible that this valuable remedy can have been ignored even to the present day, as in a few hours effects can be reached with it which cannot generally be attained by means of *Nux vom.*, *Sulphur* and other remedies, even after many days. On this account, therefore, because I far prefer *Hypericum* in the treatment of piles to all other remedies that might be considered, I also give it to my pneumonia patients who are afflicted with piles, and I have not found a case yet in which I had to regret it. If a pneumonia patient gets aphthæ in the mouth, he can usually only be saved by *Acidum phosphoricum*.—From *Wilst du Gasund Werden*.

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### AMBER.

An interesting little book by Mr. W. Arnold Buffum, entitled *The Tears of the Heliades, or Amber as a Gem*, reminds us that this substance once occupied a prominent place in therapeutics, though it has now fallen into complete oblivion as a remedy for disease. The first part of the title of this book recalls the antique legend that amber was the product of the tears of Phaëthon's sisters at the death of the rash driver of the chariot of the sun, who had persuaded his father, Helios, to allow him to handle the ribbons for one day; but by his unskillfulness he would have set the world on fire if he had not been killed by a bolt from Zeus, which precipitated the unlucky coachman into the Eridanus, commonly supposed to be the river Po. The young ladies were changed into trees, from whose branches the amber tears continually fell.

The idea of the ancients embodied in this myth that amber was a resinous exudation from trees was long accepted until Agricola persuaded the scientific world that it was a bituminous

product manufactured in the bowels of the earth like bituminous shale and petroleum. But this opinion was about the middle of this century proved to be false by the discovery of amber beneath the bark of a fossil tree, dug up among beds of lignite at Auteuil, near Paris, and the arboreal origin of the substance is now generally acknowledged, and the very tree from which it exuded is asserted by Professor Goppert to be an extinct pine which flourished in the lower tertiary period, which he calls *pinites succinifer*. Thus Pliny is proved to have been right when he wrote that amber was a resin from pine trees mineralized by the action of sea-water. The existence of flies, spiders and other small animals, together with leaves, pine needles, and twigs embedded in amber, might, one would think, have been enough to prove its arboreal origin. The Latin name *succinum*—from *succus*, juice—shows that the ancients had a correct notion of its derivation from a vegetable source. Its Greek name, *elektron*, probably derived from *elektor*, one of the names of the sun-god, does not indicate its source, but only its brilliant shining aspect. Our word “electricity” is said to be derived from the Greek name for amber, which shows electric phenomena when rubbed, just like all other resinous substances. It seems more probable that “electricity” is derived from the root word “*elektor*,” many of the phenomena of electricity, more especially the dazzling brightness of its sparks and flashes, being suggestive of sunlight. “Elector,” whether princely German or parliamentary British, is not to be confounded with the Greek sun-god, as it is not suggestive of any solar qualities.

The amber we are most familiar with comes chiefly from the Baltic. It is transparent yellow of various shades, or also opaque white. But it is found in many other parts of the world. Pieces are occasionally found on the east coast of England, and I once picked up a nodule the size of a large walnut on the sands of St. Andrews. I showed it to the curator of the museum there, and he assured me that he had never heard of it being found in that locality. As amber floats in salt water it may have travelled all the way by sea from the Baltic. I had it made into a mouth-piece for a pipe, which is the use most of the amber of commerce is now put to.

Mr. Buffum describes a kind of amber he obtained in Sicily which differs from the ordinary amber by reason of its variety of color. It is found in all shades of blue, green, red, purple,

brown, and their colors show a remarkable fluorescence or iridescence, surpassing in vivacity that of the opal. A beautiful chromograph of a necklace set with various colored specimens of Sicilian amber is given in the book, but the author says it conveys but a faint notion of this lovely and curious gem.

But what concerns us most is not the beauty, but the medicinal virtues of amber. It formerly filled a very large place in the pharmacopeia, but nowadays it is not to be found in the "British Pharmacopeia," nor yet in the "British Homœopathic Pharmacopeia." In the "American Homœopathic Pharmacopeia" we find both *succinum* and *succinic acid*, but whether there be any proving of either of these substances I do not know; I should rather think not. *Oil of amber* and *tincture of amber* are kept by the druggists, though no longer officinal. Hahnemann, in his *Apothekerlexicon*, describes with great minuteness the mode of preparing succinic acid and oil of amber, but he gives no information there as to their therapeutic uses.

Amber beads, as long ago as in Pliny's time, were put round the necks of children to promote the process of dentition and to prevent convulsions. Callistratus asserts that a necklace of the beads cured ague, and amber ground up with rose-oil was a specific for deafness, and with Attic honey for dimness of sight. The oil of amber was held to possess antispasmodic and anti-hysterical virtues. But the greatest therapeutic virtues were ascribed to the succinic acid, or salt of amber as it was called. In Salmon's "Doron Medicum" (1683) we read:

"This Salt is the essential part of Amber, of exceeding great virtues, and indeed much transcends either the Spirit or Oyl, for that it is the real Soul thereof. It's powerful against a Leucoplegmata, and the first beginning of Dropsies, where it is wonderful; for that it powerfully discharges the Spleen, and other parts of the lower Belly, by Urine and transpiration; besides which, it is good for all that simple Amber is good for, and acting with four times the strength that simple prepared Amber can act withal. It is good against all Distempers of the Head and Brain. comforts the Nerves and Womb, opens Obstructions, and is prevalent against Scirrhus and other Tumors of the Liver, Spleen and Mesentery. Dose a gr. iv ad ʒj, in Wine, Broth or other proper Vehicle. It is powerful in Vertigo's, Lethargies, Apoplexies, Epilepsies, Convulsions and Palsies, but chiefly for Diseases of the Womb. It kills Worms, and is a pre-

servative in Pestilential times. There are few Medicines which equal this, for the Diseases which it is designed for."

We can hardly credit the salt of amber with all the above "exceeding great vertues," for I do not find that it was ever given alone, but always in combination with many other heterogeneous drugs. Still it is possible that it possesses some real therapeutic power, and a thorough proving of it is desirable.

Rademacher says of Oil of Amber: "It is a good spleen remedy. It must be given in small doses, and, as dropping is difficult for many people, it is best to give it mixed with some other fluid. I have it mixed with acorn-water. To 6 oz. acorn-water I add half or a whole scruple of oil. It does not combine chemically, but we attain our object by shaking the mixture well. The patient will not take into his stomach more than he wants. . . . Amber-oil is of good service in painful spleen affections accompanied by spasmodic symptoms such as occur in hysterical and hypochondriacal subjects. Once I saw a woman thrown into hysterical convulsions by the smell of the oil, but this is an exceptional occurrence. Oswald Crollius attaches great value to the purification of the amber-oil, but what he says about it is not true. The purified oil is not nearly so efficacious as the impure oil. As a rule, Crollius is the most honest and upright of all the iatrochemists, but he has not much sense."

Speaking of Mathiolus's recommendation of fumigations of amber by sprinkling it on hot charcoal in cases of sore throat, Rademacher says: "I think that any one who should nowadays bother sore throat patients, who have enough to put up with as it is, with amber fumigations, would be more likely to be considered a crazy fool than a sensible doctor."

Amber has occasionally been confounded with *ambergris*, the *ambra grisea* of our materia medica, which is of course quite a different substance, generally supposed to be excreted by the sperm whale. Skeat in his dictionary says that the word "amber" is derived from the word "ambergris," but I should think it was the other way round, for amber was known long before ambergris, which, probably from its aromatic odor and oceanic origin, was called grey amber on account of its color. Milton, in his "Paradise Regained," calls it "gris amber."—*R. E. D. in monthly Homœopathic Review.*

## BOOK NOTICES AND GOSSIP.

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**Artificial Anæsthesia.** A manual of Anæsthetic Agents and Their Employment in the Treatment of Disease. By Laurence Turnbull, M. D., Ph. G., Aural Surgeon to the Jefferson Medical College Hospital. Fourth edition, revised and enlarged. 550 pages. Cloth, \$2.50. Philadelphia. P. Blakiston, Son & Co. 1896.

This is undoubtedly a valuable book, and a useful one to any practitioner, for it tells him of all the anæsthetics known, their uses, how to use them, and their dangers. To one who has but a superficial knowledge of the subject it will be a surprise to learn the number of these agents at present in use. Dr. Turnbull's book is divided into seven parts and these into seventy-five chapters, and after one has mastered their contents there will be little on this important subject that he does not know. The author has drawn primarily on his large experience on the subject, and to this has added whatever of value is to be found in medical literature of the world.

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MR. W. B. SAUNDERS, Philadelphia, announces a new book in press that will be quite a notable event in medical literature. The title is *Anomalies and Curiosities of Medicine*, which embrace rare and extraordinary cases, and instances of abnormality derived from medical literature from its origin down to the present day. That the work will be well done is assured by the fact that our whilom antagonist of the *Medical News*, Dr. Geo. M. Gould, has control of it. The book will not only be interesting but a most useful one as a work of reference in which to look up all rare and little-known diseases. It will contain 968 pages, 295 illustrations and 12 plates, half-tone and colored. Sold by subscription.

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THE *Charlotte Medical Journal* says: "Originality is manifested in medical literature in at least two ways. One relates to the presentation of new facts or truths; the other to new methods of applying a fact or truth in general or special cases. Much of the criticism of books and papers by pseudo-critics is the result of failure to comprehend these differences. An attempt should be made to find the view point of the writer. When the point of view is discovered the reviewer is in a position to render a justly favorable or adverse criticism, according to the correct or incorrect reasoning or statements of the writer. Unjust criticism has driven many good writers and superior practitioners from the field of medical literature with undoubted loss to the profession."

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THE Gilders of *The Critic* have launched a new magazine under the title of *The Month*. It is a bright publication, devoted

to literary gossip, reviews, art, the stage and bright and light mention of authors, artists and actors. It is illustrated with pictures of noted men in these fields. The price is \$1 a year and the address, New York city.

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MESSRS. LEA BROTHERS & CO. announce as ready for delivery on January 15, the first volume of *American System of Medicine*, a work of four volumes edited by Drs. Loomis and Thompson of the New York University. There are about seventy contributors to this new work.

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ANOTHER pioneer homœopath has gone to his reward—Dr. John Ellis, who departed this life December 3, 1896, in his eighty-second year. He was originally a graduate of an old school college, but within a few years after his graduation he took up with Homœopathy, and was unchanging in his belief ever afterwards. Dr. Ellis was one of the leading men in getting the act passed that established the homœopathic department at the University of Michigan. In 1870 he ceased to practice medicine and went into the oil business, at which he became very wealthy—enough so to print and gratuitously distribute through the firm of Boericke & Tafel 300,000 copies of *The Personal Experiences of a Physician*, the postage alone on these copies was \$6,000. Dr. Ellis' best known book is *The Avoidable Causes of Disease, Insanity and Deformity*, included in the last edition of which is *Marriage and Its Violations*, the whole making a book of 396 pages. Later in life all his literary productions were sent out free. They were on the "Wine Question," Dr. Ellis being an ardent advocate of the view that the wine of the Bible is unfermented grape juice, and on religious subjects he being a Swedenborgian, or more properly, a New Churchman.

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OUR friend, "The Man from Texas," has the same poem dedicated to that genial philosopher, historian and medic, Bradford, in two of the December medical journals, the *Southern Journal of Homœopathy* and the *American Homœopathist*. It may be termed the poetry of "arsenization," and this is the way it goes:

B stands for *bacillus*;  
Whose ingestion is specifically destructive,  
Because it deals in discord molecular  
And is *not* a reconstructive.

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DR. DOUGHTY'S book on "Genito-Urinary Diseases," edited by Dr. Holden, will probably be ready for delivery before the February number of the RECORDER is due. It promises to be a valuable and an original work; also an eminently practical one.

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DR. QUAY'S work on *Nose and Throat* has jumped into popularity from the very start, and bids fair to be *the* work on the subject.

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## “THE PASSING OF THE PHYSICIAN.”

Such is the heading of an editorial in the *Medical News* of December 19. After pointing out the fact that the surgeon, aside from hospital practice, is “already extinct,” and that the physician, aside from the hospital and dispensary, is rapidly becoming so, the *News* man says:

“And the weary and struggling outside general practitioner can go home, shut himself up with his emaciated wife and starving children, and turn on the unlighted gas.

“These words are not written in jest, but embody the sober thoughts of one who has for twenty years watched the growth, abuse and degradation of medical charity, hand in hand with which have increased the hardships of the general profession. Let the incredulous glance at a few figures. In the year 1893, 76,094 patients were treated in the hospitals of New York city; during the same year 680,789 patients were treated at clinics, dispensaries and out-patient hospitals. If we make a liberal allowance for reduplication there will still remain a stupendous and staggering array of figures.”

But even in this cataclysm the traditional *Medical News*' ears cannot be concealed. “In the same year there were 2,842 ‘regular’ practitioners of medicine. The number of ‘Homœopaths,’ Eclectics, ‘roots and herbs’ and quacks was not obtainable.” This style of thing seems to be innate in the ink of the *Medical News*.

That the picture drawn of the condition of “physicians” who still class Homœopathy with quackery is a true one, there is little reason to doubt. Is it not from the pen of one of them? But this, under the process of evolution, is inevitable. Men who can see nothing outside of their own small circle are doomed. Men who dare not do save what is sanctioned by their high priests are out of the race. But bless their “regular” *Medical News* hearts, they do not constitute the whole of the medical world, even though they labor under that weighty impression. There are others, you know—they survive, *the fittest, i. e.*, the homœopaths.

## PERSONAL.

Great oaks from little acorns grow and a little acorn is the best a great oak can do.

Some day there will dawn on the world the ads. of some Ptomaine Eradicator, and the "Microbe Killer" will then be out of date.

To one unacquainted with its origin the bray of a donkey is very impressive.

It is said that light hair is not as heavy as dark hair.

Just say that you saw it in the RECORDER.

New York is not famous for crops, yet they raise a good many umbrellas there when it rains.

Dr. F. E. Stoaks has removed from Fort Smith to Harrison, Arkansas.

Dr. H. B. Esmond has removed from Houlton to Madison, Maine.

"A disease commences when it begins, not afterwards."—*Cooper, Gleaner*.

A small boy defined nutritious food "something that doesn't taste good."

The public never grows enthusiastic over the amateur actor as they do over his foot ball, or sporty brothers in other branches.

Dr. Kent B. Waite has been elected Registrar of the Cleveland University of Medicine and Surgery in place of Dr. Dudley Smith, resigned.

Dr. T. G. Bieling has removed from Hammonton to Atlantic City, N. J.

Dr. Wm. M. Workman has removed from Rolfe to Grand Junction, Iowa.

Bound copies of RECORDER, with or without the advertising forms, are now ready.

The Paris physician has only himself to blame for loss of patronage by constantly "supporting Pasteur laboratories, and the like," says the *Medical Record*.

A man aged ninety-seven recently committed suicide because he was afraid of growing old.

E. W. Feige has removed from Hawarden, Iowa, to Alpena, South Dakota.

Here's progress! A Buffalo, N. Y., M. D. has discovered that *Rhus tox.* is a remedy for "muscular rheumatism." Has he never heard of Dr. Aulde's discovery of the same remedy?

Quay on *Nose and Throat* is the one to buy—latest and best book on the subject.

The Pasteur treatment for hydrophobia scored a brilliant failure at Baltimore. *Arsenic* is the true prophylactic for hydrophobia.

Custis' *Practice of Medicine*, at \$2.00, is the most popular book on practice among physicians and students published. It gives the osteology of the science.

Don't fail to get a copy of Burnett's *Organ Diseases of Women* when published. It is *new* matter.

# THE HOMŒOPATHIC RECORDER.

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## THE IMPORTANCE OF SYSTEMATIC DIAGNOSIS.

By I. W. Heysinger, M. A., M. D.,

(Author of the "Source and Mode of Solar Energy," etc., etc.; a paper read by request before the Homœopathic Medical Society of Germantown, Philadelphia, Pa., December, 1896.)

Whatever value a paper of this kind can have must be due to its record of original work, and not to transcripts from books or other authorities. Such authorities are accessible to every one in the profession, and are indeed invaluable aids in practice. But there is still much to be desired in this direction, and we must not forget that these authorities themselves were at one time merely the record and system of individual observers and thinkers, and that their standard character only came from subsequent discussion and modification, so that the crystalline gem was slowly worked out of the hard amorphous mass. And the conscientious record and system of work of any observing physician or surgeon cannot be devoid of value if placed before his brethren in such plain and lucid terms as to be easily cognizable, so that it may be grasped, and either accepted or refuted, as the consensus of our associates may determine. In this way I wish to present my own views, in the earnest hope that they may be attacked if unsound, and that only the crystal of truth, if such there be, may remain intact.

I have referred, in the title of this paper, to "*Systematic Diagnosis*." I cannot recognize any other sort as a true diagnosis at all. The word diagnosis means "*a discriminating knowledge*," and "*discriminating*" means "*separating* one thing from other things."

I think there is a very dangerous form of diagnosis which is so easy to practice that there is a constant danger of our falling

into it, and with permanently disastrous results to both the art and science of medicine. It is to *look for* the symptoms of the disease we are seeking; that is to say, we do not take the organism as a living machine of wonderful complexity, but divide our subject into circumscribed patches and classes by means of the more or less obvious symptoms presented. This leads directly into that "slough of despond" from which Hahnemann sought, by incessant iteration and reiteration, all through his long life, to guard us, the fallacy of doctoring "diseases" instead of conditions. We are apt to do this unconsciously, but it is all wrong; it is like the "poetical" way of spelling the name and title of a mythical old reprobate of Bible days:

"A knock and a nod spells Nebuchod-  
A knife and a razor spells Nebuchodnazor;  
Two pairs of boots and three pairs of shoes  
Spells Nebuchodnazor, the king of the Jews."

That process is not *discriminating*, it is identifying, and is not diagnosis at all; firstly, because we will always find what we earnestly look for; secondly, because we are left totally in the dark as to every part of the system except the little spot of flickering light which we have made our focus; and lastly, because it weakens both the means and method of truly examining a patient for a diseased condition.

We shall never go wrong if we keep directly before our eyes the master-fact that the organic system before us is a composite and coördinated whole, every part interacting with every other, influencing it, and at the same time influenced thereby. It has been said that the only object in nature which has five quarters is a dissecting room cadaver, and this very mode of dividing up our student work has done harm in this way.

Specialism in practice can only be valid if based upon a thorough knowledge of the whole living machine; a man who don't know anything but the heart or the nose don't know that, and one who knows the whole system knows all these parts also.

For treatment, of course, a different consideration comes into play—practice here can be specialized; but diagnosis must be universal and discriminating, and without diagnosis there can be no clinical practice of medicine.

As I have already stated, there are two methods for diagnosing a diseased condition; in the one method we look and see what we can, and identify this with a mental image which we

call a disease, and coördinate to this a drug or other treatment corresponding to these projected symptoms. We thus get a "totality," but it is the same sort of a totality that a weather-gauger would get from fixing his gaze on a cloud, instead of examining the whole sky.

In the other method the organism is taken, with all its structures, conditions and symptoms, as a composite whole, and each symptom presented is interpreted by general coördinates, so that all the manifestations presented are meaningless, or full of meaning, only as they cannot be or can be coördinated to the general totality; in other words, the diagnosis is one of exclusion, and not of aggregation. Each individual symptom may be referred to a dozen or more diverse sources of origin, in the nerves, the circulation, the muscles, the digestive or other divisions of the organism, and to one or another of the various sub-divisions, all the way through; but this symptom will only stand or fall as it may be compatible with the observed condition of these other parts of the organism; so that, in trying for a headache, for example, we will successively drop the stomach, brain, heart, liver, uterus, glandular system, etc., etc., until, at last, we come to some definite conclusion, its origin, perhaps, lying between the structure of the eyes, and the condition of the nasal cavities. If catarrhal conditions in the latter are sufficient to account for the results, we will then treat these first, and most probably many of the eye symptoms will disappear; what are left will be due to organic changes, which can be mechanically tested and corrected afterwards, and probably not even these will remain.

But it is much easier to poke a ray of light into the eye, to "get onto its curves," and then say, "here we've got it." It is not only in medicine that

"Things are not what they seem,"

but in our science they hardly ever are just what they seem, except to one who has the whole operative organism displayed before his mental vision and in which distant correlatives are habitually within his ordinary observation and experience.

This systematic diagnosis by exclusion, when once practiced, soon becomes habitual and easy, while that of "calling up images" becomes more and more vague, misleading and partial. There can be no dogmatism in diagnosis—it is only a question of greater or less knowledge of the conditions with which we are dealing.

Many years ago, a very distinguished mechanical engineer stated to me an experience of his own, which produced a powerful effect on my own mind, and which I will narrate.

In a large mill, employing more than a thousand workmen, some part of the running machinery became partially detached and ran with a series of sharp and rapid bangs or clacks. This meant over-heating, and perhaps disaster; and all the machinists in the place endeavored to locate this loose piece in the midst of the whirlwind of mechanism constantly running all round. To stop the machinery was to silence the tell-tale; to stop parts of the mill successively was to throw all the hands out of work, at a loss to the factory of thousands of dollars a day. My friend was then sent for, as an expert, and he spent days, also, trying to locate the defect, but in vain. When almost in despair, one night it passed into his mind that he might be able to detect the "disease" by eliminating all those parts which did not *time* with the rotation or recipotation of the loose part. Bright and early next morning he was on hand, and found on trial that these clackings were at the rate of 167 to the minute. He set his stop-watch in such way as to time this, and then patiently went over the mill testing everything in motion by the magic 167 to the minute, and instantly excluding every part of the moving organism that did not accord with this rate, and in less than two hours he had located the seat of damage, found it to be a hidden coupling on a small running shaft, and in a very dangerous situation, and that special machine was thrown out of gear and the repairs made within an hour or two afterwards. It was a clear case of diagnosis by exclusion.

This method is the one we habitually use in chemical analysis. Taking a complex substance presented to us, of which we know nothing, we first test it by the blow-pipe in various ways, to learn something about it in a general way; we learn its gravity, hardness, etc., etc.; that is to say, we look at its tongue, feel its pulse, take its temperature and learn the history of the case.

Putting the substance then in the form of a solution (if we are working in the wet way), we apply our tests to find out what it is not; for thereby we shall soon discover what it is, and whether it consists of one elementary substance or a dozen, and how it is built up, and how properly designated.

We first treat it with *Chlorhydric acid*; if there be a precipitate we have excluded everything else and know at once that we

have silver, or lead, or mercury; and this precipitate we redissolve and again treat, by exclusion, with other chemical reagents until we have run the elusive element into a *cul-de-sac*, when we take possession of the "critter" and stick his tail in our cap. And what *Chlorhydric acid* will not precipitate we continue to test by further exclusion with other reagents, sulphydric acid, ammonium-sulphide, different acids, alkalies and salts, successively applied, until, finally, we know all about the problem by knowing what it is not, and we are thus enabled to determine not one element alone, but many, for diseased conditions do not usually have a single source of origin, but several, more or less proximate or remote. But to do this chemical work we must understand the use of reagents, see that they are themselves uncontaminated, and also know how to treat the substances upon which we are about to operate. In this way, as expert witnesses, we are sometimes lucky enough to be able to hang a man.

Something like this is what we do in algebraic formulæ, when we cancel like terms on opposite sides of the equation, thus excluding terms of no differential value, whereby we have left only simple terms, which, by transposition, present at once the correct solution of the problem.

But to accomplish like results in diagnosis, it is necessary that we understand this complicated system of nature, which, as Bryant says, to each of us "speaks a various language." To know it only in spots and parts is to be totally ignorant of it.

I have long been accustomed to see, mentally, people I meet as if they were totally devoid of clothing in the first place, then to see them as devoid of skin, then of muscles, etc., etc., so that each stratum, down to the skeleton, reveals a new operating surface or stratum of palpitating matter. It is delightful to see a man's bowels at work, with everything outside removed, and to watch the multiplex telegraph wires which incessantly control the coördination of the twisting convolutions. So also may the heart, the lungs, the brain, and every part of the body be mentally examined, from outside the externally visible form and contour, for nature usually marks on the outside the construction and operation of the interior mechanism. Who, looking at a factory, cannot, by its very construction, see the machinery running inside the walls and the employes at their ordinary occupation? or who can look at a church, and hear the swelling

organ, and not see the worshippers, the choir and the clergy within?

The whole of nature is harmony, when not disturbed, and it is the province and function to see when, where, how and why this harmony has been disturbed and how it can best be restored. The celebrated A. R. Thomas once said to me, in examining an obscure case of abdominal obstruction: "These, doctor, are the times in which we long for a pane of glass, so that we might look inside." We often need it badly, but if we accustom ourselves to see "the wheels go 'round" inside we will frequently be enabled to perceive just what the disturbance must be—because it can be nothing else—which will account for the facts. As the case above referred to, as seen by Dr. Thomas, with me, may be somewhat familiar to some of you, since the enormous gall-stone which produced death is now, I believe, in the Hahnemann College museum, I will point out how I was enabled to determine the morbid factor under very singular circumstances. In this case there was a solitary gall-stone, nearly two inches in diameter, when in situ, which had become detached from the gall-bladder only by an inflammatory fusion of the gall-bladder itself to the intestines, whereby the gall-duct had been totally obliterated. It passed down the small intestines, and, having forced its way through the ileo-coecal valve, finally was arrested in the transverse colon, because about four inches of this bowel had suffered an arrest of development in childhood so that its calibre, when distended, would barely admit a finger. I had attended the patient for years previously, and knew all about her "liver attacks." There was also a general chronic eczema of long standing. The case was, moreover, important and valuable to me, for personal as well as professional reasons. The characteristic symptom was, in connection with intermittent stercoraceous vomiting, that fluxion of the colon with large quantities of water, through a suitable tube, would result in a sudden stoppage, then a free discharge, then another sudden stoppage, and so on, and this also was characteristic of the fœcal discharges which were intermittent, but fluid. I diagnosticated a ball-and-socket valve somewhere by excluding, after careful comparison, all obstruction due to spasm, worms, intussusception, appendicitis, or other forms of stenosis. The ball must have been large enough to stop the bowel suddenly and completely; no such ball could have passed the œsophagus

downwards, or, if it had, the Pylorus, and in any case its advent must have been known. I believed that it was an enormous gall-stone, and also that its motion was too free to be moving in the ileum, while it was too far up to be lodged at the sigmoid flexure. I so diagnosticated it, but why it stuck where it did, unless by a growth around the colon, I could not tell. Dr. Thomas was incredulous, but during the post-mortem I heard him say, "What? what? what is this? what have we here?" and I can still recall his surprise when he eagerly seized a knife and cut the bowel and out popped the gall-stone, nearly as large as a small apple, into his hand. Then came the search for the socket, and the arrested development of a part of the transverse colon made all clear. Of course the termination was at that time inevitable—it was before the day when we were able to make "chidderlings" of people's insides, as Brother Vischer and the rest of them do, and then sew them up stronger than ever.

We have all seen the arteries of the body hung up on a nail (in books), and the veins of the body, and the nerves of the body, each set looking like a picture of the "wild man of Borneo" in the dime museum, but that is not the way of nature. In nature "every Jack has his Jill," every blood-vessel its enveloping and enmeshing nerves, every nerve its blood-vessels, and the whole so wonderfully interwoven that to conceive of them as separate, either in structure, function or relationship, is barbaric. It is to study botany in the dung hill and the granary, to study astronomy with a two-foot rule, or biology with a boiled egg.

One of the most powerful aids to rational diagnosis is the study of comparative anatomy and physiology, and biology in its larger and more universal aspects. It is an "eye-opener" and a mind-broadener in the very highest degree.

Let us take a physiological journey together; it will be along a route once traveled of old by the Prophet Jonah, and one which missionaries to the "Cannibal Islands" are said to have *frequently* traversed, but not the same missionaries, of course.

Let us enter, unobserved, the capacious, wide-open mouth of some quiet, unconscious human sleeper, and at once we find ourselves among the mountain ranges of jagged teeth, among which sit around the industrious dentists mauling and clawing away with their picks and pincers. Here we see the salivary ducts oozing, drop by drop, their priceless fluid; there are the glands

beneath the tongue, by the jaw-bones, and the others far back by the jaw hinges. We mine here for that unique organic salt, *Potassium Sulpho-cyanate*. We cross the "Giants' Causeway" of the broad-backed tongue, the pathognomonic coatings of which so accurately reflect the aspect of the membranes of the stomach, liver and intestines, and which garrulous member has much to say, when we examine it carefully, about the condition of the heart, the brain and the pleural and peritoneal cavities, and even of the blood and the nerves.

Then we pass beneath the portal of the hanging palate and the uvula (which we love to clip), and we are at once in the chamber of the pharynx, with the wondrous mechanism of the base of the brain just above the thin roof. We turn about, and see overhead the great flaring trumpets of the posterior nares, with their turbinated bones, like the close-reefed sails of a ship, stretching forward to the little points of daylight beyond. There open the lachrymal ducts, above them are the passages to the closed frontal sinus, and beside us are the eustachian tubes, the resonance drum-holes of the ears, which we will follow up to the middle ear, and here we find ourselves in the interior of a genuine modern telephone, complete in all its parts, with its linked chain of tension-regulating little bones, and its vibrating diaphragm, then the telephonic structures of the inner ear, with its cochlea, a veritable harp of thousands of strings, each different in length and pitch, then the semi-circular canals and the labyrinths, the otoliths and filaments, its magical fluid played upon precisely as in our telephones, and whence these nerve-battery transmitters, charged with undulating currents carry the impulses to the nerve-centers at the base of the brain. We can see it all disclosed here, and it will pay us well to study all this mechanism on the spot. The sleeper snores; see the membrane quiver, but the little bones are now beating in vain, the undulations meet with no response. Then, as we descend, beneath the pharynx stands that vertical guide post which marks the division between wind and water. See how it closes from behind—"flap!"—whenever you touch it, and how it shuts off the larynx. Look out, you will strangle the sleeper! But we will slip by, and pass down between the vocal chords, still vibrating as he mumbles in his sleep, precisely as the "chanters" we used to make, with blades of grass held between our extended thumbs and strongly blown upon. So we pass down the ladder of the windpipe, through the

branching bronchial tubes, and soon we find ourselves in the labyrinthine passages of the lungs. Mark the vibratile cilia, how they wave to and fro, like a field of grain beneath the breeze; but these wave by no breezes, they wave by nerve and muscular movement, softly backwards and bristling forward, and so they carry up the "expectoration," the mucus; and without these we should die by the simple filling up of our air-wells. Here are the air-vesicles, smaller in the body of the lungs, larger along the margins and in the apices, and between them flows, through formless passages, the blood. Note the narrow channels and swift flow above, the swamp tissue below, and learn where pneumonia solidifies the already soaked tissues beneath, and then where the giant cells lodge, and the tubercles form, in the narrower rushing channels above. These air-vesicles (a gentleman who has counted them says they are six hundred millions) we must learn to see and remember, as they are, and in all their different relations.

So then we ascend again, and pass down the œsophagus, past the angle behind the larynx where the meat sticks—here we have the pavement epithelium, we had columnar in the tongue massed like the columns of a trap-dyke—and into the stomach. We see its "lay," we touch it with a pencil and gastric juices exude, a flow of thin soup will not do this; stomach digestion "wins by a scratch." It needs hay as well as meat. Then through the pylorus, the intermittent gateway where gastric cancers most do congregate, and we reach the bile duct, and follow it up till we know just where and how the gall is held in its little bladder, and perhaps we shall see the cholesterine abnormally crystallizing out of the bile to make multitudes of future gall-stones. Then we sail by the pancreatic duct, and take a sight up the long gland which supplies it. Let us learn what these do and where they lie, and then pass on down past the Peyerian glands, celebrated in the epics of typhoid, and sweeping gaily onward, we are brought up by the ileo-cæcal valve, yards and yards further down, through which we pop, and are at once in the large bowel; and there we see the little round opening of the vermiform appendix, familiar in song and story. When we look aloft and see the great bowel towering above, and feel ourselves sloshing about in darkness in the grimy fluid which surrounds us, we can perceive that gravity alone must keep the lower part of the cœcum and the appendix full, in spite of any valve structures, and that spasmodic action

alone can close the latter under irritation or inflammation; so that while "grape seeds" may be barred out they are far more likely to be "barred in." Let us note all along these entwisted bowels the miraculous *nervo-muscular peristalsis*, an organic perpetual motion, which "writhes" the contents of the bowel always forward and never backwards, unless perchance an irremovable obstruction occurs, when presto! the whole mechanism is reversed (just as a living worm would turn back), the peristaltic grind is now upward into the stomach, and, by emesis, through the mouth. Oh, this "*vis medicatrix Naturæ*," it is like a transplanted intelligence! These are the places in which to stick our pins.

So we pass along the writhing, creeping transverse colon, still pushing its contents onward, we make our bows and genuflections as we traverse the "ways and the windings" of the staircase of the sigmoid flexure, and then take a rest and a comfortable breathing spell in the capacious rectum, where we may, perchance, see a successful "American operation," (as bloody as some of the recent "Spanish operations" we read about), before we are gladly shot out, through the tobacco-chewing sphincter ani, when it will be in order to wash up preparatory to our next journey.

If we choose, we may enter the cavity of the peritoneum through the same vaginal, uterine and Fallopian passage which we once already have traversed, in the opposite direction, however; and there we may note the lay of the whole firmament around, for organs stud this sky as stars stud the heavens. But we will note the wonderful web of the omentum, that mysterious mantle, which grasps an injured bowel and covers it with the sagacity of a protecting hand. Who created a useless web in anticipation of an injury never then as yet inflicted? Natural selection fails in dealing with these structures, as it does with the albuminous cord and ever up-turned germinal spot of a fowl's egg.

Let us traverse, next, the blood-vessels of the body. We will start in the heart, for every good physician endeavors to find his way, by one means or another, into the heart of his patrons. By this channel, also, we reach their pocket-books eventually, so that it must by no means be neglected. Here we feel the strong cardiac contraction and the systole (the "lub," to be followed by the mitral "tub") drives us out into the great aorta, which,

with all its arteries, we now see expand, and instantly then these muscular walls, like the heart itself, take hold of the blood and themselves force it onward, by a continuous squeeze, until the last arterial radicles are reached, and thus we know that the blood is propelled only primarily by the heart muscle, and that every artery is itself merely an extension of the great muscular heart-pump itself. When this rhythm is broken we have the dichrotic pulse.

See our neighbor-navigators, the oxygen-laden blood corpuscles, but note most of all the large white corpuscles, the phagocytes, true living beings—*amœbæ*, in fact—how they creep along the walls of the blood-vessels, sluggishly, while the red corpuscles sweep rapidly by with the current. But, as the current sweeps along, these *amœbæ* reach out unerringly and grasp and devour the pathogenetic bacilli, and, not content with this, even pour out a fluid which, mingling with the serum, will destroy and prevent the development of these morbid germs. All is incessant warfare, and even here—to quote from the poet Tennyson—“Nature is red, in tooth and claw, with ravin.” It is the law of progress in all things, for with ease comes indolence, and with strife comes advancement.

So we come at last to the capillaries (which we see at work in a frog's foot under the microscope), and here the red disks leave behind their charge of oxygen, and the serum unloads its cargo of good things, and one takes up in turn the carbon-dioxide and the other the detritus abandoned by formative nature, to be subsequently eliminated by the lungs, the kidneys the skin; and, after thus loitering along, plucking a flower here and a thorn there, we fall into the accelerated current of the veins, which flow together like gathering rills, soft and flabby in their walls, while the arterial walls were stiff and elastic; and these veins, valved at frequent intervals by loose folds of membrane, to support the ascending current, which forms a return column of blood, (except the portal veins, which have been left purposely unvalved for the benefit of our “official surgeons”), and thus we sweep backwards again to the heart, take a few moments off for a side jaunt through the lungs, and are back for business again at the old stand.

So we may follow the vessels of the great lymphatic circulation, see them pick up the food supplies as they enmesh around the bowels, see their contorted glands (like beans growing in

a bottle), until they all finally empty themselves by one gaping vent into the great venous blood-vessel near the heart.

And the nerves—every structure we have passed is full of them; they are everywhere, motory, sensory, vasomotor, voluntary, involuntary—they are the telegraphic apparatus of the whole machinery. Swallow a mouthful of horse-radish or mustard, and how easily you can trace out all the branches and distribution of the ophthalmic; it will run into places you never thought of, if you have never tried it. And then note afterwards how it warms the cockles around the heart of the great splanchnic. We can see the great bunch of parsnips behind the stomach, from which radiates the whole fabric of the sympathetic nerve system—a thousand times finer than the finest gossamer—which works while we sleep and acts for us in every emergency; and the connecting branches which link and coördinate its functions with the convoluted, double-sided, quadruple-structured, and infinitely-functioned brain, the god-like source of our manhood, physiologically speaking; and we can follow the spinal cord, and all the swift messengers which, like stokers in the hold, through their local ganglia, run the engines of the vessel of life. We can study these ganglia and their radiations, and so trace through blood-vessel and muscle the controlling lines of sensation and motion. Thus we make our journey; but to what purpose? It is in order that when we drive a nail we may know what parts we penetrate, and, when we produce a pain, we may know from what source the pain has come; to know what to leave out, and learn what to count in.

So the vivisectionists toil unceasingly, and what they learn specifically we can follow generically, but, in this wise, understandingly. Then we can say with these patient students in the citadel of life—

“ These creatures have not writhed in vain,  
If haply surgeons learn from them  
The springs of palsy and of pain.”

Let us endeavor to “command the situation;” we must not forget that it is our province and our profession to handle a switch-board which has a million correspondents along its lines. When we have learned to thrust a skewer through any part of the human body—in imagination, of course—and at once see before us clearly revealed every fascia, every blood-vessel, every muscle, nerve, cavity, intestine, and the correlatives of all these

structures; to see them in active operation around this skewer, and to clearly recognize what each structure means, both at rest and in operation, then we will have learned to judge symptoms by excluding unrelated functions, and discarding unaffected parts; and systematic diagnosis will be easy, precisely as we are able to do this. We will recognize the discords by eliminating the harmonies; then, of course, we will test these discords separately, prove their jangling tones, and learn how to modulate them into the rhythmical cadences of health.

Many years ago there was found, one morning, pinned to a skeleton in the museum of Guy's Hospital, in London, the following anonymous lines, which embody in another application however, a true diagnosis by exclusion, and which are so beautiful that I desire to repeat them; and more especially because they were recited many years ago, in the closing address by Professor Pancoast, before the graduating class of which I was a member:

Behold this ruin! 'Twas a skull  
Once of ethereal spirit full,  
This narrow cell was life's retreat,  
This space was thought's mysterious seat,  
What beauteous visions filled this spot;  
What dreams of pleasure long forgot!  
Nor Hope, nor Love, nor Joy, nor Fear,  
Have left one trace of record here.

Beneath this mouldering canopy  
Once shone the bright and busy eye;  
But start not at the dismal void—  
If social love this eye employed;  
If with no lawless fire it gleamed,  
But through the dews of kindness beamed,  
That eye shall be forever bright,  
When stars and suns are sunk in night.

Within this hollow cavern hung  
The ready, swift, and tuneful tongue;  
If falsehood's honey it disdained,  
And when it could not praise, was chained;  
If bold in virtue's cause it spoke,  
Yet gentle concord never broke,  
This silent tongue shall plead for thee  
When Time unveils Eternity.

Say, did these fingers delve the mine?  
Or with its envied rubies shine?  
To hew the rock or wear the gem

Can little now avail to them.  
 But if the page of truth they sought,  
 Or comfort to the mourner brought,  
 These hands a richer meed shall claim  
 Than all that wait on Wealth or Fame.

Avails it whether bare or shod  
 These feet the paths of duty trod?  
 If from the bowers of ease they fled  
 To seek affliction's humble shed;  
 If grandeur's guilty bribe they spurned,  
 And home to Virtue's cot returned,  
 These feet with angels' wings shall vie  
 And tread the palace of the sky.

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### SOME KEYNOTES OF DR. AD. LIPPE.\*

#### III.

By Thomas Lindsley Bradford, M. D.

#### The Genius of the Remedy.

Dear Dr. Henry N. Guernsey told us about it. Bœnninghausen knew there was such a thing. Dunham recognized it. Take *Bryonia*, worse from motion; study the drug—aggravation from motion goes through every symptom. Everything about *Bryonia* signifies extreme sensitiveness. Cannot open the eyes; wants to lie down and keep still. It is the genius of *Bryonia*.

In the delirium of *Baptisia* the patient thinks that he is all apart—it is a result of the typhoid condition—the patient lies there on the bed and in the long night watches fancies that there are several of himself—it is *Baptisia*. It is but the direct outcome of the typhoid condition of *Baptisia*.

Then there is *Borax*—downward motion—*downward motion*—worse from downward motion—*Borax, Borax*.

The *Arsenic* patient cannot keep still; anxiety; not the anxiety of *Aconite*, but the deep-seated restlessness of a poison; deep-seated in the blood. It is *Arsenic*—the man is on his last legs. It is the genius of *Arsenicum*. Then there is *Baryta carb.* Notice the dwarfed, incomplete development pervading the whole remedy. Dwarfed persons; weak throats, which from very weakness suppurate at the least cold—because the whole system is so dwarfed

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\* Paragraphs not begun with the name of the drug are comments by Dr. Bradford.

that the throat cannot resist cold. Little folks—imperfect development—imperfect development—it is the genius of *Baryta carb.* You would not look for the *Pulsatilla* patient to be angry with you. No, the genius of the drug is not anger, but mild, delightful grief. The *Ignatia* patient gets sad, but it is the sadness of worn out nerves, made worn out by the sickness which ends in crape on the door. And in the sadness of *Ignatia* there is an element of irritability. It is not the grief the *Pulsatilla* patient is glad to nurse. It is the sadness of worn out nerves.

Grasp the remedy, study it, and from every symptom you will find that it leads, by suggestion, to some other symptom. So that every symptom evolved by proving is a natural sequence of the rest of the symptoms, be they proven honestly.

They all have a meaning. If you know the *Materia Medica*, if you study it as did Hahnemann, for every symptom of a drug you will find a meaning, the genius, and from the genius you will evolve the power to heal the sick.

And in these keynotes of Dr. Lippe which for thirty years I have studied I have sought to present the genius of the remedy.

*Bromine.* Lachrymation (right eye), with swelling of tear gland. (Characteristic.)

*Bromine.* Loud emissions of flatulence from the vagina. (Vaginal neuralgia.)

*Bromine.* During the menses pain in the abdomen and in the small of the back. (Menses too profuse and often, of bright red blood, in women with affections of the chest, heart.) (Dysmenorrhœa, with violent contractive spasms during menses, lasting from six to twelve hours, leaving the parts sore.)

*Bromine.* (Diphtheria, the disease commences in larynx and comes up into fauces.)

*Bromine.* Dry, spasmodic, wheezing cough, with rattling breathing. (See *Ipecac.*) (Croup, with great accumulation of mucus in the larynx, and danger of suffocation therefrom; much rattling in larynx during respiration. Spasm of larynx, hoarse, whistling, croupy sound, with great effort; rattling, wheezing, gasping, impeded respiration. Heat of face. Formation of false membrane in larynx and trachea.)

*Bromine.* Aggravation in the evening until midnight; in the warm room and when at rest. Amelioration from motion; riding on horseback. (Better after midnight.)

*Bryonia*. Delirium at night of the business of the day. (Dreams of it—of his occupation.) (The mental symptoms of *Nux* and *Bryonia* are similar.)

*Bryonia*. Fulness and heaviness in the forehead, as if the brain were pressed out, with bleeding of the nose, red, bloated face; worse when opening or moving the eyes; when stooping; in the evening; from motion; better from closing the eyes; from external pressure. (See *Apis*.) (Dizziness when rising up in bed, with nausea and sensation of fainting.)

*Bryonia*. Oily, greasy, sour-smelling perspiration on the head (and the whole body) during sleep; at night, especially towards morning. (Dr. Lippe gave this as an especial keynote of *Bryonia*.)

*Bryonia*. Toothache, shooting from one tooth to another, or into the head and cheeks; from an exposed nerve (sensitiveness of the decayed tooth to contact of the air); pain worse from smoking or chewing tobacco; from introducing anything warm into the mouth; relieved momentarily by cold water and when lying on the painful side. (See *Sulphur*.) (Teeth feel too long and too large; especially important when warmth aggravates and cold water ameliorates for a short time.) (See *Coffea*.)

*Bryonia alba*. Greasiness of the head. (For too dry hair with much dandruff, *Kali carb*.)

*Bryonia alba*. The eyes feel sore to the touch, and when moving them. (Cannot touch them.) (See *Gels*.)

*Bryonia alba*. Bleeding of the nose, especially in the morning, with suppressed menstruation. (Important characteristic, the only remedy.)

*Bryonia alba*. Abnormal hunger, he must often eat something. (Sensation of emptiness in the stomach.) (Desire for things that cannot be had, or which are refused, or not wanted when offered.) (Great desire for coffee.)

*Bryonia alba*. Does not drink often, but much at a time. (The *Arsenic* thirst is for little and often. The thirst of *Natrum mur*. is from salt food and condiments and lasts all the time.)

*Bryonia alba*. Vomiting first of bile, then of fluids. (First of food then bile—*Natrum muriaticum*.)

*Bryonia alba*. Swelling and inflammation of the left labia majora. (Erysipelas.) (Black, painless pustules on labia after childbirth or from cold.)

*Bryonia alba.* Diarrhœa, preceded by pain in the abdomen; during stool burning in the anus. (Begins as soon and not before motion.) Diarrhœa putrid or smelling like old cheese; worse, or only, in the morning; during hot weather. (As soon as it is hot, diarrhœa, it is the *Bryonia* keynote. As soon as it is cold, diarrhœa, *Dulcamara*. In the summer time.)

*Bryonia alba.* Drying of the milk.

*Bryonia alba.* (On entering a warm room when coming from the cold air disposition to cough as if there were gas in the room; cannot get air enough.)

*Bryonia alba.* The breathing is deep and slow. Difficult breathing, only possible with the assistance of the abdominal muscles. (Inflammation of the lungs.) (Pleurisy.)

*Bryonia alba.* The ankle feels as if dislocated, especially when walking. (Whole body feels sore and bruised when touching it.) (In sprained ankles *Bryonia* is important; keep the patient moving about some, as the sprain will heal quicker.)

*Bryonia alba.* Swelling, pale or red, of the affected parts, with inability to move them. (Stitches in affected parts on touching; cannot stay in bed because he feels so sore in all parts of the body.) (And yet worse from motion.)

*Bryonia alba.* (Does not talk in sleep as much as the *Belladonna* patient.) Delirium as soon as he wakes.

*Bryonia alba.* (If it be the right remedy it will act within twelve hours, in which case it will produce a profuse perspiration.)

*Bryonia alba.* (The *Bryonia* patient never wants to move—the stiller he keeps the better he is.)

*Bryonia alba.* (Pulse quick at night, slow during the day. The *Sulphur* and *Arsenic* pulse quicker in the morning and less so at evening, especially in fevers of long duration.)

*Bryonia alba.* Worse from motion; exertion of the body; on ascending; worse on sitting up in bed; the patient is made sick at the stomach on sitting up; can't sit up a minute; gets faint or sick, or both, on sitting up. (Especially in dry or hot weather.) (Worse from lying on the painful side—*Hepar sulph.*) (The *Bryonia* patient is better from lying on the painful side.)

*Bryonia alba.* Better from lying on the painful side. While sitting (and letting the diseased limb hang down). (From eat-

ing cold things and from drinking cold water.) (See *Phos.*) (On getting warm in bed from perspiration.)

*Bryonia alba.* (If the rash of scarlet fever, measles, etc., does not come out, looks pale, *Bryonia* brings it out.)

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## TWO SKEPTICAL DOCTORS.

Editor of THE HOMŒOPATHIC RECORDER:

The other day a friend of mine, a homœopathic physician, came to me with three points that had been triumphantly put at him by two doctors of the "regular" faith, which he could not answer, or, perhaps, it would be better to say, *prove* to those two skeptical ones.

The first point was: *That the teachings of Homœopathy have never been proved to be true.*

To this it might be replied that neither have the teachings of Christianity, Mahommedanism, Budhism, Judaism, or any other thing of a large nature in which bodies of men believe, been proved to be true to any save those who have the brains, or the gullability, to believe them. As a matter of fact, you cannot prove anything of this nature to be true to one who does not will to believe it. Somewhere, not long ago, I read of a case in which a homœopathic doctor rescued a child from death by scarlet fever with a few doses of *Belladonna*; father of child was very grateful until he learned that homœopathic remedies had been administered; he never forgave the doctor. Here was proof almost akin to raising one from the dead, yet belief did not follow. If my friend's two "regular" friends cannot see, they must be left in darkness. It is their misfortune.

Their second point was: *That there is no drug in any trituration above 6x.* To be sure, you cannot "isolate" any, but then as there is something there we will call it the Spirit of the Drug. But this is a point on which there need be no discussion. The skeptical two could have no objections to taking a few ounces of inert milk-sugar in grain doses several times a day for a few weeks, and thereby be convinced, or confirmed—or made very ill; and if the latter, what would cause the illness if there were none of the drug in the trituration? I was very much interested in the *Heloderma* papers that appeared in THE RECORDER some years ago, and would suggest they make the experiment with that lively drug. Get four ounces of the lowest

trit., gentlemen, and have a try at it, and publish your experience.

The third point is characteristically "up-to-date" and smacks of the modern microbe man, who innocently believes that all disease originates in a "bug," as the irreverent term it. The point is: *That medicine never cures disease, whether prescribed by the "regular" or the homœopath.* On this point I could not venture to contradict the experience of the two gentlemen; but as I am told they have never tried drugs administered on homœopathic principles, and dynamically prepared, I do protest that they are in a most "unscientific" attitude. For is not science "to know?" And is it not most unscientific to jump to a conclusion, as they have done in this matter?

In this world we may *know* many of the higher truths, but we can *prove* none to any whose misfortune prevents them from *seeing*.

POLAC.

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### THIRD ANNUAL MEETING OF THE HAHNEMANN ASSOCIATION.

The third annual meeting and banquet of the Hahnemann Association was held at Windsor Hotel Thursday evening, December 3, 1896. Many eminent physicians of this city, and vicinity, accompanied by their wives and daughters, were present, besides a large number of ladies and gentlemen representing the lay membership of the association.

At the business session President Martin Deschere presided. Eighty-nine applicants were admitted to membership, and the following-named candidates were elected officers for ensuing year: President, Francis E. Doughty, M. D.; first vice-president, Charles McDowell, M. D.; second vice-president, Edward Chapin, M. D.; third vice-president, D. J. Roberts, M. D.; recording secretary, H. D. Schenck, M. D.; corresponding secretary, S. H. Vehslage, M. D.; treasurer, A. G. Warner, M. D.; members of the executive committee, J. Lester Keep, M. D., A. B. Norton, M. D., M. Deschere, M. D.

The interval between the adjournment of the business meeting and before entering the banquet hall the members employed in social converse.

After the dinner President Deschere made a short address of welcome, and a statement of the condition of the homœopathic school, here and abroad, at the present time.

Dr. C. F. Adams was then introduced as toastmaster, whose rhetorical effusions and felicitous introductions of the speakers charmed the audience. The first toast, to the memory of Samuel Hahnemann, drunk standing, was

“Dream not helm and harness  
The sign of valor true ;  
Peace hath higher tests of manhood  
Than battle ever knew.”

Rev. Edward Judson, D. D., responded in behalf of “Medical Missionaries.” To Dr. E. H. Porter was assigned the toast to “charity.” His friends expected that he would preach a sermon, but he surprised them; he spoke to the text in an able and very pleasing manner. Charles E. Hughes, A. M., gave “A Lay Prognosis” of the medical profession, and Mrs. Alice May Scudder spoke of the physician from “A Woman’s Point of View.” Dr. J. B. G. Custis, Washington, D. C., responded briefly to “The American Institute,” of which he is the president.

The meeting was a grand success in every sense.

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## HONOR TO WHOM HONOR IS DUE.

Editor of THE HOMŒOPATHIC RECORDER.

Some one writing on page 553 of the December number of your journal certainly has not been keeping abreast of the times in medical literature. Had he been posted, the statement there made “that Dr. Freda M. Langton, of Omaha, was the first women prover of *Sabal serrulata*, would not have been printed.

If the readers of THE RECORDER will turn to page 762 of the “American Institute of Homœopathy” for the year 1892 they will find a complete proving of *Saw palmetto*, made under my care by Miss Annie Roask, of Henderson, Ky. The proving was also published in the “American Homœopathist.”

In the four years since the proving has been made hundreds of clinical applications of the drug have been made. In no case has its clinical application failed to fully verify the correctness of the symptoms as elicited before the person of Miss Roask. I now find the use of the drug in the 3d and 6th attenuation curative in nearly all of the diseases of the uterus and appendages. Also in headache from reflexed uterine troubles, in mammary abscesses, mental irritation and nervous debility. It

is indeed an anti-lean and well deserves the name of "The Homœopathic Catheter." *Sabal*, like any other drug, must be *very* true and given upon the law of careful individual symptomatic selections. Would it not, Mr. Editor, be a good idea to publish the proving as found in the Institute's transactions?

Yours, the father of *Sabal serrulata*,

WILL SCOTT MULLINS, M. D.

Louisville, Ky., Dec. 26, 1896.

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### A SCRAPPING MATCH.

The *Western Druggist*, of Chicago, and the Sultan Drug Co., of St. Louis, have had a set-to in the law courts over the fact that the publishers of that journal included in their "Standard Formulary" the formula of the "Cactina Pillets," a secret preparation advertised by the Sultan Drug Co. The first round, owing to the fact that the edition of the "Formulary" was sold out, went by default in favor of the Sultan Co. But the *Druggist* now informs the world that the fight will be carried right into the heart of the secret medicine Africa. This is the way it handles the secret remedy people in its January issue:

Medical literature teems with fulsome praise of nostrums under the ban of the profession. Testimonials to the alleged virtues of transparent medicinal frauds are to be had from "eminent physicians" for the asking, at their regular testimonial rates. Professors in medical colleges use their titles and their clinics to betray the cause of free and honest medicine into the hands of the nostrum Iscariots. Medical journals are cajoled and threatened into endorsement of the infamy, and, when these measures fail, their advertising columns are mercilessly boycotted. Unconditional surrender of every principle of manhood, slavish compliance with the demands of the nostrum potentates, absolute silence as to the iniquities of the traffic, wide open columns for marvelous cures and for learned expositions on the startling therapeutic properties of preparations purporting to emanate from the very gods of medicine, closely shut columns for anything which would strip the mask from the face of these arrogant impostors and frauds and expose them to the merited contempt and ridicule of their dupes and of the professions they have so shamelessly assailed—these are the conditions which nostrum avarice and charlatanism have imposed on the medical journals as the price of their advertising patronage. With all but the few stronger representative medical journals such an alternative presented a question of life or death. "Our advertising with its conditions or your life," this in effect was the cry of the nostrum footpads as medical journal after medical journal was held up and despoiled of independence and honor.

Very vigorously put. Let the subscribers to medical journals centre on the few who do not sell their reading space to writers of "strictly scientific" articles about the virtues of some simple drug disguised under a copyrighted name. If there are any medical virtues in "Cactina Pillets," (judging from the name of the preparations) they are those of *Cactus grandiflorus* discovered by homœopathic Dr. Rubini somewhere about half a century ago, appropriated by the modern medical "company" and now claimed as a "right." Many other drugs whose use has been discovered by homœopaths have been served the same way, and doctors or their patients pay three or four prices for a mixed up and disguised preparation of the simple drug.

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### AMERICAN INSTITUTE OF HOMŒOPATHY.

(The following circular letter has been issued by Dr. Custis. Give it a careful reading.)

WASHINGTON, D. C., January 1, 1897.

*My Dear Doctor:* It gives the officers into whose hands you have placed the welfare of the Institute for the ensuing year great pleasure to send their greetings. It seems fitting that they should at this time, as far as possible, announce the program for the year, especially as the success of the work involved depends largely upon your co-operation.

It is possible, by united effort, to make this the banner year of the Institute, whether judged from a scientific, legislative or social standpoint.

The key-notes to the efforts of the administration are:

First—The cultivation of a greater bond of sympathy between the Institute and the homœopathic profession of the country. In order to bring this about, it will be necessary for every member to impress upon every non-member with whom he comes in contact the fact that the primary object of the organization is the advancement of the cause of Homœopathy; that it is the representative body of the School; and that, inasmuch as they profit by its work or suffer from its mistakes, it is their duty as well as their privilege to be enrolled among its members.

Second—The promotion of good fellowship and harmony between those already members of the Institute. This can be attained only by each active and attending member personally seeking to revive the interest of those who, for real or imaginary

reasons, have grown indifferent to the duties and privileges of the Institute. It gives us great pleasure to say that a number of the old members who have not attended for some years have given us their personal assurance that they will attend the meeting at Buffalo. In fact, we have received so many such assurances, that we feel justified in anticipating a love feast on that occasion. The local committee of arrangements can be relied upon to give every opportunity for the cultivation of the good fellowship referred to.

Third—That scientific discussion, unequaled by any similar organization, be secured by a combined effort on the part of the officers and bureau chairmen. You will, in a short time, have laid before you the plan of the work to be followed by each bureau, and those who desire to take part in the discussion of any particular paper will be given full opportunity for preparation.

Fourth—That the standing committees have ample opportunity to present the result of their labors, in order that the Institute may in the most effective manner give expression to its opinions on all matters relating to the welfare of the School. We would call your attention especially to the Inter-State Committee, and remind you that all State Societies have the privilege of sending delegates, who will constitute that committee. Any instructions which they receive from such Societies will be carefully considered.

The Committee on Transportation is hard at work, and if they can receive assurances that one thousand will attend the meeting they can secure much better rates: We have set a figure far above this, believing that when you see the opportunities for enjoyment which Buffalo offers, to be set forth in the circular sent out by the Local Committee, you will bring your wife and children. From personal experience, we can speak of the pleasure derived from, and the benefit following, the family associations formed at the previous meetings.

All the officers join in the hope that the New Year will bring to the members of the Institute such blessings upon their professional efforts that prosperity may remove the necessity for any personal sacrifice in attending the coming meeting.

Fraternally yours,

E. H. PORTER, M. D.,  
*Secretary.*

J. B. GREGG CUSTIS,  
*President.*

**MATERIA MEDICA CONFERENCE.**

The Committee on Materia Medica Conference presents the following program for the meeting to be held in Buffalo, N. Y., Tuesday and Wednesday, June 22 and 23, 1897:

**General Topic.****METHODS OF PURIFICATION OF OUR MATERIA MEDICA.**

First Session—Tuesday, June 22, 1897. 3 P. M.

“Does critical analysis of drug provings by the chart method mean too much elimination?” J. P. Sutherland, M. D., Boston, Mass., essayist.

**DISPUTANTS.**

A. L. Monroe, M. D., Louisville, Ky.; L. C. McElwee, M. D., St. Louis, Mo.; H. C. Allen, M. D., Chicago, Ill.; A. C. Cowperthwaite, M. D., Chicago, Ill.; C. W. Evans, M. D., Chicago, Ill.; J. L. Moffatt, M. D., Brooklyn, N. Y.

Second Session—Tuesday, June 22, 1897, 8 P. M.

“Is the method of the Baltimore Investigation Club qualified to fulfil its purposes?” Eldridge C. Price, M. D., Baltimore, Md., essayist.

**DISPUTANTS.**

George Royal, M. D., Des Moines, Ia.; Frank Kraft, M. D., Cleveland, O.; Pemberton Dudley, M. D., Philadelphia, Pa.; M. W. Van Denburg, M. D., New York; W. J. Hawkes, M. D., Chicago, Ill.; W. A. Dewey, M. D., Ann Arbor, Mich.

Third Session—Wednesday, June 23, 1897, 10 A. M.

“Purification by means of comparisons with normal standards.” T. F. Allen, M. D., New York, essayist.

**DISPUTANTS.**

Conrad Wesselhœft, M. D., Boston, Mass.; M. Deschere, M. D., New York; J. C. Guernsey, M. D., Philadelphia; E. H. Walcott, M. D., Rochester, N. Y.; J. B. G. Custis, M. D., Washington, D. C.; C. F. Meninger, M. D., Topeka, Kan.

The allotment of time fixed by the Institute at its last meeting for the appointed disputants is ten minutes each.

The remaining time in each session will be open to volunteer speakers, who shall be limited to purely extemporaneous remarks.

Each volunteer speaker will be allowed five minutes, as in the last conference, and the utmost latitude as to time will be permitted *when the subject is adhered to*, but it will be strictly enforced against desultory and irrelevant remarks.

Those desiring to take part in this Conference, which promises to be of great interest, are urged to communicate at once with the secretary, stating the topic upon which they desire to speak. This should be done at once. Last year many were shut out by sending in their names too late.

W. A. DEWEY, M. D., Secretary,  
Ann Arbor, Mich.

*January 15, 1897.*

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## A FRAGMENT ON CALCIC IODIDE.

By Charles L. Nichols, M. D., Worcester, Mass.

[Read before the Massachusetts Homœopathic Medical Society.]

An old practitioner of large experience said to me in the early years of my medical life, "Give me *Opium*, *Calomel*, and *Digitalis* and you may destroy all other drugs, for I can effect with these three everything which can be accomplished in the treatment of disease."

This is hardly in harmony with the tendency of the times, which presents us almost daily with some new drug, or new form of a familiar one, until the old and well-tried medicines are well-nigh buried out of sight.

Sir William Broadbent expressed more than half the truth when he said, at a recent meeting of the British Medical Association, "New drugs are added every day for the benefit, chiefly, of those who do not know how to employ the old ones."

This statement applies equally to our homœopathic pharmacopœia, when we remember that eighty years ago Hahnemann's "Materia Medica Pura" contained forty-six remedies while Allen's great work in 1874 numbered over three hundred.

But after all has been said, not one of us would dispense with any of these, and the important point for us to seek is the verification of symptoms presented under the new drugs until they also may take their places with the few well-tried medicines we know as polychrests. It was a thought like this that has prompted the present paper, which, though fragmentary, is given to you with the hope of suggesting a more extensive and, perhaps, definite study of a comparatively new compound, both elements of which are old and tried.

1. Case of Mrs. J. H. B., 49 years of age. No record of hereditary taint, complexion sallow and earthy, eyes blue, and noticed

a bunch in the breast for some months, attention having been first called to it by her dressmaker; but lately, on account of severe pain after using her arm, and on account of great tenderness of the whole breast. Examination showed a bunch in the upper segment of the right breast, with apparent retraction of nipple, skin unchanged, tumor freely movable, rounded and irregular in shape, but not nodular, about the size of a small lemon, as it seemed through the thick adipose tissue; the axillary glands were not affected, and general health was good, although the face was sallow and earthy in color. Pain was shooting and aching, and the bunch was quite tender when touched, but showed no evidence of fluctuation, and the nipple seemed to be depressed rather than retracted. She stated that she had been told by several physicians that the bunch was cancerous, and, while very anxious, she had refused to have an operation.

She was told to keep that arm quiet, not being allowed to sew or raise the hand to her head, and was given *Calcic iodide* 3x, two grains four times a day. This was continued for several months and then given only night and morning for two years, during which time the tumor diminished slowly but steadily, until it finally disappeared. During the course of this treatment two smaller tumors appeared in the other breast, but vanished in a few weeks without change of remedy.

2. Case of Mrs. J. L. E., whose mother died of uterine cancer, age 32, has had one child, lives in an old and damp house, too much shaded by trees, naturally florid complexion, eyes blue, but now face is sallow and earthy. She is anxious, nervous and sleepless. Has noticed a small bunch in her left breast without being able to ascribe a cause, and fears some malignant trouble.

Examination revealed a small bunch in left breast about the size of an English walnut, freely movable, round, and hard, no pain, but tenderness to touch or pressure.

*Calcic iodide* 3x was prescribed, two grains four times a day, and continued for several months until the bunch entirely disappeared.

During this process two others showed themselves, one in each breast, but vanished in a short time.

3. Case of Mrs. R., age 34, has had four or five children, nursing them all and having had a mammary abscess during first lactation, but in the breast not now affected. Complexion

sallow, skin unhealthy, but well in other particulars, though much depressed about this trouble.

Tumor was found to be a large, hard, nodular growth in the right breast, freely movable, tender to touch, with occasional sharp pains after using that arm.

*Calcic iodide* 3x was given, two grains four times a day, and after two or three months' treatment the tumor was gone.

4. Case of Mrs. H., aged 43 years, no history of hereditary trouble. Has had for some six months a very painful bunch in right breast. Examination showed it to be beneath, or else on the under surface of the breast, about midway between the nipple and circumference in the upper segment, very tender to touch and fluctuating.

Diagnosis of cancer was made by two careful physicians, and the knife was urged, but she refused.

*Calcic iodide* 3x, two grains four times a day, was given, and has been continued for three months, using caution about raising the arm. The pain is entirely gone, the tenderness much less marked, and the size of the tumor reduced by about one-half.—*New England Medical Gazette.*

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## CURING THE DEAF WITH MEDICINES.

“What can we do with our repertories and materia medica for chronic deafness with a fairly normal membrane? I answer emphatically: if we proceed to treat it as often advised in books, and depend alone upon the selection of the remedy, and adhere to the usual method of administration by repeating the dose, we can do nothing whatever for it—it is absolutely incurable; while, if we treat it with single doses that are well indicated, and allow a sufficient time for these to act, it is a fairly curable affection; the time factor, therefore, is all important. \* \* \*

“Just before commencing to write this article I had in with me an allopathic colleague whom I had treated for sixteen months for deafness. On the left side he had been deaf all his life, on the right increasingly so for eight or nine years. Old healed perforations existed in both ears.

“When he first came to me he heard barely off contact on the right side, now he hears at about eight inches, and his voice hearing is better and more stationary than it has been for the last eight years. He has attended me regularly while being

treated with single doses, and often without appreciable result, though on the whole keeping in a more uniform state than before. But where are we to get patients who will do this? This is a great difficulty. Some of you may be curious to know what remedy has done most good, and my reply must be that several contributed to the result; but most notable was the action of *Calendula*\* winding up with a dose of *Rheum rhabarbaricum*, our garden rhubarb.

“ Since taking this latter remedy he has remained well, and finds his professional duties much less irksome. This has been the case for some two years. I will not stay to discuss the action of *Rheum*, beyond saying how nearly allied to it is the medicinal rhubarb, the proving of which gives us very distinct ear symptoms. The case is one where a valuable professional life would have been lost but for treatment; for certainly had he gone on as he was doing before my treatment, he would have had to give up his practice altogether in a very short time.

“ It is said that the presence of stiffening and thickening of the muco-periosteal structures found in the cadaver, in the middle ear, in cases where chronic dyssecoia existed, is sufficient proof that the affection is incurable.

“ Against this I protest most vehemently.

“ The idea that the curative force of drugs is incapable of restoring parts indurated by disease to their pristine suppleness and resilience is one so entirely condemnatory of all our efforts, past and present, for the cure of disease, that I for one cannot for a moment accept it. The case already referred to contradicts this assertion; for, if after some months' treatment, a man who was gradually getting deaf, and the structures of whose ears were visibly cicatrised, comes to hear better than he has done for years, the evidence is as good as it is possible to get that resiliency of structure has been restored.—*Dr. Robert T. Cooper, in Hom. World.*

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## DR. BRUCKNER IN BASEL.

[Translated for THE HOMŒOPATHIC RECORDER.]

On the 6th of November Dr. Theophilus Bruckner-Burckhardt, homœopathic physician in Basel, and for many years our co-worker in our journal, departed this life after a brief illness.

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\* Dr. Cooper gave single-drop doses of the pure juice of the plants preserved in spirit and given at long intervals.

He was born in Binningen, near Basel, on the 5th of November, 1821, and had thus just completed his 75th year. He began his medical studies in 1841, studying in Freiburg, Wuerzburg and Berlin. In the years 1844-1846 he was clinical practitioner in the hospital in Basel, and then acquired the degree of Doctor in the University of Basel, and also the *licentia practicandi*. In the year 1847 he emigrated to North America, and in Allentown he became acquainted with Homœopathy, which he practiced afterwards in Tamaqua and later on in Highland, Ill.

In the year 1851 he married, but lost his young wife from cholera in 1854, and in the year 1856 he returned to Basel with the little daughter that remained to him from this marriage. He practiced ever since as a homœopathic physician in Basel. In former years his practice was extensive, but owing to an ailment of the auditory nerve, which proved incurable, his practice gradually decreased and eventually he occupied himself chiefly with an epistolary practice and in literary activity. His best known work which has also been translated into Spanish and French is his "Homœopathic Domestic Physician;" this lately appeared in its eighth edition. Other noteworthy works are: "The Later Vegetable Remedies of North America;" "Brief Directions Toward the Right Use of the Most Important Homœopathic Remedies;" "The Use of Prophylactic Remedies in Homœopathy, as the Foundation of a Rational Layman's Therapeutics," "The Homœopathic Treatment of Diseases of the Eyes and the Ears." His translations from the English were very numerous, as he had fully mastered this language during his many years' sojourn in America; with these he supplied nearly all the German Homœopathic journals.

In his personal intercourse Dr. Bruckner was an amiable, pleasant gentleman, although eventually intercourse with him was very difficult owing to his deafness. The editor as well as the publisher of this journal will preserve for him a grateful memory.—*Leipziger Pop. Zeitschrift fuer Hom.*

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#### A PHYSICIAN'S RIGHT OF DISPENSING HOMŒOPATHIC MEDICINES IN PRUSSIA.

A Prussian physician who had made an application for an examination in order to acquire this right received the following answer:

BUREAU OF SPIRITUAL, EDUCATIONAL AND MEDICAL AFFAIRS,  
BERLIN, October 30, 1896.

Before further considering your application of September 24 for admission to the Homœopathic Dispensing-Examination, I would inform you that no permit for dispensing the medicines prepared according to homœopathic principles can be granted under paragraph 2 of the rules established June 20th, 1843—G.-S. p. 305—if you practice in a place in which homœopathic medicines are kept on hand in a drug store.

You will please inform us whether it is still your desire to persist in your application.

By order

(Signed) v. BARTSCH.

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### PRACTICAL HINTS.

Translated for THE HOMŒOPATHIC RECORDER from *Leipziger Pop. Zeitschrift fuer Hom.*, Nos. 23 and 24.

When *Silicea* has been given for some time in ULCERATION OF THE BONES, and this remedy has evidently had a beneficent effect, there, nevertheless, usually follows a period during which this remedy seems to refuse to act. The improvement advances no further; even an aggravation at times appears. If *Silicea* then is intermitted and we wait for "after-effects," there is but rarely any improvement; on the contrary, the ailment is aggravated. In such a case we should give *Fluoric acidum* 6, or *Calcarea fluorica* 3, every day, two or three doses of 4 grains each, and in a few days the ailment will again be improving. A counter-indication to a merely internal treatment is found when there is a profuse ulceration of the bones, as also the so-called osseous sequestration (*i. e.*, osseous particles which are cast off and act on the ulcer like foreign bodies). In such cases surgical treatment is absolutely necessary.

CHRONIC VARICOSE ULCERS OF THE FOOT AND LEG are rendered difficult of cure, not only from faulty and improper local treatment, but also from two particular causes:

1. That the patients, who are mostly ladies, are not cautioned that they must not wear any garters; for garters limit the return of the blood of the feet and legs through the veins into the heart, and necessarily cause an accumulation of the blood in the veins and the capillary vessels, and this causes the obstinacy of the ailment.

2. The patients take too much of liquids. The more considerable is the supply of water to the body, whether this be in the

form of soups or of liquids, the more profuse is the process of suppuration.

If these two circumstances are carefully kept in view, improvement and cure will generally be secured in a comparatively brief period, and this even when only certain remedies drawn from popular practice should be used for purification and for compresses, *e. g.*, bathing the sores with tea made of chamomile or of arnica (a handful of the dried flowers of one of these remedies boiled with 6 litres of water), freshly rendered mutton tallow or beef tallow, vaseline, lanolin, etc., without any medicinal adjunct, followed later on with compresses of styptic cotton. Experienced practitioners have always used as internal remedies those which remove the venous congestion, as *Carduus marianus*  $\theta$ , *Arsenicum*, *Sulphur*, *Lycopodium*, etc., thus they have given less attention to the appearance of the sore, the kind of pus discharged and the pains attending the ulceration than to the causes which originate and continue the ulceration. For no prover has ever been able to cause varicose veins in a healthy person by means of any medicine; and on this account their treatment ought to be rather casual than symptomatic.

MEGRIM. In treating megrim we ought to have a particular care to remove and avoid the causes which give rise to a return of the attacks, among which stomachic disturbances and constipation are the chief; so also footwear which is either too small or too thin, giving rise to colds starting from the feet; then also in general, clothing which is too light; too tight lacing; depressing emotions, etc. Attention should also be given to other ailments which occur simultaneously with megrim, *e. g.*, menstrual disturbances; these should be removed. It will, however, be found in some cases that the megrim nevertheless continues, only disappearing in old age. With respect to its treatment, we find strange contradictions in homœopathic literature. What is praised by the one is found utterly useless by another. Constantine Hering called *Sanguinaria* the best remedy. This may be true when the pains begin in the occiput, and then settle down anteriorly in the forehead, especially on the right side, and when the temporal veins are full and prominent. It will be found, however, that *Sanguinaria* will only cure a few attacks and then refuse to help, and that then *Gelsemium* and, later perhaps, also *Spigelia* have to be called in. These remedies, however, have also this property of acting elegantly a few times

and then refusing all further help; this is also the case with *Belladonna*, which is distinguished from *Sanguinaria*, in that the pain usually does not start from the occiput and is alleviated by laying the head high. *Nux vomica*, which has been so frequently recommended, but rarely gives any relief even when stomach troubles predominate, and usually only in cases when the megrim appeared after the use of alcoholic drinks. In such cases, however, *Coffea* will compete with it in persons who are not accustomed to the regular use of coffee, and more frequently perhaps *Paullinia sorbilis*. Also, *Glonoinum* may occasionally be of use, when the pains are somewhat more bearable in the open air and are in general alleviated by bodily exercise. Many other remedies besides these are enumerated in homœopathic books; but only very few of them are "characteristic," and in any case, even where they seem to be so, probably the same trouble will be experienced as with the above mentioned remedies. Even the repertories leave us in the lurch in this ailment, especially as these have been put together solely on the foundation of provings, mostly without any personal experience, and the collators have, without discriminating, thrown the neuralgias springing from the trigeminus, as well as various other forms of headache, in the same pot with megrim. The real curative effect, especially with the younger persons of the female sex, *Ferrum*, *Pulsatilla* and *Calcarea phosph.* are suitable; for older females, *Calc. carb.*, *Sepia* and *Palladium*; for men, frequently *Platina muriatica* and *Cocculus*.

RHODODENDRON is one of the more rarely used remedies in ear diseases; but Dr. Kallenbach used it successfully in hardness of hearing of several years' standing with ringing and buzzing in the ears. As a special indication, he mentions rushes of blood to the head, with vertigo, and the peculiarity that the hearing is better in the morning and the sounds in the ears only appear several hours after the patient has risen from bed.

CANCER OF THE STOMACH is incurable. But in many cases the attendant troubles may be alleviated by giving a dose of *Arsenicum album* 4-6 in the morning and several doses of *Meze-reum* 3 during the day.

In HICCOUGH (*Singultus*), Dr. Schneider, in Fulda, found *Sulphurium acidum* in an attenuation between the first and second dilution to be extraordinarily, effective. Dr. Schneider, in giving this recommendation, has had an experience of its use for fifty

years. An old domestic remedy in hiccough is the following: Press the nails of the two thumbs under the nails of the two little fingers, pressing them in deep until they pain. This causes a deep inhalation which drives away the cramp of the diaphragm.

EFFECTS OF LACING. In the "*Correspondenzblatt der Schweizer Aerzte*," Prof. Wyss speaks of the effects of lacing, and especially emphasizes the fact that many symptoms which physicians may be apt to consider as hysterical are really to be ascribed to lacing. Among the anatomical changes produced by tight lacing he enumerates the following: Chronic compression of the liver (*Schnuerleber*); the stomach assumes a more vertical position rather than the horizontal; double folds in the stomach; change in the position of the kidneys; indentations in the colon; the uterus is pressed downward. Additional consequences are venous hyperæmia of the abdominal organs; excessive menstruation; constipation and other digestive disturbances, respirational troubles, etc.

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### A CASE FROM PRACTICE.

By Thom, M. D., in Fleusburg.

Translated for THE HOMŒOPATHIC RECORDER from *Leipziger Populære Zeitschrift fuer Hom.* Dec., 1896.

In homœopathic journals, especially those of an older date, we occasionally find accounts of cures which border on the miraculous, especially when we consider that they were accomplished with doses the minuteness of which passes human conception.

A physician who is critically disposed and who is given to cautious observation in his own practice, and who does not attribute *every* improvement to the medicine he has prescribed, puts a question mark behind these curative reports. But on the other hand, he has to acknowledge that by means of homœopathic remedies, rightly prepared, effects may be gained which the Old School, which looks down upon us and denies our right to exist, will rarely be able to show.

Mrs. B., of this place, aged 33, of a weakly constitution, consulted me on last ascension day (May 27). Leaning on her husband's arm, her face drawn up with pain at every step, she entered my consulting room. According to the opinion of other physicians, she has been suffering for about 17 years of chronic

ulceration of the stomach or its consequences, which are more or less violent at various times. For several weeks past the patient has been again constantly tormented with pains in the stomach, which are aggravated at every meal and at every step, and which at times increase into violent paroxysms. The region of the stomach appears to be and is actually distended. She cannot bear the pressure of her clothes. Occasionally she is tormented with mucous retchings. The appetite is almost entirely lacking. The stools are hard, delayed and occasionally bloody. Her general health is very much changed by sleeplessness, lack of appetite, pains, and the constant anxiety about her life and health.

The patient was requested to remain in bed, and a corresponding diet was prescribed. Besides this I gave her 12 powders of *Atropinum sulph.* 5 D. trit., three powders to be taken every day. The effect was truly astounding. The patient, who had for years been taking medicines almost in vain, appeared again on the fourth day and declared that she felt like a new creature. All the symptoms had improved, the pain and the tormenting retching had gone already in the second night, the sensation of distention and the sensitiveness of the stomach-region to the touch was much less and "hardly troubles her at all now." The patient desired to continue the treatment, so as to make sure of the cure, and therefore asked for additional medicine. I have made inquiries, and find she is still well. *Atropinum sulph.*, therefore, seems to have here effected a real cure, though, according to Hirschel's view, "*It rather serves to prepare the way for the cure by other remedies, as it dulls the excessive irritation and the high degree of sensitiveness (of the nerves of the stomach)*" in suitable cases.

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### GONORRHŒA.

Ricord and Lewin, and the statistics of the German army, estimate that about 80 per cent. of men in large cities are affected with gonorrhœa. A man cannot be pronounced cured, who does not show any more discharge, except a microscopical examination finds a normal secretion from the urethra. French and German military surgeons say that 90 per cent. of gonorrhœa cases are not cured and that of 100 women, who married men with supposed gonorrhœa, only 10 will be found sound. Even with

limited material on my hands, I must consider this assertion correct.

Bumstead, Schwartz, Ricord, etc., found that 10 to 15 per cent. of men were affected with incurable gonorrhœa, caused by neglect of their own or through mismanagement or ignorance of their physicians.

Professor Saenger, of Leipzig, in a paper read before the German Gynecological Congress in Berlin, found that in 19.30 cases, tabulated by various observers, 2.30 or 12 per cent., or  $\frac{1}{8}$  of all cases of pyosalpinx, and other surgical diseases of women, gonorrhœa was the primary cause. In 161 cases, which were personally observed by him, 29, or 18 per cent., were affected with gonorrhœa. We may safely assume that  $\frac{1}{4}$  per cent. of all the cases seen by gynecologists, have their origin in gonorrhœal affections. Think of the fearful amount of suffering and invalidism caused by men with chronic gonorrhœa, who either through ignorance of their own or their physicians are allowed to marry. We can readily see that gonorrhœa is not such a harmless affection after all as a good many suppose it to be, and that one prescription and a clap syringe will never cure or even abort a case of gonorrhœa or gleet. Man is not the only sufferer, but his wife and very often the unborn child has to suffer from the transgression of his parents, and enters the world already seriously handicaped.

Magnus, Graeffe and American physicians, have found that in asylums for the blind about 75 per cent. are caused by gonorrhœal infection—certainly frightful to contemplate. The number of these unfortunates is even now very large in private practice in spite of improved methods of treatment and warnings of eye surgeons.—*Dr. Carl Progler, Fort Wayne, Ind., in Charlotte Medical Journal.*

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### AGAINST ANTIPYRETIC DRUGS.

The practice of giving antipyretic drugs in this disease seems injudicious to me. The temperature rarely rises above  $104^{\circ}$  and seldom reaches even that. This is not a dangerous temperature, unless continued for a long time, and yet it is a recognized line of treatment to attempt its reduction in this most depressing of all diseases by the administration of more depression in the

form of antipyretics, and I believe positive harm is the result in the majority of cases.

I can not see the philosophy of the measure in the light of our present knowledge that death is due, barring fatal complications, not to the increase of bodily heat *per se*, as was formerly believed, but to the paralyzing and perverting effect upon the central nervous system of toxic principles circulating in the blood. The fever is purely a symptom evidencing the abnormal irritation of nerve centres by typhotoxine, and not a primary cause. What is the use of temporarily crushing the results of a constantly acting cause, and more especially when these results are not doing the patient any particular harm, whereas the method of elimination is very likely to? If his temperature is making him restless or delirious, give him very small, frequently repeated doses of *aconite* and *belladonna*, or *sodium bormide*, or, better than all else, a tepid sponge bath, but nothing of a depressing nature.—*Dr. C. E. Skinner in N. Y. Medical Journal.*

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“THE following case, reported by Dr. Hari Bhicaji, chief medical officer in Goudal, Kathiawar, East India, illustrates that the internal administration of our antidote is life saving even after a considerable time had elapsed since the taking of the poison.

“A Hindoo child, about eighteen months old, while playing in the house, accidentally came upon the father’s opium box and swallowed a four-grain lump of opium which he found in it. This occurred about noon, while the mother was out on some business. On her return at 2 P. M. the mother found the child lying unconscious on the ground, with the tin box beside her. The mother ran at once with the child to our hospital, and when admitted the child was fully under the influence of opium. The case seemed a hopeless one, as the symptoms of poisoning were most profound, and there seemed no chance of hope by using the stomach pump or by giving emetics. The idea then occurred to me that permanganate of potash, as recommended by Dr. William Moor, of New York, might answer in this case. Accordingly I dissolved eight grains of the permanganate of potassium in one ounce of water, and began to administer the fluid with much difficulty, a teaspoonful every ten minutes. After half an hour from the first dose, the child appeared to improve. The solution was continued, but it was now given in

the same dose every twenty minutes. Gradually but visibly, without emesis, the narcotic symptoms gave place to returning consciousness, quiet, natural respiration, and voluntary motor power, so that about midnight the child was seen playing in bed by the side of its mother, perfectly restored after sixteen grains of permanganate of potassium had been administered."—*Medical Record Report of meeting of N. Y. Acad. of Medicine.*

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"I DO not believe it safe for a physician to prescribe fornication. It is not safe nor curative, apart from the moral aspect of the matter. It has always struck me also as pretty small business, for a man to purposely select a wife to relieve him of the results of a weak will and vicious sensual indulgence. If marriage comes in the natural course of events, as it often does, so much the better. But to select a wife as a remedial agent for masturbation is unjust to the woman and a confession of moral and mental feebleness. Man is distinguished from the brute by his self-control. Let him bear the fact in mind and raise himself by a determined effort of the will. Pure thoughts and chaste associations, vigorous physical exercise, and a resolute effort to act a manly part will always be successful."—*Dr. Charles L. Dana, Text-Book of Nervous Diseases.*

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"DR. V. RAPPAZ was consulted with regard to a young girl of ten years who suffered for three years from epilepsy, and who under distinguished allopathic treatment had steadily grown worse; the seizures gradually increasing in frequency and intensity. The patient was depressed, pale, and without appetite from overdosing with various bromides. April 18 she received *œnanthe crocata* 6 cent. dil. No attacks until May 12, when a slight seizure occurred. June 3 she had a mild seizure of vertigo, without losing consciousness. The twelfth dil. was then given, and no other attacks appeared. She has entirely regained her health."—*Boletin de Homœopatia.*

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"BUT I wish to tell Drummond something; I wish to announce a truth that will go down through the ages, for it seems to be eternal, and that is: Evolution is by similars and by op-

posites, and there are opposites within opposites and similars within similars, like wheels within wheels."—*Dr. Decker in Official Journal.*

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"Do NOT permit yourself to be too much influenced by authority. The inexact nature of medical science makes it necessary that every physician should be a free thinker and an earnest investigator. He must not *believe* and then *see*, but having found Truth, shape his convictions according to her teaching."—*Medical Brief.*

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"In tenement-house diphtheria at least half of my cases are not Klebs-Loeffler diphtheria. Since using antitoxin I have had too many cases of septic nephritis, of septic pneumonia, of rises and falls in temperature resembling malaria, to believe that it is not due to the antitoxin, but is only a coincidence."—*Dr. Augustus E. Bieser in December Pediatrics.*

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## BOOK NOTICES AND GOSSIP.

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**Autoscopy of the Larynx and the Trachea.** (Direct examination without mirror.) By Alfred Kirstein, M. D., Berlin. Authorized Translation (Altered, Enlarged, and Revised by the Author) by Max Thorner, A. M., M. D., Cincinnati, O., Professor of Clinical Laryngology and Otology, Cincinnati College of Medicine and Surgery; Laryngologist and Aurist, Cincinnati Hospital, etc. With Twelve Illustrations. One Volume, Crown Octavo, pages xi-68. Extra Cloth, 75 cents, net. The F. A. Davis Co., Philadelphia. 1897.

This translation was made at the request of the author, Dr. Kirstein, and so much new matter was furnished by him to the translator that the work is practically a second, and enlarged, edition. The subject of the book is given in the title; it is simply a new method of examining the throat that seems to be an advance over older methods. It will be found especially useful where any foreign body has lodged in the throat, and facilitate its removal. Some striking examples of the method are given by the author, and in notes by the translator.

**Anomalies and Curiosities of Medicine.** Being an Encyclopædic Collection of Rare and Extraordinary Cases, and of the Most Striking Instances of Abnormality in All Branches of Medicine and Surgery, Derived from an Exhaustive Research of Medical Literature from its Origin to the Present Day, Abstracted, Classified, Annotated, and Indexed. By George M. Gould, A. M., M. D., and Walter L. Pyle, A. M., M. D. Imperial Octavo, 968 pages, with 295 Illustrations in the Text, and 12 Half-tone and Colored Plates. Philadelphia. W. B. Saunders. 1897. Prices: Cloth, \$6, net; Half Morocco, \$7, net. *Sold only by subscription.*

If any one wants to sup full of human horrors he should subscribe for this book, for in its pages he will find them in multitudes, drawn from all over the world and from all ages. They run as follows: genetic, prenatal and obstetric anomalies, prolificity, major terata—which includes all the monsters born to man and woman, minor terata—under which head creatures without legs, or eyes, etc., dwarfs and giants, longevity, physiological and functional anomalies, queer heads and necks—ditto extremities, also of thorax and abdomen, of genito-urinary system, miscellaneous surgical anomalies, anomalous types of disease—ditto of skin diseases, of nervous and mental diseases, and concluding with historic epidemics, bibliographic and general indexes. The illustrations are numerous, but awfully repulsive, though well done artistically.

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**They Say.** By Ch. Gatchell. Chicago. Era Publishing Company. 1897.

A neat little book with marginal illustrations and fancies, of 136 pages, made up of Dr. Gatchell's witty "they say" page—"They say that the best way to manage a wife is to let her do as she pleases—That truth is mighty, but so is ignorance—That a fool who holds his tongue often looks like a man of sense," and the likes o' that.

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LAST September the RECORDER noticed a peculiar little book that goes under the title "Nynatism." From a circular letter from the author of that excellent work, "Hæmorrhoids," Dr. Wm. Jefferson Guernsey, 4340 Frankford avenue, Philadelphia,

we learn that " 'Nynaism' is *not* an association. It is a *principle*. There is *nothing* to *join*. You *cannot* become a member of a *truth*. It is a perfect application of purely natural laws in the *care* of our bodies." If any reader wants to know more, let him write to Nyna Publishing Company, P. O. Box 335, Philadelphia.

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"REMARKS ON INOCULATION," by Walter M. James, M.D., of Philadelphia, editor of the *Homœopathic Physician*, is the title of a very interesting pamphlet reprint of I. H. A. Transactions for 1896, tracing the whole modern medicine, so far as it is concerned with anti-toxine, tuberculin, etc., from Pasteur's investigations of the silk-worm disease.

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"THE BIG FOUR" is the rather peculiar title of a new medical journal bearing the motto *Similia Similibus Curantur Morbi*. One of the leading articles—and the best one in the journal—is "Some of Dr. Ad. Lippe's Keynotes." This article was first published in THE HOMŒOPATHIC RECORDER for December, 1896, and was written by Dr. T. L. Bradford. The *Big Four* gives neither Dr. Bradford nor the RECORDER credit.

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FROM a leaflet from India we learn that Dr. S. C. Ghose has started a School of Homœopathy at Midnapore. He has also discovered "H—, a symbolic name for a new homœopathic medicine which has been discovered strictly in accordance with the rules laid down in Hahnemann's 'Organon.'" We trust that the discovery will prove to be a beneficent one, but doubt if a cynical world will take much notice of it so long as it is known only by its symbolic name, unless, indeed, some "Drug Company" should take it up and have "reading notices" published concerning it.

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"TAKING the pages of a materia medica manual and reading the collection of symptoms as detailed therein to a person having no previous acquaintance with the personality of the drug is like looking at a mass of faces in a large assemblage of people. It is difficult to distinguish their individuality and differentiate their faces, but after an acquaintance with them you can see the marked differences easily. So it is with our drugs. Each has

its distinguishing peculiarities, and after you are acquainted with the characteristics and personality of the drug you may read the symptoms with a new light; you can read them so that you are able to distinguish the variations between one and another drug. Gain the knowledge of the personality of a drug, and its symptomatology clothes it so that it is easy to know that one from any other."—*From Lecture by J. E. Gilman, M. D., in Clinique.*

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**Veterinary Homœopathy in Its Application to the Horse ;**  
Including a Code of Common Suggestive Symptoms. By John Sutcliffe Hurndall, Member of the Royal College of Veterinary Surgeons, England.

"Mr. Hurndall gives us several good reasons for the issue of his work, all of which are superfluous when he presents us with so excellent a treatise on so important a subject. As the volume is intended for the use of non-professional lovers and keepers of horses, the language is designedly and wisely made as simple as possible. In the chapter on diagnosis the author explains the value of leading symptoms, such as derangements of pulse, respiration, etc., and makes some sensible remarks about the stupid practice of preventing horses afflicted with the colic from lying down.

The medicinal treatment throughout strikes us as good and reasonable, and the indications for the various drugs are given with clearness. In horses, leading indications are the chief ones, and there is less danger of failure through depending on fancy verbal distinctions, etc.

Mr. Hurndall's work closes with a chapter entitled "A Code of Common Suggestive Symptoms," arranged in alphabetical order. After each symptom is given name of the disease or diseases in which the symptom is found. To the uninitiated this list will prove of the greatest value, and often put them on the right track when they might otherwise easily wander.

We are sure this work meets the need of a modern and scientific, yet simple, manual of homœopathic veterinary medicine, and we wish it every success.—*Monthly Homœopathic Review.*

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"NO PROFESSIONAL MAN can afford to neglect his reading; no man ever learned enough while studying in college to last him

his professional life; no man can do justice to the profession of medicine who is too busy to read, who can find no time for the current literature of the day. Text-books from which we gained inspiration during student life are used in later years of work as books of reference. Few of us sit down to read a new treatise on materia medica in its entirety; it is, therefore, from our medical journals that we gain the knowledge of new discoveries and new ideas which enables us to keep abreast of the times, and the man who says he has no time to read his journal, the one who boasts that he is so busy that he keeps his medical papers in his dressing-room and scans them during his time for dressing, as well as the man who takes none at all, are convicted out of their own mouths of inefficiency and ignorance. There is an old whist adage that it is unnecessary for a player who disregards all the rules of the game to announce that he never read a book on whist in his life—his play shows that; so with the physician who has no time to read—his practice will soon make that fact evident. If there are two things most important to us, they are attendance upon the meetings of the medical society and acquaintance with all that is going on in the medical world by a careful and systematic course of reading.”—*Atlantic Medical Weekly*.

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OUR homœopathic authority on the subject, *The Homœopathic Eye, Ear and Throat Journal*, has the following to say of Dr. Quay's new book, “ Diseases of Nose and Throat:”

There are few books which contain so much of practical value in so small a space as does this monograph of Dr. Quay.

The anatomy and physiology is sufficiently comprehensive for the ordinary student or physician who desires a working knowledge of the diseases here treated upon.

All the diseases and conditions are dwelt upon impressively but not, of course, exhaustively, and one is able in a short time to become familiar with those conditions of the nose and throat that all successful physicians find absolutely essential to be able to diagnose, if not to treat.

The therapeutical indications found throughout the work are of great value, and add greatly to its usefulness.

It should find a place in the library of every physician, and need not be limited to the homœopathic school.

J. B. G.

It is quite clear now that Professor Quay has made a hit—“ a palpable hit ”—in this, his first literary venture. It supplies the general practitioner and student with an excellent work on this specialty at a very reasonable price.

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## A CURATIVE SURPRISE.

Dr. Wm. Thompson is president of the Royal College of Surgeons in Ireland. In an address delivered in Dublin and printed in *Lancet*, Nov. 28, 1896, he cites a case that has an amusing feature. Early in last year he saw a man who was suffering from a malignant growth in the nose—"a malignant tumor of the antrum, which had extended to the nose." An exploratory operation confirmed this diagnosis. The man was in a bad way, but refused to have his jaw taken off. "He refused the larger operation. The exploration was made by Dr. Woods. We found that the tumor did extend from the antrum, into which I could bore my finger easily. Dr. O'Sullivan, Professor of Pathology in Trinity College, declared the growth to be a round-celled sarcoma. Of that there is no doubt. The tumor returned in a couple of months, and the patient then saw Dr. Semon, in London, who advised immediate removal of the jaw. He returned home, and after a further delay he asked to have the operation performed. I did this in May last by the usual method. I found the tumor occupying the whole of the antrum. The base of the skull was everywhere infiltrated. The tumor had passed into the right nose and perforated the septum so as to extend into the left. It adhered to the septum around the site of perforation. This was all removed, leaving a hole in the septum about the size of a florin. He went home within a fortnight. In a month the growth showed signs of return. It bulged through the incision and protruded upon the face. Dr. Woods saw him soon afterwards, as I had declared by letter that a further operation would be of no avail. The tumor had now almost closed the right eye. It was blue, tense, firm, and lobulated, but it did not break. Dr. Woods reported the result of his visit to me, and we agreed as to the prognosis. Early in

October the patient walked into my study after a visit to Dr. Woods. He looked in better health than I had ever seen him. The tumor had completely disappeared from the face, and I could not identify any trace of it in the mouth. He said he had no pain of any kind. He could speak well when the opening remaining after the removal of the hard palate was plugged, and he was in town to have an obturator made. He has since gone home apparently well."

The patient told Dr. Thompson that he had applied poultices of *Comfrey* (or *Symphytum*) and that was all.

"Now this was a case of which none of us had any doubt at all, and our first view was confirmed by the distinguished pathologist whom I have mentioned and by our own observation at the time of the major operation. Here, then, was another 'surprise.' I am satisfied as I can be of anything that the growth was malignant and of a bad type. Of course, we know in the history of some tumors that growth is delayed and that in the sarcomata recurrence is often late. But this is a case in which the recurrence occurred twice—the second time to an extreme degree; and yet this recurrent tumor has vanished. What has produced this atrophy and disappearance? I do not know. I know nothing of the effects of comfrey root, but I do not believe that it can remove a sarcomatous tumor. Of course, the time that has so far elapsed is very short; but the fact that this big recurrent growth no longer exists—that it has not ulcerated or sloughed away, but simply, with unbroken covering, disappeared—is to me one of the greatest 'surprises' and puzzles that I have met with."

Dr. Thompson refuses to believe that simple drugs can do that which the Royal College cannot. He evidently knows nothing of Homœopathy, and refuses to believe the evidences of his senses because they conflict with what he believes to be science. There are still those who will not believe though one rose from the dead, and, alas, they are the high priests of medicine.

When medicine becomes a SCIENCE, surgery will have to do with broken bones only.

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### TINCTURES.

The following quotation is from a paper by Dr. Robert T. Cooper, in the January, 1879, *Homœopathic World*: "Among the first things that struck me as anomalous was our plant prepara-

tions. Instead of having them prepared as Hahnemann directed, from the fresh juices of the living plants, we followed allopathy in too many instances, and prepared our tinctures from the roots and seeds. This I believe to be a mistake, as the seeds and roots presumably contain the food principles, combined with the digestive and other counteracting ferments. For true curative action we require the hidden force of the plant, and not its greatest amount of material elements, fermentative or chemical; because the true curative principle is nothing more, I take it, than the growth-force—the plant-force, if you like—of the plant itself.”

There are two distinct classes of tinctures in homœopathic pharmacy to day; one—such as Dr. Cooper describes—prepared from the dried drug, or, more frequently, from allopathic extracts and tinctures; this is the way the cheap tinctures are made that supply those who regard cheapness of more importance than quality in medicine. The other class in homœopathic pharmacy supplied from fresh plant tinctures—tinctures made from plants so fresh from mother earth that they would grow again if replanted. These tinctures contain the real curative forces.

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### “AND THERE IS NOTHING NEW UNDER THE SUN.”

“And art thou there?”—

Under this title one of our homœopathic exchanges compliments the *Therapeutic Gazette* for declaring that “the effects of drugs in minute doses are the opposite to what they are in large doses—thus small doses of *Ipecac* will control vomiting and small doses of *Pilocarpine* will relieve excessive sweating.” Our *confrère* further adds: “This is sound but crude Homœopathy; it is what the men who clearly see the great therapeutic law that should guide in the administration of all drugs for curative purposes have been fighting for during the greater part of the century.”

This is the first time that we have ever supposed that the dual action of remedies was a homœopathic discovery. Unless we are very much mistaken, it will be found this same law was enunciated by the regular profession long before Hahnemann was ever heard of. It appears, also, in the “*Encyclopædia Britannica Scotticus*,” edition of 1797, and is not there mentioned as being “new,” but as something that has been recognized since the day of Hippocrates.

There is sometimes a decided disadvantage in discovering too much.—*Medical Age*.

The homœopathic exchange referred to is the RECORDER, and

the RECORDER is amazed to discover that all the wealth of learning that Hahnemann flung down so prodigally has been familiar to the "regular profession" since the day of Hippocrates; amazed, too, that they never availed themselves of these magnificent curative resources, but clung to *Mercury*, *Quinine*, blood-letting and fugitive fads. Live and learn!

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### THE "COMBINATION TABLET."

Dr. Frank Kraft gets off the following in the *American Homœopathist* for December 15:

"A correspondent complains bitterly, but with much justice, that a prominent pharmacy, flying the homœopathic flag, is flooding the land with combination-tablet literature, not as an eclectic measure, but as and for Homœopathy, and asks that we take up the cudgel in defence of Homœopathy, and with no disrespect to our correspondent we could say that a man would but tardily reach the end of his journey if he stopped to throw a stone at every dog that barked at him. The combination tablets hurt no homœopath, any more than the eclectic specific. If the college graduate men and women who do not know Homœopathy—and are therefore easy prey for combination tablets, and Munyon's and Ballantine's and Humphrey's—let the fault be put there. Combination tablet-doctors are not homœopaths, and do not read homœopathic journals. So what's the use to buffet the wind?"

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### SOUND DOCTRINE.

"The text of every medical publication is supposed to be solely in the best interests of the profession, and consequently to embody nothing but truth; but as a matter of fact, many editors pay no attention to the material that goes into their columns, which is too often furnished solely by advertisers and others seeking notoriety. The principle of 'reading notices' is pernicious, and has worked incalculable harm to the medical profession; and to young men just starting out in life, who are inclined to view all medical literature as infallible, the publication of such trash is simply an outrage. When the conjoined professions of medicine and letters so forget themselves as to exploit untruths, they stultify themselves and their journals, dragging medical journalism deeper and deeper into the mire. The editor has no right to give the pages devoted to text to reading

notices, no matter how legitimate the article advertised may be, for the text is the property of the readers, made so by their subscriptions: the advertising pages alone belong to the advertisers."

"Still more disreputable are those men who wantonly and wilfully puff all sorts of nostrums editorially in order to secure advertising. But this is by no means an uncommon procedure, and it is little wonder that the laity insist that medicine is a *trade* and not a profession, and so resort to all forms of charlatanism. If honest medical journalism will, as claimed, prove fatal to a number of periodicals, medicine will gain thereby, and no one will repine—such literature possesses no real value, and detracts from the reputation of legitimate publications."—*Medical Age*.

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DR. BYRON D. SPENCER, of Union, Maine, adds one of those interesting little postscripts, to a letter of November 20, that are right to the point and useful. Here it is: "I must state that *Blatta orient.* has worked wonders in asthma. A case that had never received any marked benefit from drugs of either school found *permanent* relief in a few hours after taking *Blatta*."

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IN Rubini's proving of *Cactus grand.* there is:—

"Bronchitis speedily cured."

"Chronic bronchitis, with rattling of mucus, which, becoming acute in consequence of a cold, causes great anxiety and suffocation; it is rapidly relieved, and the acute state ceases very soon."

"Chronic bronchitis, of many years' standing, with rattling of mucus continuous day and night; oppression of breathing on going up stairs, and inability to lie horizontally in bed, which is rapidly cured."

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AFTER the RECORDER'S readers have perused Dr. Heysinger's paper in this number of the journal they will be glad to learn that the publishing house of Messrs. Boericke & Tafel have in press a work by the same writer, *The Scientific Basis of Medicine*, a work that all physicians can study with benefit, and will find it to be an absorbingly interesting book.

## PERSONAL.

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Dr. D. De Forrest Cole has removed from Albion to Batavia, N. Y.

An "eminent," etc., says that house flies and the like are "carriers of disease;" if he will tell us how to suppress them, all men—especially the alopeciac species—will bless him.

The *Medical Century* has returned to the ranks of the monthlies.

Look out for the check trick—he pays his bill with a check and gets a little change, and all the cash that appears is what he who pays the bill receives.

*Aletris farinosa*  $\theta$  is said to be a good remedy for the nausea and vomiting of pregnancy.

A college journal says that the professor recently highly recommended "*Anti-phlogostine*." Now what manner of drug is this—not named in any text-book of pharmacy?

It is reported that if men could read their obituaries they would become a little elated.

The one place where man may be safe from microbes is the North Pole in January.

Dr. William Spencer, eye, ear, nose and throat, exclusively, has removed to 1617 Chestnut street, Philadelphia.

Dr. J. C. Bartlett has removed from Manchester to Cambridge, Ohio.

If you have a patient with huge crops of warts put him on *Ferrum picricum* 6x; warts will all leave.

Dr. J. E. Westerwelt, Spokane, Wash., specialist in chronic diseases only, is looking for a location to practice his specialty.

Was the egg or the chicken created first—ditto, the disease or the germ?

Boards of health should abate the mosquito; he is said to be the cause of malaria.

It was a nipping and eager air—that of ye late "cold wave."

"Many people are extremely narrow-minded," says *Printer's Ink*, and are offended by "irreligious" references. Are not the refined, also?

The world was "awfully shocked" at the Seely dinner—but took in every detail and seemed to want more.

If we could all see each other as we see ourselves, what a festive world 'twould be!

Dewey's "Essentials," "Materia Medica," and the other one, "Therapeutics," have now attained to the dignity of standard works.

There is a protective tariff on monkeys.

Ridgeway, Pa., county seat, wants a homœopathic physician; Rev. Geo. Rogers, rector of Grace Church, will give information.

Have you ever tried "Nutrico Food?" It's a good article.

One of the best pocket companions for a physician is Custis' "Practice."

If you want straight Homœopathy, go to the "Chronic Diseases."

# THE HOMŒOPATHIC RECORDER.

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## URINARY ANALYSIS.

By Joseph C. Guernsey, A. M., M. D., Philadelphia.

Read by invitation before the Women's Homœopathic Medical Club, of Philadelphia, November, 1896.

As this is the first time I have had the honor of lecturing to doctors on urinalysis, I am quite at a loss to know just what to say and what to leave unsaid. When talking to students this difficulty does not exist; because as students are not supposed to know anything, you may safely tell them everything. But as doctors are assumed to "know it all," one labors under a disadvantage in trying to teach them. We will, therefore, remember to-night that we are merely refreshing our minds with facts we learned long ago; and when I repeat things that you all know as well as, or better, than I kindly draw over the veil of charity and say that facts are worth repeating.

We find the knowledge of urinary analysis of the utmost help in the practice of medicine. The Bible says, "Out of the fulness of the heart the mouth speaks;" and I mean no irreverence when I paraphrase by saying, "Out of the fulness of disease the kidneys speak." The Bible further states, "God tries the heart and the reins." We know that in olden days the kidneys were called the reins, and we also know that by the statement, "God proves the heart and reins," is meant His trial or proving of one's love and faith. This expression of the Lord "trying the heart and the reins" occurs several times in the Scriptures, and is evidently dwelt upon as of great import. Therefore, just as in a spiritual sense the Lord tries the heart and kidneys to prove one's spiritual state, *i. e.*, his love and faith, so, in a natural sense, we, as physicians, should prove the natural or physical condition of our patients by trying their hearts and kidneys.

The kidneys have been well named the "common sewers" of the body, as they carry off through the urine an immense quantity of the poisonous and refuse matter of the system. The reason we are so particular to examine the urine is to see whether it really is eliminating from the body all the dead and useless material which it should; *also*, to see whether it is carrying off what it should not.

The specific gravity, the acidity and the various characteristics of the urine vary considerably during each twenty-four hours, because it is influenced by rest, by active exercise, by perspiration and sweat, by eating and drinking in general; and in particular by *what* kind of food is eaten or what liquid is imbibed. All the above mentioned, besides other data, affect the condition of the urine so materially that the examination of urine passed at one hour of the day may differ very considerably from a sample passed at another hour. For instance, albumen may often be discovered in urine voided an hour or two after a meal, while there may be no trace of it in urine passed in the morning on arising. The same is true of sugar; it may be discovered in one sample of urine and not in another, although both were passed the same day. Therefore accurate results can be obtained only from a sample taken from the total amount passed in twenty-four consecutive hours.

After standing a few minutes, frequently a thin cloud may be seen floating in the urine between the top and bottom of the vessel. This faint cloud, regarded as mucus coming from the genito-urinary tract, need cause no concern, as it has no pathological significance.

The urine may be neutral or even alkaline soon after the taking of food and during the process of digestion; after digestion is accomplished, the urine becomes more and more acid until the next meal is eaten. "As a rule, if the urine of a person living on a mixed diet" (*i. e.*, meat, vegetables, fruit, etc.) "becomes alkaline in less than twenty-four hours after being passed, there exists some disease, either of the general system or of the urinary organs, which demands immediate attention."—*Deems*. To the foregoing I would add, provided it is kept in a cool place.

In urinary analysis the first question is, "What urine shall I examine?"—or, in other words, "What indications should lead me to examine a patient's urine?" My answer is, "Make it

your rule to examine the urine of every patient that comes to you!" You will be surprised to find the number of albuminurias and occasional glycosurias that exist in wholly unsuspected cases; many of these will be in their incipiency, when their control will be a comparatively easy matter; while others will be found to have progressed to a most dangerous extent without their existence having ever been suspected. Right here I will remind you that we can lay this down as an infallible rule: In persistent and unaccountable vomiting, suspect a *kidney* or brain lesion, or at least a complication with one or the other.

Besides the chemical reagents and test tubes the examiner needs these four instruments:

1. A *Urinometer*, to note the specific gravity. This may vary from 1015 to 1022 (or even more) without pathological significance. Large quantities of perfectly clear urine, with low specific gravity (1006 or less), indicates a very nervous condition.

2. An *Albuminometer*; 3. a *Ureometer*; 4. a *Saccharometer*. The uses of these will be explained later.

We must remember that as important an observation as we can make is to ascertain the existence of an excess of uric acid; in such a case a suitable diet is absolutely necessary. An interesting diagnostic mark of this condition is that delicate film or pellicle, showing a faint play of prismatic colors, which covers the top of the urine in a chamber after becoming cool. We have all seen this, and it is often among the first indications of a uric acid diathesis.

The average normal *amount* of urine secreted in twenty-four hours is expressed in three ways—as 3 pints, or 50 ozs., or 1500 cc. Considerable variation—say from something over a quart to about 2 quarts—may be accepted as normal in the majority of people, the smaller amount being passed when there is much perspiration. In the rest cure, or where the patient is confined to bed and kept quiet from any cause, as accident, etc., the amount voided may often be very considerably less than 3 pints without exciting suspicion.

*Reaction.* Always find out how long a specimen of urine has been kept; because urine which shows the natural acidity on being passed becomes alkaline after long standing, especially in hot weather; also, it is more alkaline right after eating; often after very copious vomiting; after a hot bath or profuse sweating.

Urine that is alkaline when passed is always suggestive of cystitis; it also suggests retention of urine.

The *acidity* of the urine is *increased* by an inordinate amount of sugar, an almost exclusive meat diet, and by prolonged muscular exercise.

To find ALBUMIN the urine must be *clear* and it must be *acid*. Some urines are so cloudy, owing to the presence of amorphous phosphates and bacteria, that they are not clarified by filtration. In such cases add to the urine about a fourth part of its volume of liquor potassæ, warm and filter. If this does not quite clear it add one or two drops of the magnesian fluid, warm again and filter. This makes the urine perfectly clear, and if albumin be present it is revealed by the cold nitric acid test. (I recently met a supposed expert in urinalysis who did not know how to clarify urine. He never did more than filter!)

The urine of a female, whether she has leucorrhœa or not, can only be examined with accuracy when drawn with the catheter. Highly-colored urine, or urine full of urates, should be diluted with water until it is nearly colorless. Then in the application of the cold nitric acid test the albumin will appear sharply outlined. This procedure renders the above test exceedingly delicate.

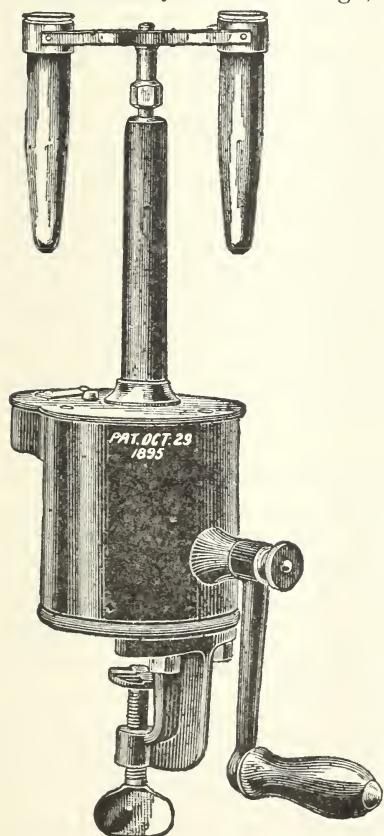
In the cold nitric acid test there often appears at the point of contact between the urine and nitric acid an intense red, violet or blue ring. Since this is the indican reaction, the play of colors should not be considered as a reaction of the biliary coloring matters *unless a green color can be plainly distinguished under the blue*.

What is said to be a most certain test, and delicate enough to detect very minute traces of albumin, is: A mixture of equal parts of crystallized carbolic acid and commercial acetic acid with two parts of 90 per cent. alcohol. Two or three per cent. of this carbolic acid and about 10 per cent. of this carbolic acid solution are added to the urine; the mixture is shaken and allowed to settle. The deposit takes place more quickly if, instead of nitric acid, one-half of its volume of a saturated solution of sulphate of sodium is used.

The use of the *Albuminometer* is to note the progress of a case of albuminuria and see whether the albumin is increasing or decreasing. It is highly unsatisfactory, unscientific and misleading to roughly estimate (or, as is commonly the case, "guess at") the percentage of albumin in bulk, as 30, 40, 50 or even 80

per cent. As an actual fact, there is never more than 3 per cent., or, in very extreme cases, 4 per cent. of albumin in the urine. "*Esbach's albuminometer*" gives most satisfactory results as to the amount of albumin actually present in every specimen examined; it is cheap and easy to use. Full directions come with the instrument (which is really a graduated test tube), showing how the result may be obtained by mingling the albuminous urine with "*Esbach's Solution.*" Of course this is the old-fashioned way—the way it was done before the introduction of the centrifuge—and requires about twenty hours to produce the result.

THE CENTRIFUGE has virtually revolutionized the technique of urinary analysis in yielding quicker and more accurate results. Examined by the centrifuge, the amount of albumin may be



determined in three minutes, instead of twenty hours. In fact, all the chemical constituents of the urine, normal and abnormal, also renal casts, pus corpuscles, spermatozoa fragments of growths, including blood, tubercle bacilli, elastic fibres of lung tissue, etc., can *in a few minutes* (without waiting from twelve to thirty-six hours "for the urine to settle") be eliminated for examination or measurement.

There are several "Centrifuges," of different makes, in use and for sale; some are operated by hand, others by electricity.

The accompanying cut shows the centrifuge which, after much experience with different kinds, I have adopted. It is certainly the most satisfactory in the market today, and is sold by Mr. Edward Pennock\* who will send circular of particulars on application.

\*Edward Pennock, Microscopical Supplies, 3609 Woodland Ave., Philadelphia.

UREA represents nearly one-half of the solid constituents of

urine. "It is also the most important ingredient, since it is the chief substance by which nitrogen of decomposed tissue and of any superfluous food is excreted from the body. For its removal the secretion of the urine seems especially provided; and by its retention in the blood the most pernicious effects are produced."

The use of the UREOMETER is to gauge the amount of *urea* passed by any one. This instrument can be bought very cheaply, and full directions for its use are included.

Formerly it was believed that urea is greatly increased by active exercise. But it is now known that severe and long continued muscular exertion does *not* cause the quantity of urea in the urine to be materially increased. In fact, urea represents the ashes of proteid material; an increase in its quantity is due to a more active oxidation of animal food, and not necessarily to waste tissue.

Urea is *increased* under the following conditions: In all diseases causing emaciation; in acute fevers before the crisis of the disease occurs, and in all febrile affections (except yellow fever, where it is decreased); in inflammations; in inflammatory affections, such as pneumonia, meningitis, etc.; in diabetes; by nitrogenous food (as the albumins and gelatins, which comprise all forms of animal food except fats and glycogen, the chief representatives being milk, eggs, crustaceans, fish, shell fish, flesh and fowl); by copious water drinking; by table salt; in exanthemata; in nervous diseases, such as chorea and epilepsy; in pyæmia, etc. Urine having a deep yellow color with strong urinous odor, and of high specific gravity, indicate an increase or excess of urea.

Urea is *diminished* in chronic diseases; in Bright's disease; in paralysis; yellow fever; chlorosis; ovarian tumors; uterine cancer; acute yellow atrophy of the liver; cholera; before the paroxysms of gout and asthma; by non-nitrogenous food, such as all forms of vegetables and fruits, cereals, starches, sugars, gums, fats and oils, and organic acids; tea; coffee. Usually before and always during uræmic attacks, the excretion of urea is markedly decreased, if not totally absent.

It was formerly supposed that the condition known as "Uræmia" (which means urea in the blood) was due to the presence of a great amount of urea in the blood. But it has lately been proved that in some cases very large amounts of urea have existed in the blood without the coexistence of any uræmic

symptoms; and in other cases where the cause of death was directly charged to "Uræmia," almost imperceptible amounts of urea were found in the blood. As a matter of fact, we cannot to-day explain the pathology of uræmia any further than to say that it results from the retention or accumulation in the blood of some excrementitious material or materials.

Less urea is eliminated by women than men; while children pass relatively, if not actually, more than either.

When urine is kept several days in a warm place the urea is converted into ammonium carbonate by the growth of the micrococcus urea. This change may take place in the bladder if the urine is retained too long, and may produce grave complications in bladder troubles. Hence the cause of some of the cases of stinking cystitis we occasionally meet with.

Nothing is so "liable to very wide variations from day to day, and from hour to hour, in a state of perfect health and, of course, to a still greater extent in disease" as the urea. Experts declare that the variation in urea is, according to circumstances, from 300 to 600 grains daily. It is this fact—the constant and wide range in urea—that has puzzled me and troubled me and hindered me from knowing just how to value the amount of urea I found in any specimen given me for examination. I have asked physiologists and pathologists: "How do you decide whether the amount of urea in a given specimen of urine is too much, or too little, or is about right?"

As I never received an answer that satisfied me, I have, after careful and patient investigation, evolved the following data to guide me:

1st. One MUST KNOW the AMOUNT of urine passed in twenty-four consecutive hours. *Without this information no* reliable estimate be formed concerning the urea.

2d. One MUST KNOW the DIET (*i. e.*, food and drink, kind and amount of each) during the twenty-four consecutive hours preceding the test.

3d. One MUST KNOW whether the above consecutive hours were spent in health or illness—if the latter, what kind of illness; if the former, whether spent in violent exertion, or in moderate exercise, or in peaceful repose.

With the above data accurately, or even approximately known, the value of the amount of urea present in a sample of urine can be rightly estimated.

The amount of urea eliminated by a patient in a given time is, in general terms, an indication to the physician of the manner in which the various physiological functions of the organism are performed and (especially in some forms of kidney disease) it enables him to foresee and guard against danger

*If we wish to diminish the urea by diet*, use strictly vegetable food which, if there be no contra-indications for its use, may be well sweetened with sugar. If more nourishing diet be necessary, we may add cream, cod liver oil, or any other fatty material.

*If we wish to increase the urea by diet*, use animal food with eggs and milk and a fair amount of table salt, which can sometimes be very palatably taken in milk, especially in hot milk, with salt sprinkled over the top.

The following data afford fair general bases to estimate the quantity of urea eliminated: 1. When you mention urine and urea think of the number "5." There are in twenty-four hours 50 ozs. or 1500 cc. of urine, and 500 grains of urea (2.2 per cent., as shown by the ureometer) daily. If a healthy person lives a very regular life, eating a mixed diet, the amount of urea eliminated in twenty-four hours "*averages*," with great uniformity, about 500 grains.

2. The quantity of urea normally excreted averages about 3 grains per pound of body weight, in healthy adults, on a mixed diet.

3. Urine that is free from albumin and sugar, and that presents a normal proportion of chlorides,\* with specific gravity 1020-1024 to a quantity of 1500 cc. in twenty-four hours, can be regarded as a standard normal specimen containing 2 to 2.5 per cent. urea. But with the other above conditions unchanged a higher specific gravity indicates an increased proportion, while a lower specific gravity shows a diminished proportion of urea.

For precision and celerity in estimating the amount of urea passed, nothing that I have found excels, or even equals, the two tables shown on pp. 20 and 21 of "*Practical Notes on Urinary Analysis by Canfield.*"

To sum up the whole matter—We must all bear in mind that one day's examination of the urea is not so trustworthy or conclusive as that of several days, *and then the result averaged.*

SOLIDS.—If you ask anyone, "What is urine?" the reply

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\* Chlorides rank next to urea in the amount of solids.

would probably be, "It is a fluid thrown off through the kidneys." But this answer would be only partly right, because urine is composed of urine *and solids*! The proportion of solids is as follows:

In each 1,000 grains of urine there are water, 967 grains; solids, 33 grains. Generally stated the "solids" are urea, uric acid, creatinine, hippuric acid, xanthine, tyrosin, lecucin, indican, chloride of sodium, magnesium and calcium, etc. In normal urine these solids are not seen because they are held in solution or, as you may say, "melted" in the urine.

The determination of the amount of "solids" passed in the urine of a patient is an easy matter, and is accomplished as follows: Save all the urine passed for twenty-four consecutive hours and *measure it in cubic centimetres*. (If you do not possess a measuring glass graded in cc. you may remember that one pint=500 cc.) Multiply the last two figures of the specific gravity by (Haeser's coefficient) 2.33; then multiply the product by the number of cc. voided in twenty-four hours; divide the result by 1,000. Thus, if the amount of urine in twenty-four hours be 1300 c.c., specific gravity of which is 1020, multiplying the last two figures of specific gravity by 2.33= $\frac{46.60 \times 1300}{1000}$ =60.58 grammes.

The normal amount of solid matters in 1500 cc. having a specific gravity of 1020 is about 70 grammes. But if a patient is on a greatly restricted diet, as in fevers, 30 to 40 grammes is a fair average of solids. In Bright's disease the solids are diminished by the loss of urea; in diabetes they are increased by the glucose. In cases of kidney disease marked decrease in the solids indicates uræmia.

**SUGAR.**—The use of the SACCHAROMETER (Einhorn's) is to determine, by fermentation, the amount of sugar present in a case of diabetes. The instrument is cheap and easy to handle.

In a true diabetic mellitus patient sugar is found in the blood, the sweat and expectoration as well as in the urine.

You are all familiar with the common copper tests, such as Trommer's, Fehling's, Haines', etc., so I will not repeat them here. In copper tests *never boil*, as boiling favors the precipitation of other substances than sugar—notably uric acid and kreatinin. To avoid this use the cold copper test (see p. 106); or else filter out all precipitating substances by charcoal (see p. 106). It is well to consider the following *verifications* of sugar-

testing in the urine, stated in *The Practitioner*, January, '96. The fermentation test yields no obvious sign when sugar is less than  $\frac{1}{2}$  per cent. ( $2\frac{1}{2}$  grs. per ounce).

Sir Wm. Roberts mentioned a case where, when 10 cc. were treated with yeast, minute bubbles of gas could be seen with a lens, and enough carbon-dioxide gas was collected to show 0.5 of sugar.

Fehling's solution is much more delicate, but does not show under 1-10 per cent. Important aid in verifying the copper test is obtained by preliminary filtration of the urine through purified animal charcoal. If filtered three times through charcoal it becomes perfectly colorless and the copper reaction is rendered much more distinct. The urine loses from 2 to 4 degrees of its specific gravity; the uric acid, the urates and other constituents of the urine which have more or less power of reducing Fehling's solution are removed by the charcoal filter. But sugar passes freely through the charcoal and is found in undiminished proportion in the filtrate. Albumin is largely, but not entirely, removed by the filtration.

Place in a test tube  $\frac{1}{4}$ -inch of Fehling's solution, add 2 inches of the filtrate, then shake the contents together so as to have a uniform color. Boil upper half and hold to the light; if sugar is present, the boiled portion soon changes to a yellowish tinge—especially after cooling. If only a "trace" be present, the upper half assumes a dirty yellowish-white appearance. If then the amount of sugar is slight, it is well to filter the urine through animal charcoal until it becomes completely decolorized and clear as water. This filtrate gives much better results than the original urine.

It is recommended, after the above filtration, to wash the charcoal *and test the washings*, which (the washings) are claimed to contain a much purer sugar solution.

I have repeatedly verified the above tests and can heartily recommend them as giving most satisfactory results. I have also proved and fully endorse the following "cold copper test."

After (apparently) finding sugar by the usual Fehling's or Haines' heat test, take two drachms of the same test fluid, add ten to twenty drops of the suspected urine and allow it to stand

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See the London *Lancet*, Sept. 19, 1896, by Mark McDonald, M. B. C., Waterloo, Liverpool. See also "On a method of detecting small quantities of sugar in the urine." *Brit. Med. Jour.*, 1872, vol. 1, p. 469.

*without* heating from six to twenty-four hours. If sugar is present there will be a precipitate of red cuprous oxide in this case also. This control experiment is of vast importance and should never be omitted, since most of the substances which reduce copper solutions, like sugar, do so only when heated or after prolonged boiling, and not like diabetic sugar in the cold.

Trommer's test is perhaps as popular as any other. On applying the test we often get a dirty looking, opaque greenish or brownish color, or brown, or red color, but apparently containing no precipitated red cuprous oxide. This condition may be caused either by an excess of uric acid and kreatinin (practically, if not actually, the only normal reducing constituents); or a small quantity of sugar may be present and precipitation of cuprous oxide prevented by various bodies contained in the urine. We settle the question by one of two ways: 1. Apply some direct test for sugar only; or, 2. Eliminate the normal reducing substances. The latter can be easily and satisfactorily accomplished by charcoal filtration, which removes entirely the uric acid and nearly all the kreatinin.

*Picric Acid Tests*—Half drachm urine;  $\frac{1}{2}$  drachm sat. sol. picric acid;  $\frac{1}{4}$  drachm liquor potassæ; 9 drachms water. Heat uniformly just short of boiling, then boil upper part for one or two minutes. At first the red color largely disappears (kreatinin reaction); but if sugar is present, it again becomes dark on continued boiling. In normal urines (it is claimed) the color does not come back even after prolonged boiling. The presence of albumin does not interfere with the test.

THE CHLORIDES should be tested for in highly febrile affections, and especially pneumonia, where they should be looked for daily. The disappearance of the chlorides, or their marked diminution, is unfavorable, while their reappearance is highly encouraging. The test is most simple—to three drachms of urine add three drops nitric acid, then slowly add a few drops of an 8 per cent. solution of nitrate of silver—one drop at a time. If cheesy lumps are precipitated, the chlorides are normal; if the solution becomes milky, they are diminished; if the solution remains clear, they are absent.

PHOSPHATES.—To detect *earthy* phosphates, fill a test tube six inches long about half full of clear urine, add a few drops of caustic ammonia or caustic potash solution and warm gently until the earthy phosphates separate into flakes; then stand them

aside to precipitate. *Earthy* phosphates are increased, in diseases of the bones, in chronic rheumatoid arthritis, in diseases of the nerve centres, as also after great mental strain; also, by the character of the food and drink. In renal diseases the phosphates are apt to be diminished.

*Alkaline phosphates* are discovered as follows: To a large test tube nearly two-thirds full of clear urine, add one third as much magnesian fluid. *Alkaline* phosphates are chiefly influenced by the food. As to a small degree they are from the disintegration of nervous and muscular tissues, they are increased in inflammations and fevers. Hence, diminished chlorides and increased alkaline phosphate may be looked for in highly inflammatory affections.

PUS.—Urine containing pus is of far more frequent occurrence than is usually supposed. Its presence may always be suspected if the urine is cloudy when voided. This is the most convenient test: After allowing the urine to settle, pour off the supernatant fluid and mix with the deposit an equal amount of liquor potassæ. If the sediment be pus, it immediately becomes a viscid, gelatinous substance which pours like the white of an egg—or, if in excess, it even becomes thoroughly “jellied.”

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## SOME OF DR. AD. LIPPE'S KEYNOTES.

### IV.

By Thomas Lindsley Bradford, M. D.

*Cactus Grand.* Sensation of constriction of the heart as if an iron band prevented its normal movement.

*Calcarea Carb.* She fears she will lose her understanding, or that people will observe her confusion of mind. (See *Glonoine.*)

*Calcarea Carb.* Despairing mood, with fear of disease and misery. (Patient feels very poor.)

*Calcarea Carb.* (Excessive mischievousness, with obstinacy. Thinks and talks of murder, incendiarism, rats, mice.) Mania a potu, with delirious talk about rats, fire, mice and murder. (Worse on opening the eyes.) (Talking of snakes—*Lach.*)

*Calcarea Carb.* Congestion of blood to the head, with heat and stupefying headache; with redness of the face and bloatedness, worse in the morning when awaking, and from spirituous drinks. (Small quantities of wine give headache—*Zinc.* Small quantities of wine make him intoxicated—*Conium.*)

*Calcarea Carb.* (Cracking in the ears on masticating.) (The ear opens with a crack—*Sil.*)

*Calcarea Carb.* Polypus of the nose. (Painful to external pressure—left nostril.)

*Calcarea Carb.* Patient complains of stench before the nose as from manure, gunpowder, or putrid eggs. Smell diminished. (Entire loss of smell or taste—*Natr. mur.*)

*Calcarea Carb.* Itching of the anus. (See *Lyc.*) (When the child has worms and cries much in the night with the anus itching—*Ferrum.*)

*Calcarea Carb.* During coition, erections of too short duration. (The *Calc.* patient is impotent, but still has sexual desire. The *Lycop.* patient is impotent, but without any sexual desire.)

*Calcarea Carb.* Catamenia too early and too profuse. (Swelling and pain in the breast before the catamenia.)

*Calcarea Carb.* Fluor albus, like milk; burning itching, in starts; during micturition; before the catamenia. (Mammæ hard and swollen.) (Membranous dysmennorrhœa.)

*Calcarea Carb.* Ulceration of the lungs. (Especially in stone cutters.) (When you find in men who work in marble factories, who inhale dust, this condition of the lungs, *Calc. carb.* will relieve—I have tried it. It seems that the ulceration is from the fine particles of dust getting into the lungs—sometimes I have seen fine particles of dust in the sputa in mill workers, loom workers, and I have seen *Calc. carb.* relieve them. Dr. Lippe laid great stress on this symptom and I have found it to be true—*Br.*)

*Calcarea Carb.* Sensitiveness and sensation of soreness in the chest, when drawing a deep breath and when touching it. (See *Puls.*) (Soreness in the chest with expectoration more frequent in the morning—*Stannum.*)

*Calcarea Carb.* Varices on the labiæ. (Stinging burning tubercles on the margin of the labia. Much moisture between labia and thighs, with biting pain. Itching or stitches in internal or external vulva, or in both.)

*Calcarea Carb.* Cramp in the bend of the knee, in the calves of the leg, soles of the feet, toes; especially when extending the leg; pulling on the boots.

*Calcarea Carb.* Perspiration of the feet—(foot sweat). (See *Sil.*, *Baryta carb.*, *Carbo veg.*) The patient feels as though she

had on cold, damp stockings. (I have verified this symptom many times—*Br.*)

*Calcarea Carb.* The child is late in learning to walk. (Insufficient development—big-headed babies who do not get teeth—who are pot-bellied—*Calc. carb.* or the *Iodide* will pull them through—*Br.*)

*Calcarea Carb.* Sleeplessness, from many thoughts crowding on the mind. (Especially before midnight. Does not care to sleep, had rather think. The mind turns continually on some thought.)

*Calcarea Carb.* Sleepy the whole day and early in the evening. (On going to bed cannot sleep on account of his thoughts.)

*Calcarea Carb.* Heat with thirst followed by chilliness. (The *Calc. carb.* patient is worse from drinking cold water.)

*Calcarea Carb.* Perspiration from the least exertion, even in the open cold air. (Less indoors. Feels worse after perspiration.) Night sweat especially on head, neck and chest. Night sweat, sticky only on the legs. (Or on front part of the body.)

*Calcarea Carb.* Polypus—nose, ear, uterus. (I have verified the benefit that may be derived from *Calc. c.* in cases of polypus many times—*Br.*)

*Calcarea Carb.* (*Calcarea* should not often be repeated in adults.)

*Calcarea Carb.* Better after breakfast; on rising, from drawing up the limbs; from loosening the garments; (in dry weather; with the head low. Better with the head high—*Bell.*) (The *Phos.* patient can not wait for breakfast, he is so faint; the *Calc. c.* patient can wait, but both are better after breakfast.)

*Calcarea Carb.* Sprains from overlifting. (Sprains easily, tries to do what he has done before, is weaker than before, and can not.) (See *Rhus tox.*)

*Camphor.* Food tastes bitter. (Acid vomiting or sour. The *Veratrum* vomiting is bitter or frothy vomiting.)

*Camphor.* Strangury with tenesmus of the neck of the bladder. (Useful in strangury from Old School treatment, blistering, etc.) (Trembling in internal parts—*Camphor.* Trembling in external parts—*Veratrum.*)

*Camphor.* Sexual desire wanting. Impotence. (Impotence with mental desire.)

*Camphor.* Diminished circulation of the blood to the parts most distant from the heart. Icy coldness of the body with paleness of the face. (Dr. Lippe laid great stress on this symptom. —*Br.*)

*Camphor.* The blood does not circulate to the parts distant from the heart.

*Camphor.* Heat with distended veins, aggravated from every movement. (Camphor patient has no wish to uncover during heat and sweat. The *Veratrum* patient wants to uncover.)

*Camphor.* Great sensitiveness to cold air; the pains are aggravated by it. (The aggravation is at afternoon and night; from open air, from uncovering; from closing the eyes; from pressure; sunlight; and after sleep. Better indoors, warmth of the bed, from drinking beer, cold water, lying on the back. For abuse of *Camphor—Phos.*)

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PRACTICAL ITEMS AND SUGGESTIONS FROM  
TRANSACTIONS OF THE HOMŒOPATHIC  
MEDICAL SOCIETY OF THE STATE OF  
NEW YORK, 1896.

Chronic Urticaria.

Dr. Geo. Frederick Laidlaw: "Of all the internal remedies for chronic urticaria, however, those selected in accordance with the law of Homœopathy give the most satisfactory results. Those that have helped me most are *Chloral hydrate* in the first and third decimal dilutions, *Apis* in the tincture or third dilution, *Urtica urens* tincture and *Hepar sulphur* in the twelfth. I have also prescribed antipyrin, but without benefit. I may mention here *Urtica urens* is not the specific for urticaria that some authors would have us believe; neither is *Chloral hydrate*, though both are useful remedies in certain selected cases. With his exact indications for the selection of a remedy, the homœopath has a distinct advantage over his allopathic confrere, and, at times, will make a brilliant and permanent cure with a remedy chosen according to the symptoms present. I say at times, because I have met cases of urticaria in which the most carefully selected drugs of both schools of medicine were without affect and the cure was finally found in the field of dietetics instead of medicine."

**Naphthalin in Whooping Cough.**

Dr. W. Louis Hartman: "In treating children we are often disappointed in our results; in making prescriptions we think we have just the right thing in the right place, but when we come to see our case again we are confronted with the same condition that we had before. We may say the same in adults, but not so often. In whooping cough in the very young who are unable to tell us how they feel we must rely on what the mother may tell us; but how often do we find mothers who cannot tell their own symptoms, let alone those of their children? Now, what do we do? Sit and look wise and guess at our prescriptions while we hear the little fellow coughing, in fact trying to cough his head off and at the same time lose his breath."

"Well, now while you are thinking and looking wise in this case, just think of *Naphthalin* and give a tablet triturate of the I<sup>x</sup> every two hours, and when you are consulted the next time you will not be annoyed with the dreadful choking spell. Now in prescribing this remedy it is not necessary to wait until the child chokes to death with the cough, but give it from the first and you will be surprised how it will cut the disease short. I do not know as I have ever given this remedy without receiving benefit, and in many cases it was unnecessary to give any other remedy to cure the case; if it is, *Drosera* will follow best."

"The grand characteristic of this remedy is long and continued paroxysms of coughing, unable to get a respiration, sometimes so violent as to cause perspiration."

"This remedy is not only good in whooping cough, but in any condition where you get the above symptoms *Naphthalin* will cure your case just the same. Now my experience with this remedy where I have prescribed above the I<sup>x</sup> has been very unsatisfactory, so, of late, I only use the one potency."

**Cicuta and Passiflora.**

Dr. E. H. Wolcott: *Cicuta* is one of our very best remedies for convulsions in children, especially where there is redness of the face, frightful distortions of the whole body, general prostration and the presence of worms.

Dr. W. L. Hartman: *Passiflora* may prove useful for convulsions. Hale recommends it for tetanus in the horse. A horse was brought to me with tetanus caused by a rusty nail piercing the foot. In about five days I administered seven

pounds of Merrall's so-called alkaloid and cured the case; there were no more convulsions after the first pound; at the end of twenty-four hours the horse began eating. I have seen similar cases, that did not receive *Passiflora*, die. I think the tincture more reliable than Merrall's alkaloid.

Dr. F. Park Lewis: *Passiflora* is usually recommended in very large doses. How can we avoid them?

Dr. John L. Moffat: I have found it useful for nervous sleeplessness, also for one-sided coryza which alternates as the patient lies on one side or the other, but have never given larger doses than two teaspoonfuls from a tumbler of water to which ten drops of the tincture have been added. Frequently I dissolve in a glass of water a number of pellets medicated with the tincture. One nervous patient found this relieve a pain in the left side.

#### Amblyopia.

Dr. H. D. Schenck on amblyopia caused by tobacco or alcohol. "If the poison can be eliminated from the system before atrophy has occurred the cases promise well. This last sentence furnishes the clue to the most important point in the treatment of toxic amblyopias, particularly those caused by alcohol and tobacco. Eliminate the poison by insisting on total abstinence from the drugs. Unless this can be accomplished your treatment will fail and the want of will power to cease the use of these stimulants is a very frequent cause of failure. Sometimes the use of a moderate dose of tincture of *avena sativa* three or four times a day fills the place of the alcohol until the appetite is conquered." *Arsenicum* 3x he found to be the best remedy for amblyopia.

#### Exophthalmic Goitre.

Dr. Geo. R. Stearns reported a case of exophthalmic goitre in an ill-nourished young woman of poor family, that rapidly improved under 5 drop doses of *Lycopus*, and whose physical condition was much benefited by the use of peptonoids and Hensel's Tonicum. "The action of *Lycopus* was, however, so marked in the prompt and permanent relief afforded to the most troublesome and distressing features of the disease as apparently to warrant curing the case as fully as has been done here."

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For a diseased rectum there is no better remedy than *Ratanhia*, internally and externally.

THERAPEUTIC AND OTHER GLEANINGS FROM  
TRANSACTIONS OF AMERICAN INSTITUTE  
OF HOMŒOPATHY FOR 1896.

In the discussion on materia medica, Dr. Bushrod James gave two illustrations which seem to demonstrate that until we have a better, we can still very comfortably rely on Hahnemann's materia medica as expounded in the "Materia Medica Pura" and the "Chronic Diseases." Dr. James said: "Just now I recall a case while visiting physician to a children's home, and was called to look at the case of a little boy, who, while he had some peculiar symptoms, could tell but little of himself. The peculiar expression and action of his eyes, face and tongue presented a picture of *Stramonium*. The nurse told me the child had eaten something which had been given him through the fence by some other boys outside. I examined the substance of which he had eaten and found they were *Stramonium* seeds; he was suffering from *Stramonium* poisoning, and any one looking at the boy could see *Stramonium* symptoms written all over him. Another illustrative case: A man came to my office with dilated pupils, flushed face and all the symptoms of congestion—a perfect picture of *Belladonna*, although none of his statements helped me as to the cause. I asked him if he had any *Atropine* put in his eyes. He said he had not. I asked him if he had been taking any *Belladonna*, and received another negative answer. Upon probing further, I found he had been using a *Belladonna* plaster once a week on his chest, and his symptoms were also worse once a week, following at the same time. He was a perfect picture of *Belladonna*—in fact, had a proving of it from that plaster. I prescribe my remedy from the picture I have of the remedy and the disease in my mind at the time of prescribing."

Dr. Frank Kraft affirms that: "Not every man with a silk hat, a preoccupied air, a Sunday School smile and a small satchel is a Homœopathic physician; he may be a piano tuner or a drug agent. Not every red nose is a rum blossom; it may be from tea, tight corsets, heart disease, weeping or even a blow on the nose. Not every *Belladonna* patient has a red face; it may be white. Not every tall man is a *Rhus* or *Phos.* patient; he may be *Nux.* But under the rule of average, or composite, or type, it is safe to assume that the genteel party with the shiny Prince Albert and obstetrical satchel is a doctor, and the tall man is a *Phos.* or *Rhus* patient."

Dr. C. F. Menninger has observed that "the continuation of the indicated remedy after amelioration has set in has universally brought on aggravation of old symptoms and the appearance of new symptoms; that diseases were rendered more difficult of cure afterwards and causing them to be greatly protracted."

Dr. W. J. Hawkes: "It can truthfully be said of all the hundreds of medicinal substances proven and in use by Hahnemann a hundred years ago, and by his followers during the century, the close of which we now celebrate, that not one has been laid on the shelf as useless. Each one does its work as well and promptly to-day, under like conditions, as it did at any time in its history."

Also: "Much, also, has been attempted in the direction of pruning the materia medica of its real and presumed dead branches. The most pretentious and recent of these in literature is the 'Cyclopædia of Drug Pathogenesis.' Judging from my own study of this work, more good fruit than dead branches have been lopped off; in the 'sifting' process more wheat than chaff has been eliminated."

Dr. T. P. Wilson: "The Homœopathic Materia Medica is no vague and uncertain thing. It is securely based upon experimental examination of each particular drug; and it is a cardinal law, not merely of the Homœopathic School, but of science as applied to medicine, that, in *usus morbi*, the autonomy of each drug shall be strictly maintained. This precludes the right of any one to mechanically mix two or more drugs. Polypharmacy is, in one, the shame and weakness of medical art. It always has been; and the lamentations of the better class of non-homœopathic practitioners, over the sad effects of mixing drugs, is equalled only by the cry of despair which they utter in the vain attempt to cast this octopus from their shoulders."

#### Lapis Albus.

Dr. W. A. Dewey: "My experience with this remedy, and I have been somewhat interested in it, dates from about 1876. At that time a member of my own family had an enlargement of one of the cervical glands. It was nearly as large as a hen's egg, and had a soft, doughy feel. Under *Lapis albus* 6, prescribed, I believe, by Dr. G. E. E. Sparhawk, now of Burlington, Vt., the swelling speedily and completely disappeared. A peculiar and unusual symptom noticed by this patient while taking the medicine was a marked increase in the appetite; it became ravenous."

“Since that time I have used the remedy in many cases of scrofulous enlargement of the cervical glands, and find that it is almost specific where the glands have a certain amount of elasticity and pliability about them, rather than a stony hardness, such as might call for *Calcarea fluorica*, *Cistus* or *Carbo animalis*.”

“One case in particular which I recall was a young lady, about twenty years of age, a natural blonde, skin fair, bluish white, showing prominent veins, who had a glandular enlargement in the right supra-clavicular region, nearly the size of a goose egg, and one somewhat smaller a little further back in the interval between the sterno-cleido-mastoid and trapezius muscles. These had a certain amount of hardness, but they were movable. Others of the cervical chain were also enlarged, the right side being the only one affected. As the young lady was engaged to be married, these unsightly lumps were very distressing. *Lapis albus* 6, a powder four times a day. in a week caused a marked diminution of the size of the glands, and in three weeks they were not noticeable, and eventually entirely disappeared. This patient also had a ravenous appetite while taking the remedy, an unusual thing for her. Her anæmic color and complexion were also greatly improved.”

“The most remarkable effect of the use of the remedy I have had was in a case of goitre in a lady of about thirty-five, blonde, who had for over a year noticed a gradual increase in the size of the thyroid gland, until it was as large as a good-sized fist, when she came to me. Both halves of the gland seemed to be equally involved. It did not appear to be of the encapsulated variety. This patient had received previous homœopathic treatment, having had *Spongia*, *Iodine*, *Thuja*, as well as some other remedies. *Lapis albus* 6 was prescribed, a dose every three hours. The swelling began to disappear at once, and continued to diminish in size until it completely disappeared, and at the present time over five years have passed with no return of the trouble.”

The remedy is of no use where the growth has progressed to ulceration or is open.

### Surgery and Gynecology.

There is a great deal of very plain talk reported in both these sections. The subject of cutting out cancer came up. Dr. T.

F. Allen maintained that cancer is not a local disease and on the averaged life is not prolonged by an operation. "What I want to know of these gynecologists is, how many more patients of cancer of the uterus will be alive in five years from operative measures than would be alive in five or ten years from internal treatment."

To this Dr. J. C. Wood, author of the well-known work on "Gynecology" replied: "I shall answer the doctor by stating that in every case which I have operated upon I have had that uterus examined by an expert microscopist. I performed my first vaginal hysterectomy in March, 1866, which I believe was the first vaginal hysterectomy performed by any member of the Homœopathic School. Since that time I have made in all fifty-eight hysterectomies, both vaginal and abdominal, for cancer. Out of that number I lost five. I have lost sight of ten of the fifty-three patients who survived the primary operation. All may be dead, but this is hardly probable. Of the forty-three patients whom I have been able to locate, in not one single instance has the disease returned. Perhaps twenty of these cases were operated upon within the last two years, and the time is yet too short to pronounce them cured. Of the remaining cases from three to nine years have elapsed, and I think we are justified in pronouncing them cured.

"I do not believe that cancer at its beginning is a constitutional disease. It has all the characteristics of a local affection at its onset; and, according to the very best statistics which we have, cancer is traceable to heredity in about 7 per cent. of all cases. Whether cancer is of embryonic or of parasitic origin we are yet in doubt, nor is this so important."

There was lots of breezy discussion of the cancer question, of which here is an interesting specimen:

Dr. Runnels: "I would like to ask you [Dr. Allen] a question: Supposing there is a suspicious case, and you note from month to month there is progressive degeneration going on, what are you going to do? Just how long are you going to adhere wholly to medication? Will you persist with internal remedies to the exclusion of every other line of treatment?"

Dr. Allen: "I will tell you. A woman came to me with trouble in her rectum. On examination of the rectum with my finger I found a hard, irregular nodule, and her defæcations were extremely painful; she was passing blood and a little

mucus. I took her to a pretty good specialist in New York. He took me one side. He said: 'Your patient is doomed; she has cancer of the rectum,' and stated that an operation was the only thing that could be done for her. I said: 'Will that cure her?' 'Well,' he said, 'it will give her comfort and prolong her life. It will probably come back; they generally return in the liver.' So I told this good woman that the doctor thought there was a degeneration, and that by having an operation her chances of suffering would be greatly lessened. She had a horror of the knife and said: 'Let us try for the summer.' I said: 'We are losing time, and if you feel by and by that you neglected this matter I shall feel sorry myself.' But she said: 'No, I want you to prescribe for me and we will wait.' I could not say any more and I prescribed for her, studied her case as carefully as I could and gave her *Magnesium muriaticum*. *Magnesium muriaticum* had no relation to the scirrhus degeneration of the wall of the rectum, but I gave it on account of the symptoms of distress in the evacuation of the bowels, on account of the hepatic symptoms. Here was the symptomatology pure and simple. She began to have easy movements; the blood and mucus disappeared from the passages, and within a year the rectum became absolutely healthy. I showed the case to the specialist and he said: 'What has become of the cancer?'"

(Gentlemen, take a look into Burnett's last book, just out, "Organ Diseases of Women.")

### To Do Away With Spectacles.

Dr. F. Parke Lewis: "There is a race of bushmen in South Africa who are said by travelers to have telescopic vision. A lion is recognized while he is still far beyond the limits of ordinary vision. This visual development is derived, according to Herbert Spencer, through necessity. If this be true, and it seems to have been well authenticated, it suggests possibilities of development of greatest importance. Corneal curves are not constant factors, astigmatism is not a stationary process, keratoconus is not a congenital stigma, the extension of the sclera in progressive myopia is an abnormal and diseased condition, the limits of development of the extra and intra-ocular muscles have never been scientifically determined. Is it not wholly possible that there may be a reaction in the near future, and that in the young subject at least methods may be devised and systematically and scientifically followed through which, by proper use and

proper habits, we may renounce our efforts to rest and relieve the tired eyes by the use of ocular crutches in the shape of spectacles of whatsoever device? and that we may strive to develop the immature organ until it reaches more nearly the complete standard of normal development? making personal effort take the place once more of mechanical contrivances and granting to the nerves and will yet greater governing power!"

Dr. Harold Wilson got off a query anent the care taken to educate the blighted specimens of humanity with which the world abounds that was rather startling. "The labor which is expended in the development of intelligence in idiots is worthy of our respect. I question whether it is worthy of our entire commendation. I do not believe that human life, as mere human life, is so valuable that where it exists, in however degraded a condition, it should be our end and aim to preserve and educate and foster it. This may sound unchristian, it may be heretical, but I believe it is the natural and rational feeling. It is true that some idiots have learned to be less idiotic. Some of them have even learned to take care of themselves, and all this shows very beautifully what education can do. I do not wish to be unduly critical, but incidentally I should like to propound the query as to whether all this labor is in the end of real value to the human race, however beautifully it may illustrate the possibilities of awakening the dormant functions of sensation, or the traces of intelligence."

#### Stramonium.

Dr. Selden H. Talcott's paper was on this drug and illustrated with a number of cases. The drug is an unique one; it is not narcotic but produces primarily nerve insensibility, but when this passes comes the reaction and then, "The most appalling visions of dragon, and gorgon, and apocryphal wild beasts are born within the brain of the victim or prover of *Stramonium*. Under the influence of an excited imagination (the effects upon the cerebrum of this peculiar and overpowering drug) the prover sees strange animals coming from all corners of the room. He sees trains of bed-bugs, and processions of beetles, and hosts of cockroaches. He sees ants and bugs, and rats and mice, and frightful figures of many direful shapes and forms. He sees his own executioner. He see lizards, and worms, and snakes. He hears voices of men talking in foreign tongues. He feels that a dog is biting and tearing the flesh from his chest. These hal-

lucinations of sight and hearing and feeling all impel the victim to a condition of profound, abject, cowardly and retreating fear. Similar mental states are observed in acute mania, in delirium tremens, and in acute delirious mania. In medical practice such states and symptoms call for the use of *Stramonium*. Whenever we find intense physical and mental excitement, coupled with abject and profound fear—a fear that is demonstrated by the most positive expressions of horror—then we may administer *Stramonium* with confidence in its ability to effect relief. A peculiar numbness, or insensibility, often precedes the maniacal outbreak.”

“*Belladonna* is intensely excitable, and periodically pugilistic. *Hyoscyamus* has a jolly delirium, with tendencies to obscene abandon. *Veratrum alb.* has violent mania and religious apprehensions, coupled with a condition of physical collapse. *Stramonium* has all the physical unrest of the remedies which we have named, and likewise all the maniacal excitement of these three drugs. In addition, *Stramonium* has those sensations and fears which must have filled and overpowered the heart and soul of Prometheus, when he was bound upon the rock, where for thirty years he suffered physical tortures which were relentlessly administered by the beak and claws of the devouring vulture which fed upon his liver.”

Dr. Talcott's paper closed as follows, and the words are worthy of careful study, for surely, if any one has an opportunity to confirm the value of the homœopathic law, it is the head of such an establishment as that of the great asylum at Middletown, N. Y. “In the treatment of the mental diseases, so-called, we find that the more carefully and accurately the homœopathic remedy is applied according to the ‘totality of symptoms,’ the more surely the patient is relieved of both mental distress and physical degeneration. At the same time, we cannot rely wholly upon the effects of any remedy. The causes of mental disorder must be removed; the sanitary conditions which surrounded the patient must be the best that are known to modern science. Mental and spiritual hygiene must be applied with scrupulous care. The means and measures for rebuilding the physical forces by the use of suitable diet, given under proper conditions, must be attended to with religious perseverance and fidelity. As each remedy should be given according to the ‘totality of symptoms,’ so, in the reconstruction of a degenerate

human system, the totality of advantages and opportunities must be strenuously monopolized. In the administration of drugs for the cure of mental and nervous disorders, we should exercise profound patience and calmly await the effects of a selected remedy without introducing new and unnecessary drugs. Sometimes we are in such a horrible and hustling hurry to accomplish the desired end that we do not wait to secure the best and happiest results which might follow the persistent use of the indicated remedy."

**" A Member."**

Among the "discussions" following one of the papers in the "Section of Sanitary Science" we find the following rather racy one credited to "a member."

A Member: I do not feel able to do justice to this paper just read in the limited time I have to speak extemporaneously, having but a very few minutes to look over or know that I was to discuss this very valuable paper. Permit me to say, parenthetically, that no section of this Institute is so pregnant, and almost forcing its mature progeny upon us to as great advantage, as this subject of sanitary science.

Bring on the skilled accoucheur and let the delivery proceed at an early day of our next meeting.

The millions of treasure sacrificed in prosecuting the theory of tuberculous tests in cattle, and the prevention of anthrax in sheep, and the fatality in the attempted curing of consumption (tuberculosis) in the human, and rabies inoculation for the cure of the bite of rabid animals, marks an epoch which should, and soon will, demand a halt in all such ill-advised adventures.

"The paper referred to the moneys expended by the State, and the prompt 'stamping out of contagious diseases.'"

"The order of the State Board of Health to fumigate school-houses and private residences was followed by a continuation of laryngeal, pharyngeal and bronchial inflammations, frequently diagnosed diphtheria and pneumonia, and followed by the great fatality of those diseases in the hands of such diagnosticians and boards of health and panderers to 'fads' and ill-advised methods named 'scientific.'"

"The epidemic of smallpox in Detroit and of diphtheria in Bay City are two examples of the 'stamping out' process, good for doctors' purses, but severe on the confiding people, but I am glad to say many conscientious doctors protested, and only submitted to so much as obedience to law made necessary."

“The fact is that the same board of health requiring *Sulphur* fumigation gave strict caution to avoid exposure of persons to the fumes, and now have learned that the process of *Sulphur* fumigation is not only injurious, but that diphtheria germs actually thrive in that media. Such are the great inconsistencies of ‘fads’ and boards of health. to wit: More people are killed and more property destroyed, and more sickness caused, than would follow common every-day good sense, *i. e.*, keep clean and avoid frequent changes and exposures, and eat good wholesome food at regular intervals, having regular and wholesome exercise every day.”

“‘But,’ do you ask, ‘are there no prophylactics!’ I answer yes, each disease has its own prophylactic, and with this must also be considered the individual, the environment and the epidemic. The curative remedy will prevent more certainly than any antiseptic supposed to destroy the specific germ.”

“Syphilis can only be prevented by education. Teach men to love, to become good husbands and fathers; women to be constant, good wives and mothers. Teach all humanity to adore the home and honor those who maintain homes; to discourage all who would or do make a home public or interfere with the sanctity of pure family life, and discredit the gossip monger and disturber of domestic peace.”

“The modern woman despises the family and children, and is therefore a menace to home and happiness, and is a standing enemy to purity.”

“Klebs-Loeffler.”

Dr. R. N. Tooker: “If the Klebs-Loeffler bacillus is the cause of diphtheria, it should be found in all and every case of the disease. But it is *not* always present. In a considerable percentage of cases it cannot be found. Still, again, the Klebs-Loeffler bacillus, if the cause of diphtheria, should, according to all analogy, disappear as soon as convalescence is well established. On the contrary, in many cases of pronounced and unmistakable diphtheria it is sometimes, nay often, that the bacilli exist in colonial swarms for weeks and even months after recovery is complete.”

Per contra: C. E. Kinyon, M. D.: “I protest against articles of this sort going in without discussion. Dr. Tooker knows as well as anybody that the mere fact that you cannot find the germ in every case is no proof that it is not present or has not

been present. There isn't a shadow of doubt but that the specific germ is the cause of the disease."

### Clinical Experience.

G. W. Bowen, M. D.: "A wealthy man lost two children with diphtheria; a doctor was called in and said another one must go. He said: 'Doctor, if you will save that child I will give you \$500.' The doctor went to his office and got *Arsenicum* and gave it to the child, one-tenth of a grain every hour, for three hours. He said he saw an improvement; he was an Allopath. He took my advice and put the doses further apart. He then gave it two hours one-tenth of a grain of *Arsenious acid*; he went on two hours apart for about twelve hours. Then he came to me and asked: 'What shall I do?' I said: 'Go on four hours apart.' He saved the child. He got his \$500. Now, since that I have learned something; I haven't lost a case of diphtheria for three years. I had a case of smallpox and gave five grains of *Arsenious acid*, in five days, and brought the patient through it; he didn't have to take any antidotes for the *Arsenic*. That gave me some more knowledge of *Arsenic*. There is no question but that this will either kill or save I have since given the one-hundredth of a grain of *Arsenious acid* every hour until I gave three or four doses, and then further apart; if the patient improves, still further apart. I believe the *Arsenicum* will prevent decomposition, will prevent the formation of the diphtheritic membrane for other children exposed and to prevent it. I give the same medicine. only putting the dose three hours apart for three days, then six hours apart for three days; so if you should get too much *Arsenic* down you can give antidotes later. I learned that the *Arsenic* does not kill on sight; consequently you have time to antidote, if necessary, after you have cheated death. I have told several others of it, and while they gave *Arsenicum* in larger doses they saved their patients. I give you the knowledge I gained and I really feel that it is safe to follow. Now, I believe you can give the *Arsenic* and not endanger the life of the patient. I believe it is safe, when you think the chances are nine out of ten against saving the patient, to try the *Arsenious acid* and run the risk, and you will probably save the patient."

## ANGINA PECTORIS THERAPEUTICS.

By Thomas C. Duncan, M. D., Professor of Diseases of the Chest, National Medical College, Chicago.

I desire to draw out from the readers of the HOMŒOPATHIC RECORDER their experience in the treatment of certain diseases of the heart.

Angina pectoris, or neuralgia of the heart, is divided into two varieties—one functional and the other dependent upon organic changes in the heart itself. The first form, I am inclined to believe, is dependent upon a spinal hyperæmia, involving the spinal nerves that supply the cardiac plexus. In the second form there may be a spinal hyperæmia also as 'the exciting cause. This is the form of angina pectoris that is looked upon as not only incurable, but surely and slowly fatal.

Before I record my own experience I quote the following from that rich storehouse of medical experience, Jahr's *Forty Years' Practice*. Possibly some of your readers may have met as equally interesting cases in their private practice. If so they should certainly be recorded.

"This disease, which has only occurred to me once in its true form during the whole course of my practice (says Jahr), and for which various homœopaths of the Paris Eclectic School have proposed all sorts of remedies except those that are the only right ones, was cured very rapidly by means of *Arsenicum*, *Spongia* and *Veratrum album*.

"This patient was over sixty years old, arthritic and affected with ossification of the valves. From time to time, especially when walking, and sometimes at night, he was suddenly attacked with tightness about the heart, pressure on the chest, difficulty of breathing and a suffocative constriction of the chest, which sometimes became so distressing that he perspired from agony and became weak even to the degree of syncope.

"A single dose of *Arsenicum* 30th, two globules given during the paroxysm, relieved it almost immediately, and six months elapsed before another attack set in, whereas heretofore the paroxysms had occurred every week. For the second attack I again gave *Arsenicum* 30th, which indeed relieved the paroxysm immediately, without, however, preventing a return five days after [should he not have given a higher potency of the *Arseni-*

cum]. I now gave him *Veratrum alb.*, after which the patient again enjoyed a free interval for six months. I now again returned to *Arsenicum* followed by *Veratrum alb.*, but was unable to obtain the same results as formerly, and therefore selected *Spongia*. There was again a free interval for six months, after which I again gave *Arsenicum* for another paroxysm. This remedy now acted as the first time with such radical effect that the patient remained free from any further attacks for two years, when he died of pneumonia on one of his journeys, under allopathic treatment."

The heart condition was doubtless that of ossification of the aortic valves. These valves are the ones usually affected in the aged. The constriction of the chest would indicate spinal hyperæmia. The symptoms here given are not those of *Cactus*, but do point strongly to *Arsenicum*, e. g.: "Violent palpitation of the heart, especially at night, visible and audible [see *Digitalis* and *Spigelia*], with anguish." "Oppression of breathing on walking fast, or ascending a height." "Oppression, want of breath, must spring out of bed at midnight." "Constriction of the chest, with great anxiety and restlessness evenings." The *Veratrum* constriction is more pectoral, and that of *Spongia* laryngeal. The *Arsenicum* relieved the spinal hyperæmia, but did not remove the ossification. For angina pectoris depending upon fatty degeneration of the heart *Gelsemium* and *Belladonna* are good palliatives, says Dr. Hempel.

Spinal hyperæmia with a sound heart makes a bad complication in cases of pneumonia, and it is not surprising that Dr. Jahr's old man died from that severely acute disease with such wounded heart.

### That New Heart Remedy.

*Cratægus* referred to in the December number of the RECORDER may prove a valuable remedy in angina. The many cases cured by the famous old Dr. Green must have included cases of stenocardia. The cases reported by Dr. Jennings are those of positive heart failure—one from œdema, one from anæmia, and the other from cardiac debility dependent upon progressive hypertrophy and mitral insufficiency

I am experimenting with this new remedy, which promises to prove as valuable an addition to our meagre heart remedies as has *Cactus*. I hope that your readers will all get *Cratægus* and

test it in various potencies. From members of the class of the National Medical College who are proving it I shall look for reports of interest.

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**ANNUAL REUNION OF THE ALUMNI ASSOCIATION  
OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE AND HOSPITAL.**

The annual reunion and banquet will be held at Delmonico's on Thursday evening, April 29th. The business meeting will be called at 6:30 and the dinner served promptly at 7:30. The post prandial programme, arranged by Dr. A. B. Norton, toastmaster, will be the most elaborate in the history of this association, owing to the great prominence and high repute of the speakers secured. The list of those who will respond to toasts is as follows: Prof. Wm. Tod Helmuth, Rev. Dr. W. S. Rainsford, Hamilton Wright Mabie, Prof. Chas. E. Walters, of Cincinnati, O.; Rev. Dr. N. W. Stryker, President of Hamilton University; Wm. F. Randall, A. M., and Dr. Clifford Pardee. M. Ericson Bushnell, the well known singer, will contribute to the entertainment.

The Executive Committee extends a cordial welcome to all alumni and their friends to meet with us this year. Banquet cards should be ordered at once and can be secured by addressing

J. W. DOWLING, M. D.,  
*Corresponding Secretary.*

*8 W. 45th St., New York City.*

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**TO MEMBERS OF THE MEDICAL PROFESSION,  
INDIVIDUALLY, IN THE INTEREST OF  
MEDICAL SCIENCE.**

As there is evidence tending to prove the theory that all persons predisposed by heredity to consumption have a respiratory capacity or action insufficient for good, vigorous health, probably a proportionately small chest with insufficiency of lung membrane, that the predisposition is mainly or primarily due to this cause; in other words, that the insufficient respiratory function is the special primary feature of the predisposition (a condition which may be, practically, acquired by habit, occupation, etc.),

I desire the co-operation of the profession in an endeavor to help to establish, by means of collective investigations, the correctness or otherwise of this theory.

In this behalf I hereby ask all physicians who have patients predisposed to, or in the early stage of consumption, to send to me on a post card (will suffice) the information below indicated. As soon as I can study and collate the replies, I shall make the results known to the profession.

Give (1) name (or initials); (2) sex; (3) age; (4) occupation; (5) height; (6) weight (average when in usual state of health); (7) circumference of the chest on a level with sixth costo-sternal articulation when momentarily at rest after an ordinary expiration, and also (8) after habitual natural expansion or inspiration, which last (8) usually exceeds the first measurement, expiration (7), by an increase of only about one-fourth of an inch; finally (9), the circumference after a *forced* expiration and also (10) after a forced inspiration (these two measurements, 9 and 10, varying or showing a range of from  $1\frac{1}{2}$  to 4 inches). The patient should, of course, be as calm as possible, and had better, usually, practice the *forced* breathing for a few acts before these two last measurements, 9 and 10, are taken.

To be of value all four measurements should be taken as carefully, accurately and free from haste as possible.

Any further information, in brief, as to degree of heredity (family history) in cases, *prominent* symptoms, loss in weight, cough, dullness on percussion, etc., etc., or any remarks, will be a decided advantage.

Measurements of two cases, or several, or the average, could be given on one card.

With the hope that many will comply with the above request, and with much respect for and interest in the profession, I am,

Yours truly,

(Address)

EDWARD PLAYTER, M. D.

Ottawa, Ontario.

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## THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.

The Eastern Ohio Homœopathic Medical Society will hold its next semi-annual meeting in Akron, Ohio, April 21st, 1897. An interesting and profitable session is already assured.

The Homœopathic Medical Society of Ohio will meet in an-

nual session at Akron, Ohio, May 11th and 12th, 1897. Able and well-known physicians from outside the State will be present and the intervening evening will be given up to addresses from them upon medical lines and topics of general interest. While the physical man will be able to find an abundance of the things needful for the body, the mental man will be given precedence, together with the cultivation of a warm fraternal feeling.

R. B. CARTER, M. D.,

*Akron, Ohio.*

*Secretary.*

PROFESSOR SCHWENNINGER, OF BERLIN, THE  
PERSONAL PHYSICIAN OF PRINCE BIS-  
MARCK, ON MEDICAL EDUCATION.

In connection with the article of doctor Heysinger in our February number on the *Importance of Systematic Diagnosis*, and which was read before the December meeting of the Germantown Medical Society of Philadelphia, we make the following extracts from a letter of Dr. Schwenninger, dated January 10, 1897, and published by the *New York Journal* in a recent issue.

It will be seen that this eminent authority lays stress on many of the subjects emphasized in the previously read paper by Dr. Heysinger, and their importance for a practicing physician can certainly not be overestimated. Says Professor Schwenninger:

Nowadays our young physicians learn nothing of the past of medicine except to despise it. Yet it is an indisputable fact that our older physicians are better trained than their recent colleagues. I charge the universities and other learned institutions with neglecting these most essential branches of education: Logic, mathematics and the history of medicine.

And to the professors I say, Do not try to make of each pupil a specialist. The old abuse of forcing medical candidates to attend lectures that they do not understand and cannot understand must cease. We must have chemical, physical, botanical, anatomical and pathological faculties for plain everyday men—for women, if you will—and not merely for scientists, and the lectures must not appeal to specialists, explorers and savants exclusively.

Anatomy must not be carved up in numberless subdivisions and sub-subdivisions, as is done now; it should be presented to candidates as an entirety, topographically and practically descriptive. Have you ever heard that a doctor was called in to examine a leg severed from the body or a lung lying in bed by itself, or a head after the renowned M. Diebler had toyed with it? You smile. Why, then, try to educate candidates by showing them these members in a dead or half decayed condition? The

object which should incite the student's most ardent circumspection is the living body; it is man as he or she breathes, works and rests. His principal and most exhaustive work should be confined to human subjects in all stages of life, young, middle-aged and old, and of all bodily conditions, sound, suffering and diseased.

The living body he must be taught to investigate by his eyes, by touch, by knocking and listening. I say, turn our young candidates loose on live people. Let him understand the outward form of man by knowing his interior, and from outward aspects let him draw conclusions as to the living subjects the underlying parts, the intestines, the muscles, the nerves, the bones, the organs and their connections, and not until they can accomplish that are they introduced to models of the human body.

When they understand the inner man from the sense of touch, by ear and by sight, then they may approach the cadaver with knife and microscope.

My motto is: Keep your eye fixed upon the bodily entirety; progress from outward form slowly into the interior, step by step, and then return from the interior to outward form, thus starting with the living tissue and returning to it. . . . .

Instead of zoology proper the comparative anatomy and physiology of animal and plant life should be taught far more fully than is done now. Microbes and parasites may be introduced in connection therewith.

If I had my own way about teaching medicine, I would insist upon it that the entire course of studies above set forth should be acquired and assimilated and demonstrated at a hospital where nearly as many healthy as sick members of humanity congregate. . . . .

After a year's theoretical education the candidates should pass an examination in all the branches of science named except in logic and mathematics, for these latter are taught only to sharpen the student's intellect and guide his judgment. Do not you examiners be too sharp after mere matters of memory, names and titles and the like, but investigate whether the substance of the thing has become identified with the pupil. If that be not the case, send him back to his books for another year; but if, after a twelvemonth, he again disappoints, persuade him, for the love of humanity, to seek another profession.

SCHWENNINGER.

*Berlin, January 10, 1897.*

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## BOOK NOTICES AND GOSSIP.

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**Organ Diseases of Women.** Notably Enlargements and Displacements of the Uterus and Sterility Considered as Curable by Medicine. By J. Compton Burnett, M. D. 156 pages. Cloth. (\$1.00; by mail, \$1.05.) Philadelphia: Boericke & Tafel. 1897.

Another of that remarkable series of books by Dr. Burnett,

wherein he points the way to cures by medicine of conditions hitherto regarded as incurable. Many voices of protest of late have been raised in the medical profession against the increasing tendency to operate on woman for the ills peculiar to her sex, but none of them point the way to a better treatment; they seem to realize that there ought to be such a way, but—have not found it. Dr. Burnett, with his "organ remedies," high potency nosodes and homœopathic remedies, *has* found it, and, in this book, given his method to the world. His books have thousands of admirers, who have greatly profited by them; and, also, have many critics who are skeptical; to the latter it may be said—as the older homœopaths said to their critics—"try it." We will give an abstract of one case to show the drift of the book, though it may be added that the majority of the cases reported required more than one remedy. The case in question was one of "excessive enlargement of the womb." The patient, a woman of thirty-eight, had come "all across the world" to have her womb cut out, by the advice of five physicians, and the day for the operation had been set and all the arrangements made. At earnest solicitation of her sister, however, she at last consented to postpone the operation for a short time to see if Dr. Burnett could do anything with his "organ remedies." "Briefly, it was a case of a hugely hypertrophied uterus, that was so much in excess of the space nature had for its storage that the unfortunate lady could do nothing whatever, and it was barely possible to even keep the immense mass somewhat propped up with the aid of a very large pessary. The womb had been scraped by one surgeon, systematically curetted by another, and vigorously cauterized by a third, but it seemingly only got bigger."

The pessary was removed and the patient put on five drops of the tincture of *Fraxinus Americanus*. After the lapse of a week the operation "was given up provisionally; in three weeks all idea of an operation as certainly needless; and in seven weeks the patient could, and actually did, go to Scotland, and there took long walks on the moors without even a backache. The womb had simply diminished to about its normal volume and had gravitated back to its proper place—and this under the sole influence of one medicine only, viz., *Fraxinus Americanus*, at first in five, then in six, and latterly in ten-drop doses." This is but one of many typical cases of woman's diseases successfully treated of

in this remarkable little book. It is surely worthy of the most careful study by every physician, regardless of school. If other physicians can do what Dr. Burnett has done, and it seems easy, they will merit the gratitude of the women of the land and, incidentally, put money in their pockets.

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**A Practical Working Handbook in the Diagnosis and Treatment of Diseases of the Genito-Urinary System, and Syphilis; being the Revised and Enlarged Notes, with additions, by Geo. Parker Holden, M. D., of Clinical Lectures Delivered in Flower Hospital Amphitheatre, by F. E. Doughty, M. D., Professor of Genito-Urinary Diseases, in the New York Homœopathic Medical College. 441 pages. 8vo. Cloth, \$2.50 net; by mail, \$2.66. Philadelphia: Boericke & Tafel. 1897.**

The basis of this book is the brilliant clinical lectures of Dr. Doughty, reported by Dr. Geo. Parker Holden; these have been thoroughly revised, augmented and brought up to the latest developments of the subject by the gifted lecturer. It is evident from the context that the lectures were largely extempore, if not wholly so, and to this fact is due the eminently practical character of the work; it is the stenographic reproduction of a skilled practitioner explaining the case before him to his class and how to manage it. The book is practically free from theoretical speculations, and also from the ultra technical language that clouds rather than enlightens the student. Medical treatment occupies a subordinate position in the work which is designed mainly for instruction in the operative branch of treatment, though for each disease where medicine is useful those are treated of which have proved to be the most successful, both homœopathic and the medicines that are mostly used in other schools. One innovation on the usual style of such books has been made by the editor, Dr. Holden, that will meet with the approval of readers, and that is the gathering of all the cuts of instruments into one place, in an "Armamentarium," and referring to them by numbers, which is an improvement on scattering them through the book promiscuously. The general appearance of the work is pleasing. Certainly no more practical and helpful book on Genito-Urinary diseases can be found than this one.

**A Characteristic Materia Medica.** Presented in reverse order.

By Nicholas Bray, M. D. 705 pages; small 8vo. Sheep, \$4.50, by mail, \$4.69.

One, experienced in homœopathic literature, would have thought that the subject of materia medica had been so thoroughly covered that there was nothing more to be said on the subject or any new way to find the remedy covering the "totality" than hard work and checking lists, but Dr. Bray has evolved something new, and all who have seen it are struck by its exceeding simplicity and efficacy, and we can assure our readers that the work is worthy of careful examination (and hint to them that if they examine it they will probably purchase a copy). It is divided into the usual schema of Hahnemann, *i. e.*, mind, head, mouth, nose, face, throat, stomach, etc., though, instead of these divisions being applied to all the remedies, all the remedies are gathered under the one heading. On the left hand page are gathered the symptoms, each one numbered from one up to as high as they run. On the right hand page are found the remedies, or remedy, having the symptom and these are numbered to correspond with the symptom and are placed *directly opposite*. Thus, for example, under "Respiratory Organs" on left hand page.

"27. Pains in the side of the chest, worse from motion." Directly opposite on right hand page we find "27. *Cim., Bell., Bry., Merc., Phos.*" Those remedies all having that symptom.

Now suppose patient has also (under section on "head") "157. Throbbing pain in forehead." Directly opposite is "157. *Can. ind., Bell., Cinch., Dig., Kreos.*" Surely if these are the main symptoms, a glance would show that the remedy was *Belladonna*.

This slight example of course is merely taken at random, but it serves to illustrate the way in which the book can be used with the utmost satisfaction, celerity and certainty by the prescriber. It is materia medica, and repertory, and checking list, practically all on one page at a time. The symptoms have been carefully gathered from all the recognized materia medica authorities and seem to be entirely accurate. The type used is quite large, and there is necessarily ample room on the right hand page to add any remedy that the prescriber's experience shows has been omitted from any symptom. The one who prescribes by this system is following the Bœnninghausen method, which

is here made so plain that any one can master it. The book was published by the author, who has turned the sale of it over to Messrs. Boericke & Tafel.

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**L'Homœopathie Expose de la Doctrine d'Hahnemann.**

Cours professé en Avril et Mai, 1896. Par le Dr. V. Léon Simon., pp. 218, Paris. A. Davy, 52, rue Madame, 1896.

Those who think that sound Homœopathy does not exist in any place outside of the United States will be agreeably undeceived if they will read this excellent little French work by Dr. Simon, "Médecin à l'Hôpital Hahnemann et Vice Président de la Société française de Homœopathie," laying down the theory of Homœopathy and concluding with a sketch of Hahnemann's life. It is the fashion among too many, who should know better, to treat Hahnemann's "Chronic Diseases" as a work that is out of date and erroneous, founded on mistaken pathology and the like, and it is refreshing to have a strong endorsement of that master work, of that little understood work, coming to us from the world's capital. These are Dr. Simon's concluding words in his chapters on "Pathologie d'Hahnemann, Maladies Chroniques"—"Acceptons donc loyalement tous ses principes, nous n'aurons jamais à rougir de lui. En pathologie comme dans toutes les autres sciences médicales, il n'a pas été seulement un novateur, il a été un maître."

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**The American Year-Book of Medicine and Surgery.** Being a Yearly Digest of Scientific Progress, Authoritative Opinion in all Branches of Medicine and Surgery, drawn from Journals, Monographs and Text-book of the Leading American and Foreign Authors and Investigators. Geo. M. Gould, M. D., editor. 1257 pages. Cloth, \$6.50. Half morocco, \$7.50. Philadelphia: W. B. Saunders. 1897. Sold by subscription only.

One who has only seen one of the old-style "year-books" will open his eyes when confronted with this ponderous, profusely illustrated, well-printed and well-edited book. It is a big contract to get out such a work and a bigger one to edit it, and both editor and publisher deserve credit for their work. We cannot say more of the contents than that the promise of the sub-title seems to be fully carried out so far as it pertains to "regular" medical literature—homœopathic and eclectic not being recognized. The book is sold by subscription only.

**British, Colonial and Continental Homœopathic Medical Directory, 1897.** London Homœopathic Publishing Co.

The third edition of this most useful little directory is a considerable improvement on its predecessors, both in accuracy and fullness. It is practically a directory of all the homœopathic physicians in the world save those of North and South America, though of these the Canadian list is given. A new feature has been added, a list of homœopathic books published in 1896; unfortunately this feature is very imperfect, omitting seven or eight, including some reprints from plates as "new editions," and putting among the works of Homœopathy the productions of a *soi disant* doctor who advertises in secular journals that all patients need do is to send him their names (and money) and his familiar spook, the ghost of "an ancient hindoo," will do the prescribing. It is a misfortune to the good cause to have books of that nature classed among the works of Homœopathy.

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THE *Journal of the British Homœopathic Society, No. 17*, is at hand. These *Journals* are really valuable contributions to homœopathic literature. They are edited by Dr. Richard Hughes.

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AT a recent meeting of the Board of Trustees of the Jefferson Medical College, Philadelphia, Dr. J. Chalmers DaCosta was elected Clinical Professor of Surgery. Dr. DaCosta has been connected with the college for many years, and has recently been Demonstrator of Surgery and Chief of the Out-patients' Department. The new appointment is made in recognition of his long service and valuable contributions to surgical literature.

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**A Monograph of Diseases of the Nose and Throat.** By George H. Quay, M. D.

This book, which is the outcome of the author's experience in the general practice of medicine, supplemented by several years of special work in diseases of the nose and throat, is intended for the use of the student as well as the physician.

For the work in this line which the practitioner has to do he has neither the time nor the inclination to go exhaustively into the subject, so that a book which condenses for him the information he needs will prove valuable and useful. The author

emphasizes the necessity of treating the diseases in their totality; that while many conditions require operative treatment, internal medication should not be neglected; in other words, treatment must be both general and local. Decided and just prominence is given to the homœopathic treatment.

The style of the author is clear, though very condensed, and the book will doubtless meet with a large sale.—*Hom. Jour. of Obstetrics.*

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**Repertory of Tongue Symptoms.** Arranged by M. E. Douglass, M. D.

When we look over these 190 pages of various conditions, states and symptoms which the tongue is capable of manifesting, we are more strongly impressed than ever with the fact that of a surety the tongue is an "unruly member," even though we ignore the various linguistic sounds of all degrees of good, bad, and indifferent ethical significance which may issue from the buccal cavity. Dr. Douglass has spent much time and labor on this brochure, and it hardly seems possible that any deviation from a normal healthy tongue-standard can not be found therein. The author gives no authority for the various drugs and indications noted but we will assume that he has gleaned from the same sources he used when compiling his series of papers on hæmorrhoids just concluded in the *Southern Journal*, namely, Allen's Encyclopædia, Hale's New Remedies, and Schuessler's Tissue Remedies. The book has fine, clear and sufficiently large type, excellent paper and a handsome cloth binding. It should have a wide sale.

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**A Monograph on Diseases of the Nose and Throat.** By George H. Quay, M. D.

This is a very practical and helpful book. It is not one of those ponderous tomes in which everything collateral to the main subject is exhaustively treated, but a handy, ready-reference volume—just the thing for the *busy* doctor. Notwithstanding this feature, nothing properly pertaining to the subject is overlooked, or neglected. It is full and complete without being tedious or tiresome. The work will prove a valuable accession to any physician's library.—*Medical Gleaner.*

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A TRANSLATION, the first ever made into English, of Swedenborg's *Diseases of the Fibres* is being made by Dr. C. L. Olds, and its publication was begun in the January number of *New*

*Church Life* published at 1821 Wallace St., Philadelphia, Pa. The work in question constitutes Part III. of the *Economy of the Animal Kingdom*, a work hitherto untranslated and "constitutes a true and philosophical theory of the nature and origin of disease." Any one interested in the subject can obtain a sample copy by addressing above address.

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DR. GOLDSBROUGH in February *Homœopathic Review* has a long article on Hahnemann's theory of chronic diseases and modern pathology. Dr. Goldsbrough concludes his paper as follows:

"After all, however, we come back to the practical point from which Hahnemann started, and ask how does modern knowledge help towards the successful treatment of chronic diseases? The great lesson to be learnt from Hahnemann is that every case is to be studied in itself, and no symptom in the course of a chronic state is to be considered as having merely local importance, and therefore in an effort to cure the disease to be separately treated. The totality of the patient's state has to be taken into account as much in chronic as in acute disease; but in view of the complicated nature of the influences at work the totality in chronic cases is very different from that in acute. Some of the courses of inquiry needful to ascertain that totality may be indicated.

"1. A complete family history for two or three generations, particularly with regard to infection with any specific micro-organism, or a tissue or process habit, or moral conditions.

"2. A complete personal history, covering diseases, hygienic conditions, mental and moral influences, occupations, age, etc., etc.

"3. A history of the present condition.

"4. A complete examination and record of every system and organ of the body, and the symptoms relating thereto.

"Once in possession of the totality of the patient's state, what medicines are likely to be indicated as being of possible benefit in curing or ameliorating the patient's condition? Here again, in principle, Hahnemann must be followed. Modern knowledge will help to an appreciation of the relative importance of the various morbid phenomena, and in this way the physician would be often led to choose a different medicine from the one which Hahnemann might have chosen. But the method of choice is the same. The medicine chosen must be the one having the known most profound and most long-lasting effect on the human economy when administered in the healthy; and this profound and long-lasting effect, in order to be successful in the treatment of a case, must be most similar to the most profound and the most universal and yet the most characteristic of the symptoms or morbid phenomena exhibited by the patient under consideration."

The "Chronic Diseases" is still a very live book.

# Homœopathic Recorder.

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## A USEFUL POINTER ON THUJA.

Dr. C. W. Roberts, one of the well-known homœopathic physicians of Scranton, Pa., gave us a therapeutic pointer the other day that, with his permission, we pass along for the benefit of the RECORDER'S constituency. Said Dr. Roberts: "I have found from five to seven drops of the tincture of *Thuja* to be the greatest remedy to control seminal emissions I ever tried. I had a case with cauliflower growths and in other ways calling for *Thuja* and gave him the remedy in the 30th; then, as he did not get better, yet the remedy was still indicated, I lowered the potency and gave him the  $\theta$  in five and seven-drop doses. The effect was excellent, and it notably seemed to control seminal emissions, from which the patient suffered, so much so that the next young man who came along for treatment for these emissions got *Thuja*  $\theta$  in five drop doses—two drop doses won't do—and so well did it act that to-day I have men coming to me from distant parts to be treated for this enervating condition, and *Thuja* tincture seems to be what they all need, as it gives relief to all. As Burnett might say, it seems to be an 'organ remedy' for this condition."

The foregoing is reported from memory. but the substance is correct and given with permission of the speaker. A remedy that will control excessive emissions without harming the patient is needed, and *Thuja* seems to be the one that will do it. Although *Thuja* is not mentioned in any of our works on practice—at least any that we have examined—as a remedy for seminal emissions, nevertheless "NOCTURNAL SEMINAL EMISSION" is one of the black-lettered symptoms of Hahnemann's pathogenesis of the drug in the "Materia Medica Pura." When

something *new* is wanted, there are no better sources to go to than Hahnemann's "Materia Medica Pura" and the "Chronic Diseases."

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### ADVICE TO RECENT GRADUATES.

If there is anything in which the recent graduate in medicine is rich, it is advice; he has it showered upon him from all sides, and by all manner of men. Even in his own journal he cannot escape, as witness a recent issue of our handsome contemporary, *The Pulse*, wherein the commercial gent., erstwhile correspondent of the grave and reverend *Medical Century*, gives "you one and all, of the graduating men and women," such advice as rarely falls to the lot of the graduate. "I would not advise any of you to locate," we read, "unless it is your intention of remaining permanent," which displays the same laudable spirit that animated the breast of Miss Susan Nipper, who despised "temporaries." "My opinion in locating," continues the writer, "is to stick to it;" keep a-sticking to locating is his key to success (though it seems to plagiarize Ayers' motto of keeping everlastingly at it), and we are glad the young Hahnemannians have that key. Having delivered the key he launches forth as follows: "It is my desire to push homœopathic people who want that school of treatment, and our old school friends are trying to administer the same in these towns that formerly had men of our school practicing within their gates, but have moved, not on account of poor business, but for reasons of their own personal account." We cannot see very clearly why he should want to push "homœopathic people" who dwell within the gates where once there lived and practiced homœopaths, who, "for reasons of their own personal account," declined "remaining permanent;" though it is clearer why "our old school friends" try to "administer the same" pushing and a-shoving to these luckless creatures whose medical shepherds have deserted them, for the traditional old school man has no love for the homœopath and delights to give him the shoulder whenever opportunity offers. But our advice giver curiously says of this allopathic pushing: "This is what I call two faced and a deception to the people, as their (the old school) knowledge of Homœopathy is a very faint one." When the bull tried to buck against the locomotive he showed, like these people-pushing

allopaths within the gates, that his knowledge of locomotives was "a very faint one," but we do not see where the two-faced part comes in, unless, indeed, it was in the rapidity in which bulls and old school men all overturned when the collision occurs. It is very evident that this advice is quite well meant, but somewhat confusing. Let us sincerely hope, however, that the young gentlemen and lady graduates will soon be in position to shy advice at others and thus will things be evened up.

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THE *Southern Journal of Homœopathy* for January contains question 7, propounded by the American Materia Medica Association as follows :

Question 7.—Should symptoms be admitted where there is strong suspicion that the prover lied?

(a) What are the proofs of lying that may be found in pathogenesis?

This is a hard, double-barrelled question and among the many answers published that by Dr. W. E. Leonard is the one that is practical. Here it is :

Wm. E. Leonard, M. D.: No. (a) All provers need such scrutiny of their personal character as Bradford is affording us of some of the original provers in the HOMŒOPATHIC RECORDER. I know no other test than a man's general reputation for integrity and conscientiousness, and a mental habit not too imaginative. Hahnemann endeavored to eliminate fallacies of thought and imagination from his records by reviewing the work daily before his disciples, while their accounts were still fresh in mind. No new provings should be undertaken except under the constant supervision of a master in observation, *i. e.*, a school of provings after Prof. Allen's ideal.

That is an excellent point. If the medical profession were more familiar with the historical facts of Homœopathy, such as are found in the "Life of Hahnemann" and the large work now in press on the "Provers and Pioneers of Homœopathy," they would see a great many things and men in a much clearer light than is possible without this knowledge. The book now in press on the pioneers of Homœopathy was started in THE RECORDER in 1895, but after a few numbers was discontinued as it took a larger scope and it was then determined to bring it out in book form. It will give everything known of the lives of the original provers and of all the homœopathic physicians in all parts of the world in practice previous to 1835. It will be a work of rare historical value; but, guided by experience, the publishers will make the edition a small one, for, admittedly important as such literature is, the demand for it is very small. Five hun-

dred copies is the limit of the edition from type, of course, and it requires no prophet to foretell that on the day the last copy is sold the book will be sought after, and as time goes by command a premium. The descendants of the pioneers alone ought to take the edition. The book, however, will not be out for some months, probably not until next fall.

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### THE PASSING OF THE MICROBE.

The following remarkable statement is from a paper by Dr. D. A. Richardson, in that orthodox journal, the *Denver Medical Times*, of February:

“Our profession is godly; our diseases are punishments sent by God for our sins, which we are solely responsible for, and the sequelæ are borne on through generations, working according to the laws of nature set down by Almighty God, and our so called cures are of God. Even our methods for relief and measures of precaution against loss of life are inspirations from God, who created our minds and breathed upon them the breath of life, and in whose workings an over-ruling Providence guides. Do you consider if the Christian Scientists know this? I assure you that this is the very essence and foundation of their faith, and the time is not far off when either the regular profession must attain to their belief and act accordingly, or they will unite that they now have to our methods and acquirements and build up a more fruitful profession than we now have.”

If our ‘regular’ friends will drop microbes, hypodermic injections and proprietary medicines and substitute ‘Christian science’ instead, it will be better for their patients, for then nature will not be handicapped by disease plus drugs. Better, still, take up with the Law of Healing—Homœopathy. There is no other law of healing—of the therapeutic application of drugs.

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“DR. G. F. COUTANT, of La Salle, Ill., reports a remarkable cure in the case of myxœdema by the use of Hensel’s Improved Tonicum. The young lady had been bed-fast for some weeks, but after a short treatment was restored to health. Dr. Coutant uses the other Hensel’s preparations with splendid results.”

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SOME years ago the religious people of England raised so prolonged an outcry that the act putting prostitutes in India under

medical inspection was repealed. It was a "disgrace that a Christian nation should recognize vice," was the argument used. Under the workings of the act, venereal diseases had nearly been eradicated from the army. A number of years have passed since the act was repealed, and to-day reports show that about two-thirds of the army are affected with venereal diseases, and at least one-half incapacitated for severe duty from that cause. The viceroy's council want the inspection resumed, "but this is violently opposed by many clergymen and religious associations in England."

Whether the world is put into a more moral condition by refusing to recognize prostitution, and thereby largely increasing venereal diseases, is the debatable question.

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"WE have no respect for the editor who is too negligent to properly and correctly quote his abstracts and reviews, and who takes the short cut rather than the time to ascertain their various sources, and credits to 'Ex.' This at once places an article in current literature without a name or pedigree, and the author has naught to repay him for the study, research and time in communicating to his profession a report of general scientific or practical interest."—*N. Y. State Medical Reporter*.

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"THEN the Pasteur treatment to prevent hydrophobia caught up the cry of 'science is advancing,' and it is unsafe for a physician to insinuate that it is a fraud or that he does not think it true science lest he be pounced upon by the so-called scientist as being an old fogy."—*Dr. C. B. Farrell, in Medical Brief*.

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IN a recent [tablet] catalogue issued by a certain firm there are one thousand formulas, nearly one-half of which are designated by therapeutic titles. Most of these formulas show either profound disregard for pharmacy or a wilful desire to mislead the medical profession. Some of these examples are of a character to bring the dispenser within the pale of the pharmacy law, or an anti-adulteration act. A number of these formulas purport to contain highly volatile liquids, which to anyone the least familiar with pharmacy is shown on its face to be either a physical impossibility to combine in the form of a tablet, or after being

combined or prepared, would from their very character rapidly volatilize and leave a more or less inert tablet.—*C. S. N. Hallberg, Proceedings of Illinois Pharmaceutical Association.*

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### MEDICAL EPOCH-MAKERS.

This is an age of medical epoch-makers. A positive insanity to be original has taken possession of a certain class of scientists, who, in the mad rush of competition, send out a tangle of untried, untested theories for the delectation and misguidance of the profession. Poor truth has had her majestic proportions crowded into all sorts of fantastic garbs, a hump added here and a slice taken off there to suit the egotist's fancy, until her mutilated form is scarcely recognizable to the true lover.

It is perfectly marvellous that the practicing physician with a mind of his own and two eyes in his head should be willing to accept his views, second-hand, from a man who, while he may have the minutiae and technique of laboratory science at his finger ends, cannot tell a disease when he sees it. What is the utility of a science if it has no objective end in view, and what can be the object of a would-be scientist who knows nothing about disease save that it is a delightful abstraction to study in the retirement of the laboratory?—*Medical Brief.*

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JERGENSEN, the great German clinician, in the chapter he contributed on pneumonia to "Zeimsen's Cyclopedia," did more than any other great teacher, probably, to impress the importance of employment of stimulants in the treatment of pneumonia. He is very clear on this subject. He says the volume of the pulse must be kept good. If we neglect to do this we shall often lose our patients. He says that this is the thing to be done. We must not expect to have a rule for the giving of stimulants. The only rule is that the volume of the pulse must be kept good. If a small quantity often repeated does not effect this, then we must use larger quantities with still greater frequency. Whatever stimulant is employed must be given with great freedom, looking not at quantity, but results. Prof. Loomis thinks champagne is the best stimulant, and Dr. Doremus finds C. H. Mumm's Extra Dry superior to all other brands of champagne.—*Louisville Medical Progress.*

## ORIFICIAL PHILOSOPHY.

“The statement was also made that disease begins at the orifices of the body. This is not true in a single instance. All of the diseased conditions of the orifices of the body are but effects, not causes, and can only be eradicated by curing the constitutional affection giving rise to these conditions.”

“In some instances I grant that temporary aid is given by the operation, but the consequences of tomorrow are sure to follow. I have known of piles being “cured” by the tumors being injected, but the death certificate a few weeks later read Apoplexy. Destroying the works of nature is not the proper way to treat disease. Forcibly tearing asunder the guardian muscle of the lower bowels simply lays the foundation for cancerous diseases of the rectum.”

“In proof of this I may instance the large harvest of abdominal tumors and cancers, the result of the pernicious local treatment of the so-called ‘diseases of (Doctors) women.’ Every practitioner of this specialty has left behind him a trail of suffering.”—*Dr. E. A. Ballard in Hahnemannian Advocate.*

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DR. WM. L. BAUM, replying to a writer on the subject of tablets in *Journal of American Medical Association* has the following to say on the subject:

Possibly if the writer of the article in question had investigated the subject fully he would have said that the Pharmacopœia contained many substances listed by the average tablet manufacturer, but, in actual fact, the true substance is not combined in the tablet bearing its label. There can be no doubt that a tablet containing acetanilid pure, bismuth subnitrate, charcoal or other similar stable substances should be as efficacious in tablet form, if properly manufactured so as to effect immediate disintegration, as in any other. Unfortunately, however, there are but one or two out of the large number of tablet manufacturers who prepare this line of products skillfully, and as a consequence most insoluble salts when compressed are made so hard as to be absolutely valueless therapeutically.

Cold comfort that for the tablet factories.

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“This day before dawn I ascended a hill and looked at the crowded heaven,  
And I said to my spirit, when we became the enfolder of those orbs, and  
the pleasure and knowledge of everything in them, shall we be filled  
and satisfied then ?

And my spirit said, No, we but level that lift to pass and continue beyond.”

—*Whitman.*

## PERSONAL.

A superstition is a belief you cannot prove. We have 'em today as thick as ever.

Life is like a hand at whist; you can analyze it when the cards have been played—but the score is made.

Medical journals devote much space to depicting the beauties of antitoxin and its manufacturers send out floods of artistic pamphlets cracking up their make. When antitoxine is finally shelved it can not complain of lack of opportunity.

Dr. Adolphus' *Ga. Ec. Med. Jour.* says that he has found *Passiflora inc.* the best grippe remedy, in doses of ten to sixty drops of the tincture.

"The fact is, monkey flesh is not half bad when properly cooked."  
—*Medical Age.*

An every day mistake—supposing the "active principle" to contain all the medicinal properties of a plant.

Dr. Stacy Jones, of *Bee Line Repertory* fame, is at present located at Leonard, Pa.

A quieting remedy—the one Othello used on his wife.

B. of H. bacteriologists seem to be crowding physicians into the position of advisory nurses.

The X rays would reveal many unsuspected wheels in heads.

A southern contemporary says "the editor is a little in need of funds." And the North and the South shake hands.

The fourth annual meeting of the Missouri Valley Homœopathic Medical Association will meet at Iowa City, Iowa, next October. For particulars address Secretary Dr. A. M. Linn, Des Moines, Ia.

The free use of *Triticum repens* is said to prevent kidney complaints, especially after scarlet fever. Would be useful also after antitoxin injections.

Dr. E. M. Child says that *Avena sativa* in hot water will greatly assist in "driving out" any eruptive disease.

There is a "music cure" hospital being put up in Munich. And yet we gas about the mental epidemics of the middle ages!

An *Alkaloidal clinic* correspondent says the way to cure grippe is "to destroy the parasites." And the way to catch a bird is to rub salt on its tail.

Dr. W. A. Noble has removed from Hornellsville to Holland, N. Y.

A correspondent of *Medical World* (March) says he has had uniformly good results in treating albuminuria with *Arbutus*.

Dr. Guernsey's paper on "Urinary Analysis," in this number of THE RECORDER, is well worth careful study.

"The genial Dr. — among other things is a lady-killer of the first water," as a well-meant but rather as it were double entendre compliment in one of our esteemed contemporaries.

Dr. H. Burlingame, Kan., writes us that there is a good opening for a homœopathic physician at Eskridge, Kan.

"Them fellows in hell cut no ice," says Hoyt's latest stage Tammany politician.

If in want of a book on "Genito-Urinary" subject, get the latest and best—Doughty-Holden.

# THE HOMŒOPATHIC RECORDER.

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## SAMUEL HAHNEMANN, THE MEDICAL REFORMER OF THE EIGHTEENTH CENTURY.

By Joseph C. Guernsey, A. M., M. D., Philadelphia.

To say all that my theme demands would equal the task of a laborer commanded to drain a shoreless and bottomless ocean, or the work of a miner directed to bring out all the gold of an inexhaustible mine. Let me then beg only your brief attention while I present a few facts indicating Hahnemann's advanced stand and progressive tendency, which will enable us to realize, in some degree at least, his value as a true leader in medical reform.

I. He was probably the first doctor in the world to introduce the mild, humane, non-restraint method in the treatment of the insane. He did this while in charge of the asylum in Georghenthal in 1782. He would not allow any insane person to be punished by blows or other painful corporal inflictions, "for," said he, "there can be no punishment where there is no responsibility; such parties cannot be improved, but must be rendered worse by rough treatment."

II. He was a pioneer in hygiene. In his first original medical work, a treatise on scrofulous sores, published at Leipsic in 1784, at a time when almost nothing was known of hygiene, he showed a fair knowledge and appreciation of its value by recommending exercise and open air; he scored a brilliant and most enviable achievement by pointing out the benefits of a change of climate and the seashore; by emphasizing the use of cold water as a remedial agent, and the necessity of cleanliness.

III. In the same work (referred to in Section II), he foreshadowed the successful antisepsis of the present day; for, in speaking of the treatment of a caries of one of the metatarsal

bones, he said, "I scraped the carious bone clear out, and dressed it with alcohol." A little later, 1788, in an "Essay on a New Agent in the Prevention of Putrefaction," he taught that nitrate of silver is an antiseptic in a solution of 1-1000, and he observed antiseptic effects from a solution of 1-100,000.

IV. As a chemist, Hahnemann was so rarely skilled that no one of his time surpassed him. But in 1789 he eclipsed himself and all his rivals by publishing the discovery of the "Exact Mode of Preparing the Soluble Mercury," a secret which had long and earnestly been sought by chemists with almost as much avidity as was the philosopher's stone in olden time.

V. In 1831 he announced the Germ Theory, which stands today an accepted fact, as a cause of disease all over the world. In an "Appeal to Thinking Philanthropists Respecting the Mode of Propagation of the Asiatic Cholera," he used these memorable words: "The cholera miasm finds a favorable element for its multiplication, and grows into an enormously increased brood of those excessively minute, invisible living creatures (*in other words, germs*), so inimical to human life, of which the contagious matter of the cholera most probably consists—the invisible cloud—which is composed of probably millions of these miasmatic animated beings." He closed his remarkable essay with these prophetic words: "Dixi et salvavi animam;" and truly life is saved when these germs are destroyed, or, better still, are kept from our shores by a strict quarantine.

But these exploits, striking and noteworthy as they are, are only incidental. That which marks Hahnemann preeminently and peculiarly as the Medical Reformer of the eighteenth century demands fuller treatment.

VI. In the year 1781, being deeply in love with an apothecary's daughter, he sought and obtained the appointment of parish doctor at Gommern, a small town near Magdeburg. On the salary of this office, to use his own words, "I began to experience domestic happiness," and in about a year his first child was born.

While at Gommern he began to suspect that the principles of medical science had always been uncertain and imperfect, and soon he became convinced that none of the diverse and contradictory methods of cure at that time employed could be really beneficial to the sick. He believed that a new and better sys-

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1. See Hahnemann's lesser writings.

tem was needed, and the discovery of this new and better system became his life's work. To his imperishable honor and glory be it remembered that until he could find the true principles of medical science he deemed it impossible, because irreconcilable with his conscience, to practice medicine at all. Yea! for conscience sake he reduced himself and family to *absolute want*!

But, regardless of pecuniary loss, he devoted himself to chemistry, and through this study, in the year 1790, his genius caught the first idea of the system which he afterwards founded. How he undertook the translation of Cullen's "Materia Medica," and from that work was led to his experience with Peruvian bark, and his deductions therefrom need not be repeated here, for those labors and their results, pregnant with so much good to the human race, now and forever, are "as familiar household words" to us all.

It was from these studies and experiments that there came forth as a beacon of light from the dark abyss of ignorance, superstition and error, the formula, "*Similia, similibus curantur*," a free interpretation of which is, "Diseases are to be cured by those medicines which produce symptoms most nearly resembling them in the healthy body."

VII. Hahnemann's most exploited work as a reformer consisted in his discovery of Nature's own law of cure, "*Similia, similibus, curantur*;" but it is of equal, if not greater importance that he taught how we may exactly *learn the effects of drugs*, i. e., BY PROVING THEM upon the human system. The vast importance of this discovery has been too little realized and recognized by the medical profession. Before Hahnemann's day, and in his day, there was nothing in the domain of medicine about which there was less knowledge or more uncertainty. It is impossible for us of the present day to conceive of the dense darkness which shrouded the medical profession on this all-important point. Hahnemann has been justly lauded to the skies for his grand discovery of the *law of cure*; but hardly ever do we hear the meed of praise awarded him for his, not the less important discovery of how to learn the *Materia Medica*, that is, how to learn the effects of drugs upon the human system. I say, not the less important, because *upon* the knowledge of the effects of drugs on the human economy rests the law of how to use drugs, viz: "*similia, similibus, curantur*."

Consider the state of things in Hahnemann's day! Rusch

wrote, "Failure in a cure is occasioned by ignorance, either of the disease or of the medicine. We have *not only* increased the number of diseases, but have rendered them more fatal!" Schultz wrote from Heidelberg, "The mischief perpetrated by physicians employing medicines, the effects of which are perfectly unknown to them in diseases, in symptoms they rarely know, of whose nature they are totally ignorant, is most alarming." Says Jorg, in his preface to his "Materia Medica," "It is a matter for regret that we know very little of the true *effects* of medicines and *their influence* on the *human body*. Every competent judge fully understands that such a defect in our information *renders our practical exertions nearly useless.*" In comparatively recent days, and in our own country, Dr. Benjamin Rush, disgusted at the ignorant and injurious manner in which medicines were administered to the sick, cried out in the bitterness of his soul :

"If all drugs were sunk in the bottom of the sea,  
It would be worse for fishes but the better for mankind be."

And, now, listen to Hahnemann's own plaint: "It was agony for me to walk in darkness, . . . and to prescribe, according to such and such an hypothesis concerning disease, substances which owed their place in the Materia Medica to an arbitrary decision. I could not conscientiously treat the unknown morbid conditions of my suffering brethren with these unknown medicines, which, being very active substances, may (unless applied with the most rigorous exactness, which the physician cannot exercise, because their peculiar effects have not yet been examined) so easily occasion death, or produce new affections and chronic maladies, often more difficult to remove than the original disease. To become thus the murderer or the tormentor of my brethren was to me an idea so frightful and overwhelming that, soon after my marriage, I *renounced* the practice of medicine that I might no longer incur the risk of doing injury."

VIII. But still more renown is due our Hahnemann! To him belongs all honor for discovering how to administer the Materia Medica, namely, in the smallest dose that will cure. To this reform the very allopaths have yielded, and everywhere in their preaching and practice to-day we find them, too, teaching and administering the small dose. This one triumph alone was worth living for.

These three points, then: *a.* The discovery of how to learn

the effects of drugs upon the human system; *b.* The law of the application of drugs to cure sickness; *c.* The administration of drugs in the proper form, *i. e.*, in the smallest dose—make up the trinity of Hahnemann, the medical Reformer of the eighteenth century.

But let us for a moment refer again to what was undoubtedly the greatest of all Hahnemann's reforms, and the one of greatest interest to the homœopathic profession—which was to teach the true and only way of discovering the effects of drugs upon the human system, and the proper way of giving drugs, *viz.*, the smallest dose that will cure. Consider the value of the proper study, united with the correct prescribing, of the *Materia Medica*! It is the foundation stone of Homœopathy and of all true medicine, the foundation upon which stands the art of healing the sick. The *Materia Medica*, which of old was the stone rejected of all the medical builders as unfit for use, was hewn, trimmed and dressed by Samuel Hahnemann so that it has become the corner-stone of therapeutics. Yea! it is the keystone to the arch of the practice of medicine, which supports its whole weight.

“Non inutilis vixi,” were Hahnemann's last words; and he spoke not vaingloriously. His life had been not only that of the medical reformer of the eighteenth century, but he was the greatest medical reformer of all centuries.

We may say of him as King David did of Solomon, “His name shall endure for ever: his name shall be continued as long as the sun: and men shall be blessed in him: all nations shall call him blessed.”—*Psalm lxxii, 17.*

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## SOME OF DR. AD. LIPPE'S KEYNOTES.

### V

By Thomas Lindsley Bradford, M. D.

*Cannabis Sativa.* Gonorrhœa. Inflammatory swelling of the prepuce, with dark redness. The penis feels sore and burnt when walking. (There is no doubt that *Cann. s.* is one of the most valuable remedies for gonorrhœa that we have, but it must be continued in the 2d or 3d, and great mistake is made in changing the remedy every time the patient comes to the office. Br.)

*Cannabis Sat.* Profuse menstruation. (Nymphomania; great excitation of the sexual instinct, the woman being sterile. Women married a long time who have had no children. Menorrhagia with dysuria and sensation of soreness in the urethra. Abortion in females who have had violent gonorrhœa. (Beastly men and unsatisfied desire. Br.)

*Cannabis Sat.* The patella starts out of its normal position when going up stairs.

*Cannabis Sat.* (This remedy seems to be adapted to gonorrhœa, and yet if it be given in doses of the tincture and long continued the effect will last for long afterwards; and in drinking men, as the gonorrhœal patients mostly are, it may develop symptoms long after the malady is cured. Then give *Cannabis indica*. Br.)

*Cannabis Indica.* (There seems to be excitation of the senses, but the great keynote of the remedy is—acuteness of hearing, can hear sounds and the sounds are magnified. I have verified this keynote, and although Dr. Lippe does not give the *Cannabis Indica* yet in connection with the *Sativa* it may be well to note this symptom. In hallucination, with that peculiar acuteness of hearing, especially after a debauch, *Cann. Ind.* will surely cure. Br.)

*Cantharis.* (It is the Spanish fly, and the genius of the remedy is irritation. Irritation of all the organs of the body. Mind, stomach, and especially the urinary organs. Oversensitiveness—it is the genius of the remedy. Br.)

*Cantharis.* Dysentery; discharges of blood streaked mucus, or white mucus looking like the scrapings from the intestines. (With dysuria.) (Next to *Merc. corr.* when the patient wants to urinate all the time, or try to have a passage from the bowels which only results in straining, and only slime comes, I have many times verified the fact that *Cantharis* will relieve; it is irritation, inflammation, and give *Cantharis* to a well person in repeated doses and he soon will be in the same condition. Br.)

*Cantharis.* (Cantharis brought on the menses and the urine, when suppressed in an attack of acute mania, with ischuria and violence.) (*Canth.* acts like oil, on an inflamed bladder, even when by sympathy the inflammation is extended into the rectum. Br.)

*Cantharis.* Burning with soreness, especially in the cavities of the body. (The same note of irritation. Br.)

*Capsicum Annum.* Hardness of hearing after previous burning and stinging in the ear. (The petrous portion of the ear is much swollen, red and painful. Deafness of pregnancy.)

*Capsicum Annum.* Spasmodic constriction of the throat. (The throat smarts as if burnt with red pepper. Sensation of constriction on swallowing.) (Again the genius of the remedy. In a well man red pepper will make the throat smart, in *Capsicum* it is smarting, burning, even in the diarrhœa produced by *Capsicum*. Diarrhœa at night with burning at the anus, and smarting as if of Cayenne pepper. Br.)

*Capsicum Annum.* Burning while urinating. (And smarting as of Cayenne pepper applied to the parts.) (See again the genius of the remedy—burning and smarting. Br.)

*Carbo Veg.* Every evening heat and redness of (the right) the external ear. (With congestion to the head.)

*Carbo Veg.* Frequent and continuous bleeding from the nose, especially in the morning, or after straining at stool, with paleness of the face, before and afterwards.

*Carbo Veg.* Sensation of constriction in the throat. (*Bell. Cham.*) (As if œsophagus were constricted or entirely closed; scarlet fever; sore throat continues after the disappearance of the eruption; putrid sore throat, with sloughing away of some of the diseased parts in the fauces.)

*Carbo Veg.* (Aphthæ of infants' mouths, mouth very hot, tongue almost immovable, and a sanguinous saliva occasionally escapes.)

Much belching of wind affording relief for a short time only, *Carbo veg.* Bloated abdomen, after eating or drinking. (Sensation as if stomach and abdomen would burst.) (The *Carbo veg.* patient will eat and eat, and feel distress later; the *Lycopodium* patient comes home to his dinner very hungry and sits at the table and thinks he has a marvellous appetite, and a few mouthfuls fill him and still he looks with longing eyes on the food before him. The *China* patient is also full of wind, but he can eat a full meal, but feels the effect afterward. Br.)

*Carbo Veg.* Colic with a sensation of a burning pressure; much flatulence and sensitiveness of the pit of the stomach. (Lippe gave this as an important characteristic. Br.)

*Carbo Veg.* Constipation; hard, tough, scanty stool. (It seems to break off, and in consequence the passage is interrupted. The stool does not cohere.)

*Carbo Veg.* Burning varices. Varices on the pudendum. (Causing dysuria, heat and redness of the vulva, soreness of the vulva in the evening. At the time the menses should appear violent itching of old tettery eruptions. Dysmenorrhoea with sharp cutting pains in the abdomen, pain in back, and pain in bones as if bruised. Metritis; aching or pinching in iliac region; physical depression towards noon, with faintness and hunger; wants to be fanned, wants more air, passive metrorrhagia, with great itching of the vulva and anus.)

*Carbo Veg.* Spasmodic, hollow cough (whooping cough). Four to five attacks every day, caused by a tickling irritation in the larynx; expectoration only in the morning, yellow like pus, brownish, bloody, tasting putrid, sour, salt, and of offensive smell. (Great exhaustion after each coughing spell, blue skin, hot head and face.)

*Carbo Veg.* Great debility and weakness as soon as he makes the least exertion. (For this condition *Ars. Phos.* and *Carbo veg.* are the three important remedies.) (The *Ars.* and *Carbo veg.* patient does not know his weakness until he tries to move—the *Phos.* patient thinks he is weaker than he really is, and does not want to move. Br.)

*Carbo Veg.* (Is often indicated in old people.) (Suppuration of external tissues or gangrenous affected parts, when they look black.)

*Carbo Veg.* (The genius of the remedy is prostration, exhaustion of vitality; the man is on his last legs, the whole economy of the system is failing. All the symptoms point to debility, worn out constitution, or in disease when the system can no longer contend against the poison of the disease. The symptoms all point to a depraved condition of the system. Br.)

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## SOME USES FOR CALENDULATED BORIC ACID.

By Dr. C. Sigmund Raue.

*Calendulated Boric acid* presents a most practical combination, giving us a dusting powder possessing many excellent qualities, and often to be preferred to other similar preparations. It especially commends itself to the homœopathist who well recognizes the virtues of *Calendula*, and avoids as much as possible the use of strong smelling substances in his office and in the sick room.

As a dressing after operations it has proven most satisfactory in my hands, suppuration not having occurred once under its use. The only disadvantage I have noticed is its solubility, permitting oozing to take place freely in some instances. This can, however, be corrected to some extent when necessary by adding starch powder to the preparation. *Sterilized Calendulated gauze* is also an excellent surgical dressing, and can be used most successfully in combination with the powder.

In gynæcological practice it is particularly valuable in gonorrhœal vaginitis, applied directly to the vaginal mucous membrane through a Ferguson speculum.

I can also recommend a two per cent. solution of the *Calendulated Boric acid* in distilled water as an eye-wash in conjunctivitis. It can be made up in powders and prepared fresh for each application.

The field of usefulness of this bland, unoffending preparation is by no means restricted to the conditions I have mentioned here, as will soon become apparent to any one making use of it.

*Philadelphia, Pa.*

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## CALENDULA AS A REMEDY.

By Dr. C. R. Crosby.

Having seen frequent reference to the above named remedy in the HOMŒOPATHIC RECORDER, and also lately received a copy of the *News Letter* in which it is highly recommended, I have concluded that a note of my own experience with this truly wonderful herb might be of interest to the profession.

My attention was first called to it as an excellent remedy for local application to cuts and contused wounds by a practitioner from Canada about twenty-five years ago. On his recommendation, I used it with very satisfactory results locally, until I was led to give it internally to produce external healing when external application could not conveniently be made. The result was very gratifying, as it seemed to have perfect control of the healing process and was ample to take care of the inflammation. For internal medication I used the 3x.

About ten years ago I was led to try it for inflammatory difficulties located on the internal organs, and I find it invariably reliable. In fact, I can say I have never been disappointed. My method is to prepare a bath of one ounce of tincture to one to two

pints of water, adding sometimes a couple of ounces of alcohol, and saturate a cloth in the solution, having it as hot as can be borne, and applying over the affected part as nearly as possible. The effect is often magical. Small children far gone with pneumonia have been relieved within an hour, while inflammation of the liver has promptly yielded. Peritonitis is readily controlled by it, and I find nothing better than it to bathe along the spine in spinal meningitis. In cases of parturition, a bath applied to the genitals insures against inflammation and soon removes the soreness of the parts. To inject a solution prepared with sterilized water omitting the alcohol into the womb and vagina will be found advantageous especially where there is a tendency to hemorrhage.

It seems to have a good control of bleeding from the capillaries; in fact, I prefer it to *Hamamelis*, applying it tincture full strength after extracting a tooth where the gums are diseased and it has always controlled the troublesome bleeding which so often follows.

As regards the suppurative processes, it seems to be limited in its action to suppuration that is ushered in by acute inflammation, hence a tampon medicated with the solution placed against the womb in the vagina where inflammation has been followed by ulceration secures prompt relief. I have watched carefully and have never yet found its local application to produce a metastasis so often noticed as resulting from local application.

*Cannonsburg, Mich.*

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## INTERMITTENT FEVER TREATED WITH BARYTA CARB.\*

By Dr. A. W. K. Choudhury.

*Case No. 6.*—Patient named Münshee, an idiot, aged about 22 years. Disease, intermittent fever. Came under treatment in the dispensary 21st September, 1895, at about 10:30 A. M. with the following characters of the case:

Type: Quotidian. Time: evening yesterday; 11 A. M. day before yesterday. Prodrome: yawning, stretching. Chill, slight; *no thirst*; *horripilation*; sleep. Heat, slight; *no thirst*; sweat, slight; *no thirst*. Apyrexia, complete.

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\*See also Recorder, Oct., 1896.

Pulse, full, slow, but strong. Constipation. Lower two middle incisors loose, painful on movement and bleeding from their gums. Urine reddish and passes without burning sensation. Enlarged spleen occupying about half the abdomen; pain on percussion on right hypochondrium and epigastrium. Had syphilis which was cured under my homœopathic treatment. Pupils dilated. *Bad smell in mouth.* Gets up twice or thrice during night to pass water after going to bed. General puffiness all over.

Treatment: *Bar. c.* 3 (trit.). About one grain a dose.

22-9-95. 8 A. M. No more fever. Pulse in the same state but somewhat improved. One stool yesterday morning before taking medicine. Got up last night to pass water. Urine colored. No more bleeding from the gums. Says no bad smell of mouth. Puffiness of face somewhat reduced. Not good sleep last night. Treatment: Placebo. Diet, *Khoi* and sugar candy.

23-9-95. 8 A. M. No more fever; no stool; no bleeding from gum; the teeth loose and painful on being moved; urine reddish; slight bad smell of mouth. Appearance almost normal. Good sleep last night. Pulse weak, slow and slightly full. Treatment: Placebo. Diet, rice, vegetable curry.

24-9-95. 7:30 A. M. No more fever; one hard formed stool this morning; appearance healthier; œdemapedis almost gone, as is shown by the wrinkling of skin on feet; no bleeding from gums; no bad smell of mouth; pulse weak, full and slow; tongue clean; pupils not much dilated; urine not colored; slept last night; abdomen not so much swollen; spleen seems somewhat reduced; the teeth loose and painful. Treatment: Placebo. Diet as above with the addition of milk. No more medicine given. *Result*: Recovery. *Remark*: One dose and recovery.

*Case No. 7.*—A patient named Tâheri Behara, aged about 18 years, color, black, came to my dispensary for treatment of intermittent fever, under which he had been laboring since four days, on the 22d September, 1895, at about 8:10 A. M. with the following history and symptoms:

Type: Quotidian. Time: 2 P. M. yesterday; 4 P. M. day before yesterday; 4 P. M. first day. Prodrome: yawning, stretching, burning sensation in eyes.

*Chill*, slight, lasted for about seven hours; thirst, for small quantity of water; aching of limbs; headache; *heat* and then

*sweat*, which compels him to throw away his coverings; then again *chill* followed by *heat* and *sweat*, as above, three or four times. This goes on whole nights till morning, when the patient throws away the coverings with a feeling of heat and burning sensation, and this again was followed by sweat. *No thirst first day. No thirst, in heat and sweat. Horripilation during chill.* During chill coughs, when he feels an inclination to vomit, but no vomiting follows. Apyrexia complete.

Bowels not open three days, since day before yesterday; urine reddish and passes with burning sensation. Pain in lumbar region felt during walking and other movements since last night. *Bad smell of mouth.* Increase of saliva; burning sensation; sensation of sand and dust in the eyes with lachrymation when the fever is increased; slight photophobia during fever. Tongue clean, moist and cracked on sides and in the inside. Taste insipid. Pupils dilated. Itch; exposed to rain water while working, and to cold night air. Took usual food once daily up to yesterday, when *he felt good appetite but could not eat much*; satisfied with a small quantity of food. Treatment: *Bar. c.* 3. (trit.). About a grain a dose. Diet, *Khoi* and sugar candy.

23-9-95. 7:30 A. M. Less fever with slight chill and slight heat and sweat yesterday at about 6 P. M., continuing till 8 P. M., fever with alternate chill, heat and sweat twice; thirst during chill and drank once; drank twice during apyrexia in the daytime. Burning sensation and sensation of sand and dust in the right eye only at about 7 P. M., and less lachrymation. Less spitting of saliva. Pollution last night. One soft but formed stool of somewhat reddish color with slightly bad smell yesterday at about 9 A. M., about an hour after taking the medicine, and passed with the stool one thread-worm. Taste insipid. Appetite increased. Placebo. Urine reddish. Spleen enlarged. *Result:* recovery. Slight headache remaining when he discontinued to attend.

*Case No. 8.*—One named Aeman Suidor, aged about 22 years, came to my dispensary for treatment of intermittent fever of ten or twelve days' duration September 23, 1895, at about 8:20 A. M. with the following characters of the case:

Type: Quotidian. Time: evening, yesterday with light fever; 10 A. M. day before yesterday with heavy fever. Prodrome: yawning, stretching, heaviness and tightness of head; aching of thighs only. Chill, severe on high fever day for about an hour;

less on light fever day for about half an hour. *No thirst.* *Horripilation.* Not alternating with heat and sweat. Increase of chill with every contact of air. Heat, predominant; till 4 P. M. if fever commences from 10 A. M.; lasts whole night if fever commences from evening. *Thirst*, but not much. Headache; aching of limbs. Sweat, not much; relieving all aching of limbs and of head. *No thirst.* Apyrexia incomplete.

Bowels not open five or six days; hungry; no thirst; tongue clean and moist with two antero-posterior cracks on the anterior part, and one transverse crack just behind the antero-posterior ones. Taste, bitter. Much hunger, but small quantity of food taken produces satiety. Sound sleep. Exposure to night air when sleeping at night. Had itch three years ago. Vaccinated. Pupils dilated. No enlargement of spleen. Pain on percussion on right hypochondrium and epigastrium. Urine reddish and passes with burning sensation of the passage.

*Bar. c.* 3. (trit.). About a grain. *Khoi* and sugar candy for diet.

*Remark.* Came no more to the dispensary.

*Case No. 9.*—A female adult, T., one of my relations, mother of four children, color, fair, came under my treatment the 29th September, 1895, 11 A. M., with symptoms and history as follows:

Type: Tertian. Time: about 4 P. M. Prodrome: yawning and stretching. Chill, slight, lasting for about four hours; *no thirst*; aching of limbs; headache; burning of palms of hands and soles of feet, and two sides of chest. *Horripilation.* External heat with internal chilliness alternating.\* Heat, severe; *no thirst* whole night; headache. Sweat, slight; *no thirst*; headache as if the head is nailed on the right side of the head. Apyrexia incomplete.

Bowels costive; stools consisting of small knots with shreds of whitish mucus on them, and with occasional marks of blood on them; urine of small quantity, of reddish color, with no burning sensation when passing; inflammation of lower gum, anterior part root of two lower incisors; *bleeding* from the roots of these two anterior teeth; ulceration on inner side of upper lip; right side aching at the roots of teeth of upper and lower gums; tonsillitis of the left side with difficulty in deglutition in drinking water and swallowing saliva. Occasional appear-

\*Allen has "chills in pit of stomach, alternate with warmth of body."

ance of chronic leucorrhœa. Had itch long before. *Bad smell of mouth.* Appetite not good. Sleep not good. Taste insipid. Food does not taste well.

Treatment: *Bar. c.* 3. (trit.). About one grain a dose. Two doses for to-day and one dose for to-morrow morning. Diet: *Khoi* and milk.

1-10-95. 4 P. M. No more pain in throat; no more pain in gums; no more bleeding from gums; no stool, but only one large fecal knot passed yesterday; remission last night; no fever now; yesterday a severe paroxysm of fever since 1 P. M., with chill with thirst, but no thirst in heat or sweat; an aggravation of fever.

Treatment: Placebo. Diet as above. 7 P. M. No fever; two stools to-day.

2-10-95. 9:30 A. M. Going on well. Treatment and diet as above.

4-10-95. 11:10 A. M. No fever yesterday. Passed one stool. No more medicine. Diet: Rice and milk. *Result*: Recovery.

*Remark*: This is a typical case of *Bar. c.*, having tonsillitis present.

*Case No. 10.*—A Mahomedan girl, named Manâjât, aged about 10 years, color fair, came under treatment for intermittent fever of eight days' duration, 3d October, 1895, at about 8:40 A. M. with the following characters:

Type: Quotidian. Time: 2 or 3 P. M. every day. Prodrome: yawning, stretching, headache of short duration. Chill, very slight; *no thirst*; *horripilation*. Heat, slight, of short duration; *no thirst*. Sweat, did not mention. Apyrexia complete.

Bowels costive; no stool yesterday; passes small, hard fecal knots; enlarged spleen; pain on percussion on right hypochondrium and epigastrium. Had itch. Vaccinated. Suffers bad health, though not under any apparent disease.

Treatment: *Bar. c.* 3. (trit.). About a grain a dose. Diet: *Khoi* and milk.

4-10-95. 8:35 A. M. No fever yesterday, but only burning sensation of eyes in afternoon; three normal stools after taking the medicine; no stool this morning.

Treatment: Placebo. Diet as above.

5-10-95. 10:35 A. M. No fever yesterday; yesterday two stools; no stool this morning; going on well.

Treatment and diet as above.

6-10-95. 10:06 A. M. Slight feverishness yesterday ; took rice yesterday ; bowels opened.

Treatment: *Bar. c.* 3. (trit.). One dose as above. Diet: *Khoi* and sugar candy.

7-10-95. 8:6 A. M. No fever yesterday, only slight headache at about noon, which subsided with the commencement of sleep. Two soft stools yesterday with no worms.

Treatment: *Bar. c.* 3. (trit.) One dose as above. Diet as above.

8-10-95. 7:20 A. M. No fever yesterday ; no complaints ; four stools yesterday, first of which consisted of hard fecal knots and the others then soft.

Treatment: *Bar. c.* 3. (trit.). One dose as above. Diet: *Atâ*-bread ; *Dal*-soup and milk.

9-10-95. 8:45 A. M. No more fever ; giddiness yesterday ; no more medicine.

10-10-95. 8:07 A. M. No more fever ; two soft stools yesterday with thread-worms with the first one ; giddiness yesterday ; spleen reducing ; no more medicine. Diet : Rice one meal.

*Result* : Recovery.

*Remark* : *Bar. c.* is an efficacious remedy to remove costiveness, of course, when well indicated, is well exemplified in our present case after the first dose administered, the next day the patient getting three normal stools. Four doses cured her.

*Case No. 11.*—A patient, named A. M. K. Choudhury, aged about 15 years, color fair, came to my dispensary with intermittent fever of three days' duration, the 5th October, 1895, at about 8:55 A. M. with the following symptoms and history :

Type: Quotidian. Time: after 4 P. M. yesterday ; after 12 M. day before yesterday. Prodrome: yawning, stretching ; aching of joints of limbs ; sensation of internal heat. Chill, no chill yesterday, but moderately severe chill day before yesterday ; the prodromal symptoms appear if there be chill, otherwise not. *No thirst* in chill ; stretching and yawning. *Horripilation* in chill. Alternate with heat followed by no sweat. *No thirst* in heat that alternates with chill. Alternate chill with heat compels to throw away coverings. Heat, severe, about three hours ; *thirst* for small quantity of water. Headache in both temples and vertex of head. Sweat, slight ; half an hour : headache and other complaints of fever disappear with the continuance of sweat. *No thirst*. Apyrexia complete.

Bowels costive; no stool yesterday; one stool this morning; urine reddish; thread-worms passed with stools about seven days ago. Taste bitter. Appetite dull. Heaviness of head present now. Sleep good. Tongue moist, yellowish and slimy, middle and back parts. Pupils dilated.

Treatment: *Bar. c.* 3 (trit.). About a grain a dose. Diet: *Khoi* and milk.

6-10-95. 9:50 A. M. Fever at about 2 P. M. lasting till 8 P. M. yesterday with chill not alternating with heat; thirst during chill; no thirst during heat; no thirst during sweat; no headache or aching of limbs; change of time; no yawning and no stretching; another stool yesterday after medicine was taken, passed with thread-worms. No stool to-day; taste bitter; appetite increased. No heaviness of head present.

Treatment: *Bar. c.* 3 (trit.). One dose as above. Diet as above, adding milk.

7-10-95. 8:05 A. M. No fever yesterday; no fever now; no stool; taste slightly better; no heaviness of head; urine not colored.

Treatment: Placebo. Diet: Milk and *sujee*.

8-10-95. 7:24 A. M. No more fever; one large but soft stool yesterday at about noon, with live thread-worms, with no bad smell; urine not colored; taste normal; no heaviness. Had a pain in right side of neck which disabled him to turn his face toward his left shoulder, but no such pain now. This pain he had since five or six days before the commencement of fever.

Treatment: Placebo. Diet: Rice and milk (day.) *Sujee* and milk (night.)

9-10-95. 7:50 A. M. No more fever; one hard and formed stool yesterday at about 11 A. M. and one normal stool this morning; the stool of yesterday with one live thread-worm; no thread-worm passed to-day; urine not colored; appetite good; taste normal.

Treatment: Placebo. Diet as above.

10-10-95. 8:25 A. M. No more fever; two normal stools yesterday with no thread-worms; urine not colored; appetite normal; sleep good; taste normal. Treatment and diet as above.

*Result:* Recovery.

*Remark:* Two doses cured him. Treatment begun on the 5th; no fever the next day, the 6th inst. No more fever.

**AMERICAN INSTITUTE OF HOMŒOPATHY.**

BUFFALO, N. Y., March 13, 1897.

Editor of the HOMŒOPATHIC RECORDER.

The local Committee of Arrangements for the next meeting of the American Institute of Homœopathy, which meets in Buffalo, New York, June 23 to 30, 1897, have made much progress with their preparations.

Buffalo, being situated at a point near the middle west and readily accessible by numerous lines of railway east and west, presents favorable opportunity for a large attendance of the profession.

The local committee have chosen Unity Hall for the meetings of the institute. This hall, with its numerous connecting rooms and large auditorium, furnishes most admirable facilities for the work of the institute, including accommodations for its numerous sectional meetings and committee rooms. It is located on Delaware Avenue, the chief resident street of the city, and within two or three squares of the leading hotels.

Ample hotel accommodations will be at hand. The Iroquois hotel, which will be the official headquarters, \$4 per day; the Tiff House, \$2.50 to \$4 per day; the Genesee, \$2.50 per day and upwards; the Fillmore, \$2.50 per day; the Niagara, \$3 and upward per day; the Ontario, \$2.50 and \$3 per day; the Trubee, \$2.50 per day and upwards.

The climate of Buffalo in June is very fine and every opportunity can be given for enjoyment of the members during leisure hours. With something over 200 miles of asphalt pavement, those who ride wheels can luxuriate to their heart's content. The committee urge those who have wheels to bring them with them; they will be cared for by competent persons at Unity Hall, where also those who wish to hire wheels may do so at moderate rates, the whole under the arrangement and control of the committee.

Buffalo's elaborate system of public parks, which with their connecting boulevards nearly encircle the city, will prove a source of great interest to visitors. The botanical gardens at South Park are already attracting wide attention throughout the country.

In the Free Library building, facing Lafayette Park, will be found a large free library conducted by the city, also a large

collection of the Society of Natural Sciences, also that of the Historical Society and the Academy of Fine Arts.

Among the famous attractions of Buffalo are its mighty grain elevators, which handle the immense commerce of the great lakes, en route to the sea-ports towns.

The office buildings will prove an attraction to many; the one called the Ellicott Square, covering a whole city block, is acknowledged to be the largest in the world.

The electric street railways compose a safe, perfect system of travel and furnish the first example of the long distance electric transmission, the power being generated at Niagara Falls, twenty-two miles away.

An endless variety of excursions will be provided, by steam and electric railroad, to many interesting points, including Niagara Falls, which is close at hand; also by boat on Lake Erie and on Niagara river.

The trip to Niagara Falls will prove of surpassing interest to all visitors and can be made by steam train in forty minutes or by electric railroad.

The new and fascinating ride through the gorge of Niagara river from Niagara Falls to Lewiston by electric railroad will prove a chief feature; it is called the "Gorge route," and is a fascinating though perfectly safe excursion, the cars running low down in the gorge within a few feet of the water's edge.

The great power house at Niagara Falls, where, by the aid of the current of Niagara river, thousands and thousands of horse power of electric energy are generated for commercial purposes.

The power house will prove a great attraction to visitors.

Every effort will be made by the local committee for the comfort and entertainment of the members and guests of the Institute and their families, but no entertainments or excursions will be planned which will interfere with the more serious work of the institute.

	JOSEPH T. COOK,
By order of	Secretary Local Committee,
DR. A. R. WRIGHT,	636 Delaware Avenue,
Chairman of Local Committee,	Buffalo, N. Y.
414 Elmwood Avenue,	
Buffalo, N. Y.	

**AMERICAN INSTITUTE OF HOMŒOPATHY.**

NEW YORK CITY, March 15, 1897.

Editor of HOMŒOPATHIC RECORDER.

Before the American Institute of Homœopathy adjourned at Detroit last year it was agreed to make the coming session at Buffalo, '97, the greatest and most successful one in the history of the organization. This determination has not lessened and the efforts of the officers, and chairmen, and friends of the institute have been loyally and enthusiastically seconded by the profession everywhere.

Centrally located, reached by all the great trunk lines of the east and west, connected by boat with all the lake ports, with splendid and ample accommodations for all who may come, Buffalo justly expects a host of homœopathic physicians next June.

The American Institute of Homœopathy will meet at Buffalo, June 24, 1897, and continue in session for the usual time. On the 23d the Materia Medica Conference will convene and hold three sessions, two on Wednesday and one Thursday morning. The new society of Ophthalmologists will also be in session on Wednesday and there is no doubt of a large attendance at the opening of the institute.

The programme of the institute has already been arranged in outline and may contain some novel features. But this much may now be said: that the sectional chairmen have nearly all arranged a definite, clear-cut programme, will furnish a few fine papers instead of the usual hit or miss lot, will have carefully arranged discussions and in many cases abstracts of papers will be furnished. This reform in itself would almost revolutionize matters, and all that can be accomplished in this direction in one year will be done.

The attractions of Buffalo, the beauty and power of Niagara, must not be overlooked. The local committees are and have been hard at work, and those who know predict great things as the result of their labors. Let every member of the Institute bring or send one new member and we will add three hundred new names to the roll at Buffalo.

Institute, June 24, 1897, Buffalo, N. Y.

EUGENE H. PORTER, M. D.,  
General Secretary.

## ACUTE RHEUMATISM OF THE JOINTS AND ITS TREATMENT.

By Dr. Karl Kiefer, Nuremburg.

Translated for the HOMŒOPATHIC RECORDER from *Homœopathische Monatsblätter*, February, 1897.

*Acute rheumatism of the joints* is at this day one of the most frequent and most dreaded of diseases. It seizes on people of every age and sex, and is at home in the dwellings of the well-to-do just as much as in the close and unclean dwellings in which the lowest classes of our population are compelled to live in our manufacturing towns. It is dreaded not so much on account of its percentage of fatal cases, which is, indeed, comparatively low, as on account of its sequelæ, especially the augmented tendency to a relapse and also chronic heart disease.

It is called rheumatism of the joints because there appear in it especially more or less severe swellings of one or of several joints, with extraordinarily severe painfulness of the joints in question. Whoever has once seen such a poor patient with reddened face, covered with a sour smelling perspiration, lying immovable in his bed, with the pitiful, ever anxious expression on his face, with the continual apprehension that an awkward movement, or even the mere quick approach of one of the persons around him might cause a new paroxysm of pain, will not for a long time efface the painful impression.

One or more of the larger joints are usually first seized. With a moderate fever, which rarely exceeds a temperature of 102° to 103° Fahrenheit, the disease proceeds by leaps to several of the larger and smaller joints, while the morbid symptoms in the joints first seized then usually diminish. In the lighter cases the disease is confined to these affections of the joints, though even these may be protracted for weeks with changing virulence; but in more severe cases, among which we would also count those in which the swelling and painfulness of the joints may in themselves be slight, the disease also seizes on other parts of the organism, especially producing pericarditis, endocarditis or pleuritis; in short, it may find a footing wherever there are so-called serous membranes, but is most apt to seize upon the valves of the heart, the pericardium and the pleura. The disease may also, and the cases are not so very rare, either, without affecting the joints at all, seize upon the above mentioned tissues

alone, and then we speak of a rheumatic inflammation of the pleura, the valves of the heart, etc. The latter is especially a frequent attendant on the disease of the joints, and frequently leaves behind it the much dreaded diseases of the valves, as in consequence of the cicatrices formed after the inflammatory process the valves either become unable to close properly or become constricted. Such individuals then suffer all their life from disease of the heart and its sequelæ, palpitation of the heart, dyspnœa, tendency to tire easily and later on even worse symptoms. Besides the violent pains, there are especially the frequent, severe, sour smelling sweats, which are a real torment to the invalid, partly because the aversion of the patient to every touch forbids a frequent change of the bed clothes and underwear. These sweats are not followed, as in other diseases, by a decrease of the fever, but the disease proceeds undiminished with an equally high temperature and equally disagreeable general state.

Taking cold is generally acknowledged to be the cause of acute rheumatism of the joints. According to the saying, "A burned child dreads the fire," those who have once had articular rheumatism avoid most carefully the slightest draught, and on that account they are usually not the most welcome company. In spring and late fall, when persons are most liable to illness from taking cold, we find on that account the greatest number of cases. Frequently, also, a number of cases take place within a short time in one place owing to some unknown cause, and then we speak of an epidemic appearance of this disease.

It is a matter of course that a disease which ties the patient to his bed for weeks, yea, for months, with the most severe and unbearable sufferings, and which threatens him with chronic invalidism, frequently puts the patience both of the invalid and of the physician to a severe test. The patient is entitled to look to his physician for aid, and there is no disease in which it is demanded with the same impatience and the same urgency.

Now, what remedy does the medical art afford us to combat this severe disease?

Next to syphilis articular rheumatism is the disease which allopathy prides itself most on curing, regarding its cure as its chef-d'œuvre. It is now twenty years since *Salicylic acid* has been generally introduced into the therapy of rheumatism. Many hundred weight of this remedy have within this space of

time been incorporated into the human organism, and at least with this result, that the opposition of the public to *Salicylic acid* preparations is more pronounced and energetic than that to any other medicine. We may well say that Homœopathy is indebted to *Salicylic acid* for a large part, and, indeed, the most thankful part, of its practice. It is not to be denied that the effect of *Salicylic acid* on articular rheumatism is frequently striking and of extraordinary rapidity; especially the painfulness of the disease frequently disappears entirely in a few hours; the swelling usually diminishes more slowly. But with what "concomitant symptoms" is this success attained, and how is it with the permanence of the cure? After considerable doses of the remedy there quickly appear nausea, a disagreeable pressure in the stomach, vomituria, vomiting, dullness of the head, violent buzzing in the ears and vertigo, all these phenomena showing the presence of a severe poison in the system. These symptoms slowly disappear again, but anyone who has taken *Salicylic acid* for some time will feel the consequences in the disorder of his stomach for months. The appetite totally disappears while the remedy is being taken, and with many there is eventually so violent an aversion to the medicine that even the least dose is rejected again by vomiting. Then the persistent physician uses the clyster. I have a patient, a vigorous man of 35 years, who before his disease had a blooming appearance. He was unable to take *Salicylic acid* internally, when he was violently seized the second time in the course of a year with articular rheumatism. He was treated for weeks with clysters, although these were always followed by violent symptoms of poisoning, and he could take hardly any nourishment at all. By a consistent and energetic treatment of seven weeks the allopathic physician succeeded in reducing the weight of the patient from 165 to 120 pounds; at the same time the joints seized by the disease remained rigid, and when the physician declared his cure completed and advised him to try the springs the man could, only with difficulty, move on crutches. This is not, however, an isolated case. Light cases may be resolved quickly with or without *Salicylic acid* and determine nothing as to the favorable effect of this particular remedy. Another one of my patients had been several times seized with articular rheumatism; he is a fireman, working at the boilers of a brewery, being alternately employed by day and by night. Such an employ-

ment really invites a relapse, and renewed attacks are not rare; as soon as he observes the first symptoms he takes a few drops of *Rhus* and a steam bath, and during the last year he has thereby been enabled to avoid a more severe attack.

More severe cases of rheumatism, however, require the frequent repetition of *Salicylic acid*. When after a dose of 62 to 93 grains of *Natrum salicyl* the poison-symptoms somewhat abate, which takes place after one or two days, then a relapse will take place; this may be again overcome by the remedy with the same concomitant symptoms, and thus the disease may proceed with similar fluctuations until the disease gradually abates or the patient refuses to further take the renowned remedy. There are also cases, and, indeed, not a few, in which after such a treatment for several weeks *Salicylic acid* altogether ceases to have any effect, relapses continually occur, and the disease finally settles in certain joints, which then are chronically stiff, until after several weeks' bathing in mineral springs and massage finally bring relief and cure. I have before me the report of the case of a lady of 40 years, who in three months suffered four times from articular rheumatism; the attack was every time quickly suppressed with *Salicylic acid*, but it recurred after a pause of 10 to 14 days, while the patient was not even perfectly free in the interim. After the fourth attack, which was also thus cut short, she had to sit rigid in her invalid chair, and then she went to a homœopath and demanded that she should be able to walk again in at most eight days.

When patients who have been treated with *Salicylic acid* go with their stiff limbs for a final cure to the Sulphur Springs or to Wildbad, then immediately after the first baths the pains are renewed and the limbs more rigid and these symptoms only give way after a longer combination of the baths. There can be no doubt that cutting short the attack with *Salicylic acid*, besides the concomitant effects which torment the patient, much contributes to prolong the duration of the disease and predisposes to a relapse. No severe case has ever been thoroughly cured with *Salicylic acid*, yea, in many cases it is not able to relieve in any way the swelling and the pain. *Salicylic acid* on this account has not so far enabled the allopathic practitioner to do without either *Morphium*, or *Chloral hydrate*, or of local applications with ice-bags, leeches or painting with tincture of *Iodine*, etc. I even saw one patient, who, by the advice of his physician, had a

packing of gutta percha immediately around the affected joints. With all this, *Salicylic acid* is one of the most effective remedies of the allopath, and there is hardly a doubt that a homœopath, who should lose a patient from articular rheumatism without having given him *Salicylic acid*, would share the fate of those of his colleagues, who in the forties were shut up in prison by the decree of the medical authorities because in the case of inflammation of the lungs they had neglected to bleed their patients. *Probatum est.*

But can anything better be done in this disease? When the physician comes into such a sick-room in which the anxious patient carefully keeps all the windows closed, and which he then fills with his sour smelling effluvia which the olfactory nerves do not sense very gratefully, then common sense calls first of all for pure air and cleanliness. First of all, then, the windows should be opened; it is not, of course, needful that the patient should lie right in the draft. Then in every case, where I have not to deal with weakly, very decrepit patients, I order the whole body washed with soap and water, and, indeed, cool water; this cleanses the body of the perspiration clinging to it. This may cause some pains, though these may be largely avoided by cautious handling. Then I give the patient clean underclothing and sheets; and it is astonishing how much better a clean organism feels, despite the pains; yea, the pain itself is not as intense and so unbearable when the general state of the body is better. These ablutions are repeated daily, and the patient soon calls for them himself in case his nurse is more fearful of giving him pain than he is himself.

Then we must choose an appropriate remedy. Homœopathy supplies us with quite a series of remedies, and this very properly; for in articular rheumatism there is not a mere simple infection which may befall anyone, as e. g., cholera, but the constitution, the individual disposition has the first say. This is apparent even from the tendency to recurrence, while in other infectious diseases there results either an entire immunity, as in smallpox, or at least a restoration to the former state. But the constitutions are very different; therefore, the treatment of articular rheumatism requires a greater number of remedies to adapt it to the varying individuals, according to the symptoms appearing in the disease, viz.: Greater or less painfulness, a higher or more moderate temperature, tendency of the pains to

pass from one joint to the other, or predilection for certain joints, a quicker or slower course of the attack, different kinds of swelling, aggravation at different times of the day, general symptoms and complications, but especially also retention of the urine and of other excretions. Among other remedies *Aconite*, *Bryonia*, *Pulsatilla*, *Rhus toxicodendron*, *Colchicum*, *Natrum nitric*, *Benzoic acid*, *Belladonna*, and, where the heart is affected, *Spigelia* and *Kalmia*. The characteristic of each of these remedies cannot be exhaustively given in a few words; the proper selection must always be left to the physician, for even in the small manuals that are in the hands of the public the distinguishing characteristics are not always so sharply defined that the choice of the remedy would also be easy for the layman.

I only wish to particularly emphasize the excellent action of *Spigelia* in the rheumatic inflammation of the heart. Allopathy rarely uses any other remedy in inflammation of the valves of the heart but *Morphium*, in inflammation of the pericardium it gives *Digitalis*, which only acts on the nerves of the heart and thereby retards and invigorates the action of the heart but cannot affect its inflammation. But both these forms of inflammation find an excellent remedy in *Spigelia*, which can remove the subjective symptoms, the stinging and the pressive pain and the asthma as well as the objective phenomena in a short time, often in a few hours after the first dose. I remember especially one very desperate case in which I owed much to this remedy. A tavern-keeper of this city, a great beer-drinker, with a pronounced fatty degeneration of the heart and general corpulence, had a severe attack of articular rheumatism. With the peculiar constitution of the patient I apprehended, very much the transition of the process to the heart, nor had I long to wait for it. I was called to him at night and found the patient complaining of violent dyspnoea, of pressive and lancinating pains in the direction of the heart. The respiration was very difficult, the face and the mucous membranes were colored a dark-red, the pulse quick, springy, somewhat irregular. The examination showed symptoms of inflammation in one of the cardiac valves, but especially a loud friction sound in the pericardium, showing a severe inflammation. I prescribed *Spigelia* 3 at first every quarter of an hour, but soon on the alleviation of all the symptoms I gave it every hour and in the morning I was overjoyed

on visiting him to find only a slight friction in the pericardium, which also disappeared by the next day. The patient had only after that to pass through a rheumatic inflammation of the pleura, and four weeks after the beginning of the disease he returned to his beer-barrel where, despite all warnings, he continues to be his own best customer.

When the joints are severely inflamed in vigorous patients, where there is no contra-indication from a severe inflammation of the heart, I also have cool compresses with a woollen cloth around them applied to the affected joints. By laying a bed-warmer or a jug of water by its side the compress is quickly warmed and brought to steaming. When several joints are affected, I never have more than one large or two smaller ones treated thus at the same time. The compress and the bed-warmer I allow to remain 45 to 60 minutes, then the joints are washed with cool water and lightly wrapped up in wool. After such treatment the pain and the swelling are frequently very considerably reduced and the patient feels a considerable relief.

The diet need not be necessarily strict. Besides alcoholic drinks, I only forbid food which is difficult of digestion, but allow the patient a light, varied diet, consisting of light dishes of meat and of flour, fruit, stewed fruit, also some green vegetables, especially when boiled in stock as soup, wheat bread or biscuit, etc. They are usually able to partake if not of much food at least of a sufficiency, and are especially thankful if they are not tormented with gruel and similar sick-bed dishes.

We do not, indeed, always succeed by such a treatment in limiting the disease to a short duration; but what we always succeed in is the shortening of the course of the disease, alleviation of the pains, sparing the patient and preserving his strength. The homœopathic treatment never so diminishes the ability of assimilating nourishment, nor is the general health ever so brought down by it as by the treatment with *Salicylic acid*. When then the whole course is completed, a man who has been cured by Homœopathy differs from the man treated allopathically, in enjoying a much greater freedom and mobility of the joints that had been affected, and also, since his stomach is in order, he will be able to recover his former state of vigor much more rapidly. That the cure by Homœopathy has at the same time been much more perfect is also shown by its reaction on an eventual treatment by a visit to the springs. There are

found hardly any violent symptoms after the first baths, and when the bodily state is so much better it is also manifest that the tendency to a relapse is quite considerably less.

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### THE MOUTH AND HOOF DISEASE.

(Translated from *Hom. Monatsblätter*, Feb., 1897, for the HOMŒOPATHIC RECORDER.)

This disease is causing much damage, and appears in spite of quarantine and other precautionary measures, even in stables where there is no lack of good food nor of rational care for the cattle. It is, indeed, often carried in from other places and is no doubt very infectious, but it also originates "of itself," without any infection from without. This has been abundantly proved by its breaking out even in pastures the most elevated on the Alps in Switzerland, which have no communication with the outside world. While usually it is particularly prevalent during hot summers or during a season following thereon, it appeared last fall and this winter after an extraordinarily *wet* summer! In either one of these conditions the fodder would be neither grown nor harvested in its normal condition, and this, no doubt, causes the morbid disposition in the cattle.

But whatever may be its cause, since the very first appearance of this plague allopathy has been utterly unable to discover any remedy for it, while in Homœopathy we have approved remedies: At the first commencement *Mercurius vivus* or *Mercurius solubilis* and *Calcarea phosphorica*, both in a medium high potency; also Schuessler's *Kali chloratum* 6 trit. When it augments, a middle potency of *Asafetida* should be used besides the mercury, and a dose of *Silicea* should be given off and on. In the most severe cases we should alternate with *Kali phosphoricum*, *Asafetida* and *Nitric acid*.

As an external application, we would recommend the first or second potency of *Spiritus sulphuratus*, one spoonful in a cup of very warm water; with this the mouth and the hoofs are to be washed. If this should be difficult to apply, we would recommend squirting this solution with a syringe of hard gum into the mouth and between the hoofs; this should be done three or four times a day. In the same way the remedies may also be given in solution.

The cattle should have a *dry place* to stand on; peat or sawdust should be strewn in the stalls and be kept dry.

## AN EXAMPLE OF METALLOTHERAPY.

By Dr. Goullon, Weimar.

(Translated for HOMŒOPATHIC RECORDER from *Leipziger Pop. Zeitschr. fuer Hom.*, Feb., 1897.)

Mrs. A., aged 56 years, suffered from a peculiar affection of the middle finger; it was crooked, the second anterior joint was affected, so that the first and second phalanges formed nearly a right angle. It may easily be imagined how awkward this was for the usual manipulations in the house and outside of the house. This state lasted for months, so that the physician who treated her thought it could only be cured by an operation. He probably intended to cut through the tendon of the flexor of the finger, not a dangerous matter of itself when it is done subcutaneously, thus beneath the skin; but it could give no guarantee that the hand would thereby again become restored to its use. The husband therefore preferred to look elsewhere for aid. And this may well be one of those cases in which the very honorable sanitary council of Karlsruhe would have given its permission to treat the patient without seeing her. These people have, however, not the faintest idea of what it is possible to effect by a thorough-going examination of the patient and through the possession of a proper knowledge of remedies, *notabene* according to Hahnemann's curative method.

There could in this case be no doubt as to the diagnosis, and the appearance of a finger which has thus become rigid must always be the same. But as to the choice of the remedy opinions might diverge, and her allopathic physician had no doubt done his best in every direction.

I decided for *Zincum*, and to have it applied in the following manner: The woman had to apply a little piece of sheet-zinc, like a small splint, over night on the back of the affected middle finger. Such a piece can be pierced and a ribbon or silk cord can be drawn through it to fasten it. This was removed during the day time.

The result was surprising. The patient soon regained the full use of her finger, and thus of her hand. The finger no more "snapped in," as had always formerly taken place, so that she had always in the morning to "break in" her crooked finger with great trouble and anguish, with severe pains. That had, however, always been only of transient use, for as soon as

she did her housework, *e. g.*, when she swept, sewed, knit, etc., she never knew when her finger would be drawn crooked again, when the process of breaking it in or straightening it would have to be repeated.

Concerning the nature of this ailment, we might conclude from the fact that Mrs. A. also at other times had suffered from rheumatism, so also once of sciatica, which could not be reached by allopathy. This had been relieved by *Rhus*, *Arsenicum*, *Kali carb.* and *Calc. carb.* given in the order in which they are mentioned. At last she only had a feeling in her leg "as if a bug was crawling in it."

The affection of the middle finger did not return.

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### CONSTIPATION.

(Translated for the HOMŒOPATHIC RECORDER from "*Willst du gesund werden.*")

The difficulty in applying the medicinal provings lies in the correct explanation of the symptoms. Thus experience teaches that in the one case thirst (as a pathogenetic symptom) proves decisive—as in *Arsenicum*; in another case thirst was also observed, without affecting the choice of the remedies. As thirst is related to *Arsenicum*, so constipation is to *Graphites*, the burning pain to *Causticum*, an intermittent pulse to *Kali carb.*, etc. *By itself* the presence of such symptoms is not decisive, but owing to numerous physiologico-clinical observations they have received a higher significance and practical estimation. In this sense we desire our present remarks to be received; they are mostly taken from Dr. Farrington's *Clinical Materia Medica*, which I consider as my "homœopathic Bible," for it is a book to which I have been obliged for many a keen hint, though, of course, the book has first to be "thoroughly studied" before we can be profited by it.

(1) *Nux vomica*. Constipation with spasmodic urging to stool. The urging comes on in paroxysms. Hemorrhoids, lack of appetite, fullness of the abdomen, sleeplessness, rush of blood to the head.

(2) *Sulphur*. Constipation with a sensation of fullness, even when little has been eaten. Frequent, ineffectual urging to stool, hemorrhoids, constipation alternates with diarrhœa, the latter in the morning. There have been suppressed eruptions.

Dishes made from flour do not agree with him. Cross mood. Relaxed state. A sedentary occupation largely contributes to the ailment. *Sulphur* thus has symptoms similar to those of *Nux v.* When *Nux* effects only a partial cure, *Sulphur* comes in to finish it.

(3) *Plumbum*. Constipation with morbid constriction of the anus. The abdomen is drawn inward. The stool consists of hard, black balls, like sheep's dung. The patient complains of a sensation as if the anus was drawn up by a string into the colon.

(4) *Opium*. Constipation without urging to stool. There is no inclination to stool at all. The intestines are packed full. Complete inaction of the intestinal canal. The stool also consists of hard, round, dark balls.

(5) *Lycopodium*. Constipation with gathering of *flatus*. Even a little food makes him feel sated. The patient feels worse from 4 to 8 P. M.

(6) *Natrum muriaticum*. Constipation with *depression* and ill humor. When there is a stool the mood improves. Severe formation of acidity. Dull headache with a nasty taste.

(7) *Graphites*. Constipation with girls and women with delayed or difficult menstruation. Inclination to tetter or to sores on the legs.

(8) *Alumina*. Striking inaction of the colon, so that even a soft stool requires great exertion.

(9) *Carbo vegetabilis*. Constipation with urging to stool, which is relieved by discharge of *flatus*; the urging is, therefore, caused by flatulence. Bluish, protruding piles, with burning in the abdomen.

(10) *Silicea*. The stool is partially excluded from the colon, but seems to slip back. There is, therefore, a lack of expulsive force in this part of the colon. The stool is, with great effort, pushed partly downwards; when the propelling force pushing downward ceases, it slips back.

(11) *Sepia*. This remedy has an urging as if a foreign body was in the colon; a constant sensation of fullness in the colon, even immediately after the stool. As in *Alumina* even a soft stool is expelled with difficulty. The *sepia* symptoms nearly always call for an affection of the uterus simultaneous with constipation.

(12) *Anacardium*. There is frequent urging to stool, but when

an effort is made for its expulsion the urging is gone. The patient complains of feeling as if there was a *plug or some foreign body in the colon*. This symptom is *not* the effect of the retained stool.

## THE SPECIFIC VALUE OF TARTARUS STIBIATUS.

By Dr. Goullon.

(Translated for the HOMŒOPATHIC RECORDER from *Leipz. Pop. Z. f. Homœopathie*, February, 1897.)

There was a time when *Tartarus stibiatus* (*Tartar emetic*) was numbered among the indispensable medicines. Like many other good remedies, it has been given up because it was prescribed too commonly and, thence according to routine, when it left the prescriber in the lurch. Homœopathy has the merit of having brought back *Tartarus emeticus* to its former place of honor; for Homœopathy alone possesses a differential diagnosis of remedies, it alone individualizes and sees not only diseases, but also diseased persons before it, whose subjective description of the disease she does not indeed over-estimate, but she knows how to value properly.

Passing over to a concrete case of disease, we would remark, that in a long practice I have not seen a similar case where this remedy acted so surely and quickly as in this instance, and under the same circumstances it would always act with the same striking result.

The calming, sleep-inducing effect usually appeared after the first dose.

Let us allow the patient herself to speak, as she described her state last time, and where as mentioned *Tartarus stibiatus* acted so strikingly.

“This is now the fourth night which I have spent so miserably. During the day it is endurable, but as soon as I go to bed the cough appears, a sort of *convulsive cough*, even when I sit high up in bed. The expectoration is frothy and copious; in its center is a firm, yellow, blood-streaked, salty nucleus, and it is torn off from the point beneath the chest where the cough starts, which point is painful.

“The expectoration is preceded by a rattling, slightly wheezing sound, then a long, painful drawing. Between this intervenes heat and a chill; also stitches, especially in the back, between the shoulders, in the nape of the neck and in the arms.

“This morning when I arose I felt really ill, and was as if intoxicated. There is also a total insomnia.”

There was some time before the patient needed me again.

It was on the 1st of December, when I received the laconic lines: “Dear Doctor! may I ask you again for *Tartarus stibiatus*. My state is exactly what it was three weeks ago. *I cannot get any sleep.*”

She received a powder with 4 drops of *Tartarus stibiatus* 6 d. When I called on her next day, the patient met me looking very well. She had not coughed *once* during the night, because after the first spoonful of the solution of *Tartarus emeticus* (the powder had been dissolved in 3 ounces of water) she went to sleep at 8 o'clock and did not wake up till morning. This result will appear the more satisfactory, as the night was cold with east wind. Her condition, therefore, improved almost instantly. The expectoration, as she said, was *as yellow as a lemon*. She had had a fearful cough for several nights.

This patient was suffering from a severe disease of the heart, and it will always remain a mystery for the uninitiated how any one can live so long, yea, even appear healthy, with such alterations in the valves (the *ostia*) of the heart. In connection with this heart disease and owing to it, she has repeatedly had a stroke, lost her speech, sank down unconscious, or had attacks of pneumonia with bloody expectoration, bronchial catarrh, etc.; but she always promptly recovered under exclusively homœopathic treatment. So she stands a living monument of the fact, that even in organic defects and their consequences we should not let our hands hang down, but energetically proceed to cure. An enormous goiter, in which the left carotid artery is felt pulsating with striking distinctness, completes, with the heart-symptoms present, the image of Basedow's disease, only the characteristic prominence of the eyes is lacking.

Let us once more summarize the indications for *Tartarus stibiatus*, and the following symptoms may be considered decisive:

1. Concussive convulsive cough, attended with copious secretion of mucus.
2. Nocturnal cough, worse in bed.
5. Alternating heat and chills, feeling of great bruisedness, rheumatic complications (Grippe, Influenza).
4. Insomnia, which explains the bruised feeling. The cough prevents sleep.

5. The peculiar lemon-colored expectoration, bloody streaks, so-called pneumonic sputum.

*Tartarus stibiatus* is, as is well-known, also a very efficient remedy in whooping-cough. It is not necessary that there should always be a pronounced inflammation of the lungs or gastric disturbance in order to be able to intervene with this remedy as a real benefactor to the patient that has been tormented for days. But the 6 d. dilution should be used.

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### MENTAL SYMPTOMS.

(Translated for the HOMŒOPATHIC RECORDER from *Willst du gesund werden*, February, 1897.)

In the concluding number of the last volume (15) of the *Zeitschr. d. Berliner Ver. hom. Ärzte* there is a work very interesting and showing extended research by Dr. Dählke, in Berlin, concerning "Mental Symptoms." The author considers these as the most important essential in the total image of the symptoms of any remedy. "They form, as it were, the top of the subjective symptoms in which latter, according to my unshakable conviction, our chief strength lies. We are in possession of a multitude of well-established mental symptoms, which we can not compare more correctly than to a precious treasure handed down from father to son. It is true that this very feature of the image of the symptoms is the most difficult to apply. A good description of the mental symptoms in examining the patient, and a good application of the same in the choice of the remedies, show a master of medicine."

In the introduction to his work Dr. Dählke also discusses the question of the dose, and we find the author also in this question to be a true Hahnemannian. Dr. Dählke has given by far the greater number of the remedies (as *Thuja*, *Calcarea*, *Natr. mur.*, *Sepia*, *Sulphur*, etc.) in a high (30) dilution either in one dose with after effects of a week or a month, or in repeated doses, but rarely more frequently than twice a week. *Aurum* was given by the author only in a low (4 or 5 decimal) potency, but he states that he does not wish to intimate that a higher dilution might not have been just as effectual. *Arsenicum* he has given from the 6th decimal up to the 30 c. attenuation. "With an old man the lower and middle attenuation had no effect, but the high potency acted so quickly that I cannot doubt its medicinal

effect. Taken all in all, I am of opinion that affections of the mental powers come into the domain of the higher attenuations.”

I may be permitted to make the reader acquainted with a very small excerpt from this work, which nearly fills 100 pages, and for this purpose I shall choose:

### Baryta Carbonica.

Fundamental symptoms: *Adults, especially old people, have a peculiar antipathy to strangers and shun any face that does not belong to the family; they imagine that they are laughed at; aversion to society. Children are unwilling to play, sit in a corner and do nothing.*

With a woman who was being treated for an unexplained affection (neuralgic states in the back and the abdomen) the following symptoms appeared: Distaste for every kind of food; in lying and sitting, a sensation as if the stomach were pressed upon; she does not want to see anyone, mopes. This state was removed by a dose of *Baryta carb.* 12.

A girl of 12 years, who had passed through many diseases, and was somewhat mentally deficient, who sleeps at night with an open mouth, suffers of flux, is always out of sorts, retiring in her disposition, but strikingly lacking in a feeling of modesty. *Baryta carb.* 12, one dose a day, in the space of ten weeks produced a very manifest improvement.

*Baryta* acts upon the two extremes of human life, old age and infancy; the latter action is the more important. It lacks the intimate relation to dentition which is peculiar to *Calcarea*.

We often find children who are not vigorous enough in the first two years of their life to eject hereditary morbid substances through a well-developed eruption of the face and the head, but who retain the same while it forms with them an excitation to that morbid form of growth which is manifested by excrescences in the nose or throat. Herein it is almost identical with *Calcarea*, and is only differentiated by the lack of the partial sweats. These are children of whom their mother with a misplaced pride says: The child had never even a spot upon it. Here, if I mistake not, there is a great difference between *Baryta*—*Calcarea* on the one side and *Sulphur* on the other. A *Sulphur*-child has from the beginning suffered more from eruptions, but later on it suffers less from these notorious hyper-plasias (enlargement of

an organ), which, through their obstinacy, are well adapted to exhaust even the greatest patience.

A *Baryta*-child remains behind in its growth, has a thick abdomen, does not learn to walk nor to talk, and there is gradually developed that state of imbecility that is described in the mental symptoms given above and which offers a farther difference between *Baryta* and *Calcarea*. A final difference is this, that *Calcarea* acts decidedly more on the nose, but *Baryta* more on the *tonsils*, both the left and the right. In such cases it is a remedy altogether to be depended on, a real specific.

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### URTICA URENS, THE STINGING NETTLE.

By E. Schlegel, practicing physician in Tuebingen.

(Translated for the HOMŒOPATHIC RECORDER, from *Willst du gesund werden*, February, 1897.)

One of the most interesting plants of the homœopathic *Materia Medica* and of domestic medicine is *Urtica urens*: It belongs to those which are *never found at any great distance from human dwellings*. Nettles are only found quite near to dwellings, or to stables, or on roads that are much frequented; they are never found in woods, or in distant fields or on mountains. But if there is a place in a park where wild animals are fed, and which is much frequented by men and animals, then the nettle will also be found there. Whence is this? No doubt it has some connection with the wetting of the soil with urine. It is this that calls them forth. Is it from its containing common salt? Emperor Redbeard after destroying Milan strewed *salt* over the ruins "so that nettles might grow there." The briny waves of the ocean also generate many organisms, which irritate the skin just like the stinging nettle, especially the medusa or sea-nettle and other animals of a low order. "These are also called "nettles."

*Urtica* acts most manifestly on the skin, then also on the kidneys and the urinary organs, as also on all diseases connected with a spasmodically altered secretion of urine, as on catarrh of the bladder, wetting the bed at night and on gout. The kidneys and the skin are closely related in the human organism, they assist one another in their several functions, removing unclean substances and wastes from the body. I have on using *Urtica* frequently observed the appearance of a nettle-

rash. These irritations of the skin appeared even after doses of pills of the 3 d. potency. Dr. Burnett in London has brought *Urtica* into prominence as a remedy against gout.\* In such cases he prescribes daily 5 drops of the *Urtica* tincture in some warm water. He also, basing his prescription on provings made by himself, recommends *Urtica* against attacks of fever, also against tropical fever. Also as a remedy for gout *Urtica* and *Natrum muriat.* (Nettle and common salt) stand in close proximity.

Prof. Dr. Heldreich, botanist in Athens, writes to a friend of mine who had called his attention to Burnett's recommendation: "I have already had occasion to apply the curative method of the English physician on myself, and I have through it overcome an attack of gout in its first stage. Also some of my acquaintances have used the remedy with success, and I have, therefore, several times had occasion to order the tincture. I owe you, therefore, many thanks for your kind communication." Such experiences do much to assist in the spread of Homœopathy, and the remedy in question is generally accessible; and during eight months of the year anyone may gather the plant himself for his own use.

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## BOOK NOTICES AND GOSSIP.

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**Etidorhpa ; Or the End of the Earth.** The Strange History of a Mysterious Being and the Accounts of a Remarkable Journey, as Communicated in Manuscript to Llewellyn Drury, who promised to print the same, but finally evaded the responsibility, which was assumed by John Uri Lloyd. 380 pages. 8vo. Cloth. 7th edition. Robert Clarke Company, Cincinnati. 1897.

After sitting up for several evenings with this book until the hours when good citizens are supposed to be abed, the reviewer must confess that he does not understand it, though glimpses of a meaning and a science far beyond that of which we hear so much of nowadays flashes brilliantly here and there, revealing to the reader that it is no ordinary work he is absorbed in. On first opening it the eye is at once caught by the numerous and rather remarkable illustrations—the author has been peculiarly

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\*Gout and its cure.

fortunate in his artist—and any one familiar with Jules Verne fancies that he is about to take one of that brilliant gentleman's semi-humorous, semi-scientific journeys to realms where man has never been; but it is not a book of that class. Reading on a little, suspicions of Bulwer's *Zanoni* are aroused only to be allayed. Spiritualism? No; not as commonly understood. At one point, in the "den of the drunkards," Swedenborg might be thought of had the word "den" been changed to "hell," and indeed in several respects that great writer is suggested when the "man" gets beyond the point where the body is in evidence, and he meets strangely formed beings who, to themselves, seem to be as men. Through the whole of the remarkable tale, or allegory, or scientific foreshadowing, though, we see the hand of one versed in what passes current to-day for science, yet who has gone beyond the present limits, and, looking back, can see what a surface learning it all is, and how, aside from mechanics, full of error. The rather startling ideas advanced concerning force are of a nature to make the famous "Keeley motor" a possible reality after all, while what is said concerning biology will meet the approval of all who are not content to rest in the belief that man is matter and nothing more. An outline of the book cannot be attempted here, but the reader can be assured that "as through a glass, darkly," he will have ranges of thought opened up to him that will tend to break such materialistic bonds as may bind him to mere matter; bonds that certain phases of modern science, that sees the beginning and the end in dead matter, puts on men.

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**Heart Repertory.** By John H. Clarke, M. D. Compiled Mainly from the Author's Work, "Diseases of the Heart and Arteries." 30 pages. 8vo. Cloth. London: E. Gould & Son.

This little repertory is a reprint of the matter that appeared serially in the *Homœopathic World*, which was deemed worthy of a more permanent and convenient form. It is a very complete and well arranged work divided into general sections: "Diseases Mentioned by Name," "Causation," "Symptoms," "Aggravations and Ameliorations," "Concomitants," "Course and Extension of Symptoms," "Characteristics," "Subjects," and "Analogous Remedies."

**The Use of Obstetric Forceps.** By Sheldon Leavitt, M. D.  
112 pages. Cloth. Chicago: Era Publishing Co. 1897.

Any obstetrician who wants to know how and when to use the forceps cannot do better than get a copy of Dr. Leavitt's neat little work.

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"Observations on Leprosy and Its Treatment" is the title of a little 48 page pamphlet, published by the author, Dr. S. C. Durand, of Harda, Central Provinces, India, who has had considerable experience with the disease. He says that the belief that the disease is contagious is by no means an assured fact; it is not so regarded in India, where the leprosy is very common, for in many families they have cooks and servants who are leprous, yet the disease does not spread to the remainder of the household. In the matter of treatment Dr. Durand has found that *Secale cornutum*—one part of the tincture to two of alcohol and three of distilled water, dose a teaspoonful once a day—will make some very marked cures. He quotes many authorities on the effects of *Secale*, to show that its provings develop many features akin to leprosy. He gives a number of clinical cases of leprosy, some quite far advanced, where toes and fingers had already dropped off, that were to all appearances entirely healed by *Secale cor.* This is certainly worthy of investigation, and if further trial confirms Dr. Durand's experience it will be a mighty confirmation of the law of Homœopathy, and ought to go far towards causing men to believe that all diseases may be cured by the properly chosen drug.

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"Vol. I. April, 1897. No. 1. **Journal of Homœopathics.**  
Dr. J. T. Kent, editor, 2009 Walnut street, Philadelphia, Pa."

Such is the title page in full of the latest homœopathic journal which is "devoted exclusively to higher Homœopathy," and to the interests of the post-graduate school. There is always room in the upper chambers, and the new venture has our best wishes for its arrival at the desired elevation.

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"A Few Thoughts Concerning Fractures."

"History of Surgery."

"Clinical Lectures," four.

The foregoing are the titles of a set of handsome pamphlets from the pen of that well-known surgeon, William B. Van Lennep, A. M., M. D. The four clinical lecture pamphlets are quarto in size and the text is unusually good. The following point is worth knowing even by those not surgeons. "You will notice that in emptying this over-distended bladder, I frequently interrupted the flow and thus gave the organ a chance to contract. Sudden relief of pressure in the distended cavity is apt to be followed by an over-filling of the lax vessels. The blood rushing to this part might cause dangerous anæmia of other organs, usually important ones, especially the brain. I remember hearing a physician relate a case in which he rapidly drew off over a gallon of urine. The patient promptly died of cerebral anæmia."

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It is to be regretted that this work (*Chronic Diseases*) cannot be made a text-book in our schools of Homœopathy. If it were possible to make an obligatory exercise of the several chapters on "The Nature of Chronic Diseases," "Syphilis," "Sycosis," and "Psora," there would be much less of homœopathic atheism extant. Then also that absurd notion of regarding the itch pustule as the basis of all chronic disease would be soon banished from the allopathic gray-matter. Hahnemann in his masterly logical way clears away all doubt, and explains the theory of the hydra-headed monster, Psora; and he as clearly sets forth the difference between dilution and potentization, the small dose and the large one, the crude and the infinitesimal; all of which, as every instructor knows, are questions put to him in nearly every lecture delivered, or asked by intelligent patients of their medical man. If, as we have already said, these chapters and others correlated could be put within the covers of one volume and then made a text-book for colleges and undergraduates, there would be less and less danger of our bright and honest young men and women being beaten down and trampled upon by the competing allopath and his patients.—*Frank Kraft, M. D.*

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#### Special Pathology and Therapeutic Hints.

There is a pathetic interest connected with this new edition of Dr. Raue's well known work in that its veteran author did not

long survive its publication. Here is his last word to his readers, signed May 1, 1896:

“In this, the fourth edition, there will be found a number of changes and revisions induced by the progress of medical science since the appearance of the last edition. A new chapter on Mental Diseases has been added, my object being to bring to the attention of the general practitioner and student in a concise manner the present state of this branch of medicine as developed in the last years by practical experience, experimental work in large hospitals, and in the progress of psychology itself.

“Some changes have been made in the classification of the acute diseases treated of, those of infectious origin being grouped into the chapter ‘Acute Infectious Diseases.’

“Hoping that with these additions and changes the entire work may have gained a new starting point in its practical work to the student and busy practitioner, I again send it forth on its mission.”

“Good wine needs no bush,” and Raue’s standard work—a position it has successfully maintained through many years—is its own best commendation. Dr. Raue belonged to the generation of Hering, Lippe and Carroll Dunham, whose works still live, though all have passed from the scene of their labors. And not only do their works live, but year by year they extend their help giving energies to an ever-increasing circle of readers. For many years Raue’s book has been one of the best used of reference books on our shelves. An enlightened pathologist who did not let his pathological studies blind him to the possibilities of therapeutic action, Dr. Raue has given to the world one of the most satisfactory views of disease-processes and their distinguishing features, and at the same time in his “Therapeutic Hints” and the well-known “Digests,” or repertories to the same, one of the best compendiums of homœopathic practice extant.—*Homœopathic World.*

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**Repertory of Tongue Symptoms.** Arranged by M. E. Douglass, M. D.

We are always glad to welcome such a book as this, which tends to lighten the labor of the physician in looking up the remedy in a case. It is complete, concise, and easily handled, and, as far as we have occasion to refer to it, accurate. Part I.

gives the repertory proper of tongue symptoms; Part II., repertory of mouth and tongue symptoms in typhoid conditions; Part III., remedies, giving the prominent tongue symptoms under each remedy.—*Homœopathic Journal of Obstetrics.*

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**Monograph of Diseases of the Nose and Throat.** By  
Geo. H. Quay, M. D.

The author gives as his object in presenting this work a desire to present in concise form a monograph of the diseases of the nose and throat which shall be adapted to the needs of the student and general practitioner. The book is the outcome of a large experience in the general practice of medicine, supplemented by several years of practice devoted exclusively to nose and throat work. For general practitioners who have neither the time nor the inclination to wade through a volume of rhinology and laryngology which deals with exhaustive details, and to the student who of necessity needs a condensed work upon the subject, this book will prove of value.

The work treats of the various diseases in a terse manner, giving only such anatomy and physiology as is necessary to enable the reader to understand the text. The paragraphs upon treatment of the various diseases compare favorably with those in the most voluminous text books, the more approved surgical procedures being briefly described and recommended, and much of the standard medical treatment being mentioned, though not always recommended. Some of the medicinal treatment recommended will be new to regular practitioners, though they may possibly profit by following the advice offered. Each chapter concludes with an item on therapeutics, which takes in the medicinal remedies applicable to the disease under discussion, and the indications for their uses. In brief, the work seems detailed to fulfill the place for which it is intended.—*The Fort Wayne Medical Journal-Magazine.*

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PUBLISHERS Boericke & Tafel, have placed in their compositor's hands a little work by Dr. I. W. Heysinger, *The Scientific Basis of Medicine.* It is a small work, but one that will be well worth reading, pondering and loaning to the "regular" brother if any of them are numbered among your friends. It will be out some time towards the end of May.

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## THE RESULTS OF ANTITOXIN.

The annual report of Dr. W. M. Welsh, physician in charge of the Municipal Hospital, Philadelphia, was submitted to the Board of Health on March 26th. That part of the report treating of antitoxin is especially interesting; here it is clipped from *The Telegraph* of that town:

“The anti-diphtheritic serum was used very extensively, but no attempt was made to subject this agent to a scientific test, as in 1895, when it was used almost exclusively in the early stages of the disease, and in a class of cases in which it is said to be most efficacious. It was used not alone, but in conjunction with other remedies generally approved. During the past year antitoxin was administered alike to mild and severe cases on admission, without regard to the duration of illness, the only difference being that the severe cases received repeated injections. Of the 869 cases of diphtheria 553 received antitoxin, and of these 142 died, giving a death rate of 25.67 per cent., against 28.14 per cent. the preceding year; 316 cases did not receive antitoxin, and of these 51 died, a death rate of 13.29 per cent.”

The great difficulty the seeker after truth meets in antitoxin literature is to sift the manufacturer's reading notices from legitimate reports. Dr. Welch's report does not present this difficulty, but gives the bold facts even if they are couched in almost apologetic language. “No attempt was made to subject this agent to a scientific test as in 1895, when it was used almost exclusively,” but still it was used. Result: Antitoxin death rate, 25.67 per cent.; no antitoxin, 13.29.

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## ANNUAL RE-UNION OF THE ALUMNI ASSOCIATION OF THE HAHNENANN MEDICAL COLLEGE, PHILADELPHIA, WEDNESDAY, MAY 12th, 1897.

The Annual Re-union and Banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Wednesday, May 12th, 1897.

The Business Meeting will convene at 4:30 P. M. in Alumni Hall, Hahnemann Medical College, Broad Street above Race, Philadelphia, and the banquet will be held at 9.45 P. M. at the "Walton," southeast corner Broad and Locust streets.

The Trustees and Faculty of the College extend a cordial invitation to all the members of the Alumni and their friends to attend the Forty eighth Annual Commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, southwest corner Broad and Locust streets, Philadelphia.

Banquet cards can be secured by notifying the Secretary. Requests received after Tuesday, May 11th, 1897, cannot be considered.

W. W. VAN BAUN, M. D., Secretary,  
1402 Spruce Street, Philadelphia.

#### OFFICERS.

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#### MODERN VETERINARY SCIENCE.

The first paper in the March number of the *Maine Journal of Medicine and Science* is on "Bovine Tuberculosis in its Relation to the Human Family," by the State Veterinary Surgeon, Mr. Geo. H. Bailey. "Tuberculosis," he says, "in all its forms, is caused by a specific microbe," discovered by Robert Koch in

1882, and the disease is contracted by contagion and no other way. "In general the tubercle bacilli may be disseminated either by the lymph or the blood channels, or by both combined" and "it would be trifling with time to discuss the imminent danger of inhaling the dry dust of the sputa from consumptive men and animals." "Tuberculin is made from pure culture of the tubercle bacillus, highly concentrated, until a maximum amount of its ptomaines are developed." When tuberculin was injected into human consumptives with the view to curing them "it rapidly accelerated the disease it was intended to cure. The action of the tuberculin upon the tubercle bacillus being that of an excitant, it arouses the germs to increased activity, and they rapidly increase in numbers, inducing that form of the disease known as 'acute miliary tuberculosis.'" "The remedy was worse than the disease;" it had fallen into disuse when Professor Gutman, of Dorpat, Russia, "instituted a series of experiments in the tuberculosis tests followed by a series of post mortem examinations through which he was able to demonstrate the presence of the disease—and since then his discovery has been accepted by the veterinary profession throughout the civilized world."

Thus it seems that on the strength of one man's experiments made in Russia the veterinary profession "throughout the civilized world" have felt it their duty to inject the "highly concentrated" ptomaines of consumption, which preparation induces "acute miliary tuberculosis" in human beings, into cows, and if the cows "react" they are pronounced to be tuberculous and slaughtered. Mr. Bailey says: "If the animal is healthy there should be no rise in temperature and no possible injury to the cow." Is it possible that the milk or beef of tuberculous cows or the mere sputa-dust blown about by the wind can be an "imminent danger," while a syringe full of the "highly concentrated" disease ptomaines that admittedly have proved to be exceedingly dangerous to human beings can be "no possible injury to the cow?"

Young cows, says Mr. Bailey, "primiparas," respond to the test readily, therefore, by the test they are more consumptive than old cows who "do not respond to the test as regularly;" but then says Mr. Bailey: "I have met with several badly diseased cows in which no reaction occurred, *the system being so thoroughly saturated with the already existing tuberculin that the small amount injected had no apparent effect.*"

A healthy cow is supposed not to be injured by having the "highly concentrated" ptomaines of consumption injected into her blood; a moderately diseased cow is supposed to react, while one in which the disease is fully developed does not react because the small amount of the disease element injected has no effect. Some day, after enormous damage has been done, perhaps some one, as great an "authority" as he of Dorpat, will arise and say to the veterinary world that the injecting of cultures of tubercle bacilli into the blood is very injurious and the most potent cause known for spreading the disease. But until then it is like whistling down the wind to say a word against this dangerous "test."

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"TINCTURE of Horse-Chestnut for Hemorrhoids.—Artault, of Vevay, Switzerland, prescribes tincture of horse-chestnut in doses of from 20 to 30 drops, twice daily, in hemorrhoids, and claims it to be a specific."—*Fort Wayne Medical Journal*.

If the *Fort Wayne Medical Journal* will take the trouble to look the matter up in homœopathic works it will find that *Æsculus* has been used in homœopathic practice for hæmorrhoids for many more years than it has been published, and, what is of more importance, just what kind of hæmorrhoids it will cure; for, begging Artault's pardon, *Æsculus*, or the horse-chestnut, is no more "specific" than is any other drug.

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#### DR. J. RALSEY WHITE.

Dr. J. Ralsey White died on Friday morning, March 5, at the residence of his daughter, Mrs. Clarence D. Van Zandt, No. 26 Rutger street, Rochester, N. Y. The cause of his death was cerebral hemorrhage.

Joseph Ralsey White was the son of Joseph White and Mary Miller, and he was born at Stamford, Conn., in 1830. He came to Gilbertsville in 1852 to study medicine with Dr. Charles Sumner, his brother-in-law. He was graduated from the Albany Medical College in 1855, and shortly after succeeded Dr. Sumner in the practice of medicine at Gilbertsville, at which time Dr. Sumner removed to Rochester, N. Y. Dr. White purchased the house now owned by Dr. C. T. Fox, and in 1858 was united in marriage to Frances Wells Millard. In 1865 the Doctor re-

moved to New York city where he practiced continuously for thirty years. In the year 1895, after the death of his wife, he retired from practice and made his home at the residence of his daughter, where he died. He was graduated from the New York Homœopathic Medical College in 1868, and was president of the New York State and County Societies. He was a member of the American Institute of Homœopathy, Carrol Durham, and Hahnemann clubs, visiting physician to the Ward's Island hospital, and was at the time of his death vice-president of the Alumni Association of the Homœopathic Medical College. Four brothers and four children survive him. Of the former are Charles and Theodore Columbus, of Rochester; Henry Kirke and Albert E. F., of Detroit, Mich. The children are Mrs. C. D. Van Zandt and Miss Frances Millard White, of Rochester; Dr. Frederick R. S. White, of Mt. Morris, N. Y., and Theodore Millard White, of New York city. The interment was at Mt. Hope cemetery, Rochester, where his wife's remains are buried.

Dr. White was widely known all through Otsego county, and had many relatives and warm personal friends in Gilbertsville, Unadilla, Mt. Upton, Walton, Oxford and elsewhere in this part of the State. The announcement of his death was received with much regret.

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THE Berlin letter of the *Medical Record*, February 27, contains the following: "A peculiarly unpleasant result following the use of the diphtheria antitoxin upon his own person has been the experience of another Berlin physician, and has been a fruitful source for discussion between the friends and antagonists of the orrhoterapy. This gentleman had been treating a number of diphtheria patients, and became himself infected. Under all aseptic precautions he injected himself in the chest with the antitoxin. Soon there appeared a succession of abscesses starting from the point of injection. No sooner was one healed than a new one appeared in the immediate neighborhood, making life indeed quite miserable for the poor man. He demonstrated himself at a meeting of the Beliner Medicinische Gesellschaft, relating his history and showing his abscesses, etc., and blaming the antitoxin as the cause of all his woe."

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IN cases of amenorrhœa following parturition and suckling *Senecio* always answers admirably, and in cases in which the

menstrual flow has never been established it is most useful, provided always that there is no congenital deformity. In six cases of vicarious menstruation—the blood coming from the mouth and gums—a complete cure was effected. *Senecio* has other uses. In twenty minim doses of the tincture it affords marked relief both in menorrhagia and dysmenorrhea. It is an excellent tonic and is useful in many forms of dyspepsia.—*Wm. Murrell, M. D., F. R. C. P., in Med. Brief.*

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### TINCTURES FROM FLUID EXTRACTS.

The practice of preparing official tinctures by simple dilution of fluid extracts is a growing one, and yet it cannot be condemned too severely, for the resultant products neither physically nor therapeutically are what they should be. If the fluid extracts could be so prepared as to contain identically the same proximate principles and in exactly alike relative proportions, there could be no valid objection to the practice; but this avowedly is not the case. And even were it possible to extract a drug completely by means of a menstrum identical with that of the corresponding tincture, the fluid extract would materially differ in properties because of the changes brought about by virtue of the greater degree of concentration of the liquid. This has been fully demonstrated by the classical researches of J. U. Lloyd, which have shown that even the every-day changes in temperature deleteriously affect the composition of fluid extracts, even those in sealed packages.

Fluid extracts as a distinctive class of galenicals are perfectly legitimate preparations and fill a place in therapeutics; but as isolated proximate principles never can represent a drug, so in a majority of cases, diluted fluid extracts are far from identical with tinctures made directly from the crude material. It is unnecessary to dwell upon the relative costliness of making tinctures by diluting extracts, but we desire to emphasize the fact that no conscientious and painstaking pharmacist, after being advised of his error, will continue to place mere convenience above duty to physician and patron.—*Western Druggist.*

What the *Western Druggist* says of old school tinctures applies with far greater force to homœopathic tinctures which are almost entirely made from the fresh plant—the fresher the plant the better the tincture—and to use these uncertain, diluted extracts for homœopathic tinctures is a great wrong.

## PERSONAL.

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The Illinois State Board of Health's interdiction against the National Medical College of Chicago has been lifted and the college is now one in good standing.

The jingo is a man who fights with an air gun.

A homœopathic professor recommends *Baptisia* internally as an 'anti-septic.'

The disease is now made to fit the new remedies.

"Operations for diagnosis!" Next.

The best time for sleeping is when the rising bell rings.

"As we go to press" isn't bad from monthlies that come out anywhere from four weeks to two months late.

"Make haste to use the new remedies while they still cure," says the cynic.

The New Doctor.—"Without antitoxin I would be at a loss to know how to treat diphtheria."

Dr. B. F. Underwood will in future confine his practice to neurotic diseases and open a Convalescent Home near New York.

Dr. J. De Cou has removed from Orion to Detroit, Mich.

Cantilever, murmured the bridge, and she breathed "I think not."

Dr. C. H. Hubbard has removed to 1637 Arch street, Philadelphia.

Dr. John R. Shetter has located at 2145 South 16th street, Philadelphia.

If Burnett's *Organ Diseases of Women* is intelligently studied, and the lead there opened followed it will revolutionize gynecology.

New York is said to have introduced a 'sanitary castrap' and a Philadelphia man advertises "sanitary coal."

O sweet Hygeia, wert thou to visit the world to-day thou wouldst probably be quarantined, fumigated, vaccinated and kept under "observation."

A "fearful word, 'satiety.'" Quarles.

The Western New York Homœopathic Medical Society holds its annual meeting at Rochester, April 9th

Compulsory vaccination as a prerequisite for school attendance has been declared unconstitutional by the Supreme Court of Wisconsin.

Supreme Courts differ like the rest of the sons of Adam.

The second edition of Custis' *Practice of Medicine* is out. No changes in text.

The Doughty-Holden work on the *Genito-Urinary* system is the latest and best book on the subject.

The Antwerp Board of Health has added a homœopathic department to its dispensary. If our American Boards would accept this as eagerly as they do "serum" they would deserve a round of applause.

Six of the experts, according to the report, pronounced the man insane and five said he was sane.

And the band still plays.

There are some very favorable reports concerning *Cratægus oxyacantha* in heart disease coming in.

We hear it coming, "What's the score?"

# THE HOMŒOPATHIC RECORDER.

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No. 5

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## PHASEOLUS NANA, THE NEW HEART REMEDY.

By A. M. Cushing, M. D., Springfield, Mass.

While making a proving of the above remedy I felt a sudden curious sensation in the region of the heart, and immediately felt of my pulse and found it *very weak and fluttering*. I have been asked what that sensation was, but I can't describe it, for, to tell the truth, I believe I was frightened and failed to remember it. Although it is unpleasant to be badly frightened, the nice results I have seen from the use of the remedy and the kind words I have received from the profession in regard to it has more than paid for the little fright. As so little is known of the remedy, I wish to report one case that was not at all indicated by the proving and two cases under the care of an old school doctor. My case was that of a lady aged about forty, who for two years was under the care of a homœopathic doctor for some trouble, I don't know what; then two years under the care of another homœopathic doctor for a fibroid of the uterus. She had twice consulted a specialist in Boston, who said it could not be removed. Then she came under my care with a fibroid as large as a fetus at full term. Suffice it to say, I gave remedies in a higher attenuation than I believed she had taken, and in a few months the tumor had greatly diminished and gave her no trouble. Still she was nervous and had neuralgic pains almost all over her. As remedies did not seem to relieve her for any length of time, I decided to give her *Phaseolus* 9x, as it probably would do as well as what I had given her. The next time I called she met me with "I want a whole bottle like what you gave me last." She does not have to take any medicine now.

I was called in consultation with an old school doctor to a case

of confinement. Patient, 26; first child; had been in pain forty-eight hours, but not severe till the last twelve hours. Patient, fleshy; urine heavily loaded with albumen. I knew that trouble was ahead, as she became blind. I found the head jacked firmly in the superior straits, face presentation which I could not change. I decided to wait a little, help what I could and watch the results. In a little while she went to sleep, the first quiet sleep in forty-eight hours; but when she moved it was in a fearful convulsion. I expected the convulsions, but felt that if I applied the forceps before they appeared some might say if he had let her alone she would not have had them. I immediately turned her upon her left side, well covered up, and adjusted my forceps and soon had the head through the bony parts; and as it is my custom to remove the forceps till the soft parts are dilated to prevent rupture I commenced to do so, when a fearful expulsive convulsion threw forceps and a thirteen-pound child into the bed with a complete rupture of the perineum—my first such case in forty-one years. While she was unconscious I took the necessary stitches, the doctor attending to the medical part. One hour later, when I was in the kitchen helping the nurse and a few damsels dress the baby, the doctor came to me and said her heart was failing in its action fast. I gave him a vial of No. 25 globules medicated with 9x *Phaseolus*, and told him to give her a dose about the size of a bean (being a bean remedy). Ten minutes later he said: "That is wonderful, her heart is all right." Three times during the night he had to repeat it with the same results. Afterwards she had no trouble.

One week later the same doctor came to me saying: "I want a bottle of that remedy." Yesterday I was called to see a lady who was unconscious, pulseless, breathing ten times a minute, beyond hope as I supposed. I gave her three doses of *Phaseolus*, and she is all right.

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### THE HOMŒOPATHIC PHARMACY.\*

By W. A. Yingling, M. D., Emporia, Kansas.

The highest triumphs of the homœopathic system of medicine are its battles against disease by the application of medicinal potencies covering a symptomatic totality. As with all the great sciences, Homœopathy rests upon experience and not upon a

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\*Kansas State Homœopathic Society, 1897.

*priori* reason. And also, analogous to higher science, its demonstrable facts are higher than simple reason, and hence, seemingly, contrary to it. But that which reason cannot grasp as a fact experience demonstrates as palpable truth. Reason walks in the ruts of habit and judges alone from what has gone before. To simple reason a postulate is erroneous and untenable merely because the mind has been accustomed to the opposite, or the senses of human nature have apparently observed the opposite. To the reason of the world based upon information derived through the senses, Galileo was wrong—to the reasoning mind it was plain to *feel* that the world did *not* move and plain to *see* that the sun *did* move around the earth. But reason is fed upon a richer food and has learned to cut loose from the bias and prejudice of a lifetime, and has enunciated the maxim that “things are not what they seem to those who judge by what they see.”

But few, if any, of the cardinal principles of Homœopathy would be accepted by the reason *a priori*, especially to the medical world, from the fact that they are contrary to the beliefs and teachings of the ages. A hundred years ago Samuel Hahnemann stood before the medical fraternity in the same relation that Galileo did to the scientific world in the seventeenth century. Both had giant minds; both got out of the common ruts of reason; both ascended to higher spheres where they received new inspiration to perceive higher laws and to recognize higher facts to which the mental eye of the surging world has been blinded by prejudice and circumscribed reason. It is no more of a wonder that the scientific world refused to receive Galileo's superior knowledge than that the medical world rejected that of Hahnemann. Both were the result of a higher science and a truer reason. Both were willing to rest their cause on the future enlightened reason of the world. Both were eager to put their knowledge to the severe test of a continued experience. Both have been substantiated in their positions by the indubitable fact of experience. The lustre of each will become brighter and more brilliant as the world learns its deeper lessons and conceives its higher truths.

In the accomplishment of its purposes Homœopathy is dependent upon the *purity* of its supply of potentized medicine. The warrior is dependent as much upon the purity of the steel of his sword as upon his skill in its use. The most skillful and

bravest swordsman will be defeated if his blade fails him. No true warrior will go to battle with a sword in which he has but little faith. The potentized remedy is the sword of the homœopathic physician. If the remedy is not true to name and free from extraneous influences, it is not reliable and will fail the prescriber in the hour of need. The source of the homœopathic remedy is the homœopathic pharmacy, hence we can at once see the importance of the relationship between the prescriber and the pharmacy. The prescriber is largely at the mercy of the pharmacist. If the pharmacist, from incompetency, carelessness or mercenary motives furnishes impure or unreliable remedies, or remedies not true to name, he not only injures the reputation of the physician by the inaction or wrong action of the remedy administered, but he may be guilty of the death of the patient. Hence the pharmacist must be a man of character, a man so honest in principle that he would rather sacrifice his profits than run the slightest risk in doing injury to his patrons or causing the death of the sick.

This is the age of competition. There are two causes for this competition, the greed of the sellers and the demand of the buyers for cheaper goods. The greater cause of cheap and inferior goods lies at the door of the buyer. Unscrupulous men will endeavor to take advantage of the parsimony of weak men, yet if the buyers would demand good goods and refuse all bad goods the competing houses would furnish first-class goods at a minimum cost. Prices below the true value of goods are always at the expense of purity and reliability, whereas small profits may be consistent with good goods. The man who demands cheap goods and gives no attention to quality will find his goods to be dear at any price. There are too many "cheap Johns" in the pharmacy business, men without conscience or character, whose aim alone is to make money, even at the expense of the reputation of the doctor and lives of the doctor's patients. The old allopathic slur that the homœopathic remedy will do no harm if it does no good is far from the truth, for it very often does harm when improperly administered, and if the remedy does not act as expected the patient will die for the want of the properly acting remedy. Of all goods offered for sale, the homœopathic remedies must be farthest removed from the baneful effect of unscrupulous cheapness and "cheap Johnism." As homœopathic physicians are more directly affected by poor goods, he must demand purity and reliability, not only in his remedies, but in all that pertains to them.

The homœopathic pharmacy is just what the pharmacist makes it. The pharmacy will partake of the same character of the pharmacist. If the man is right, the pharmacy will be right. If the man is true, the pharmacy will be true. Therefore, what should the homœopathic pharmacist be in order that the homœopathic pharmacy may be what it ought to be?

In the first place he must be a man of *character*. Such a man would indignantly refuse to sell inferior goods for the sake of a few cents' profit and palm them off as first-class goods. Such a man would not hesitate at expense to secure reliable goods, true to the name goods, even at the risk of loss. In a word, such a man will sell true goods or no goods—he would rather cease to do business than do a vile business at the expense of the reputation of those trusting him or at the risk of the lives of patients treated by his patrons. His patrons' interests are his interests, and hence his aim will be to further the interests of his patrons by furnishing them reliable and true remedies and potencies.

In the second place, he must be a *clean* man. As cleanliness is next to godliness in the moral world, so is cleanliness next to efficiency in the homœopathic pharmacy. The pharmacist who runs his establishment on the drug store line of rinsing bottles and mixing drugs, intermixing corks and commingling dust, is no more of a homœopathic pharmacist than the doctor who apes his allopathic competitors is a homœopathic physician. Of all households, the house dealing with the spirit-like remedies of Homœopathy must be clean, dustless and careful. I have heard of one professed pharmacist cleansing his triturating mortars with a feather duster or cloth, claiming that it is useless to wash and bake as the right remedy will act, whether mixed or unmixed. Such a pharmacist has neither of the characteristics mentioned, and he is either an ignoramus without right to deal in homœopathic remedies, or a dishonest man, one who will sell the reputation of his customers for a pittance. Instead of dictating the use of remedies as the pharmaceutical chemists do, either in the preparation or administration, he should follow directions given by the master mind which gave us the principles of Homœopathy. The surgeon is wiser than many homœopathic physicians, for he, knowing that his success depends upon the quality of the knife used as well as upon his skill, refuses to buy except from the best makers. Instruments abused as some pharmacists handle the delicate potencies and

remedies of Homœopathy would not find sale except to the butcher.

Finally, he should be an *educated* man. Homœopathy deals principally with the fresh plant and pure substance more so than with the compounds. Genuineness and purity of plant or substance is of more importance to the homœopath than the allopath. The pharmacist should be able to determine for himself upon this subject rather than be solely dependent upon hired help, for he is responsible to the profession.

But above all else, he should be educated in the principles of Homœopathy and must absolutely believe in Homœopathy. The man who has no faith in the principles of Homœopathy has no right to deal in things peculiarly homœopathic, for such a man's sole object will be pecuniary gain and he will sacrifice every principle to the getting of gain. Unless a man comprehends the peculiarities of Homœopathy, he will be unable to understand the importance of care and strict genuineness in the remedies.

The pharmacist will be just what the homœopathic profession makes him. Deal only with the true and honest pharmacist.

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## ANGINA PECTORIS. THERAPEUTICS.

By Thos. C. Duncan, M. D., Ph. D.

Professor of General Medicine and Diseases of the Chest, National Medical College, Chicago.

I remember it as well as if it was yesterday of being ushered into a room and found a young man on the bed writhing in agony, clutching at his chest over the heart, unconscious, with at times a convulsive chronic spasm, as if it would be the last—like a wounded animal in the death agony.

I had been told of the case and had had the attacks accurately described, so that I had a clear picture in my mind. I had also said that if there was any truth in Homœopathy that *Cactus* should cure him. The usual treatment for these attacks had been *Chloroform* and hypodermic injections of *Morphia*, I suppose a  $\frac{1}{4}$  gr., as he would be used up for two or three days thereafter.

I hurriedly prepared some of the *Cactus grand.*, 3x and pried open his jaws, and between the contractions he swallowed some. I don't remember whether I had him inhale a little chloroform or not, but in ten minutes he had another spoonful of *Cactus*.

The violence of the attack began to subside, and he was soon asleep, resting quietly. He was himself next day, and was rejoiced to know that there was a promising remedy for him.

This attack was precipitated by vaulting over a fence after a child's ball. Any little fright would bring them on. He lived a life of terror to himself and friends. He carried the *Cactus*, taking a dose every two hours. In a week he had another slight attack, but had no more for three months when he wrote me from Massachusetts for the prescription, he having a slight return. His description of the cardiac feeling was that of a hand clutching the heart. In his unconscious agony he tried to loosen the grasp of the hand. This triumph of Homœopathy, early in my career, did much to establish my confidence. I have met many slight cases since, but never one so severe as the above I treated 30 years ago.

#### What *Cratægus* May Do.

Mrs. A., a printer came to me complaining of some pain in the side as if it would take her life. She did not have it all the time, only at times, usually the last of the week, when tired. I prescribed *Byronia*, then *Belladonna*, without prompt relief. One Saturday she came with a severe attack, locating the pain with her right hand above and to the left of the stomach. The pulse was strong and forcible. On careful examination I found the heart beat below the normal indicating hypertrophy. I examined the spine, and to the left of the vertebra about two inches, I found a very tender spot (Spinal hyperæmia). She told me that when a girl she had several attacks, and that her own family physician (Dr. Patchen) gave her a remedy that relieved her at once. She had tried several physicians, among them an allopath, who gave hypodermic injections of morphia, without relief. Hot applications sometimes relieved.

I now recognized that I had a case of *Angina Pectoris*, and that her early attacks were due, I thought, to carrying her heavy brother. Now the attacks come when she becomes tired holding her composing stick; at the same time she became very much flurried, so much so that she had to stop work because she was so confused.

I now gave her a prescription for *Cactus*, but told her I would like to try first a new remedy, giving her *Cratægus*, saturating some disks with the tincture (B & T). I directed her to take

two disks every hour until relieved, and then less often. If not relieved to take the *Cactus*.

She returned in a week reporting that she was relieved after the first dose of *Cratægus*. More, that hurried, flurried feeling had not troubled her this week. Her face has a parchment skin, and the expression of anxiety so significant of heart disease was certainly relieved. I have not seen her since.

In my proving of this drug it produced a flurried feeling due, I thought, to the rapid action of the stimulated heart. One prover, a nervous lady medical student, gives to-day in her report "a feeling of quiet and calmness, mentally." This is a secondary effect, for it was preceded by "an unusual rush of blood to the head with a *confused* feeling."

"One swallow does not make a summer," neither does one case establish a remedy; but I think that as *Cactus* has a clearly defined therapeutic range, so it seems that *Cratægus* may prove a valuable addition to our meagre array of heart remedies.

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### SOME OF DR. AD. LIPPE'S KEYNOTES.

By Thomas Lindsley Bradford, M. D.

*Causticum*. Tension and tightness in the head, and of the scalp, forehead and on temples, empty space in brain, worse in eve; when waking; from cold, when lying on back; better from warmth and on opening the eyes.

*Causticum*. Old warts on the upper eyelid; on the eyebrows; nose. Movements before the eyes as from a swarm of insects. Dim sightedness, as if a thick fog were before the eyes. (Showing tendency to apoplexy; drooping eyelids.)

*Causticum*. During the menses no blood is passed at night. (Menses only at night—*Bovista*. Day and night, but more profuse at night—*Zinc*.)

*Causticum*. The hard tough stool is covered with mucus, and shines as if greased. (Can only be expelled while standing erect.)

*Causticum*. Varices of the rectum, hindering stool; large, painful, stinging, burning when touched, increased by walking and when thinking of them.

*Causticum*. Hoarseness and roughness, worse early in the morning. (The hoarseness of *Carbo veg.*, is worse in the evening.) The cough is relieved by a swallow of cold water.

*Causticum.* (Especially suitable for people with dark hair and rigid muscles.)

*Causticum.* (Never give *Caust.* after *Phosphorus.* or *Phos.* after *Caust.*)

*Chamomilla.* Child cries and wants to be carried on the arm. Weeping, uneasiness, child wants different things and repels them when given to him. (*Tart. stib.*) (With aversion to touch, *Tart. emet.*) (Sometimes where *Cham.* will not quiet the child, *Belladonna* will. Br.)

*Chamomilla.* Convulsive movements and twitching of the facial muscles and lips. (Important in children.) (Lookout for convulsions of dentition. Br.)

*Chamomilla.* Toothache from drinking anything warm, especially coffee.

*Chamomilla.* Nightly diarrhœa, with frequent small discharges and colic. Hot diarrhœic stools smelling like rotten eggs. Stools green, chopped. Stools consisting of white mucus with colic. Diarrhœa during dentition, green mucus. (See *Podophyllum.*) Diarrhœa from cold, anger, chagrin; stools corrode the anus. (The *Podoph.* diarrhœa runs out down the child's legs to the floor and is yellow water. Br.)

*Chamomilla.* Labor pains not sufficient, but cause great restlessness and anguish; over-sensitiveness to the pains.

*Chamomilla.* Suppression of milk; milk is cheesy, or mixed with pus. Milk fever. (With the mental symptoms of *Cham.* present.)

*Chamomilla.* The cough is better when getting warm in bed. (Cough worse on getting warm, *Ars.*, *Nux moschata.*)

*Chamomilla.* Over-sensitiveness of the nerves; pain is insupportable and drives to despair. Over-sensitiveness of the senses, especially from coffee and narcotics. (*Nux* and *Cham.* are the two important remedies.)

*Chamomilla.* Heat with occasional chills, and one hot, red cheek, while the other is pale.

*Chelidonium.* Pain under the right shoulder blade, hindering the motion of the arm. (Left shoulder joint, see *Ferrum.* Br.)

*China.* The headache is aggravated by a draft of air, in the open air, from the slightest contact, and relieved by hard pressure. (Cannot sit in draft of air after taking quinine—*Selenium.*) (The *China* patient has great dread of being approached or touched.)

*China*. When reading the letters look pale, confluent, and surrounded with a white border.

*China*. Humming in the ears. Hardness of hearing. (Much ringing in the ears, in womb troubles.)

*China*. Thirst in intermittent fever is only between the cold and hot stages, or during the perspiration. (Dr. Lippe gave this as a keynote of Hahnemann. Br.) (Never thirst during the chill and the heat.)

*China*. Stools loose, watery, yellow mucus, blackish, bilious, white, undigested food. (The undigested food of *China* passes off an hour or two after eating; that of *Oleander* in from ten to twenty hours.)

*China*. Painful induration in the vagina. (Prolapsus vaginæ. Nymphomania with painful itching and spasmodic contraction in inner parts. Darting, tearing pain from slightest contact. Prolapsus uteri from loss of fluids, blood. Ovarian trouble from too frequent sexual intercourse.)

*China*. Great weakness in the knees. (The *Ferrum* patient has weakness in the thighs. *Natrum carb.* has weakness in the ankles.)

*China*. Rheumatic pains in the metatarsal bones, and the phalanges of the toes, worse from contact, not from motion.

*China*. Sleeplessness from crowding of ideas and making of plans. (In the sleep of *Calcarea* there is one fixed idea. In sleep of *Phos. acid*, continually counting of figures.)

*China*. Paroxysms of pain caused by the slightest contact and then gradually increasing to a great height.

*China*. Loss of animal fluids. Masturbation. The least draft of air causes suffering.

*China*. (Aversion to touch, even of the air, that is the keynote, extreme sensitiveness to external impression. It is from loss of fluids; *China* is the remedy for exhaustion. Br.)

*Cina*. The child will not be touched. (Does not like to be looked at, spoken to, or even touched.)

*Cina*. Discharge of lumbrici and of ascarides. Itching of the anus. (In Vol. 2., Trans. N. Y. State Hom. Med. Society, p 234, may be found an article on the treatment of worms, by Dr. M. M. Gardner, the truth of which I have often verified. Br.)

*Coffea*. Toothache relieved from cold water. (I have verified this symptom. Br.)

*Colchicum*. Aversion to food and loathing when merely looking at it, and still more when smelling it; the smell of broth nauseates, and that of fish, eggs or fat meat almost makes him faint. (Disgust at even hearing of food—*Arsenic*. Disgust at seeing it—*Colchicum*.) (See also W. McGeorge, Hahn. Monthly, 1872, p. 19. Br.)

*Colocynth*. The colic pain in the abdomen compels one to bend double; worse in any other position. (See *Bell*.)

*Conium*. Dread of men when they approach him; nevertheless he dreads being alone (wishes to see none but particular friends).

*Conium*. Intoxication from the slightest quantity of stimulus; even wine and water in small quantities intoxicates him.

*Conium*. Emission of cold flatulence; rumbling and grumbling in the abdomen.

*Conium*. Violent spasmodic nightly cough (whooping cough), caused by itching in the chest and throat; or from a small dry spot in the larynx without expectoration at night and difficult, bloody, purulent, offensive expectoration during the day. (The only remedy with this symptom.)

*Conium*. Giddiness when looking around. (Dr. Guernsey gave as a keynote. Great vertigo when lying in bed; patient cannot move his head the least bit. Br.)

*Conium*. Swelling of the glands, with tingling and stitches after contusions and bruises, Petechiæ in old persons. Glands are much affected by contusions and bruises; hard swelling. (Predisposition to bruises.) (See *Arnica*.)

*Conium*. Better in the dark, by letting the affected limb hang down. (The *Pulsatilla* patient must have the limb on a chair.) (I have verified this, in affections of the lower limbs the patient feels much worse unless the limb is placed on a chair or otherways raised.)

*Conium*. Especially suitable for old men and women.

*Conium*. Discharge from the nose, one nostril at a time, of tenacious, thick, dark colored blood, with cold perspiration on the forehead. Hemorrhage from the uterus during the least movement; blood viscid, black, smelling badly; miscarriage at third month.

*Crocus sat* Hemorrhages from various organs, blood black,

viscid. (Clots are composed of an aggregation of dark distinct strings, like long angle worms knotted together. One of Guernsey's keynotes.)

*Croton tig.* Stools liquid, yellow colored water, with tenesmus, or with nausea and colic, or coming out like shot. (Bowels moved after drinking the least quantity.)

*Cuprum.* When drinking, the beverage descends in the gullet with a gurgling noise.

*Cuprum acet.* (Tongue darted back and forth like a snake with great rapidity.) (The *Sulphur* patient retracts and protrudes the tongue regularly. Br.)

*Fluoric acid.* Increased ability to exercise his muscles without fatigue, regardless of the most excessive heat in summer or cold in winter. (Patient has great desire to wash the affected part.)

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#### “ SOME MYTHS OF MODERN MEDICINE.”

Such is the title of a paper by Lincoln Cothran, M. D., printed in the April number of the *Pacific Medical Journal*. The doctor lays about him most doughtily, smiting right and left, and, unlike Hamlet, seems to rather enjoy setting the world to rights. His first whack falls on the pates of all—high and low, big and little, professor and student, ancient and modern—all, indeed, except Father Hahnemann, who did not believe in disease names anyway. “There are no such diseases,” says our doughty Lincoln, as “sciatic rheumatism or gonorrhoeal rheumatism” and others of the sort; all such names are “misleading, unscientific and ridiculous.”

The club next descends on Brown-Sequard and Hammond, and all who use animal extracts in their practice (in which it is a little uncertain whether he includes antitoxin, tuberculin and the other children of “örrotherapy”—and if he does not, why not?). “It seems to me that a doctor gullible enough to take stock in such unspeakable idiocy ought to live on an exclusive diet of cerebrin for three years and then take a post-graduate course in a homœopathic institution for neurotic diseases.” Now if he includes all who use animal extracts, in which surely must be included the various “serums,” we fear that really good advice, to take a post graduate course in Homœopathy (better broaden it to include other diseases besides the neurotic), would be impracticable because of the inability of those establishments

to accommodate the vast multitude. Outside of a good fat fee, we do not know of a better thing that can happen to a doctor than a true insight into what is covered by the word Homœopathy. As it is physically impossible for all to attend the post-graduate schools, it would be a good idea for those on the waiting list to get a copy of Boericke & Tafel's book catalogue and select therefrom some good mental pabulum. Our valient Dr. Cothran continues:

“It is a joyless commentary on the lack of logic in a person who can see analogy between thyroid extract in myxœdema and so-called ‘neurin’ in diseases of the nerves, or ‘cardeine’ in heart diseases. It is about as reasonable to expect to grow cocoanuts in Alaska, or to find Arctic foxes in Java and Borneo. The exhibition of animal extracts should be regarded as a system of moonshine therapeutics by all physicians who revere truth and knowledge, and love to stand in the sunlight. It should be left to its natural champions and defenders—those who practice *simila curantur similibus*—those birds of prey that feed on human folly and superstition.”

Oh, Lincoln! Lincoln! such unrefined language sounds like a voice from the tombs of the dead past, wherein the shades of George M. Gould and others restlessly flit and gibber at *similia*.

The orificial men come in for a vigorous drubbing. Orificial surgery is defined as a “somewhat painful method of inducing the hypnotic state, wherein patients may be relieved of large sums of money without resistance upon their part,” that is the mild preliminary to the assault on the orificial men. But let us pass on.

The men who do not believe in what they call the “bug theory” are “back numbers,” while those who think they can arrest Bright's disease, cure lobar pneumonia, cancer, etc., are it seems, melancholy example of credulity. But is there no affirmative? Yes, Pasteur and Koch.

“When Robt. Koch kicked over the stone and announced his discovery of the tubercle bacillus, what a scattering and scampering of insect intelligences suddenly disturbed by the great influx of light!”

Yet, notwithstanding the overturned stone—what does it typify?—consumptives still die in as great numbers as ever, and will continue to do so until, according to the cynic of the *Medi-*

*cal Record*, the boards of health officially declare it to be an infectious disease, when it will rapidly die out; but the patients, nevertheless, will die in the same old way, but under some other nomenclature.

Dr. Lincoln Cothran, there are present day myths, indeed, and it is to be feared that you are bogged in them up to your chin.

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### A SCIENTIFIC SUBSTITUTE FOR UNSCIENTIFIC HOMŒOPATHY.

Microtherapy is the latest advance in medicine, and is the proper "pathy" to be applied in pediatric practice. It was evidently discovered by Dr. Angel Money, of London, who makes mention of this system of treatment in his "Diseases of Children," in the following terms: "All medicines should be as palatable as possible, and the dose should be of diminutive proportion—*microtherapy* not homœopathy." The reasons for this procedure are thus stated by the author: "I cannot speak too strongly of the importance of managing the cerebral cortex or chief organ of mind in children. Food and medicine must be suited to such child's palate, because every sensation produced by any action on any sensory organ causes an impression on the cerebral cortex as well as on the lower centres concerned in the vital process. If these sensations be of the disagreeable sort, it may be assumed that the lower as well as the higher cerebral centres are not acting to the best advantage."

This is a most valuable suggestion, and it will certainly revolutionize matters in pediatrics if it be accepted. From this we are to understand that if toxic symptoms occur from the administration of a physiological dose or a powerful drug or alkaloid it is because the infant's palate has been offended, and that digestive disturbances are rather to be traced to lack of skilful catering in the preparation of the child's dishes than to the causes usually assigned as operative here.

It is fortunate that allopathy has at last a method which it can accept without infringing upon its Code of Ethics, and with which it can rival the homœopathist with his little sugar pills that do so much good among sick children, undoubtedly because (again quoting this most scientific author) "the best action is assumed to be that which is attended with the most lasting agreeable sensations."

C. S. R.

INTERMITTENT FEVER TREATED WITH,  
BARYTA CARBONICA.\*

By A. W. K. Choudhury, Hom. Prac., Calcutta, India.

*Case No. 12.*—Neidya, a female Mahommedan of about 30 years of age, came to my dispensary for the treatment of intermittent fever of about 20 days' duration on the 5th October, 1895, 9:35 A. M., with the following characters of the case:

Type: Quotidian. Time: Evening, yesterday; 4 P. M. day before yesterday. Prodrome: Coldness of hands and feet. Chill: Alternate heat and chill; *no thirst*; *horripilation*. Heat: Issues out of ears; then heat of hands and feet; then fever heat; *no thirst*. Sweat: Much; *no thirst*; headache throughout the whole course of fever. Apyrexia: Incomplete; headache and heaviness of head.

Bowels normal, but not freely open; *bad smell of mouth*; *bleeding from gums*, upper and lower; teeth loose and gums painful; urine reddish and less in quantity and numbers of times of micturition; acid taste of mouth; enlarged spleen; pain on pressure on right hypochondrium and epigastrium. Feels pain in both hypochondriac regions in deep inspiration. Puffiness of face and especially down below the lower lids; appetite not good.

Treatment: *Bar c.* 3 (trit.). A grain a dose; one dose given. Diet: *Khoi* and sugar candy.

6-10-95. 10:35 A. M. No fever yesterday; aching of head and knees, and perspiration whole day and night; two stools yesterday; no bleeding of gums; bad smell of mouth much less; taste insipid; heaviness of body less; dry cough and pressure of chest last night; urine increased both in times of passing and in quantity, especially at night; urine not colored. Pressure on chest continuing. No pain in both hypochondriac regions during deep inspiration. Pain in gums and looseness of teeth continuing. Feels no hunger. Slept last part of last night. Drawing pain of the two sides of the teeth gone.

Treatment: Placebo. Diet as above.

7-10-95. 10:05 A. M. Chill whole last night alternating with heat and with no sweat. No stool; urine less; no bleeding

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\*See also HOMŒOPATHIC RECORDER for April, 1897.

from gums; gums painful and swollen; urine colored; no thirst; no pain in both hypochondriac regions; no drawing pain of back; no headache.

Treatment: *Bar. c. 3* (trit). One dose as above. Diet: *Khoi* and milk.

8-10-95. 9:36 A. M. No chill with alternating heat last night; coughed very much last night; one hard knotty stool this morning; no bleeding from gums; swelling and pain of gums less; no pain in both hypochondriums during deep inspiration; coughs with thin expectorations. No sleep last night for cough. Urine not colored this morning, and slightly increased appetite and taste good. Spleen somewhat reduced. Pain on right hypochondrium on pressure. Itching of body last night with flea-bite-like eruptions. *Leucorrhœa* since six years. No more tingling and numbness of limbs felt during and before sleep.

Treatment: *Bar. c. 3* (trit.). One dose as above. Diet: *Khoi* and milk.

9-10-95. 9 A. M. No more fever; coughed whole last night; dry coughs; one hard, knotty stool this morning; puffiness of face gone; urine passed once last night; color of urine normal; no sleep last night for cough; appetite and taste good; gums swollen and painful again today; no more bleeding from gums; spleen somewhat reduced. No pain anywhere in abdomen on pressure, but external pain from coughing.

Treatment: *Placebo*. Diet: Rice, *Palta*, milk.

10-10-95. 10 A. M. No fever; coughed much last night; one normal stool this morning. Urine slightly increased and not colored.

Treatment and diet as above. Bathing in tepid water.

11-10-95. 7:40 A. M. No more fever; more cough last night, disturbing sleep; one normal stool this morning. Pulse slow, full and strong.

Treatment and diet as above.

13-10-95. 8:37 A. M. No more fever.

*Remark.* No more fever; she continuing under treatment for her same chronic complaint and improving.

*Case No. 13.*—One, N. A. K. Choudhury, a relation of mine, aged about fifty six years, came to my dispensary the 6th of October, 1895, 8:05 A. M., for treatment of intermittent fever of seven or eight days' standing with the following symptoms: Type: Tertian. Time: After 12 M. Prodrome: Horripilation.

Chills: Severe *horripilation*; *no thirst*; tightness of head; not alternating with heat. Heat: Not much; *no thirst*; no headache, no aching of limbs. Sweat: No. Apyrexia: Incomplete. Bowels costive; one stool yesterday; no stool to-day; urine reddish with burning sensation of the passage in making water; no intestinal worms. *Thirst during absence of fever*. Food does not taste well. Slept last night. No enlargement of spleen.

Treatment: *Bar. c.* 3 (trit.). About a grain a dose; one dose given. Diet: *Khoi* and sugar candy.

7-10-95. 8:40 A. M. No fever yesterday; one stool free and normal yesterday afternoon; urine slightly reddish. No thirsts in apyrexia. Taste normal. Burning in micturition. Burning sensation of soles of feet last night.

Treatment: Placebo. Diet as above with milk.

8-10-95. 8:44 A. M. No fever yesterday, but only burning sensation of soles and palms and of eyes at about 5 P. M. till about evening; two normal stools yesterday, no stool this morning; urine reddish, with no burning in passing. Appetite and taste good. Feeling better.

Treatment: Placebo. Diet: *Atá* bread, milk and sugar candy.

9-10-95. 8:40 A. M. No more fever and no burning sensation of soles, palms and eyes yesterday or last night; two scanty and soft stools yesterday, one rather large soft stool this morning; urine slightly reddish, with no burning sensation in passing. Appetite and taste good. Sleep good last night.

Treatment; Placebo.

*Result*—Recovery.

One dose and recovery.

*Case No. 17.*—Another relation of mine, A. R. K. Choudhury, aged about fifteen years, color fair, came under my treatment 18th October, 1895, 8:20 A. M., for treatment of intermittent fever of four days' duration, with the following characters of the case: Type: Quotidian. Time: 9 to 10 A. M. yesterday and day before yesterday. Prodrome: Bilious vomiting. Chill: Slight, of short duration; *no thirst*; headache; aching of legs and knees. *Horripilation*. Heat: Severe, restless; *thirst* but cannot drink plain water; drinks lemonade, which tastes well; otherwise feels nausea in drinking; headache more than that in chill; aching of legs and knees, but not much; feels chilly in contact with atmospheric air or when being fanned. No sweat. Apyrexia: Incomplete. Bowels not open since four days; urine

reddish with no burning sensation in passing; heaviness of head now present; taste insipid; feels nausea in swallowing saliva; no appetite, tongue yellowish middle part, moist and slightly slimy. Bathed for a longer time the very day he became ill with fever; alternate chilliness and heat during heat. Burning sensation of eyes always during prodrome chill, heat and now in apyrexia. Complaining of pain in left side of chest during heat when lying in bed, cannot say whether on left side. No uninterrupted sleep during night.

Treatment: *Bar. c. 3.* (trit.). About a grain a dose. One dose just now. Diet: Nothing but sugar candy and lemonade.

19-10-95. 8:05 A. M. Had fever yesterday at about usual time (9 A. M.), with slight chill of short duration with horripilation *with* no thirst, then heat of long duration with thirst with vomiting four times consisting of mucous and bilious matter, but continuing till night 7 or 8 P. M. Sweat slight at about evening, not much; apyrexia complete since about 9 P. M., continuing till now; no such sweat and no such apyrexia ever before this during this fever; a large stool consisting of hard fecal knots last night after evening; appetite good; urine reddish; taste insipid; slight bad smell of mouth; good sleep last night.

Treatment: Placebo. Diet: *Sago* and milk.

20-10-95. 8:30 A. M. Fever yesterday at about 10 A. M., with chill of severity as of other days, but of less duration, with no thirst; then heat with thirst; headache at first of both temples, but afterwards of right temple only; headache of great severity, so much that the patient was compelled to tie his head with a handkerchief, with no vomiting, with slight nausea; then sweat at about 5 P. M.; then remission since evening. One thin stool with thread worms at about the commencement of the last paroxysm, and had three more thin stools yesterday afternoon with thread worms; no stool this morning; remission now perfect, having no complaints; good sleep last night; urine less colored; portions and middle parts of the tongue slightly coated yellowish; pupils slightly dilated; conjunctival vessels injected; burning sensation of eyes; taste slightly insipid. No chest pain yesterday. Headache yesterday, more than that of day before yesterday, but less than that of the previous day.

Treatment: *Bar. c. 3* (trit.). One dose as above. Diet: Chicken broth, pomgranate, and sugar candy.

21-10-95. 7:35 A. M. Slight feverish heat, with burning of

eyes, without thirst, and with very slight chilliness at about 11 A. M., lasting till 5 P. M., with no headache yesterday; during fever yesterday no headache, no stool, no vomiting and no nausea; good sleep last night; no stool this morning; urine much less colored; taste slightly insipid; appetite good.

Treatment: Placebo. Diet: Barley bread (hand-made), chicken broth and milk.

22-10-95. 7:45 A. M. Very slight feverish heat at about 1:30 P. M., lasting till 5:30 P. M., with no chill; with thirst; with no headache; with slight sweat; two stools last night and yesterday, the afternoon stool being with thread worms, the night stool being more liquid; urine reddish; good sleep last night; taste insipid; appetite good; yesterday fever much less than that of day before yesterday.

Treatment: Placebo. Diet as above, adding *Paltá*.

23-10-95. 7:55 A. M. No fever yesterday, no fever now; no stool yesterday and no stool this morning; urine less reddish; sleep good; appetite good; taste insipid.

Treatment: Placebo. Diet: *Atá* bread, chicken-broth and milk by day. Milk and *Sujee* by night.

24-10-95. 8:06 A. M. No more fever. One soft stool with bad smell yesterday with *thread worms* (live), but less in number; tongue clean; sleep and appetite good; urine less reddish; taste normal; *stool being slightly brownish, pain in abdomen before stool; itching of anus before stool; alternate diarrhœa and constipation.*

Treatment: *Sulph.* 12, one globule per dose; one dose given just now. Diet: Rice, *Paltá* and milk, day; *Sujee* and milk, night.

25-10-95. 9:10 A. M. No more fever; one soft stool yesterday with no thread worms; urine not colored; one formed stool of large quantity this morning, with no thread worms; sleep and appetite good.

Treatment: Placebo. Diet as above.

*Result:* Recovery.

*Remark:* Two doses of *Bar. c.* 3, one per diem as mentioned above and one dose (a globule) of *Sulphur* to complete the cure were used. In this case we see the gastric troubles were benefited by the medicine. This action of *Bar. c.* upon the gastric derangements I have often seen to follow the administration of the medicine in intermittent fevers.

*Case No. 15.*—A patient, Jadu Behârâ, aged 15 years, came to my dispensary for treatment of intermittent fever the 27th October, 1895, 9:30 A. M., suffering from the illness since four days with the following characters of the case:

Type: Quotidian. Time: Afternoon, after 2 or 3 P. M. Prodrome: Nothing. Chill: Slight; no thirst; *horripilation* till evening. Heat: Slight; *no thirst*; once covers body for chilliness and then throws away covering for heat; chilliness with every contact of air. Sweat: Knows nothing of it, as he sleeps at the end of heat. Apyrexia: Complete.

Bowels open daily once, stool formed; no intestinal worms; spleen enlarged; slight pain on percussion on right hypochondrium.

Treatment: *Bar. c. 3* (trit.). About one grain a dose; one dose given just now. Diet: Sago and sugar candy.

28-10-95. 7:30 A. M. No fever yesterday; no stool this morning; pulse not yet normal; urine colored; enlarged spleen the same; slight pain on percussion on right hypochondrium; tongue clean and moist, but colored with *Pâu* juice on the middle and back parts; taste insipid; pupils dilated.

Treatment: *Bar. c. 3* (trit.). One dose as above. Diet: *Khoi*, milk and sugar candy.

29-10-95. 7:35 A. M. No more fever; yesterday two stools; the first after returning from dispensary being formed and easy, the next, the afternoon stool, being soft with no thread worms; one soft stool this morning; urine almost colorless; feels hungry and weak; taste good; pulse weak, thready and slow.

Treatment: Placebo. Diet: Rice, *Paltá*, vegetable curry, milk.

30-10-95: 7:45 A. M. Felt burning sensation of body yesterday at about 4 P. M., continuing till about one hour; one soft stool at about 5 P. M. yesterday, with bad smell; urine slightly colored; no sleep first part of last night; appetite and taste good; one soft stool this morning, with no bad smell.

Treatment as above. Diet as above, adding fish broth.

31-10-95. 8:10 A. M. No uneasiness yesterday; two soft stools yesterday, with bad smell; two soft stools this morning, with no bad smell; urine slightly colored; appetite good; taste insipid; sleep not good.

Treatment as above. Diet: Two rice meals with milk. Bathing in tepid water.

1-11-95. 7:30 A. M. Tightness of head yesterday about 5

P. M., with heat of head which lasted about two hours; no sleep last night; one soft, scanty stool of brownish color with bad smell and whitish mucus this morning; slight heaviness of abdomen but feels hunger; last night felt drowsy and urgency of sleep but could not sleep; yesterday at about 9 or 10 A. M. took one meal and no more; before this meal he felt much hunger but could not eat well; urine not colored; taste insipid; increase of salivation; appearance pale; enlarged spleen with pain on pressing the organ; no pain on pressing on epigastrium and right hypochondrium; tongue yellowish, back and posterior parts; pupils dilated.

Treatment: *Sulph.* 2. One globule per dose; one dose given just now. Diet as above. Bathing stopped.

This dose of *Sulph.* 2 was followed by another of *Sulph.* 2 as above on the 5th instant. Then there was no fever. Got fever on the 9th at 4 P. M., with prodromal yawning and stretching, with chill, slight, till evening; with thirst and horripilation and aching of joints of upper and lower extremities, followed by heat alternating with chill till midnight, followed by no sweat. Apyrexia, complete.

Bowels open; urine not colored; taste insipid.

Treatment: *Bar. c.* 3 (trit.). One dose as above. Diet: Sago and milk.

No more fever after this dose, though another dose of *Bar. c.* was given the following day—the 11th day of the month. Got Placebo till the 14th instant. No more fever.

*Result*: Recovery.

*Remark*: In this case *Sulph.* was used intercurrently with good result.

#### General Remark.

I feel myself happy, and consider it a duty to bring to the notice of the profession that *Bar. c.* has wrought wonders in my hands; so much so that I would gladly call it, not unlike the old Jahr in his rather indiscriminate use and praise of *Ipec.* in the treatment of intermittent fevers, the best of homœopathic remedies to meet intermittent fevers if the symptoms indicate it. None, as far as I know, has used *Bar. c.* in treating intermittent fevers as I have, and that I remember, with almost no failure. I will think myself highly rewarded if you doctors and practitioners in medicine listen me and try your suitable intermittent fever cases with *Bar. c.* and let me know the result in the pages

of this HOMŒOPATHIC RECORDER, in which journal I have recorded some of my previous *Bar. c.* intermittent fever cases. The above described fifteen cases are few of the many cases I have treated.

Here I give you, my readers, from my experience with *Bar. c.*: *Bar. c. fever* is generally a thirstless fever; no thirst in chill, no thirst in heat, and no thirst in sweat. It may have slight *thirst* in some cases *in chill*, and, in other cases, *in heat*, but never in sweat. *Horripilation in chill* is a constant quantity. In very few cases I have seen *thirst in apyrexia*.

In prodrome I have seen *stretching* and *yawning* (not mentioned by H. C. Allen), so much that I have no objection to call them another constant part of the fever. Of the above-described fifteen cases, yawning and stretching have been found in ten.

Burning of the eyes has also been found in few cases in prodrome.

Thirteen of the fifteen described cases are of the quotidian type and the remaining two of the tertian. These are the two types mentioned by H. C. Allen, but *Bar. c.* does not fail to prove curative in the quartan type, if other symptoms indicate it, as I found in one of my relations who was ill with intermittent fever of the quartan type. A dose of *Bar. c.*, as I usually use, sufficed to cure her.

*The dose of the medicine.* I use *Bar. c.* 3 trituration. I do not remember what led me to use the above trituration, and that in about a grain dose. I see nothing to create in me dissatisfaction on the result of using the above trituration. I have not tried *Bar. c.* in intermittent fevers with any other potency of the carbonate. This use of *Bar. c.* in the low potency with such sure cure as the result stands in the way of those distinguished homœopaths who so very loudly praised the high potencies in the treatment of intermittent fevers. It would not be out of place to remark that I have used higher dilutions of other medicines in treating intermittent fevers with no less satisfactory result.

I request once more my professional brethren to publish the result of their experience with *Bar. c.* in the treatment of intermittent fevers in this journal—THE HOMŒOPATHIC RECORDER.

## HAHNEMANN MEDICAL COLLEGE AND THE OHIO EXAMINERS.

PHILADELPHIA, April 8, 1897.

FRANK WINDERS, M. D., Secretary State Board Medical Registration and Examination of Ohio.

*Dear Sir:* At a meeting of the Faculty of the Hahnemann Medical College of Philadelphia, held April 3, 1897, the following Preamble and Resolutions were adopted:

WHEREAS, The State Board of Medical Registration and Examination of Ohio has notified this College that "On and after July 1, 1897, no medical college shall be considered as a medical college in good standing, as determined by this Board, unless the Secretary, Dean, Registrar, Chancellor, or other officer who may be the custodian of records of said college, shall submit evidence satisfactory to this Board, that graduates of said college who are applicants for certificates have complied with the entrance requirements laid down by the American Association of Medical Colleges," and also that "Any institution shall not be considered in good standing for any year in which said college failed to live up to the rules laid down in its own announcement, and before its standing is established may, at the discretion of this Board, be required to furnish satisfactory evidence that it has complied with such rules;" therefore,

RESOLVED, That the officers of this Faculty are hereby instructed to inform the said State Board of Medical Registration and Examination of Ohio as follows:

*First.* That the aforesaid "American Association of Medical Colleges" is a private organization, destitute of legal authority and void of legal responsibility; that it does not represent the medical profession as a whole, but only a single sect or denomination thereof, and moreover, a sect with which this College is not in affiliation; that this College had no voice or participation in making the entrance requirements of said Association, and that, for these reasons, this College will refuse to be controlled or guided by said "entrance requirements."

*Second.* That because of numerous attempts of State Medical Licensing Boards to usurp the control and management of the educational and administrative affairs of this College this Faculty

has been compelled to notify certain of said boards that we deny and repudiate their right and authority to interfere in any way with its work, and that we, its Faculty, will retain in our sole and exclusive control the direction and administration of all measures pertaining to its general and educational management.

RESOLVED, That the officers of the Faculty are instructed to furnish information, as heretofore, respecting the Regulations, Course, methods, facilities and graduates of this College whenever properly requested to do so by the legal authorities of any State or by other persons having legitimate use for such information. But said officers are instructed to refuse all such information or reports when the request or demand therefor is accompanied or associated with an expressed or implied threat of a penalty for non compliance; nor shall any report or information be given to any State Licensing Board when such information is to constitute the purchase price of the "standing" of the College before said Board.

RESOLVED, That copies of this Preamble and Resolutions be transmitted to the State Board of Medical Registration and Examination of Ohio, and to the medical journals.

PEMBERTON DUDLEY, M. D., *Dean.*

CHARLES MOHR, M. D., *Registrar.*

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## NOTES BY THE WAY.—BACILLINUM, &c.

By Dr. Ussher.

Very few of us are users of this remedy, which might well be ranked amongst things precious. I knew nothing of it until I read Dr. Burnett's book, [*New Cure for Consumption*] that set me thinking. "In its sphere," he says, "it is valuable, and nearly always I use it (once a week), and *Thuja* as its complement night and morning. It clears up the evils of secondary vaccination in a complete way, one case of which had lasted till manhood." A man with a tumour of the tongue had received from one of the large hospitals a card of admission which described it as cancer, and an operation was decided on. Had it taken place his occupation was gone. Well, he had a cachectic look, but no cancer; or if cancer, it was cured in four months with *Bac.* 200 once weekly, *Thuja* 30 night and morning, and the last part of the period *Ars.* 200. There is no trace

of the tumour. I have not seen a hard tumour of the tongue get well of itself. The card is evidence of a mistake, or, shall we say, want of wisdom? An anticipatory prognosis may cause one to look foolish. If I sent the man, they would keep the card and cheek the man. Simply to record what I saw *Bac. 200* do in a case of *Phthisis florida* is to mark a marvel. A year back my patient looked the picture of health and beauty, but an unhappy love affair sapped her life. She was the wreck of her former self. There were three patches on the posterior left lung, and to prevent any error in diagnosis a friend saw her, and with his Brompton Hospital experience gave her a week to live. She survived over four months, and would have done longer but for a venture out in bitter cold air, which soon brought the climax. I have no doubt the lungs were tubercle-full, but the surface patches cleared off rapidly. In one family the children have supposed tubercle on the brain. They are very excitable and uncontrolled. They had a course of the *Bac. 200* and *Calc. Carb. 6x*. Now they bid fair for health. I have noticed mental changes very decided—bad tempers are improved, the constitution has undergone a *change*. There is clear color and brightness of the face added. You have no longer fierceness stamped on the face, but amiability. If you expect these things, time must be taken into consideration. One of my patients, subject to fits (epilepsy), had one severe attack after one dose of *Bac. 200*. The 30th I often use, and follow it with *Iod. Ars. 12*. I think the 1,000 irritates. To a case of spoiled heart with excessive action and impulse, due to rheumatic fever, I have given it persistently, one dose weekly, and followed by *Ars. Aurum 6x*. or *Ars. Iod. 12*, with vast help to the patient; his eyes from dull have become brilliant—repeated doses and long patience. The same holds good for *Bar. Carb. 12*. Here is a case under my care for a year, February 10, 1897. She took no other medicine. I regret she was not photographed. She had five tumors, three on one side of the neck—one as big as a hen's egg—two on the other; very nervous; dwarfish; and the appearance of these unsightly, scrofulous tumors was attributed to fright from a dog jumping at her. The tumors under each jaw were hideous, and have been severely cut at one of the hospitals, tying down the child on one occasion. The extreme scrofulous look, pallor, liability to contract cold in damp weather, suggested *Bar. Carb.* given three times daily. She had it in the 12th, and now all the

deformity is gone save the scars, and plump face is the result. She has filled out every way, and presistency in the daily use of the remedy has led to a desirable result. But to turn again to *Bacillinum*. Its power to renew health was very manifest with one young fellow, whose history is too long for a report. His case has been tedious. For the last month there has been no discharge, and the opening is contracted. "Glasgow John," the subject of these remarks, was at the inception of the case  $7\frac{1}{2}$  years old,  $4\frac{1}{2}$  feet high, and weighed 3 stone 12 lb. The opening in the cheek just under the curve of the helix was congenital, but did not show any sign of discharge until three years ago, from October, 1893. A brother homeopath wanted an operation and the bone scraped. This I set aside thankfully. He had been taking *Cal. ph.* 3x. and *Sulph.* 3x. alternately for months; was very pale and white, fontanelles long in closing, teeth late in coming, molars showing signs of decay, appetite poor, complexion fair, blue eyes, light hair, grows fast, does not make flesh.

Now comes a wonderful fact. His sister,  $10\frac{1}{2}$  years old, has a similar formation on right face, but no discharge observed. The father's only sister has four children, and the last child, two years old, has these punctures *both sides* of face; his grandfather died at 81, a strong man; the grandmother 72. The boy's father, 47 years of age, was 18 months old before teeth came, fontanelles tardy in closing, skin eruption of long standing, but now counts himself healthy. Maternal grandparents now living, 72 and 70 respectively. The pus from puncture, five or six drops, come on once a week with swelling. Such is a brief summary, but highly instructive.

*Silicea* 6x. did him good at once, then *Bacillinum* in 30 and 200, and one course 1,000, always associated with *Thuja* 30, conducted entirely by correspondence, and the patience of his parents is well worthy of all praise. He is renewed in constitution, and the case has renewed my confidence in *Bacillinum* and Dr. Burnett. To those who wish to make progress with chronic diseases it is a remedy of great expectations and a mine worth working.—*Homœopathic World.*

*Lorne Villa, 10, Geraldine Road, Wandsworth.*

## THE OIL OF PINUS PUMILIO.

By Dr. Puhlmann.

From *Leipz. Pop. Zeitschr. f. Hom.* February, 1897. Translated for the  
HOMŒOPATHIC RECORDER.

Among the remedies offered by the gloriously situated springs *Reichenhall* in Bavaria, the oil of *pinus pumilio* plays an important part. It is a product of the fir, called in Latin *pinus pumilio*, which grows on the mountains of the Alps of Tyrol, Berchtesgarden and Salzburg. The trunks of these firs are not upright as those of other firs, but take a horizontal position, and this even when they have acquired a considerable diameter. Even trunks 10 inches in diameter, which should be well able to bear their broad crowns, grow in a position almost parallel to the ground, without immediately touching it. At the same time it is to be noted that on the declivities of the mountains the top of the trunk is always directed toward the valley; and it should also be mentioned that this peculiarity of growth is not only peculiar to the trees that grow wild in the Alps, but also to those cultivated in botanical gardens of cities and grown from seeds, so that it must be regarded as a specific peculiarity.

The branches and twigs which arch upward from the chief trunk are very elastic, and when loaded down they touch the ground. As all the boughs of the crown are turned upward from the trunk, there is in this part a crowding together of the branches and twigs, and in many woods formed of this fir, after they have grown for a time, the many branches are so closely placed and so interwoven that it is almost impossible to force one's way through. Extensive woods of this kind are therefore avoided by men, and into many of them no man has set his foot since they have grown up. Woe to the person who is so unfortunate as to lose his way in one of these woods. The difficulties found in tropical woods interwoven with hanging vines are no greater than those which a man has to encounter in making his way through such a forest. For the branches of this fir frequently grow so tall that, even when a man is standing upright, the points of these limbs will rise several feet above his head. It is quite possible to get forward some distance by climbing across the horizontal trunks, which are as thick as a man's arm;

but it will be in vain to try to gain an outlook so as to make a plan of escape. If we step on one of the branches which arch upward, so as to look out over the ocean of branches, this, together with the trunk, will bend down to the ground from the load of the body, and the traveler is again immersed in the sea of dark-green fir-tops, and when climbing forward he may fall into a yawning abyss.

Conifers which grow under such surroundings and which pass their winter's sleep under a deep cover of snow, without freezing, have in their juices a somewhat different composition from that of their kin in the valleys and plains. This juice is with all varieties of pine more or less of a resinous nature. From this resin there may be separated resinous acids as well as ethereal oils, the best known among which is the oil of turpentine. The chemical constitution of the ethereal oils is for the most part as yet unknown. Many of them are free from oxygen; these are called the *terpenes*; others contain oxygen, and are called *camphenes*. A great influence on their composition is exerted by the various contrivances used by the manufacturers in the production and rectification. These contrivances are frequently regarded as business secrets. This is also the case with the oil manufactured from this fir. Its chief place of manufacture was formerly Reichenhall itself, but lately this oil is manufactured directly from the fresh leaves and twigs of the fir by distillation in a large factory half way up the great mountainous ridge extending from Reichenhall to Salzburg, which is called the Untersberg. This is secured in inexhaustible quantities on the mountain itself, on which the factory is situated. The proprietor of this great factory is J. Mack, formerly druggist in Reichenhall. Even twenty years ago, when I was in Reichenhall for the first time, there was no talk as yet of such a wholesale production of this ethereal oil, which has been received in a number of the official remedies by the Pharmacopeias of Austria and of Switzerland, while at this day it is a staple article of the world's traffic. This has come to pass probably especially because its manufacture has been in the course of years essentially improved; for it evaporates very easily when it is atomized in sick-rooms, and it purifies the air of the room, penetrating it with the same balsamic odor that is breathed in with so much pleasure in pine forests. But this ethereal oil is also exceedingly adapted to inhalation, especially in catarrhs of the respiratory organs, in

emphysema of the lungs and in asthma. Opportunities for such inhalations are found in Reichenhall in *Wilke's Inhalatorium*, in the *Diana Bad*, and in the *Wilhelmsbad*; but the treatment may also be carried on at home, according to the directions for use attached to every bottle of the oil. The genuine oil of the *pinus pumilio* may also be procured at homœopathic pharmacies. Besides this, in Reichenhall there are also baths in the decoction of branches of this fir-tree; these are used in chronic gout and rheumatism. Mack also recommends in these ailments rubbing in the oil.

From the homœopathic standpoint the effects of this oil in general agree with those of *Oleum terebinthinæ*. But it is less irritating, less exhausting and more aromatic. Dewey in his "*Essentials of Materia Medica*" gives the following as the leading symptom of *Terebinthina*: "Sensation of a dull pain in the region of the kidneys; drawing pains with tormenting urging to urinate; the urine is scant, bloody, dark and has the odor of violets; there may also occur an extraordinary bloatedness from gases in the abdomen." The first-mentioned symptoms are found in the image of an acute *inflammation of the kidneys and of the renal pelvis*, in which these parts become hyperæmic, and there is extravasation of the blood into the uriniferous tubuli, etc. The constant inhalation of vapors of turpentine creates slight local symptoms of irritation in the respiratory organs, which originally have only the character of catarrh, but which have sometimes become aggravated to the group of symptoms peculiar to pneumonia. In the internal application of the oil of turpentine the symptoms in the respiratory organs appear only in a secondary order; an acute catarrh of the stomach and the intestines with diarrhœa and vomiting is the first in order. So also the *cutaneous* symptoms enumerated in our *Materia Medica* rarely appear after the internal application of the oil of turpentine, but only after its external use.

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## THE CURE OF MEGRIM.

By the late Clotar Mueller, in Leipzig.

### 1. By means of Calcarea.

*Calcarea* is pretty generally considered as one of the most important remedies, and also my experience agrees with this. Only we must not expect very rapid success through it. In one

case of a lady of 40 years who for many years had suffered of a very violent megrim, which had defied many homœopathic remedies, I used this remedy with radical success. This patient was attacked by megrim at uncertain intervals of 1 to 4 weeks, at times without any definable cause, at times eating of an indigestible or unusual article of food, or a mental emotion might be considered as furnishing some reason of its appearance. At once on rising in the morning, the attack shows its presence through a slight dullness in the head, a sour taste in the mouth and severe eructations; but soon with every hour the burrowing, pressive pain on a small spot in the right side of the forehead was augmented with redness and lachrymation of the right eye; in the afternoon, retching and vomiting of a sour liquid followed. At the same time, a sensation of general chilliness as well as of emptiness and icy cold in the head appeared. There were also occasionally single jerks in the right temple or through the whole brain, with a sensation as if the whole skull was chopped in pieces. At the same time she had to have perfect rest and a horizontal position in a dark room; every motion, every least noise instantly frightfully augmented the pain. In the evening there followed a disturbed sleep, and the next morning, with the exception of a general weariness and heaviness of the head, the attack was over. The lady was otherwise healthy, although of slight make and sensitive; she was married, without children, but otherwise happy; both the eyes showed the initiation of gray capsular cataract. Of course, the several attacks showed now and then another new symptom, but the *sour* taste in the mouth, the *sour* eructation and retching, the *sensation of coldness in the head* and the above-described, one-sided pain was always present. In the intervals the head was free from pains, only sensitive to noise, strong light and violent movements. The digestion was normal, and only frequently a sour taste of all food, without any sour taste in the mouth otherwise, especially sour taste of milk, with subsequent aversion to the same, much empty eructation and inclination to costiveness. By the systematic use of *Calcareæ* (in this case *Calcareæ aceticæ*, 3d trituration, twice a week and at once when an attack appeared), I succeeded in rendering the attacks at once milder and shorter and after 4 months to remove them entirely. Only after gross errors there sometimes appeared again a slight attack; also the symptoms of acidity in the stomach that had been habitual were entirely removed.

Also in cases of ordinary headache, I have seen favorable effects from *Calcarea*. Prominent and characteristic were in part the symptoms of acidity of the stomach, eructation, coldness of the head, and of deeply affected or partially consumed (destroying, consuming itself) activity of the brain.

## 2. By Means of *Verbascum*.

This remedy seems to correspond in general less to megrim than to certain kinds of face-ache; to these it corresponds quite specifically. And yet it is by means of *Verbascum* that I succeeded in radically curing my second case of megrim. A lady, 50 years old, had been suffering for about 20 years from megrim, of which she had an unusually violent attack every two to four weeks. *Belladonna*, *Nux vomica*, seemed, indeed, to produce a temporary alleviation, but they had neither removed nor rendered milder the ailment to any great degree. *Verbascum* when first used during an attack produced at once an essential alleviation and shortening, and after a few months it produced a total cure, so that even after manifest exciting causes, which formerly had always caused an attack, there was only notice on rising in the morning a trace of slight dullness in the head which soon passed away. The symptoms which led me to *Verbascum* consisted especially in the simultaneous affection of the ear on the same side. When the headache, consisting mainly of a pressure and *pinching* in the *temporal bone and the zygoma*, was at its highest point there was an intolerable *drawing into the ear*, with sensation as if there was something before the ear. This sensation was also especially increased by moving the jaw and by chewing. The patient was, indeed, already in the years in which megrim frequently of itself decreases or even disappears entirely, but the symptoms were much too characteristic for *Verbascum*, and the recovery too rapid and too strikingly coincident with the use of the remedy, to allow me to doubt that the cure was actually effected by the medicine.—*Hom. Vierteljahr-schrift, Vol. 13.*

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## SENECIO AUREUS.

By Dr. Foss.

Translated for THE HOMŒOPATHIC RECORDER.

A chlorotic girl of 18 years had not menstruated for fifteen months. She is suffering from a dry, tormenting cough. The pulse is quick, every excitement quickens it up to 100 or more beats in the minute. This is attended with headache, disturbed

sleep, constipation. The abdomen during the last year has gradually enlarged. After treating her for six months with little effect, I called in another colleague for a consultation. He recommended the drawing off of the fluid as the only remedy which still promised relief. The abdomen at this time was as large as with a married woman at the end of her pregnancy. I gave her *Senecio Aureus* d 1. An improvement was soon manifested in every direction. The urine was discharged copiously. The menses returned and with this the whole ailment was relieved. Clinical experience has shown that *Senecio* has proved very efficient in *dropsy* with largely *diminished secretion of urine*. So it has also proved itself effective in the morbid retention of the menses and in difficult and painful menstruation, as also in uterine hemorrhage, in lochia which are too long continued and copious, in chlorosis and in leucorrhœa.—*Allg. Hom. Zeitung*.

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A YOUNG LADY traveling to Moscow constantly kissed and fondled a neat little dog belonging to another lady. The little animal seemed well pleased, and acted very mannerly; but all remarked that the little dog was sneezing constantly. After her arrival in Moscow, the young lady was first affected with a redness of the tip of the nose, which did not yield to any remedy; then the nose began to be painful, inflamed and began to secrete mucus. The physician who was consulted diagnosed the case as influenza. As the state of the young lady constantly became worse, and the ulceration increased, medical authorities of Moscow were consulted, who, with the microscope diagnosed the case as the dreadful disease, *glanders*, which had evidently been transferred from a horse to the dog. \*The patient also succumbed to it.—*Pop. Zeit. für. Hom.*

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FROM OLDEN TIMES it is well known that Molière in his comedies especially in "*La Malade Imaginaire*," does not treat physicians very flatteringly. We shall, however, view his ridicule of these benefactors of humanity more leniently if we present to ourselves, as we may do through Prof. Folet's book, "*Molière and the Healing Art of His Time*," with what sort of physicians that period had to contend. The court physician of Louis XIV dosed this potentate in one year with 215 elixirs which play an important part in "*La Malade Imaginaire*," and had bled him forty-seven times. The "Diary About

the Health of Louis XIV," which has entries extending from 1652-1711, shows that the great king during this time used more than 2,000 purgatives. Among these remedies the so-called *royal broth*, which consisted chiefly of the fresh juice pressed from dandelions, plays a chief part. It might be not uninteresting to note that Guy Patia bled a child thirteen times. This celebrated physician, on account of a slight cold, prescribed for himself seven venesections, for his wife during pneumonia, twelve, and for his son suffering from typhoid fever, twenty venesections. These times may, however, return if the attempts in favor of venesection, which are being made in the clinics of several universities should become more general. Prof. Jacksch, in Prague, a short time ago, again defended venesection, so, also, the director of the hospital on the Friedrichshain in Berlin, Prof. *Kroenig*, and in a discussion which took place in a medical society of Berlin, the professor was joined by the well-known Professors *Ewald*, *Senator* and *Laudan*. (And Virchow had to see this! Under his influence as is well-known, the world has gradually done away with venesection.)  
—*From the German.*

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## BOOK NOTICES AND GOSSIP.

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**Diseases of the Ear, Nose, and Throat and Their Accessory Cavities.** A Condensed Text-book. By Seth Scott Bishop, M. D., LL. D., Professor in the Chicago Post-Graduate Medical School and Hospital; Surgeon to the Illinois Charitable Eye and Ear Infirmary; Consulting Surgeon to the Illinois Masonic Orphans' Home and to the Silver Cross Hospital of Joilet, etc. Illustrated with 100 Colored Lithographs and 168 Additional Illustrations. One Volume, Royal Octavo, pages xvi-496. Extra Cloth, \$4.00, net; Sheep or Half-Russia, \$5.00, net. The F. A. Davis Co., Philadelphia. 1897.

Dr. Bishop divides his book into four parts: Part I. Diseases of the Ear; Part II. Diseases of the Nose; Part III. Diseases of the Pharynx, and Part IV. Diseases of the Larynx. The book is written in an unusually interesting style from the purely literary point of view, and contains many very valuable hints in the handling of diseases of nose, throat, etc. Homœopathic physicians can hardly gain much from the therapeutics, as they are "regular" from the beginning to the end. There is one

prescription of which Dr. Bishop writes with unusual emphasis as to its good effect in grippe, cold in the head, coryza or acute nasal catarrh. The remedy is a combination of  $\frac{1}{12}$  grain of *Morphia*,  $\frac{1}{60}$  grain of *Atropia* and  $\frac{1}{6}$  grain of *Caffeine*, in tablets. "Indeed, this disease," cold in the head, etc., "can be averted by the use of the tablets mentioned for influenza, containing *Caffeine*, *Morphia* and *Atropia*. By giving one of these at the onset of the attack the symptoms subside with as much certainty as can be affirmed of any medical specific. The effect of this remedy lasts several hours, although the dose is small, and it should be repeated in two, four or six hours, if the symptoms begin to reappear. This remedy should never be given through prescriptions to patients. I have never allowed them to know the composition of it, and for this reason no patient has ever contracted a drug habit through my carelessness. It would be much better to give the little tablets gratuitously than to run any risk whatever of becoming responsible for a harmful habit." In the section on chronic rheumatic sore-throat the author makes the following comment that is of general application and interest: "The sufferers from this disease, like most other people, drink too little water to dissolve the waste elements of the body and eliminate them. We flush the sewerage system of a city to increase the freedom from infection; but how much more important is it to flush the sewerage of the body and wash out the waste products of tissue metamorphosis and prevent infection of the system by results of decomposition. The success of the water-cures in these diseases lies largely in the amount of water passed through the body, taking up the *debris* of the tissues, dissolving out the urate of soda from the joints, the liver, and the more alkaline tissues, in which it is stored only to enter the blood when it becomes sufficiently alkaline in reaction and then to rack the body with pains."

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**Hæmorrhoids and Habitual Constipation.** Their Constitutional Cure. By John H. Clarke, M. D. 112 pages. 16mo. Cloth. London: James Epps & Co. 1897.

This little work has the following curious, but praiseworthy dedication: "To Those Excellent Patients of Mine Who, by Insisting on Being Cured Without an Operation, Compelled Me to Better Understand My Art, I Dedicate This Book." It

is written somewhat in the style of Dr. Burnett's works and is well worth a careful reading and a place in the library for reference. It is a powerful argument, or, rather, demonstration, that cases commonly supposed to be surgical can be cured by medicine, and we cannot have too many such in this day when medicine is being superseded by the knife.

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**A Manual of Nervous Diseases and Their Homœopathic Treatment.** A Compend for Students, Colleges and Physicians. By George H. Martin, M. D. Medical Century Company Co., New York and Chicago.

This neat little work is based somewhat on the plan followed by Dewey in his famous *Essentials* of homœopathic materia medica, and therapeutics, though the questions are fewer and the answers longer. It is a very excellent little compend and will be of value to all students of nervous diseases.

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**Principles or Guides for a Better Selection or Cassification of Consumptives Amenable to High Altitude Treatment and to the Selection of Patients Who May be More Successfully Treated in the Environment to Which They Were Accustomed Previous to Their Illness.** By Edgar A. Tussey, M. D., Philadelphia Polyclinic. 144 pages. Cloth, \$1.50. Philadelphia: P. Blakiston, Son & Co.

The author says in his preface: "We owe the members of the medical profession no apology for offering to them this little work. The scope of the work undertaken has grown, on the one hand, out of a thorough knowledge of the needs of the general medical profession, on the other hand out of a wide experience in the matter of carefully and scientifically noting and weighing those vital factors which underlie and condition all even approximately correct estimates of the patient's resources. We feel that the principles herein contained, if carefully and correctly applied, will, in many, many instances, yield to the honest, conscientious inquirer for truth a rich harvest of results." The title and the quotation will serve to show the reader whether it is a book he needs. It is written in an interesting style.

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**Syringomyelia.** An Essay to Which Was Awarded the Alvarengo Prize of the College of Physicians of Philadelphia for the year 1895. By Guy Heinsdale, A. M., M. D. 74

pages. Cloth, \$1.00. P. Blakiston, Son & Co., Philadelphia. 1897.

Perhaps not every reader will know at a glance the meaning of the title, so to save the trouble of hunting up the dictionary, we quote from Dunglison: "Syringomyelia—condition produced by dilatation of central canal of spinal cord with hypertrophy of neuroglia surrounding the central canal, neuralgic pains, muscular paralysis, etc." If any one wants to know all about this disease this is his book. The Bibliography is rather remarkable, as it contains a total of 514 references.

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On and after June 1st the *Homœopathic Text-Book of Surgery* will be reduced to seven dollars per copy, net, and there will be no difference in price between the sheep and half-morocco binding, both will be sold at seven dollars. The merits of this great work, we sometimes think, have hardly been appreciated by the profession at their true value, and they certainly are many and great. The book represents not only the latest but the best in surgery as fully as any old school work, with the added advantage of homœopathic therapeutics, and no one will make a mistake in taking it for his surgical guide.

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The fourth edition of that homœopathic classic, Bell on *Diarrhœa* is announced as about ready for delivery by its publishers, Messrs Boericke & Tafel. The book has been revised by the author, and a return has been made to the smaller sized pages of the 2d edition, the 3d edition having been printed in octavo size. Few medical works have shown the vitality of this one; from Bradford's handy *Bibliography* we learn that the first edition was brought out in 1869 by the late A. J. Tafel; reprints were made from the plates in 1874 and 1875. In 1881 the second edition from type was published by Boericke & Tafel and the third edition by the Hahnemann Publishing House (Dr. F. E. Boericke) in 1888. Still the demand continues and this necessitated this fourth edition now about completed.

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**Repertory of Tongue Symptoms.** M. E. Douglass, M. D.

The readers of the *ADVOCATE* need no introduction to Dr. Douglass, because his frequent contributions during the past two years has won for him universal favor and confidence. He

is one of the most indefatigable workers in the profession, and while most of his work has been for the purpose of making himself familiar with the wonderful scope of our materia medica at the same time he has so put the results upon paper that it can not only be utilized by himself, but may be given to those who are willing to take at second hand what they ought to get for themselves. The Tongue has been regarded as an important index of constitutional disturbances from the beginning of time, and is capable of giving very fine differentiations of internal disturbances to the close observer. Dr. Douglass has carefully compiled these indications from every available source and the profession is showing its appreciation by the demand they are making for the work, which will be sent post-paid by Boericke & Tafel for \$1.09.—*Hahnemann Advocate*.

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Dr. Shannon's excellent and exhaustive work on the tissue remedies should have a place in the libraries of all who are interested in "biochemistry" or Schüssler. These remedies "occupy a separate and distinct place for themselves not heretofore filled by any others," writes Dr. Shannon, and literature on them is not very full, being confined to Boericke & Dewey's "Twelve Tissue Remedies," Dr. O'Connor's translation of Schüssler's work (12th ed.) and to Dr. Shannon's great repertory.

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**Organ Diseases of Women, Nobtably Enlargement and Displacements of the Uterus, and Sterility, Considered as Curable by Medicines.** By J. C. Burnett, M. D.

This is a practical little treatise on a subject of the utmost importance to us all. Dr. Burnett holds that almost all uterine disorders are subject to medicinal correction. He reports numerous cases of the most serious uterine and ovarian difficulties which he cured by the use of drugs alone. The doctor being a conscientious and truthful man, we are forced to the conclusion that if his cures were not real he struck a marvelous series of coincidences. The cures were doubtlessly genuine, a fact that makes his little book of inestimable value. There is a fascination about the doctor's comfortable literary style that alone makes the book worth its price, \$1.00, net. By mail, \$1.05.—*Medical Gleaner*.

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DR. E. M. HALE, author of the famous *New Remedies* and many other excellent works, is engaged on a monograph on

*Sabal serrulata*, a remedy that, when fully understood, will rank high in the field of therapeutics. Dr. Hale will no doubt be glad to hear from anyone having experience with the remedy with a view to making the work as complete as possible. His address is 65 East 22d street, Chicago, Ill.

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**Doughty's Genito-Urinary Diseases.** By George Parker Holden, M. D.

Dr. Doughty is noted for his sound teaching and the clearness and interest with which he presents a subject, and great credit is due Dr. Holden for the accurate reproduction of these lectures and clinics held in the Flower Hospital. The aim of the lecturer was to give a practical course, and everything possible was illustrated by clinics and operations. The latter follow the lectures, and the minute and careful technique makes the book a safe guide for operative procedure. The publishers have departed from their old set style of binding and printing, and the contrast is quite pleasing.—*E. S. M., in Homœopathic Eye, Ear and Throat Journal.*

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**Organ Diseases of Women.** By J. Compton Burnett, M. D.

Dr. Burnett advocates, and proves the possibility of curing many diseases of women previously supposed by the majority of physicians to be outside of the medical limit. To quote from his preface we find the spirit of the book fully outlined when he says: "I maintain, from ample experience, that enlargements and dislocations of the womb are for the most part perfectly amenable to our remedies; and, moreover, the task is not even difficult. I have included the subject of Sterility, as enlargements and displacements are very commonly its cause." If surgeons would apply the principles that are set forth in this work they would, no doubt, add much to their usefulness. If I can be guided to so useful a remedy in this book as I was a few years ago through the introduction of this gifted author, I shall indeed be repaid for its careful reading; I refer to *Bacillinum*.—*J. B. G., in Homœopathic Eye, Ear and Throat Journal.*

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DR. BURNETT'S last work, *Organ Diseases of Women*, is meeting with the same fate that befalls all his numerous books—it is selling freely and being freely criticised. The critics from their point of view are quite right, but they fail to realize the very

plain fact that Dr. Burnett is not writing from their point of view. They want a minute, technical detail of each case and the symptoms that led to the prescribing of a certain remedy. But that is not the author's purpose; his purpose is to call to the attention of the medical profession new treatments by new, or comparatively unknown, remedies of well-known diseases. An "ovarian tumor," for instance, is an "organ disease," and he assumes that there is no necessity for minute technical descriptions of particular cases but draws his picture with a free hand and devotes his limited space to dealing with the remedies that in his hands have proved curative. This, as we read his book, is the plan followed in *Organ Diseases of Women, Gout and Its Treatment, Delicate, Backward, Puny and Stunted Children, Diseases of the Liver* and other works, all of which will richly repay any practitioner if he is willing to allow any deviation from the therapeutic highway, and is willing to believe that there are diseases localized in certain organs of the body and "organ remedies" for those diseases.

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"It has been said of this work. 'It is an old book that time does not seem to affect, and in our opinion, it will be alive when the current books of the day are forgotten.' In the main we agree with this expression. Hahnemann and his work constitute an era in medicine without which no history would be at all complete,—an era of progress that deserves universal attention, and the time is sure to come, when he and his work will receive their just honors."

"This work on *Chronic Diseases* is the product of Hahnemann's riper years, and embodies the results of his close application to the analysis, the classification, and the cause of disease. Every page gives evidence of his comprehensive power, of his accurate observation, of his wide acquaintance with medical knowledge generally. Hahnemann was earnest, honest, patient, humble. We cannot help but honor and revere him for what he has said and done for medicine."—*From Review of Chronic Diseases, in Eclectic Medical Journal.*

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## HAHNEMANN COLLEGE AND THE OHIO EXAMINERS.

The attention of our readers is called to the resolutions published in this number of THE RECORDER, adopted by the Faculty of the Hahnemann Medical College in answer to the notification sent them by the Medical Examiners of Ohio. If a private corporation or association is to be allowed to dictate in such matters to other American citizens by means of State Boards, the sooner the body of the people know it the better. A not inconsiderable minority of the citizens of this country, and probably a majority of the intelligent among them, do not believe in that for which the American Medical Association stands, for it is the power back of the colleges, yet in Ohio they propose by perverting the power conferred on them, or on the Board which they seem to control, to make all physicians subservient to themselves, and thus deprive citizens, whose servants they are in law, of their rights in choosing medical treatment for themselves or their families. This tyranny, for it is nothing else, is simply a return to the spirit of the dark ages, when the many were supposed to have no right to think for themselves. In fact, there seems to be a certain clique in the American Medical Association that has not yet emerged from the dark ages, and is possessed by the same bigotry that prevailed in that sorry time, and passed current for righteous zeal. Better suffer from a few more quacks—though examining boards and four year courses do not seem to affect them in the least—than to have the profession of medicine bound hand and foot in officialism from which there is no escape.

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### GLEANINGS.

REMEDIES IN ORGANIC HEART DISEASE.—Prof. B. J. Arnulphy mentions the following remedies as most important in the management of cases, of mitral insufficiency with hypertrophy.

*Naja trip.* To regulate the trophic function of the vagus.

Through its action on the pneumogastric, *Naja* promotes and preserves the work of compensation.

The symptoms calling for this drug are very pronounced—pulse rapid, thready; palpitation with vertigo; anxiety and insomnia; dry cough.

*Kali mur.* This remedy will be of service by helping to build the muscular fibre.

*Plumbum; Aurum mur.* Will prevent in a measure the connective tissue changes.

*Phosphorus.* To oppose the inroad of fatty degeneration.

*Arseniate of Strychnia.* This remedy, if judiciously used, will for a long time help the heart to keep up a healthy tone of contraction and face its daily duties with a brave front.—*Clinique*, No. 1, 1897.

MAGNESIA PHOS. IN CONVULSIONS.—Dr. N. C. Sturtevant reports a case of puerperal eclampsia in which the spasms were very severe and the patient passing from one into another without any sign of returning consciousness. *Magnesia phos.*, 3x trit. was given, after which the spasms were lighter and less frequent. Subsequently the child was delivered instrumentally and the woman made a perfect recovery.

Another case of a child one year old which was said to have had 400 convulsions was mentioned, which was wonderfully benefited by *Magnesia phos.*, 3 trit.—*Clinique*, No. 3, 1897.

PHLORIDZIN IN DIABETES MELLITUS.—Dr. E. R. Paillou reports two cases of diabetes which were markedly improved by the use of *Phloridzin* in the third and sixth decimal trit. The specific gravity and quantity of urine were lowered and the amount of sugar lessened together with a relief of symptoms, but no permanent cure was demonstrated.—*Hahnemannian Monthly*, No. 4, 1897.

STAPHISAGRIA IN NIGHT SWEATS.—According to the *Journal of Practical Medicine* (No. 9, 1897) *Staphisagria* has been used most successfully in night sweats, two to three drops of the tincture in two ounces of water, a teaspoonful every two hours. This is certainly an infinitesimal dose for an allopathic physician to administer.

The cause of the sweat or its character was not mentioned. In Hering's *Guiding Symptoms* under "Fever" we find the following indications—"Sweat: profuse; cold on forehead and feet;



opathic physician in Kentucky will be there. "We have promises from many of our brothers from Cincinnati and Southern Ohio to be present, and with some of our strongest and best men participating it is expected to be the most interesting meeting ever held by the Association," writes Secretary H. S. Keeler, M. D., of Frankfort, Ky.

The following gentlemen have been assigned to the Chairmanships of Bureaux, viz.: *Materia Medica*, Dr. J. H. Smiser, Cynthia; *Surgery*, Dr. E. B. Johns, Lexington; *Clinical Medicine*, Dr. J. C. Foster, Harrodsburg; *Obstetrics*, Dr. H. C. Kasselmann, Midway; *Nose and Throat*, Dr. E. M. Gober, Frankfort; *Gynecology*, Dr. J. T. Vansant, Paris; *Pædology*, Dr. F. W. Fischback, Newport; *Ophthalmology and Otolaryngology*, Dr. R. G. Reed, Louisville.

Gentlemen requested to furnish papers are urged to respond to the call promptly, thus making the work of the Chairmen both successful and pleasant.

The usual reduced rates for transportation and entertainment will be secured.

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### OPHTHALMOLOGICAL, OTOLOGICAL AND LARYNGOLOGICAL SOCIETY.

The First Annual Meeting of the reorganized American Ophthalmological, Otolaryngological and Laryngological Society will be held in Buffalo on June 23. The session will last from 9 A. M. on Wednesday until Thursday noon. That the reorganization of this Society has not only been demanded by the spirit of the times, but promises to be more successful than the old Society, is manifest by the number and character of papers already received from the following well known men, viz: Drs. C. M. Thomas, J. A. Campbell, F. Park Lewis, H. P. Bellows, J. H. Buffum, Geo. B. Rice, E. H. Linnell, D. A. MacLachlan, C. E. Teets, R. S. Copeland, C. Gurne: Fellows, Thos. L. Shearer, E. C. Delap, Irving Townsend, F. L. Boice, E. J. Bissell, J. E. L. Davis, W. B. Hunt and R. G. Reed.

A strong feature of the meeting will be the discussion of these papers by men specially selected on account of their experience in the special line of which they treat. While the papers cover a wide range, a limited number have been written upon selected topics in order to bring out discussions of vital interest at this time. The programme as arranged at present will consist of

four sessions, one each for the eye, ear, nose and throat. All papers should be in the hands of the secretary before May 15, so they can be sent to the leaders in discussion for their perusal. Applications for membership, accompanied by a check for three dollars, should be sent to the treasurer, Dr. Harold Wilson, 32 Adams Ave. W., Detroit, Mich.

CHAS. H. HELFRICH, M.D.,

*Sec. pro. tem.*

158 West 47th St., New York.

### THE WAY IT IS DONE.

The following letter was sent to us from Tennessee. The gentleman to whom it is addressed wrote to one of those numerous "homœopathic" concerns which advertise to do wonders for nothing and thank you for the privilege, and received the appended letter which has all the ear marks of a regular "form," notwithstanding the conclusion of "our medical staff," so scientifically put. Two dollars and a half is not bad for a starter from a concern that always insists that there is "not a cent to pay." Here is the letter:

MR. ———,

Nashville, Tenn.

DEAR SIR: We are in receipt of your communication concerning your condition, and after giving the same most careful consideration our medical staff have arrived at the conclusion that the annoying rheumatic trouble is dependent upon a complication. The important functions of the kidneys are deranged and fail to healthfully eliminate, so that the blood becomes contaminated with the uric acid with which the system is overloaded. The nerve centres are disturbed, and as a consequence you suffer from these distressing pains.

There is not the least doubt as to the curability of your case providing careful treatment is at once resorted to, and we suggest as curative agents our Special Rheumatism Cure, Special Kidney and Blood Cures, the cost being Two Dollars and Fifty Cts. (\$2.50).

Remit direct to us, as the Remedies must be especially medicated for your case, and we will mail them, postpaid, expecting the happiest results.

Awaiting a prompt response, we are,

Yours truly,

————— Co., F.

Dict. Dr. M.

## LETTER FROM DR. A. M. CUSHING.

Editor of the HOMŒOPATHIC RECORDER.

If not too late, I would like to add a little to the paper I sent you not long ago. The same old school doctor to whom I referred in that paper tells me he has used *Phaseolus* in another case of heart disease with a success similar to the others reported.

A few weeks since a lady aged 50, nurse by profession, came to me saying, at times, she had fearful time with her heart palpitating and feeling as if she should die. Being in great haste, I made no examination, but gave her a vial of *Phaseolus* 15x to take a dose three or four times a day, as needed. Yesterday she called, saying she was going out of the city, but did not dare to go without some more of the medicine, for she *never took anything in her life that did so much good as that.*

I begin to feel that my work is appreciated for the following is an exact copy (aside from name and residence) of a letter I have lately received :

Somewhere, Some State,  
April 20, 1897.

"DEAR DR. I see in the — Number of — you have Bin given Phasealus nana For Weak Sexual Pour. I have a man aged 52 that has no dripen But has weak nervous and losed Sexual Pour will you Please give me the No. of Doses you gave a day and how many Drops at a Dose and how long to give the med. and oblige — —, M. D.

Pleas let me hear Sune. By By." He sent a stamp which is more than some do who write to

A. M. CUSHING.

*Springfield, Mass.*

## AMERICAN INSTITUTE OF HOMŒOPATHY.

Dr. DeWitt G. Wilcox, 113 Lexington avenue, Buffalo, N. Y., chairman of Sub-committee on Invitations and New Members has sent the following letter to all homœopathic physicians whose address he could obtain. If any reader of the RECORDER has not received a copy he had better write Dr. Wilcox for a blank and take his rightful place in the big homœopathic army:

BUFFALO, N. Y., March, 1897.

MY DEAR DOCTOR: The next meeting of the American Institute of Homœopathy will be held in Buffalo, June 23d to 30th, 1897. The Local Committee wishes to see every homœopathic physician of the United States present at this meeting. The surest way to come is to make your plans early and be determined to carry them out.

One other thing we wish to do is to get every homœopathic physician who is not a member of the institute to join at this coming meeting.

There is no better time or opportunity to join than now. Kindly fill out the enclosed blank and forward it, together with the necessary fee, to the undersigned. We will see that the application is properly endorsed if you are eligible to membership.

If you already belong to this body, will you kindly lend your services in securing a new member for the American Institute.

Yours very truly,

DEWITT G. WILCOX,  
173 Lexington Ave.

*Chairman Sub-Committee on Invitations and New Members of Am. Institute.*

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### Progress in Missouri.

The Board of Managers of Asylum for the Insane, at Fulton, Mo., have turned the management over to the homœopaths. Dr. J. T. Coombs, of Kansas City, was elected superintendent; Dr. J. H. Hudson, of Kansas City, first assistant physician; Dr. J. M. Wilcox, of St. Louis, second assistant, and Dr. W. L. Ray, of Kansas City, third assistant. The homœopathic physicians are naturally much elated over this recognition by the State, and the patients at Fulton have still more cause for elation if they did but realize what the change means.

## SAW PALMETTO.

I am engaged in writing a complete monograph on the "Therapeutics of Saw Palmetto." It will contain new provings and clinical reports, and will appear in October.

I shall be glad to receive before that date any contributions for which due credit will be given.

E. M. HALE, M. D.

65—22d St., Chicago, Ill.

## ECHINACEA.

By J. C. Paxon, M. D., Jamesville, Ill.

Mrs. P., aged 85, during winters for the past five years, has had a peculiar trouble. It begins by itching on the hands and feet so intense that it is almost unbearable, as reported to me one year ago. In spite of all treatment her physician gave, the termination was by great watery blisters, breaking down in suppurating sores.

In January, 1896, I was called to see the patient. I found her with a severe bronchial cough, no fever, pulse regular, but slow and bounding. The lady was sitting up in bed, rubbing her hands and feet, and complaining of the terrible itching.

I placed her on *Echinacea*, ten drops every hour, and to her surprise the itching began to subside by the time she had taken three doses, and she was completely relieved in forty-eight hours without any blisters or sores following, as had been the case the three winters previously.

On the first of December, she took another spell of itching, same as before, and I prescribed *Echinacea*, same doses as before, with like results. Of course, my patient feels grateful, yet I think we might score *another* for *Echinacea*.—*Eclectic Medical Journal*.

ANTI-TOXINE. "Those who are crying so loudly for its use ignore the fact that for two or three years diphtheria all the world over has been of a very mild type. The mortality in my own practice during that time has not been five per cent. In the practice of the physicians around me who use anti-toxine the mortality is higher than in mine. When I see the mortality rate in their cases going lower and mine higher I will begin its use, not before."—*Dr. E. H. Greswold, in Medical Council*.

## PERSONAL.

"Regular" journals are making a big kick about the "substitution of fluid extracts for tinctures." Those who buy from "cheap" houses can expect nothing else, so why kick even if what you buy isn't what you get.

"A mania for law-making is now on the rampage," says the *N.Y. Med. Jour.* anent the 'spitting problem'

Behring, according to M. Letaud, wants his financial share of the anti-toxin cake, and there may be gore upon the moon.

The *Medical Councillor* says: "Our Health Boards are fast degenerating into mere machines for the germ crank to work out his peculiar and offensive theories at the public expense."

They say that Mr. Dingley has put a protective duty on cuneiform tablets and Babylonian cylinders.

The *Medical Age* man "doubts" whether boracic acid will bleach a red nose.

The Minnesota State Homœopathic Institute meets at St. Paul on May 18.

Dr. W. A. Siebert, Easton, Pa., had the sad misfortune to lose, within a few days of each other, both wife and child.

Dr. Marjan McMaster has removed to Utica, N. Y.

With potatoes selling at prices that don't pay the freight, the Pingree plan seems to have more sentiment than sense about it.

There is of course but one *best* book on the genito-urinary diseases, which happens, also, to be the latest, viz., the Doughty-Holden work, just out.

Certainly every doctor should have at least one *unabridged* materia medica in his office; of these Dr. T. F. Allen's *Handbook* is easily the best.

Dr. J. H. Bowers has removed from Waseca to Owatonna, Minn

"A pretty woman will be able to keep her charm if she consumes less starch, glue and mucilage," says an exchange; and, we may add: A handsome man will retain his good looks longer if he refrains from chewing tenpenny nails.

"Il microbo non é la causa della malattia," *Revista Omiopatico*.

It is intimated by a scientific M. D., that the descendants of a long line of bicyclers will take on a kangaroo shape—all hind legs.

The Supreme Court of Minnesota backs up tuberculin, which shows that even Supreme Courts may be in error, but no one dare tell them so.

The dad was glad that the baby was a peach instead of a pair.

A dyspeptic baby is right in blaming others for its troubles.

The fourth edition of Bell's *Diarrhœa* is out.

The *Denver Medical Times* mourns because "the bill" didn't pass and Colorado is free for at least two years more to all M. D's.

Have you tried the world renowned Hindoo remedy, *Pulyourlego*?

The eleventh annual meeting of the Homœopathic Medical Society of Colorado will be held at Denver, May 25 and 26.

Dr. W. C. Crosby has removed from Canonjaharie, N. Y., to Rochester, Ind.

Saith a "homœopathic" circular: "If you have not yet given some of our Combination Tablets a trial, you will be delighted with their action," per contra, if you have, you wont, perhaps.

*Cratægus oxyacantha* has developed into a great heart remedy.

THE  
HOMŒOPATHIC RECORDER.

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OUR POTENCIES.\*

By W. A. Yingling, M. D., Emporia, Kansas.

Being so accustomed to the material quantity in our dealings, we are apt to forget that there are immaterial forces—forces not handled with the hands, not seen with the eyes, but real as subtle, powerful as occult. If we would stop to look we would realize that just such immaterial forces are of everyday experience. We overlook them because they are so common—because we are so accustomed to them. Why is it that the lump of sand falls to pieces, while the flint can hardly be broken into fragments? There is a force at work within the body of the flint that is absent from the bulk of sand. This force is called cohesion. Cohesion is not a mere name for a condition—it is an entity, a force or power inherent, yet it is immaterial. The seed is cast into the ground and up springs the plant, which continues to grow. This you say is natural growth from the germ. But there is an innate power, called life, that is acted upon by suitable environments that causes the growth. You place side by side two acorns of the same kind, that resemble each other in every minute particular so far as the eye, aided even by the most powerful lens, can tell, yet, notwithstanding like environments and like influences, the one grows and the other does not. Why is this? The one you say has life, vitality, the other has not. The one is alive, the other is dead. Here the life merely implies an innate, hidden power that has been sufficient to make all the difference, even of the giant oak. The other has not this innate power and can never become a simple plant, much less the giant oak. The term "life" is merely a convenience to express to the mind this innate principle having the power to

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\* Kansas State Homœopathic Medical Society, 1897.

grow, or the vital energy. There is something here that is beyond the ken of man's vision or feeling, yet it exists in reality. This innate energy may remain dormant for many years, and with some kinds of seed even for centuries, and still be active.

Another peculiarity of this life principle or power—remember that terms are merely conveniences and are often erroneous—is that it produces its own kind without variation. You place side by side, under the identical environments of soil, sunshine and moisture, a grain of corn, of wheat, and various other plants, and each will remain true to its nature in the plant growth. From the same soil springs the red rose, the blue violet, and the yellow marigold, each true to its own inherent nature. There is something back of the material.

Because these are common things, we take them for granted, and never stop to ask the why of them. That same something which keeps the plant ever true to its nature acts differently from every other plant in the ground, and why not, when this same something acts upon the vital force of man's nature? So there is a something, *sui generis*, within every metal, each variety of stone and other inanimate substances that makes it different from everything else. We call these things inanimate simply because they do not act to our view as those things which have what we term life. Yet those inanimate substances have each its peculiarity ever the same, and which act upon other inanimate substances differently from each other, as we see in chemical compounds. Why is not this something, peculiarly differing in each substance, that which acts upon the vital force of man? This view alone gives us light upon the variation of action of our remedies.

This variation and difference cannot be the material parts of the animate or inanimate. If so, similarity of outward form and appearance would produce like results. We know from observation and experience that there is a great difference in the effects of this inherent something, not only in plant growth, but also in chemical affinity and combination. The ultimate, or the "spirit-like force" of Hahnemann, of these things is not known to man, although explanations are attempted. Man hides his ignorance in terms, in names. To say that that which causes the plant to grow is "life" is begging the question. What is plant life? It is that which causes the plant to grow. Wherein have we any more knowledge or light than we had before from

this answer? The ultimate is hidden from us. We only know the effects, the results of the ultimate. It cannot be seen nor handled. It cannot be understood. All we know is the invariable results. Back of the material is that something which brings before us this invariability in that which we see. The potency of the homœopathic remedy is that "something" removed from the material through the agency of potentiation. It is that something which acts in the homœopathic potency upon the vital force of man in the cure of disease. It is the ultimate of the plant or substance acting upon the ultimate (the vital force) of man. It is not the *spirit* force of the plant or substance, but the *spirit-like* force of the plant or substance. This force, as has been seen, always acts in the same manner, producing the same effect, and hence acts upon the ultimate of man's physical nature in like manner.

Another feature of this ultimate force is that it acts more energetically when liberated from its material bounds. This is in accordance with the higher laws of nature, for the spirit-like forces, or those forces removed from the material, are always more energetic than the material forces, or forces circumscribed by material influences. This is the explanation of the reason that potencies act more curatively and energetically than the crude drug. And by analogy we would suppose that the further removed this ultimate force is from the material the more energetic it would become. This is also the explanation of the quicker and more efficient action of the higher potencies. That the higher potencies do act more promptly and energetically is a matter of experience. There is no question about this; it has been proven too frequently by the very best physicians of the homœopathic school of medicine to be doubted. This is not an assertion that the low potencies and crude drugs do not act, but merely that the higher potencies act more promptly and energetically.

Akin to these energetic potencies are the isopathic serum remedies. When a small injection of toxic material passes through the blood of a large animal it is sufficiently removed from its own material environment to be made energetic, and will act more efficiently than the crude substance. The blood of the animal becomes the vehicle of the liberation as well as of the crude potentiation. When properly indicated, or, rather, if proven so as to know when to administer them to a diseased

condition, they would act curatively, but only in so far as they have the inherent power to produce a similar sick condition. The cures effected by their use corroborates the homœopathic principle, whereas the failures demonstrate the law of similars. There must be a similitude to effect a cure.

In homœopathic potentiation the alcohol or water is the vehicle to carry off the material environment of the remedies and becomes the medium of the continued existence of the ultimate energy. Being but the medium of continued existence, the energy is speedily transmitted to the ultimate of man's body, the vital force, because there is an affinity existing between the ultimate of the material plant or substance and the vital force of man; or, it would be more in accordance with fact to say, this ultimate acts promptly and energetically when this affinity or sensitivity exists, and that the similitude of a symptomatic totality shows it to exist.

When we come to examine this matter from a scientific standpoint we find it does not weaken the result of potentiation, or lessen the energy of this ultimate life principle in its new vehicle, because there is no material part of its former vehicle or medium of existence above the twelfth potency, but rather corroborates the principle of potentiation. This gives us the explanation of the efficiency of inert substances after they have been potentialized. Silica in its crude state is inert and has no effect whatever on man's system, unless mechanical, but when potentiation has freed the ultimate of the quartz rock, or pure flint, it acts most powerfully and energetically. It can be easily proven that comminution or pulverization acts only mechanically and does not act upon the vital force as does the potency of the substance. If the fineness of the particles was the reason for its energetic action, then pulverization would be equal to potentiation. But we know that this is not true, and that the potencies above the twelfth act more energetically and efficiently than the lower, and that the crude powder of Silica, though comminuted, is inactive and not efficient as a remedy. The action of all such substances in potency demonstrates that homœopathic potentiation is the law of procedure in the preparation of medicine, and that the crude material is not the cause of the medicinal action of any remedy.

Then the question arises as to how the alcohol or water becomes the vehicle of this ultimate of the material. The answer

must be that *it is by diffusion without the loss of energy*. The energy of the ultimate is not weakened by the diffusion simply because it is not material. We are so accustomed to the tangible and material that we attribute the properties of the material to the immaterial. Mind, when it becomes broadened and developed, is not weakened, but strengthened. The ultimate of the material is not mind, but it is, like mind, immaterial and must share in some of the attributes of the material. Even air and water are less active when congealed into the solid than when in the fluid or liquid form. The material always curtails the energy or activity of any thing, as does also the crude and solid form. It is true even of the higher nature of man, both mentally and physically. This materiality is a weight and constraint upon all the broader and higher powers of our natures. What vast possibilities open before the immortal soul when it will be freed from the shackles of mortality and the weight of this material body!

This diffusion through a vehicle or medium without the loss of energy or a lessening of power seems to be an attribute of the ultimate of the material and vital substances. Potentiation is a law of nature that will revolutionize the opinions of scientists when they arise above prejudice and study it with care and sincerity. It is a step beyond the materializing science of today, and hence it is not recognized fully as a law even by many homœopathic physicians. The mind clings to the crude, and all explanations are on the line of the crude in physics and science. To fully comprehend potentiation, it is necessary to let go of the material and crude and recognize that there is a something besides that which we see and feel. The laws governing the principles of that which we term the ultimate of the substance, whether inert material or vital, and what Hahnemann called the spirit-like force, are different from the laws solely referring to the crude and material. This difference is recognized in other departments of science and must be recognized in this also.

It need not seem strange that the diffusion of this ultimate through the new vehicle or medium does not lessen its energy, for we have the same diffusion, and even a quickening of the power, in the magnet. If the magnet has partially lost its energy through the absence of its armature, the replacing of the armature will quicken and energize the magnet, and even if a new armature be substituted every few moments, or more or

less frequent, the same quickening takes place and at the same time each armature, if of the proper metal, will be magnetized. This is all that is claimed for the potencies. The added quantity of the vehicle in potentizing is but the armature of the magnet, and each quantity added receives the medicinal properties or principle of the ultimate energy of the substance.

Or, potentization may be illustrated by the experiment of every schoolboy. If you magnetize a knife blade on the common horse shoe magnet, the blade becomes magnetized and yet the magnet is not any weaker. You do this with the second and the third or fourth, and still there is no loss of power in the magnet. You can carry this on upward till hundreds and thousands of knives are magnetized, and while each partakes of the energy of the magnet the magnet does not lose its power. It is *diffusion* of energy and not *transference* of power. And to carry on the analogy of potentiation, the knife blade will magnetize by diffusion a second blade, the second a third, and, if the material and form of the blade were suited to magnetic conservation, this could go on indefinitely.

All that is needed to convert the world to Homœopathy is for its professed followers to believe in, and show forth their belief, and assert its principles by practice and precept. The homœopath whose cheek colors or whose knees weaken in the presence of allopathic ridicule is unworthy the name of Hahnemann, and should cease to profess that of which he is ashamed. The principles of Homœopathy are right or wrong, and if right they will prevail and in due time conquer the world of medicine. Believing these principles right, we say God speed the day of triumph.

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### SOME OF DR. AD. LIPPE'S KEYNOTES.

By Thomas Lindsley Bradford, M. D.

*Gelsemium.* Staggering as if intoxicated when trying to move. Giddiness as if intoxicated—as if he would fall down. Giddiness with loss of sight, chilliness, accelerated pulse, dullness of vision, double vision. (When the patient sees two objects where is but one, *Gels.* will be of value. Br.)

*Gelsemium.* (Dr. R. J. McClatchey once wrote an article which may be found in the "Transactions of the Hom. Med. Society of the State of New York," Vol. 7 (1869), p. 174, on "Loco-

motor Ataxia," in which he mentioned good results from *Gelsemium*. I have verified the fact that it is an excellent remedy. Br.).

*Gelsemium*. With the headache, giddiness, faintness, pain in the neck, pulsation of the carotid arteries, pain in the limbs, great drowsiness, sneezing, double vision, loss of sight.

*Gelsemium*. Double vision, controllable by the strength of the will, or when looking sideways, not when looking straight forward. (During pregnancy.) (For double vision in one eye, see *Merc. subl.*)

*Gelsemium*. Sudden loss of hearing (deafness) for a short time. (I have found where the deafness came from La Gr ppe that *Gels.* will restore hearing in a few weeks. Br.)

*Gelsemium*. Frequent micturition, relieving the headache. (Large quantity of pale urine passed.) (See *Mellilotus offic.* Br.)

*Gelsemium*. Abortion after fright. Bad effects from suddenly hearing bad news. From fright, and from thence abortion, diarrhœa. (Useful in trouble from stage fright. In diarrhœa from fright in public speakers. Young actresses who have enuresis from fright. Br.)

*Gelsemium*. (Is useful in nerve prostration. The genius of the remedy points to that condition. Br.)

*Glonoine*. Loses his way in the known streets; the walk seems too long, the chin feels too long. (Dr. C. A. Cochran, of Maine, cured a case in 1869. It is reported in *Hahn. Monthly*, Vol. 5, p. 23. Br.)

*Glonoine*. (Sunstroke from walking or working in the sun.)

*Graphites*. Anxious fear of approaching misfortune. (Imagines all kinds of trouble.)

*Graphites*. Humid, spreading, scurfy eruption on the top of the head, painful to the touch, as if from subcutaneous ulceration, and emitting a disgusting odor; extending down the sides of the head into the whiskers; after scratching more sore and humid; later drying up to a white scurf. Smooth, large wens on the hairy scalp. (Do not excise them.)

*Graphites*. Dry gum in the eyelashes. Moisture and sore places behind the ears. (See *Lyc.*)

*Graphites*. Swelling and erysipelalous inflammation of the face, burning and stinging; the erysipelas is spreading in rays.

*Graphites*. Semilateral left distortion and paralysis of the face, which impedes the speech. (Right side—*Caust.*)

*Graphites.* Varices of the rectum and between them burning rhagades at the anus. Prolapsus recti with the varices, as if the rectum were paralyzed. (Easy prolapsus—*Kali carb.*)

*Graphites.* Swelling and induration of the mammary glands. (Hard scars on the mammæ from abscess of the breast.)

*Graphites.* The nails are thick and crippled. (Look to lungs.) Emaciation of the hands. (Of the feet—*Caust.*)

*Graphites.* (Important in ailments from *Arsenic.*)

*Graphites.* Soreness and rawness of the skin, in the bends of the limbs, groins, neck, behind the ears, especially in children. Unhealthy skin, every little injury causes suppuration. (See *Lyc., Hep. Sulph.*) (In dirty children, with glutinous moisture behind the ears, tendency to the same sticky eczema in the groin *Graph.* will cure. Use, also, equal parts of *Lanoline* and cold cream. Br.)

*Hepar sulphuris calc.* Over sensitiveness and irritability, with quick, hasty speech. (Can not bear the least pain; complains constantly of pain. See, also, *Bell., Lach., Stram.*)

*Hepar sulph. calc.* The head is bent backwards, with swelling below the larynx, with violent pulsation of the carotid arteries and rattling breathing. (In croup.)

*Hepar sulph. calc.* Toothache worse in warm room, increased when pressing the teeth against one another. (The toothache of *Sulphur* is worse from cold air.)

*Hepar sulph. calc.* When swallowing, sensation as if a plug were in the throat, or as if splinters were in it. (Dr. Lippe told a story of an old lady who came to him and insisted that she had a fish bone in the throat; he assured her she had not, but finally he took an imaginary fish bone from the throat, gave her *Hepar*, and she was cured. Br.)

*Hepar sulph. calc.* Rattling breathing during sleep. (See *Calc., Lyc., Sil., Ant. tart.*) (Dry wheezing crowing in croup—*Spong.* The *Hepar* has more rattling of mucus in breathing. Child wakens from sleep after midnight barking like a dog—*Rumex.*)

*Hepar sulph. calc.* Sneezing or crying after the attacks of cough. (See *Bell.*)

*Hepar sulph. calc.* Sensation as if bruised in the small of the back and thighs.

*Hepar sulph. calc.* *Panaritium.* (Where pus is forming, but too slowly and with great pain.) (*Hepar* ix in a half a glass of

water a teaspoonful every two hours, will greatly hasten the suppurative process. Br.)

*Hepar sulph. calc.* Fainting (evening) from slight pains. (The *Hepar* patient can endure no pain.)

*Hepar sulph. calc.* Violent chill, 8 P. M., with chattering of teeth; hands and feet are cold; followed by heat, with perspiration, especially on the chest and forehead, with slight thirst.

*Hepar sulph. calc.* Eruptions very sensitive and feeling sore when touched. Unhealthy skin, the least injury produces suppuration and ulceration. *Hepar* promotes suppuration. Great sensitiveness of the affected parts to contact.

*Hepar sulph. calc.* (*Hepar* with *Silicia* are the two remedies for suppuration. And *Hepar* and *Kali bich.* must be considered invaluable in croup. See the genius of the remedy—sensitiveness to contact. Br.)

*Ignatia amara.* (Seldom indicated for men.) Sensitiveness of feeling. Delicate consciousness. (Always.) Fearfulness, timidity, irresoluteness. Anxious to do now this, now that. The slightest contradiction irritates. Sad thoughts. Serious melancholy with mourning. Anger followed by quiet grief and anger. Inclination to grief without saying anything about it. Changeable disposition; jesting and laughing, changing to sadness with shedding of tears. (Hysteria.) (See *Nux mosch.*) (The *Puls.* patient never laughs.) (Dr. Lippe considered the mental symptoms of great importance. Br.)

*Ignatia amara.* The headache is aggravated in the morning, from coffee, tobacco, noise, alcohol, from reading and writing, from the sunlight, from moving the eyes, and is relieved when changing the position, and when lying on the painful side. (See also *Bry.*)

*Ignatia amara.* Stitches in the throat when not swallowing, only between the acts of deglutition.

*Ignatia amara.* (Sharp stitches up the anus.) Stitches from the anus up the rectum. The stool is of too large a size, soft, but difficult to discharge. Constriction of the anus after stool. (Painful.)

*Ignatia.* The longer he coughs the more the irritation to cough increases.

*Ignatia.* (Violent pain on different parts in small spots, only perceptible on touching the spots. Hysteria.)

*Ignatia amara.* (It is the grief-remedy. The woman has lost a dear one and cannot be comforted. Worn out with watching. It is hyperæsthesia and *Ignatia* is the remedy. The genius of the remedy points to such a pathological condition. Br.)

## GLEANINGS AND COMMENTS.

## Arsenite of Copper in Acute Infectious Gastro-Intestinal Catarrhs of Infants.

The following article is clipped from *Pediatrics*, No. 9, 1897:

“H. Kruger (*Allgem. Medic. Central-Ctg.*, 1896, *lxv.*, 694) reports a number of cases in which the preparation had a wonderful effect. In a young child, suffering from diarrhœa and vomiting, with an emaciated body and a senile face, cold skin and dull eyes, the least nourishment was either vomited or passed undigested through the intestinal tract. A 0.001:100 solution of *Arsenite of copper* was given in teaspoonful doses every ten or fifteen minutes. Besides this a teaspoonful of iced milk was given every half hour. The child improved wonderfully, and on the following day had recovered from the most dangerous symptoms; the vomiting had at once ceased, and the diarrhœa was checked soon after. The favorable action of the *Copper* in this case induced him to try it still further, and he later prescribed it in powder form with *Sugar of milk*, ordering 1-500 of a grain every hour. Of the many cases treated by him he reports three, in which the action was marvellous, and two cases which died from extreme exhaustion, although the *Arsenite of copper* benefited both the vomiting and the diarrhœa.”

“The action of the remedy is undoubtedly that of a bactericide, as is shown by the rapid improvement in the general condition, and the prompt cure of the acute gastro-enteritis. In more chronic cases the results were not quite so satisfactory. The bactericidal power of the drug must be enormous, for in most cases 1-60 of a grain in twenty-four hours was sufficient to relieve the dangerous symptoms, and rarely was it necessary to give more than twice that amount, and never more than three times during the course of the disease.”

When the allopathic fraternity cannot interpret the action of a drug, or when they wilfully choose to ignore its homœopathicity to a pathological condition, they usually class it as a “bactericide.” We have also seen the term “intestinal astringent” applied to this drug, as explaining its efficacy in acute diarrhœas and typhoid fever.

Its action in these conditions is truly *marvelous* if we are to accept it as a germicide, for a pathological condition does not

usually disappear spontaneously even after the germs producing it are destroyed. And so it is with an acute infectious gastro-enteritis; we must do more than kill the germs, we must administer a drug capable of setting up a reaction in the paretic blood vessels of the inflamed mucous membrane, thus restoring the circulation to normal, carrying off the inflammatory products and removing the reflex irritability of these parts. That *Cuprum arsenicosum* (arsenite of copper) will do this in doses too small to be of germicidal power, and entirely through its homœopathic application in just such cases as are mentioned by Dr. Kruger, has been demonstrated again and again by the followers of Hahnemann ever since this drug was introduced into our school, many years ago.

#### Poisoning by Santonin.

J. S. Taylor (*New York Medical Record*, No. 18, 1897,) reports a fatal case of *Santonin* poisoning in a child of eleven months. The child had received a dose of about two to three grains ("a little on the end of a teaspoon";) which was repeated the next morning.

The course of the case is given by Dr. Taylor as follows:

"On examination I found great general abdominal tenderness, but rather more marked in the right iliac region, where there was distinct dulness on percussion. Lungs and heart normal. Respiration shallow and rapid; pulse full, tense, and slightly increased in rate; temperature normal. Patient unconscious. Slight icterus. Pupils normal. Convulsive movements of hands, arms and legs, and head on manipulation, especially on making slight pressure over the abdomen. The bowels had moved but twice from the *Santonin*."

"I prescribed a tepid bath every morning, absolute restriction to milk diet, and five powders one hour apart, containing each one grain of *Milk sugar* and one-tenth grain of *Calomel*."

"I called early on the morrow, expecting to find the child better or else that something more definite had developed. The stools induced by the mercurial during the night were three, and of spinach color instead of yellow, as the first ones were. The abdominal tenderness had disappeared, and there had been no more convulsions. It had fed eagerly from the bottle and taken sips of cool water when offered, but at other times lay in a profound stupor, with eyes tightly closed and hands gripped. The temperature was now 102°+ F., and the jaundice had in-

creased somewhat, though it was not even yet conspicuous. There was profuse and constant flow of saliva from the mouth. The pulse had become rapid and weak, and the respirations continued shallow, labored and rapid. On again examining the thorax, fontanelle, abdomen, limbs, pupils, nothing amiss could be discovered. I ordered a suitable amount of carbonate of ammonium in spearmint water as a stimulant, gave directions about the bath, fresh air in the overheated, unventilated room, and requested to be called at once if alarming symptoms appeared."

"Without having been summoned, I called in the evening. The mother reported that while the amount of golden-yellow urine had been noticeably large up to the time of my morning's visit, the child had passed none since. It had sweated profusely all the morning, but the skin was now harsh and dry. I discovered slight puffiness of the eyelids. It no longer drank readily from the bottle, and lay perfectly still and showed no sign of consciousness when the mother, pursuant to my orders, changed the child's position from time to time as a prophylaxis against œdema of the lungs. I immediately put the infant in a hot bath, which was followed by a hot pack. When a handkerchief wrung out in cold water was laid over the infant's head it opened its eyes and cried for the first time in twenty-four hours. After copious sweating had been produced, I began the administration of minute doses of *Digitalis*, *Acetate of ammonium* and *Acetate of potassium*. No urine was passed, and on the morning, March 23, at 8 A. M., the child died.

### The Eclectic Treatment of Syphilis.

The eclectic school of medicines seems to be universally opposed to the administration of *Mercury* in syphilis. In fact, their entire trend is toward the use of vegetable remedies as much as possible, to the exclusion of the mineral kingdom. The following paragraph on the treatment of syphilis is from an article by Prof. Lyman Watkins, in the *Eclectic Med. Jour.*, No. 5, 1897:

"While there may be no great objections to calling a certain array of general symptoms, which occur together with reasonable frequency, syphilis, still we must never forget that it is the symptomatic evidences and not the name which we must treat. Now it may be asked, What is your specific for syphilis? The answer is, We have none. What! No specific for syphilis after

all that has been said? No, none. We have no specific for the name of any disease. We do not treat names. We divide the morbid condition into its separate manifestations, and treat each with the indicated remedy. Treating disease in this manner, we have a large number of specifics. Those most frequently indicated in syphilis are *Rumex*, *Echinacea*, *Arctium*, *Berberis*, *Corydalis*, *Iris*, *Kalmia*, *Phytolacca*, *Potassium Iodide*, and others, all found in Eclectic literature."

### Caulophyllum in Climacteric Disturbances and Habitual Abortion.

*Caulophyllum* was a prized remedy with our Eclectic ancestors in the diseases so frequently occurring in women in the so-called change of life. In small doses, carefully administered, it frequently tided women over the dangerous and agonizing period of the climacteric. The old Eclectics used it also to enable women, who were sure to abort in early pregnancy. The medication, as I well know, enabled many unfortunate women of this kind to go successfully through pregnancy, and give birth to a nine months, vigorous infant, be happy and grateful mothers.—*Joseph Adolphus, Eclectic Med. Jour.*, No. 5, 1897.

C. S. R.

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## PROMPT ACTION OF THE SIMILIMUM.

By A. W. K. Choudhury, Homœopathic Practitioner, Calcutta, India.

### A Chronic Disease Symptom Verified.

Homœopathy has many charms of its own which attract even the rigid and orthodox mind. We see cures in other systems of medicine—among the Hindoos, among the Arabs, the Greeks and others—but homœopathy, in some points, acts most extraordinarily, and this goes along with the knowledge of the medicine and the case under treatment. Routine work has almost no room in homeopathic treatment. Hence we should be more careful in studying our medicines, and, while treating a patient, should study him properly before we prescribe, otherwise we are almost sure to fail to reach the goal.

In practicing Homeopathy, when properly educated to do so, one has the happiness to see his suffering brethren get often immediate and satisfactory relief by such a minute dose of the

medicine, and in doing so he goes verifying step by step, point by point, the truth of Homeopathy. Now, I desire to call attention to how I verified the symptom of *Calcarea carb*, 1557. (*Chronic Diseases*, Hahnemann) in the following case in my practice:

One, Abner Râb, æt. 18 years, came under my treatment the 3d October, 1895, forenoon, for the treatment of an attack of intermittent fever from which he had been suffering for six days previously. The type of the fever was quotidian and time afternoon and then evening, having no chill or sweat but only a burning sensation in the eyes; palms of hands and soles of feet with internal heat perceptible to touch and no thirst; used Allopathic medicines before, a period of about two months for another attack of intermittent fever. Pain on percussion of epigastrium and right hypochondrium. Gave *Pulsatilla* 30, till I came to notice, on the 16th instant, that he could sleep till 2 or 3 A. M., but after that could sleep no more during the remainder of the night. The symptom—sleep till 2 or 3 P. M. and then no sleep till morning—caused me to select *Calcarea carb*. There were other symptoms, as tympanitis, pain on percussion on right hypochondrium and epigastrium, etc. I gave him *Calcarea carb*. 12, a dose on the 20th instant, forenoon, and the patient, thanks to God, enjoyed the following night a sound sleep uninterruptedly till morning. No more medicine given till the 25th instant, when a slight relapse to the symptom caused me to repeat the medicine three or four days, daily one dose as above, the symptom never appearing again.

This peculiar symptom of the disturbance of sleep of my patient almost exactly coincides symptom 1557\* of *Calc. c.* in the *Chronic Diseases*. When the medicine was given to the patient it produced the most enviable satisfaction.

#### **Calcarea Carb. in a Case of Intermittent Fever.**

Patient, Golâm Rahmân, æt. about 16 years; color, black; came to my dispensary for intermittent fever on the 8th day of his illness, on the 5th February, 1897, the characters of the case having been the following:

Type: Quotidian. Time: 3 or 4 P. M., last two days. 10 A. M., before that. Prodrome: Nothing remarkable. Chill:

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\* "Sleeps only from 11 P. M. to 2 or 3 A. M.; then she cannot sleep any more, but remains wide awake."

Slight, short (about an hour); *thirst*, horripilation, longer than heat's duration. Heat: Severe; *no thirst*; tightness of head, about half an hour; burning of whole body. Sweat: Slight; *no thirst*, for about ten minutes. Apyrexia: Complete.

Bowels not opened since about four or five days; urine small in quantity and colored; tongue clean and moist; taste insipid; bad smell from the mouth, slightly in the morning; feels hungry to-day; sleep good. *Walked about ten miles, perspired; suppression of perspiration; and while yet partially hot bathed in cold water;* tightness of head after that bathing; got fever the following day at about 9 A. M.

*Calcarea carb.* 12, one globule in one dose, and no more, was required to restore the patient to sound health.

#### Ignatia Amara in a Case of Intermittent Fever.

Patient, L., a lady of about 22 years and of fair color, suffering from intermittent fever since about a month when she came under my treatment, on the 1st of February, 1897, with the following characters of the case: Type: Tertian. Time: 10 A. M. every day. Prodrome: Nothing noticeable. Chill: Slight; *thirst*; needs no covering; lasts about three hours. Heat: Lasts till midnight; *no thirst* preponderates; burning of hands and feet. Sweat: Of feet (both dorsal and plantar surface). Apyrexia: Complete; can work as usual, but tightness of head remaining. Bowels open daily normally; slight enlargement of spleen; pain on pressure on epigastrium and right hypochondrium. Face, pale; used no medicine; giving way of the knees; sleep from heat to sweat and apyrexia; sitting returns the chill; chill relieved by fireside and in the sun.

Treatment: *Ignatia*, 6x.

Diet: *Khoi* and milk.

The following two days two such doses taken, daily one dose, and she recovered. Bowels opened the same day she took the medicine. Has had no fever since the 2d of February, 1897.

#### Phosphorus in a Case of Intermittent Fever.

Patient, Abdul Matin Kahn Choudhury, aged about 16 years, came to my dispensary for intermittent fever, ill three days, on the 31st of January, 1897, at about 9:30 P. M., with the following history and symptoms: Type: Quotidian. Time: Before sunset. Prodrome: Chilly feeling since noon; tightness of head; yawning, but no stretching; aching of spleen. Chill:

Lasting for about an hour, moderate; no shaking; *no thirst*; horripilation. Heat: Not much; *no thirst*; continuous; sleep. Sweat: No sweat found after awaking. Apyrexia: Complete. Bowels open; one normal stool yesterday and one day before yesterday; urine colored; burning sensation during and after urination; tongue clean and moist; taste bitter; spleen slightly enlarged; no pain on pressure on epigastrium and right hypochondrium. Appetite, good. Sleep, good; since three or four days before the commencement of fever has been feeling a sort of bad taste in mouth in the morning as he feels now. Gets up at night twice to pass water.

Treatment: *Phos.* 30.

He was under treatment the following three days, getting only placebo, and returned thoroughly cured. Fever stopped the day he took the medicine; slight feverishness he got the next day, and got no more fever. Aching of spleen stopped the second day after medication. Nocturnal increase of urination, as mentioned above, ceased the following night after he used the medicine. He got dysentery the following morning, and the dysentery disappeared gradually, the medicine being kept stopped. One globule and recovery.

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### WHAT "WE" ARE SAYING.

"To day there is no subject which is giving the railway surgeon and his corporation as much annoyance as traumatic neurasthenia. It is perhaps costing railway corporations as much, if not more, to settle their neurasthenic cases than all others combined. A large per cent of these cases are purely imaginary."—*International Journal of Surgery.*

"Careful inquiry has failed to show that there is any case on record of a vegetarian dying of cancer."—*Chicago Vegetarian.*

"Instead of fighting among ourselves we must try our best to love each other as brothers and help each other as members of the same congregation."—*Indian Homœopathic Review.*

"From inspection of numerous question papers (of State Medical Examining Board), we know that questions are often impracticable in character, out of the proper bounds of the subject, or asked in obscure form."—*Phila. Polyclinic.*

"The public doesn't want cheap drugs, even at cheap prices, if it knows it, and it does hate to be swindled."—*Pharmaceutical Era*.

"There are still men of eminence in the profession who seem to think it beneath them to accept small fees from the poor; they prefer to treat them gratuitously in charitable institutions."—*N. Y. Medical Journal*.

"Nearly every city in this country boasts one or more medical journals, and the death of one seems to be the signal for two or three new ones to rise Phoenix-like from its ashes."—*Medical News*.

"In well regulated hospitals for consumptives contagion is almost unknown. Even the danger arising from dried sputa is much less than might be imagined, if the wild and exaggerated statements of enthusiasts and faddists should be accepted."—*N. Am. Jour. of Homœopathy*.

"Anyway, if we are candid, we must acknowledge that those who know the most about the germ theory of disease have still very many things to learn and some problems yet to solve."—*Maine Journal of Medicine and Science*.

"In New York it has already come. The great hospitals of that city are merely great medical 'department stores.' Enormous capital, a concentration of forces, and underpaid labor, have served to build up great institutions for the treatment of the sick, with which the neighborhood 'family doctor' is unable to compete. Thus is he driven into the ranks of the unemployed, and he finds his occupation gone."—*Medical Era*.

"It requires comparatively little skill and study to be a 'bacteriologist,' and probably more incomplete and unsound work is published on bacteriology than in any other science."—*Nature*.

"The wheel is now being introduced into the leading insane asylums as a great remedial agent."—*N. Y. Medical Times*.

"The attempt of some of our friends to unhorse the cyclists for medical reasons has not been altogether successful. For in this, as in other matters, the professional advice that we give is almost certain to be influenced by our own habits. The doctor who smokes, or who drinks coffee or whisky, sees no harm in it

for his patient; while if he is so very temperate as to be intemperate, he will deny all such luxuries to himself and to everybody else."—*The Clinique*.

"If examination be the *sine qua non* of a medical bill, why not make one that is exceeding difficult for one who is ambitious to become a member of a State Board?"—*Medical Arena*.

"No one can give a guarantee that the vaccine which he injects into the human system is absolutely free from taint. Therefore, he has no moral right, and should not have any legal right, to run the risk of rendering any member of the human family miserable under the plea of guarding him against another disease which may not be half as bad as the one he has transmitted."—*Medical Investigator*.

"Even so noted a pathologist as Professor Henage Gibbes, who long upheld the bacillus as a cause of tuberculosis, two years since acknowledged careful study failed to prove any basis for such contention."—*Medical Age*.

"The consensus of opinion among those who have had the widest experience with the disease (consumption) is against the theory of its contagiousness."—*Georgia Eclectic*.

"Patented medicines have this advantage over those not patented, *i. e.*, the medicines of the regular medical profession, in that they are paid for in cash, and at once."—*The American Homœopathist*.

"The fact, which admits of no doubt, that many persons, condemned by competent physicians to a life of incurable suffering, have been cured by means of prayer, led Charcot to investigate the subject, with the view of determining if possible the extent and limitations of the therapeutic miracle."—*Medical Record*.

"It is edifying to observe the exchange of mutually complimentary notices that go on between journals of a certain calibre. It displays that brotherly affection and discriminating appreciation which are lovely to behold."—*Cleveland Med. Gazette*.

"It is gratifying to know that that filthy bivalve, the oyster, whose proper function in the world is the consumption of the ooze and slime which cover the bottom of the ocean, extending to submarine plants, is rapidly creating such a bad reputation for itself that there is already a prospect that its consumption as

an article of food may be practically abandoned.”—*Modern Medicine.*

“Fees have of course been cut down by men eager to build up a practice, but only to their own detriment in the end. A doctor might as well make only half the visits as to die from overwork, and but little remuneration for his services.”—*Charlotte Medical Journal.*

“The little patient, four years old, had diphtheria, and on the previous day had experienced difficulty in breathing. At three o'clock that morning antitoxin had been administered by two well-known physicians, who waited, relying upon the antitoxin to relieve the laryngeal stenosis. Probably it would have relieved it if given time—but in the meantime the patient died. This is an argument for the *early* use of antitoxin in diphtheria.”—*Cleveland Medical Gazette.*

“There is a great difference in the quality of our brains.”—*Journal of Hygiene.*

For all which may the Lord make us truly thankful.

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## A HOMŒOPATHIC PHYSICIAN WANTED.

KINGSTON, Jamaica, 12th May, 1897.

Editor of THE HOMŒOPATHIC RECORDER.

For some time I have thought of writing to ask whether you could recommend a first-rate homœopathic physician and surgeon that would be willing to come out to practice in Kingston? He would have the whole field to himself, as there is not a homœopathic doctor in the Island, which has a population of over 700,000.

Kingston, the capital, is a city with a population of about 60,000, and has seventeen allopathic doctors, who have each a large practice, and some of them make fortunes after a few years' practice.

The scale of fees here is twelve shillings, or \$3, for each visit at the home of the patient, which includes medicine if he prescribes; \$1.50 for each visit on the same day after the first visit.

On a patient visiting the doctor at his office the usual fee is \$1, but in some cases \$1.50, which includes medicine.

There are, however, some doctors who charge the poorer classes two shillings, or 50 cents, at their dispensaries.

A homœopathic doctor with a New York degree had a large practice in Kingston, but owing to some professional and other indiscretions on his part had to leave the country.

A good man coming out would soon have a large practice, as there is little prejudice against Homœopathy, and there are a number who prefer homœopathic treatment to any other.

First-class board and lodging can be had for \$2.50 a day; private board and lodgings for \$30 a month.

The homœopathic doctors are debarred from holding Government appointments, but are allowed to practice under a law passed a year ago.

Our climate is most desirable, and the scenery beggars description.

A. L. HARRIS.

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#### HAHNEMANN'S BIRTHDAY IN INDIA.

A crowded meeting was held on the 11th of April, evening, at the Pabna local town hall, to commemorate the 142d anniversary of Dr. S. Hahnemann. Drs. J. C. Rai, L. M. S.; K. C. Majumdar, L. M. S., and K. L. Saha, the three leading homœopathic practitioners of the town, together with some of their allopathic brethren and a large number of pleaders and other gentlemen of the town, were present on the occasion. Dr. K. C. Majumdar, L. M. S., was on the chair. Bahu M. M. Chattraharty, M. A., read an essay, showing that Homœopathy, as a system of medicine, is not at all unscientific, as the exponents of the other system characterize it.

A few songs, composed for the occasion by B. C. Pal, were sung and were much appreciated by the audience. The meeting adjourned after a vote of thanks to the Chair.

A. C.

*Pabna, Bengal, India, June, 1897.*

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#### NOTE FROM "JUSTICE."

Editor of THE HOMŒOPATHIC RECORDER.

With reference to the article "The Homœopathy in Calcutta," published in your very esteemed journal of November 15th, '96, signed by Truth, I feel it my duty to say very humbly to one and all that until malice and backbiting be eradicated from gentlemen of any calling, and that with malice towards

none and charity for all, we should seek the triumph of our cause; then, surely, we will get a glorious victory or else there is no chance of any improvement in any cause.

Yours respectfully,

JUSTICE.

*Calcutta, India.*

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## ANOTHER WAY TO DO IT.

Editor of THE HOMOEOPATHIC RECORDER.

On page 236, of May 15, there appears a letter under the heading, "The Way It Is Done," which reminded me of two letters, handed to me, several years ago by the relatives of a man to whose bedside I had been called when he was on the very point of death from pulmonary consumption. Previous to my attending this hopeless case, he had been advised by some friend of his to try a Dr. C. F. Harrington, of Madison, Wis., who would surely cure him, as he had cured him and many others. All he had to do was to send "a lock of his hair" and a five dollar bill for diagnosis and medicine. As a drowning man in the agony of death before him will grasp for the last straw in his reach to save his life, so did this poor man, for a last resort, follow the advice of his friend by sending *a lock of hair* and *a five dollar bill* to the above address. And as the first prescription was not sufficient to cure the patient, a second letter with hair and \$5.00 was forwarded to that all-curing doctor. The first letter patient received in answer to his reads as follows: (No date given.)

ALBERT MUELLER.

"Your blood is low and rushes to the head; you have a little irritation in the bronchial tubes. Your lungs are not diseased organically. You have no disease of the heart. The stomach is weak. The liver is torpid and enlarged, causing a full distress feeling across you at times, at other times a faint feeling to pass over you. There is a garsy [greasy?] substance that rises from the stomach, irritating the bronchial tubes, causing a tightness in breathing. There is a calchus substance in the blader which effects the nerve-center, causing a weakness in the back and hips.

"Examination by

"DR." — — ———,

"Madison, Wis."

Letter No. 2. (Without date.)

MADISON.

A. T. MUELLER,  
Chicago.

“You have an irritation of the mucous lining of the head, which affects the bronchial tubes, with a little weakness of the upper part of lungs. Your lungs are not diseased organically. Your liver is more alive and the stomach is in a better condition. The condition of the head and throat causes you to cough.

“Examination by

“DR.” — — ———.

It was a great pity, indeed, that the second letter of the Dr. from Madison, Wis., with the medicine to cure the patient, was too late in coming. When it was left by the letter-carrier at the house of mourning with the crepe on the door patient was cured forever from all imaginary complaints diagnosed by means of a lock of hair by a far-off “cure all.” In reality, patient died from pulmonary consumption, in spite of Dr. C. F. H.’s diagnosis to the contrary. Now, why is it that such frauds will be sought and consulted often more than physicians of good standing and of honest principles? *Mundus deci qui vult.*

Respectfully,

Chicago, Ill.

E. G. H. MIESSLER, M. D.

## ARSENICUM AND IODINE.

By Ad. Alf. Michaelis.

Translated from *Medizinische Monatshefte* for THE HOMŒOPATHIC RECORDER.

As certain as it is that both the drugs here mentioned when used allopathically in large doses can injure the human organism most severely, because they are of themselves altogether foreign and inimical to it and are not found in it, just as sure and indubitable is it that when the same are used in proper and moderate doses, they become mighty and innoxious remedial agents in the skillful hand of the practitioner. We have not in them indifferent substances, but poisons, which, nevertheless, by their whole nature, are fitted to combat sufferings, especially such as are dangerous and obstinate. When used in excess, while arsenic, as is well-known, causes the properly dreaded oppression of the stomach, while the abuse of *Iodine* calls forth a

whole host of morbid symptoms which are collected together under the summary designation of Iodism, a state of chronic poisoning, which is dreaded like mercurialism or the chronic hydrargyrosis. In Iodism, the so-called Iodine-cold, is especially characteristic and appears first; another very troublesome concomitant is a catarrh of the stomach, more or less acute as it develops.

*Arsenicum* and *Iodine* are remedies which form excellent *complements* of one another, and on this account we desire to consider them in common and side by side and comparing them one with the other. While *Arsenicum* in its action represents more the active principle, *Iodine* in its fundamental character represents more the passive. In the vegetable kingdom we have a couple of remedies, between which quite a similar relationship exists—it is *Aconite* and *Belladonna*. *Arsenicum* resembles *Aconite* and *Iodine* resembles *Belladonna*.

The potencies of whose effect the writer has convinced himself by practice are the 3d. of *Arsenicum* and of the *Iodide of Potassium* even the 1 to 2 d., at times even strengthened by the addition of 5 to 10 drops of *Iodine*  $\theta$  to 10 grammes.

Since both these remedies are important polychrests, we can only treat them in our brief compass approximately as to their therapeutic value, and shall, therefore, only touch on some of their characteristic peculiarities and as to some of their qualities which have been little appreciated and known by others.

### Arsenicum

represents especially that pathological state of mind which does not permit the patient to be *alone*; the patients feel their need of having some one with them, and compare their state to that of a bad conscience. Others declare that their feelings are such as the murderer must have. Thus there are signs of deep depression and of painful melancholy. *Arsenic* presupposes deterioration of the fluids, disintegration of the blood—dyscrasy. It possesses anti-neuralgic virtues (similar to *Veratrum*) and it especially relieves faceache (*prosopalgia*) and toothache (*odontalgia*). Its chief symptoms are *burning, heat, unquenchable thirst*; especially do we find that the sores that can be cured with *arsenicum* have for their characteristic *a burning pain*. *Burning* in the stomach (with great anxiety and painfulness in the scrobiculus cordis) is also peculiar to the stomachic affections cured with *Arsenicum*. The fluent coryza peculiar to *Arsenicum*

has also *burning* (and chaps) in nose. Also *burning* piles are within the remedial sphere of *Arsenicum*. *Arsenicum* in alternation with *Apis* is a specific in *dropsy* following on *scarlatina*. (Dr. H. Goullon).

*Arsenicum headache* is described by Dr. v. Gerhardt as follows: Great heaviness of the head; pains in the head; beating headache, especially in the forehead above the root of the nose; violent megrim, caused by an irritated state of the ganglionic system; this can only be cured with *Arsenicum*. The hair is painful, the scalp, when touched, feels as if it was festering underneath.

Of the many morbid states cured with *Arsenicum* I would only mention the following: Chronic vomiting of food, *Cholera asiatica* (chief remedy); *Diabetes mellitus* (chief remedy with *Syzgium jambolanum*) obstinate, deeply-seated piles with burning pain on the anus; catarrhal inflammation of the eyes and the consequences of violent affectional emotions, which manifest themselves, e. g., by the delusion that the patient is being pursued, or by disturbed sleep with confused dreams.

#### Iodine.

In the domain of the action of *Iodine* we find especially *effects of a recent cold and catarrh of the respiratory channels*. The virtue which *Iodine* has so frequently proved in such cases may well be called specific. It is no predilection nor self-delusion which sings these praises of *Iodine*, but it is the final result of many years' experience with this medicine. Even a number of years ago I published this conclusion in a work, entitled: "*The Physiological and Therapeutic Effects of Iodine and of Combinations of Iodine.*" Many other and more or less indifferent remedies to which all possible symptoms and effects in similar or corresponding states have been ascribed are covered by the great remedy *Iodine* and are rendered superfluous by it. It would no doubt be found more easy and advantageous to be able to operate in certain cases with one well-known remedy than with a whole series of questionable ones.

The specific effects of *Iodine on the glandular system* have been so highly valued from olden time in the healing art, and are so generally acknowledged, that we may presuppose them to be known.

#### Features Common to Arsenicum and Iodine.

Both drugs influence first and foremostly the nervous system, thus they are neurotics; but they act by preference on the

central organs, the brain and the spinal marrow and while *Arsenicum* acts chiefly on the brain *Iodine* affects chiefly the spinal marrow. *States of irritation and of weakness of the nervous system* as a consequence of violent emotions or of sexual excesses form the most characteristic domain proper to this pair of remedies. The general phenomena show themselves as nervous excitability of various degree and pronounced neurasthenia. Chief symptom and especially characteristic in this debility and affection of the nervous system is *chilliness* or a *cold shiver* appearing localized in the spine between the shoulder blades, and when present in a high degree, extending even over the loins, *early in the morning on awaking*, or appearing almost in a moment *when waking up at night*, and lasting only a short time. In other cases it appears as *pain in the back* and *pain in the loins*, appearing in the morning after a night's rest, with a more or less severe *paralytic sensation*, so that an immediate movement is frequently impossible and the possibility of rising appears only gradually after repeated efforts. Both of these states are usually the consequence of onany practiced for years or of severely depressing affections of the mind, especially in consequence of sudden deaths. Both the remedies show a decided action on the *spine*. *Arsenicum* is more suitable for the inflammatory stage which is conjoined with pains, for states of irritation of the spine from the causes adduced above and at the same time for states of the brain arising from violent emotions (sleeplessness, frightful dreams, illusory ideas); *Iodine* is suitable for the states of painless debility consequent thereon, after *Arsenicum* has removed the symptoms described; it serves to give tone (strength and animation) to the nerves.

#### Differences Between Arsenicum and Iodine.

*Arsenicum* acts among other things in the direction of the formation of fat and the increase of muscular power, also toward the formation of blood. *Iodine* tends to increase the nervous force and to diminish the formation adipose tissue; thence a continued use of *Iodine* causes the mammæ to shrink, causes tumors to be reabsorbed, *e. g.*, that of the thyroidea (thyroid gland), which is known as *struma* (goiter); this reabsorbing virtue of *Iodine* is considerable.

*Arsenicum* has pre-eminently a *calming* and sedative influence, especially on the brain; it has therefore a certain antiphlogistic

character and corresponds, therefore, to an inflammatory state, a stage of *pain*. *Iodine*, on the contrary, exerts a strengthening and animating influence on the nerves, it is a real tonic for the nerves, and is, therefore, indispensable in a state of weakness in certain catarrhal states, just because these have their origin in debility, *i. e.*, a chronic debility.

*Arsenicum* acts more powerfully on the brain, *Iodine* on the spine, therefore it is also indispensable in *Tabes*, especially when this has a syphilitic basis.

The two remedies are faithful allies, which gladly assist one another with their forces and arms, and this in such a manner that *Arsenicum*, as the bolder and more aggressive champion, willingly hastens before, and after winning a victory transfers the defense and fortification of the position to its *Iodine*.

But they also appear conjointly on the field of battle, powerfully potentizing, or also modifying their mutual forces in *Arsenicum jodatium*. In this combination they have entered into a real marriage as between husband and wife, in order to energetically assault the worst foe of humanity, *pulmonary consumption*. This the author of this article has shown more fully in his treatise: "The Cure of Pulmonary Consumption Through Homœopathic Remedies," where he has characterized *Arsenicum jod.* as the chief remedy and specific against pulmonary tuberculosis.

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## HINTS FROM EXPERIENCE.

Translated from "Willst Du gersund werden for THE HOMŒOPATHIC RECORDER.

*Abrotanum* is an excellent remedy in chilblains, so long as they have not burst open. When they have burst open Drs. Dahlke and Kroener recommend *Nitri acidum*. In a predisposition to chilblains, *Abrotanum* may also be used as a preventative, beginning with September. *Platina* is the chief remedy with boys given to onany. Most homœopaths consider *Rhus tox.* and *Rhus radicans* as equal in their action, but this is not the case; *Rhus radicans* causes headache in the *occiput*, even in the nape of the neck, and from there the pains draw over the head *forwards*. The headache caused by *Rhus tox.*, however, is seated in the *sinciput*, *e. g.*, in the forehead, and proceeds thence backward. By observing this distinction, Dr. Korndœrfer has often

been able to distinguish in *Rhus radicans* the suitable remedy, and to successfully treat cases of typhoid fever in which all the symptoms pointed to *Rhus* and yet *Rhus tox.* refused to act. To alleviate the pains caused by affections of the eyes, Dr. Leser has found *hot water* often very effective. In photophobia of extreme violence the same physician has often seen good effects from *Calcarea carb.* Remedies corresponding to flashes of pain are *Zincum*, *Mezereum* and *Phosphorus*. Faceache which returns every morning is cured by *Nux vomica*.\* A patient had been suffering for a week from faceache, which was only alleviated by fresh water, which he kept in his mouth, continually renewing the same. *Pulsatilla* cured these pains in 24 hours. This remedy, as is well-known, shows amelioration in the cold, open air, because cold contracts the bloodvessels and so causes the blood to circulate more rapidly. In another case of prosopalgia which, strange to say, *was improved by chewing*, a cure was effected by *Natrum mur.* This latter remedy also cures that lancinating and boring pain in the eye which physicians call *Neuralgia ciliaris*; if the pains come and go with the sun, this is another indication for *Natrum*. When the stomach cannot digest fat food, *Carbo veg.*, *Ipecacuanha*, *Pulsatilla* or *Thuja* will effect a cure.

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### CURE OF HARDNESS OF HEARING OF MANY YEARS' STANDING.

By Dr. Goullon, of Weimer.

Translated from *Leipz. Pop. Zeitschr. f. Hom.* for THE HOMŒOPATHIC RECORDER.

Miss B., 50 years old, was under a severe strain in her earlier years, so that her nerves suffered severely. This showed itself now especially in the form of a hardness of hearing verging on deafness, in which, however—a point not unimportant in the choice of the remedy—the Eustachian tube was not affected, nor had there been any flux from the ear. Nor is there any structural change in the tympanum, which offers an almost normal appearance when viewed with the reflecting mirror of Troelsch. In other respects, Miss B., who is of a middle

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*Probatum est.* While translating this, an obstinate case offered, which was at once cured by two doses of *Nux* after having lasted with various homœopathic remedies over a week.—*Translator.*

stature, rather slim, is healthy and offers no special symptoms pointing to any definite medicine.

A specialist in such a case would have been quite at a loss; none of his usual remedies, whether electricity, perforation of the tympanum, or the use of the catheter would have guaranteed success in this case; yea, their positive injury would have been more probable than their use, leaving quite out of question the ear drops, which used formerly to play so important a part. For now danger is apprehended even from such 'drops' if they have the constituents of the former ones, on account of the danger of giving entrance to bacilli. Only preparations of *Boracic acid* find favor.

Homœopathy, however, is in the agreeable situation of doing absolutely no injury, while yet it frequently brings unexpected aid. This is the more to be appreciated, since the late Professor Weber-Liel acknowledges a pronounced progressive character in the disturbance of the hearing treated of, so that the ailment successively becomes worse until it passes into a totally incurable deafness.

I am not so arrogant as to assert that Homœopathy is always successful; but if we only occasionally see as striking an improvement in the hearing as in this case one feels richly repaid for many a lack of success, in cases where we may perchance not have selected the right remedy. And what is yet especially to be considered is that one and the same remedy effected a cure, and even after the first dose the change was noticeable to the patient and to those around her.

The remedy which acted so efficiently is, indeed, also one among the 12 remedies of Schuessler, called *nutritious remedies*, but it is a genuine Hahnemannian and is called *Silicea*.

The patient took only a small number of doses in comparatively greater intervals, *i. e.*, every eight days a dose of the 12 potency; this is a mode that ought always to be followed in such chronic ailments; but, as before remarked, the success was instantaneous, and even the most skeptical critic could not in this case speak of nature's cure, getting well of itself, suggestion or other cant phrases, but had to acknowledge that it was a cure effected by medicine.

*Silicea*, according to experience, is suitable to cases of hardness of hearing in older persons, with whom the auditory passage appears to be wider (because the softer, membranous integu-

ments, adipose tissue, etc., which serve to fill out, are beginning to waste away) and where there is a drying up of the tissues, in which, *e. g.*, the crystalline lens of the eye may take such a part that the formation of the cataract takes place, but especially the formation of the ear-wax diminishes, wherefore the auditory passage is found dried up. All these things, therefore, are so many indications leading to the choice of *Silicea*.

We have above mentioned the lack of certain symptoms, which are found in other varieties of hardness of hearing. But we must also mention a positive characteristic of our concrete case, namely, a buzzing which accompanied the disturbance of the hearing. This, as I had often before had an opportunity of noticing, was not removed by *Silicea*, but it remained at least perceptible, although the function of hearing had been almost totally restored.

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## A CONSULTATION.

By V. Neucker, Hom. Physician.

Translated from *Revue Homœopathique belge* for THE HOMŒOPATHIC RECORDER.

Consultations between homœopathic and allopathic physicians are very much like the encounters of dog and cat. But there are some cases in which the allopathic colleague sees himself swayed by the real superiority of our therapy, and he then blindly follows our decision, greatly to the benefit of his patient, but the cure he will, of course, always claim to himself. We can indulge him in this weakness, if only some valued patient may be benefited thereby.

Peter H., aged 45 years, light haired and corpulent, is extravagant in his consumption of alcoholic liquors, and has for eight days been suffering from violent colic with constipation, retention of urine, cramp of the bladder, with a rare discharge of burning drops of urine. The abdomen is indrawn from pain, but not hard, the bladder is by no means distended with urine; there is lack of appetite, repeated vomiting, light headache, the pulse is 90. The *Æsculapius* of the place, a friend of the master of the house, has been giving him heavy doses of *Laudanum*; there has been no stint of aperients, but neither the retention of urine nor the colic have intermitted; they even increase, and whether in the natural course of the disease, or rather from the

inordinate use of *Laudanum*, there is developed a constant delirium, with total loss of consciousness, entire cessation of the visual power, distended pupils, flushed face. Trembling of the lips, but no insomnia; if it had not been for the continued urging to urinate he might have been able to sleep. On the morning of the day on which I was called to consultation, the patient had three convulsive attacks. His state was considered quite critical; for, at the advice of the physician, they had thought of giving him the last sacrament. Several members of the family who had experienced the benefits of Homœopathy desired a homœopathic physician. Under these circumstances I was called in. Without settling on an absolute diagnosis, we agreed to ascribe the state of the patient to an abuse of alcoholic liquor. The delirium had not the characteristics of *Delirium tremens*; in my opinion it was either the effect of the medicine or the precursor of death. My honored colleague proposed the use of warm, softening compresses on the abdomen, and the internal continuation of his great panacea, castor oil. I could well agree to the harmless compresses, but I remarked that by continuing the use of castor oil we would overshoot our mark, for this could not succeed in removing the delirium, the convulsions and the retention of urine. I did not propose the use of pills, which would have been rejected; I asked my colleague whether he had not in his pharmacy the extract of *Belladonna* or the tincture of *Cantharides*. Whether he was worn out or hoped to see Homœopathy make a failure in this desperate case, my colleague consented without any objection to dissolve half a grain of extract of *Belladonna* in two ounces of water, and 2 drops of *Tinctura Cantharidum* in another bottle, to be given in hourly alternation. When we called next morning the patient was cured. Do you suppose that my honorable allopathic colleague is even at this hour aware that he has a whole arsenal of homœopathic remedies in his bottles? Do you suppose that he ascribes the above cure to Homœopathy?

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### AURUM MURIATICUM NATRONATUM.

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Translated from *Willst Du gesund werden* for the HOMŒOPATHIC RECORDER.

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#### CASE I.

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By Dr. H. Goullon, Hom. Physician in Weimar.

The interesting fact that *Gold (Aurum)* is able to cure *sterility* is proved by several cases, as it causes the integrity of the

uterine tissues, which is absolutely essential to conception; it thus removes considerable pathological changes of state and position in that organ in an easy manner. The remedy seems especially to be of great importance where there is a series of obstinate *mucous discharges from the vagina and the uterus*. I here desire to characterize more closely one of these cases and thereby perhaps to show more clearly the indications for *Aurum*. The remedy ought by all means to be tried in all those cases in which the homœopathic remedies before given, though they seemed to be clearly indicated, nevertheless did not produce the desired result. But to properly understand such cures it is absolutely necessary to be acquainted with the experience of Hahnemann as handed down to us, as well as to have a comparative insight into other medicines which are closely akin to *Aurum*. Among these we would number *Silicea*, *Mercur. corros.*, *Kali chrom.* and *bichromicum*, *Arsenicum*, *Acidum nitri*, etc.

Many homœopaths do not use *Aurum* as largely as this important remedy deserves, because in its physiological effects the remedy does not always produce exactly the image of the disease which we clinically have before us. So, e. g. the number of the *local* symptoms referring to the female sexual sphere is small. But the homœopathicity is in such cases found in the *moral-psychical* symptoms. And while there is no other remedy which in healthy persons so strikingly produces a state of *melancholy*, extending all the way from a slight mental depression even to the excessive height of suicide, so on the other hand there is no morbid process which is so much associated with oppression of the mind and with chronic melancholy, even to complete distaste for life, as that which depends on the female sexual organs; it being immaterial whether this process may be caused by a prolapsus, an introversion or a softening of the organ. Dr. Tritschler witnessed the curative action of gold, which in one and the same woman caused a morbidly *softened* paries of the uterus to become hardened (*i. e.* return to its normal firmness), while the other side, which before had been abnormally *indurated*, became softened in the sense of returning to its physiological integrity.

Now to the concrete case alluded to, which has been attempted in vain by several physicians with every imaginary remedy, although the ailment may be defined simply as *catarrh of the*

*vagina*, which after every menstruation had appeared with remorseless certainty for years and years in the form of a copious, weakening *Leucorrhœa*.

Mrs. E., of fine, pale complexion, moderately corpulent, daughter of a still living mother, who is afflicted with *cancer of the cervix of the uterus*, and who has undergone two operations on that account, traveled for pleasure in the Harz Mountains 5 years ago, soon after her marriage. The rough roads and a cold were blamed for the fact that she was taken sick on the road and returned suffering from jaundice. Misfortune threw her into the hands of a specialist, who diagnosed the case as constriction of the vagina, and then he commenced a torturing, brutal treatment by introducing instruments for enlarging it, which caused, not only a state of *vaginism* (neuralgia of the vagina), but also considerable hemorrhages. Since that time the lady has been disabled from coition and from this cause of itself given up to sterility. All imaginable internal and external remedies (among the latter I number injections with decoctions of oak-bark which were conducted almost to the time of my undertaking the case) had availed nothing. Homœopathy also had not shown any success. Remedies like *Sepia*, *Acidum nitri*, *Creosote*, *China*, *Pulsatilla*, *Mercurius præc. ruber*, *Hepar*, *Sulphur*, *Mezerum*, *Thuja*, *Arsenicum* and *Ferrum* had all been of no avail. Only *Natrum mur.* scored a temporary success, producing a *glassy*, pellucid mucus. Thus it came to pass that I had not heard of my patient for months, during which time she had also used the swamp-baths in Kissingen, which were said to have much benefited her. But they had not the least effect in the direction of checking the mucous discharge. After passing the winter as usual, my patient re-appeared. She still had the same weary, dark-rimmed eyes, the same pale mucous membranes and the same lament over her periodically aggravated vaginal flux. To this was added an abrasion in the groin and herpetic eruption on the lower limb, which caused me to give her first of all six doses of *Sulph.* d. 3.

I then caused to be prepared a fresh trituration of *Aurum muriaticum natronatum* d. 3, and of 30 grains I made six powders, directing the patient to take a powder every morning and evening. After several weeks she brought me the glad news that, to her great astonishment, after her last menstruation the leucorrhœa ceased to appear. Her almost blooming appearance

also tells of a change in her state. Up to this time no relapse has taken place and we may hope that *Aurum* has in this case effected a cure.\*

Second Case.—By A. Arnberg, Hom. Physician in  
Arnsberg.

*Aurum*, especially in the form of *Aurum nat. muriatic*, which is also used by various allopaths in their obstetrical practice, has, as is well-known, a very favorable action on the female sexual organs, especially the uterus and the ovaries. Simple swelling of the uterus, leucorrhœa, menstrual irregularities, the predominantly nervous consequences of displacements of the womb, swelling of the ovaries, etc., are within its curative domain. The success is undoubtedly greatest when at the same time the pathognomonic symptoms of the remedy are present. But I have also repeatedly given the remedy against such ailments without the pathognomonic symptoms and have in a number of cases had the satisfaction of seeing "sterility" springing from this source; among these is the following case:

The wife of a workman in a factory named Sch, was 29 years old, had been married five years without any progeny, and on this account asked my advice on April 30, 1890. The menses appeared regularly, but were very copious, and on the day before their appearance, as well as on the first day of their flow, they were accompanied with violent pains in the abdomen and back. On examination I found the uterus somewhat inclined forward, the vaginal part (*portio vaginalis*) enlarged in size, the mouth of the womb (*orificium uteri*) broad; no other guiding symptoms were to be found. My prescription was *Aurum natr. muriat.* 3 d. one dose three times a day, and when after a report of June 13 the menses had again appeared too copious, I gave on this day beside the other medicine also *Hamamelis* d. 3, with the direction to take also of this medicine three times a day one drop, but at the appearance of the menses 2 drops, but on the

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\* Hahnemann used the power of *gold* to produce melancholy with as much skill as good luck. In the third ed. of his "Materia Medica Pura" we read on page 103: "I delivered several persons who suffered of melancholy like that caused by gold, while they were thinking of suicide, by small doses of gold which during the whole cure did not contain more than  $\frac{3}{100}$  to  $\frac{5}{100}$  of a grain of gold." It is interesting to note that before Hahnemann, the Portuguese Zacutus tells us of "a nobleman who had been for a long time tormented with melancholy" and whom he cured inside of a month with the powder of gold ground off fine on a grindstone.

appearance of the pains 1 drop every 2 hours until the flow of blood should cease. The next report was on August 30, and stated that since 7 weeks, after having followed the directions for 6 weeks, the menses had been omitted; but since 3 weeks nausea, vomiting, some colic and moderate costiveness had appeared, which were all probably the consequence of the commencement of pregnancy. *Nux vomica* d. 6, which also in other cases in my practice has repeatedly been effective in removing vomiting during pregnancy, removed these ailments; the pregnancy and birth proceeded after this in a normal manner.—*Allg. Hom. Zeitung.*

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### CEANOTHUS AMERICANUS AND RANO BUFO.

Recently I had a wonderful case of supposed heart disease cured by *Ceanothus*. I am indebted to my friend, Dr. Burnett, for the suggestion of using *Ceanothus*.

A thin and haggard looking young man presented himself to my office on the 26th of July, 1896. He told me he had some disease of the heart and had been under the treatment of several eminent allopathic physicians of this city; some declared it to be a case of hypertrophy of the heart and some of valvular disease.

Without asking him further, I examined his heart thoroughly, but with no particular results. The rhythm and sounds were all normal, only there was a degree of weakness in these sounds. Dulness on percussion was not extended beyond its usual limit. So I could not make out any heart disease in this man.

On further inquiry, I learned that the man remained in a most malarious place for five years, during which he had been suffering off and on from intermittent fever. I percussed the abdomen and found an enormously enlarged and indurated spleen, reaching beyond the navel and pushing up the thoracic viscera.

The patient complained of palpitation of heart, dyspnoea, especially on ascending steps and walking fast. I thought from these symptoms his former medical advisers concluded heart disease. In my mind, they seemed to be resulted from enlarged spleen.

On that very day I gave him six powders of *Ceanothus Amer.* 3x, one dose morning and evening. I asked him to see me

when his medicine finished. He did not make his appearance, however, on the appointed day. I thought the result of my prescription was not promising. After a week he came and reported unusually good results.

His dyspnoea was gone, palpitation troubled him now and then, but much less than before. He wanted me to give him the same powders. I gave him *Sac. lac.*, six doses, in the usual way.

Reported further improvement; the same powders of *Sac. lac.* twice. To my astonishment I found spleen much reduced in size and softened than before; I knew nothing about this patient for some time. Only recently I saw him in perfect picture of sound health. He informed me that the same powders were sufficient to set him right. He gained health; no sign of enlarged spleen left.

#### Rano Bufo in Epilepsy.

A young boy, æt about sixteen, had attacks of epileptic fits since the earliest days of his life. He cannot say from how long he had that enemy with him. He came under my treatment in the month of April, 1880. I tried several remedies without much benefit. At last I was told that from his early boyhood he used to indulge in the habit of masturbation. His aura appeared from his stomach as he said, and the convulsion gradually took the shape of a regular epileptic attack. I decided upon giving *Rano bufo* a trial, and 6th decimal potency of the remedy was administered morning and evening. The fits disappeared after a week's taking of the remedy and did not appear since then. The boy was perfectly cured.—*Majumdar, in Indian Hom. Review.*

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#### A CASE OF DERMATITIS VENENATA DUE TO "SNOW-ON-THE-MOUNTAIN."

By George Thomas Jackson, M. D.,

Professor of Dermatology in the Woman's Medical College of the New York Infirmary.

Snow-on-the-mountain is defined by the Standard Dictionary as "a spurge of the western United States, sometimes cultivated for the curious, white-margined leaves around the flowers." Its botanical name is given as *Euphorbia marginata*. A great many of this family of plants are well-known to possess acrid quali-

ties, and to produce vesication and inflammation when applied to the skin. White ("Dermatitis Venenata," Boston, 1887) names several species as giving rise to dermatitis, but does not mention the one that produced the trouble in this case. So far as I have been able to ascertain, there is no report of this plant being dangerous to handle, and, as there seems no doubt that it did give rise to the inflammation of the skin in this case, it seems proper to report it. Gray, in his "School and Field Botany," describes the plant as follows: "It grows wild on the plains of the United States west of the Mississippi River. Leaves pale, ovate or oval, sessile, the lower alternate, uppermost in threes or pairs, and broadly white-margined. Flower cups with five white petal-like appendages behind as many saucer-shaped glands."

The subject of the poisoning is a gentlewoman who is very susceptible to drugs of all sorts, whether applied to the skin or taken by the mouth, and had been poisoned often by both the poison ivy and the poison dogwood. The poisoning took place in the country where she resides in the summer, a place that is peculiarly free from poisonous plants. As she had not walked off her own grounds for several days before the dermatitis set in, and is positive that she had not come into contact with poison ivy or dogwood, both of which she knows well by sad experience, there seems to be little doubt about the sequence of events now to be narrated.

On a certain Tuesday in September of 1896, a neighbor presented to the patient a bouquet of snow-on-the-mountain, the stems of which were well wrapped up in paper. The donor said at the time that she had been told that the plant poisoned some persons, and therefore she brought the bouquet herself rather than send it by one of the children of the patient. As the flower was beautiful, it was put in the water and set on the mantel-shelf. During the day, which was cool, a fire was burning on the hearth, before which the patient sat. She became warm and sweated freely. The next day her face felt hot and uncomfortable, and soon began to swell. From then on the swelling, redness, and vesiculation steadily increased. The eyes were closed, and the patient felt so ill that she thought of the possibility of erysipelas. Shortly after the face became swollen the same dermatitis showed itself on the hands and ankles, the swelling of the hands being so great that they could not be

used, while the feet became so painful as to render walking difficult. The inflammation was at its height in about four days, and then subsided, but it was several weeks before the skin returned to its normal condition.

The patient asserts that there was far more pain associated with this form of dermatitis than with that due to rhus poisoning, and that the swelling and vesiculation were the worst she had ever experienced.—*Medical Record.*

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### THE "VIRTUES" OF ANTITOXIN.

"After a mature and careful consideration of the career and merits of antitoxin we are fully satisfied that the results attributed to it and the favorable statistics shown by it are attributable, not directly or positively to the remedy, but to the associated agencies in the treatment."

"Whenever antitoxin is used little or nothing else is done in the way of auxiliary therapeutics. This is the important point. The latter is the cause of the successful recovery, should it take place, and not the antitoxin which has been injected."

"Diphtheria has always been regarded as a dreadful disease, and the physician has been influenced by and participates in this dread. He begins to attack the disease vigorously from the time of its origin and the consequence is that the patient usually succumbs to the deadly and unremitting assault of drugs and potions. The internal, external and eternal use of whisky, calomel, ipecac, Jaborandi, turpentine, tar, ammonia, opium, benzoic acid, Dobell's mixture, Loeffler's mixture, peroxide of hydrogen and a countless multitude of other things is what does the deadly work and not the disease. That diphtheria is nearly always an overtreated disease is beyond question. The fear and freaks of the physician are seen in their most exemplary form in this disorder. He becomes frenzied through his attempts to conquer the monster and the patient pays the penalty. We trust that the profession will pause a moment in its mad career and consider these suggestions. We are firmly convinced of the tenableness of the position here assumed and that antitoxin has achieved some success, because it embraced, unconsciously, in its regime a feature which is here pointed out. The treatment of diphtheria, according to the conservative and best informed elements in the profession, is to withhold drugs and assist nature and not cripple her."—*Charlotte Medical Journal.*

## A PODOPHYLLUM STORY.

It is almost impossible to enumerate the various diseases in which mandrake can be used, first or last; it would be easier to name those for which it can be of no use. But speaking of its employment reminds me of an incident that happened some years ago. A very talkative woman, something of a spiritualist, brought her husband into my office on account of some trifling ailment. Of course, the woman did the talking; she run along about him and his disease until I gave up the race in despair and declared myself handicapped and, to bring matters to a climax, remarked that I really thought she needed medical treatment more than he. This brought her to a sudden stop with the exclamation: "Well, what ails me?" And from her general looks of a regular *Podophyllum* patient I began describing the queer feeling head, sometimes aching, but hardly ever feeling right; coated tongue; a sense of chewing cotton batting most of the time; foul stomach, with bitter eructations, especially in the morning; pain, sometimes near liver, sometimes near spleen, but mostly under right shoulder blade; always a hard feeling over liver; periodic vomiting spells; bowels constipated most of the time, the stools being small, round balls almost white or clay color, followed occasionally in a few days by greenish, slimy diarrhœa; urine scanty and high colored, oftentimes as dark as blood; more or less aching in the limbs, and a tired, listless disposition, with inclination to sleep during afternoons. She looked upon me in perfect awe, and took me for the seventh son of a seventh son of a gun, and a spiritualistic seer 24 carat fine. And as I cured her by mandrake of course she knew it was the spirit that told me, how else could I know, never having seen the woman before??!! Had I explained that I got my knowledge from the yellow skin, the dark rings under her eyes, and general evidence of hepatic stagnation, why I wouldn't have been half so great a physician. —*F. A. Hanson, M. D.* ("Country Doctor"), in *Journal of Medicine and Science*.

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"POLYPHARMACY arose, not from an original demand of the profession, but in reality originated with a few *unscrupulous*

manufacturers who have gradually, by various methods, induced a certain portion of the profession to use their unauthorized preparations. In this way a demand has been created, and some physicians beguiled into encouraging this false system. Why this sort of pharmaceutical quackery has been so long tolerated by the colleges and the profession is difficult to understand. Nothing that has yet been done by its avowed enemies is so surely calculated to retard the steady and triumphant progress of Homœopathy as this insidious work of pharmacists. There has been an unexpressed feeling prevalent that this evil would soon be corrected through the silent protest and lack of patronage of the better class of homœopathic physicians. It was a false hope, and the time has come when some decided and unequivocal action should be taken by the profession at large, by our colleges, and by our teachers.—*Dr. Menninger, Am. Hom.*

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## JACARANDA.

By J. S. Whittinghill, M. D., McCutchanville, Ind.

Let me give the results of my experience with *Jacaranda*. I believe it to be a true specific for certain kinds of rheumatism. Its first trial was given a patient suffering as follows: She had had rheumatism for about ten years—never became serious. Sometimes she was nearly relieved from it; again lost much rest and sleep from it. Her wrist would become painful and very weak from ordinary labor. She always suffered very much in the morning upon any motion, and complained of being stiff. Had to have assistance in dressing. Upon sudden motion, sensation in the muscles as of tearing, and being bruised—even painful upon pressure.

I gave her different remedies as they seemed to be indicated, with no results towards removing the trouble. I thought there could be nothing lost by trying *Jacaranda*. It met with decided success. She was entirely relieved of muscular pains in a few days. Had the recurrence of some symptoms in about six weeks after; tried *Jacaranda* again with the same decided success. Some eight weeks have elapsed since, with no recurrence of muscular pains. I have tried it on three other patients with the same peculiar morning stiffness and soreness of muscles. All were relieved in a few days. They have no more muscular trouble. So

I put morning soreness and stiffness of muscles as the guide in prescribing *Jacaranda*.—*Eclectic Medical Journal*.

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WE will never have homœopaths like Dunham, Hering, Bœninghausen, Lippe and Jahr until the "Organon," "Chronic Diseases," and "Lesser Writings" of Samuel Hahnemann are studied as among the principal subjects in our medical colleges. It must not be taught by a student teacher. It must be assigned to the ablest man in the faculty, and he must have the co operation of every other member of that body. It must not be a secondary study; instead, it must be and is of the utmost importance, of primary worth, and must be taught every day of every session throughout the entire time of four years. The student cannot become too proficient in this knowledge. Nor would I limit the instruction to Hahnemann's writings alone. The classic works of Dunham, the exposition of homœopathic philosophy, and the art of its practice by Hering, Lippe, Hemple, Raue, Goullon, and a host of others should all be included under this subject.—*Dr. Menninger, Am. Hom.*

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## BOOK NOTICES AND GOSSIP.

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**The Homœopathic Therapeutics of Diarrhœa, Dysentery, Cholera, Cholera Morbus, Cholera Infantum, and all other Loose Evacuations of the Bowels.** By James B. Bell, M. D. Fourth edition. 316 pages. Cloth, \$1.50; by mail, \$1.58. Philadelphia. Boericke & Tafel. 1897.

A fourth edition of this famous old homœopathic classic is the best of evidence that Homœopathy is not "dying out," but, on the contrary, is waxing more vigorous as the years go by. Twenty-nine years have passed since the first edition was published, and yet, when the third edition was exhausted, the demand for the work still continued so steady that the preparation of the fourth edition was at once urged on Dr. Bell by the publishers and he rather reluctantly entered upon the work—reluctantly, because of his large practice and other demands upon his time. At the suggestion of the author the size of the pages was reduced to a compromise between the size of the first and that of the third edition; the result is a handsome and convenient

book, and one as thoroughly useful as it is handsome, for it is safe to say that there is not a case of disease in which there is loose evacuations of the bowels in which this book cannot be made to play an important part in the selection of the remedy. Bell on *Diarrhœa* is a book that has found a place for itself in the world, and it will be in active use long after the present generation has passed away; for is it not *soundly* homœopathic?

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**Hysteria and Certain Allied Conditions.** Their Nature and Treatment, with Special Reference to the Application of the Rest Cure, Massage Electropathy, Hypnotism, etc. By George J. Preston, M. D., Professor of Diseases of the Nervous System, College of Physicians and Surgeons, Baltimore, etc. 298 pages. 8vo. Cloth, \$2.00. Philadelphia. P. Blakiston, Son & Co. 1897.

Dr. Preston gives a historical review of his subject that is very interesting and follows with the etiology, pathology, symptomatology, disturbance of motion in all its phases, convulsive attacks, mental conditions, visceral and vaso-motor disturbances, differential diagnosis and, finally, treatment, including the various modes enumerated in the title. No drug treatment is given. Taken as a whole the book is a valuable contribution to the literature of hysteria, and the publishers have given it a fine dress.

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**Manual of Pathology.** By George F. Washburne, M. D., Professor of Pathology in the Chicago Homœopathic Medical College. 120 pages. Cloth. Chicago Medical Century Co. 1896.

A little work of eleven chapters on the elements of pathology, with quiz attached to each, that ought to be very useful to the medical student.

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“**Vaccination: Should It Be by Law?**” is the title of a 48-page pamphlet by Montague R. Levenson, M. D., of Fort Hamilton, N. Y., reprinted from the *Medico-Legal Journal*, and containing as a supplement several replies from physicians who oppose Dr. Levenson. The pamphlet is an unusually strong anti-vaccination paper, and might be read by all with profit; for there is no denying the fact that the subject is still a very open one,

and it is well to hear both sides. Among other things, Dr. Ancelet's work, published in 1859, which Dr. Leveson asserts has never been answered because it could not be refuted, is quoted to the effect that with the introduction and spread of practice of vaccination in France the proportion of deaths to the sick in the French army and in France had doubled and with no apparent cause save the practice of vaccination. In England the Registrar Generals' tables show that the deaths per million among children when vaccination was not compulsory were 4,083, which gradually rose as vaccination was more rigidly enforced until it reached 7,374 when the practice was rigidly enforced. Per contra, the other side, in the appendix, quotes figures to show how small pox has declined with the introduction of vaccination.

It seems to us that if the opposers of vaccination would admit—and the fact can hardly be successfully denied—that the vaccine virus does exercise a prophylactic power, and to a considerable extent lessens small pox, and confine their efforts to demonstrating the other fact—which, also, cannot be successfully denied—that the prophylactic causes more deaths and chronic ill-health than results from the disease which the great Sydenham said was “the most slight and safe of all diseases,” they would make more headway.

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**A Clinical Materia Medica.** Being a course of lectures delivered at the Hahnemann Medical College, of Philadelphia, by the late E. A. Farrington, M. D. Third edition, revised. 770 pages. 8vo. Cloth, \$6.00; *net*, \$4.80; by mail, \$5.18; Half-Morocco, \$7.00; *net*, \$5.60; by mail, \$5.98. Philadelphia: Boericke & Tafel: 1897.

The only difference between this third edition and the two preceding is that this one has been subjected to a thorough revision by H. Farrington, M. D., the son of the author, who compared the entire work, line by line, with his father's original manuscript lectures; by this means a number of minor errors were detected and so far the work has been improved, but essentially it remains the same magnificent work that has made it the favorite of all physicians. A recent writer, a German homœopathic physician, referred to “Dr. Farrington's *Clinical Materia Medica* which I consider as my homœopathic bible.”

It is a book so compacted with the fundamental truths of homœopathic materia medica that it will probably always rank among the standard text-books.

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**Organ Diseases of Women.**—Notably Enlargements and Displacements of the Uterus and Sterility, considered as curable by medicines. By J. Compton Burnett, M. D.

This is another of a series of small books of great value that has been given the profession by Dr. Burnett. The doctor in his preface says: "I hesitate no longer in sending these pages to the press, to try at least to show that medicines can restore enlarged and dislocated wombs to their proper size and position. I maintain, from ample experience, that enlargements and dislocations of the womb are, for the most part, perfectly amenable to our remedies; and, moreover, the task is not difficult. I have included the subject of sterility, as enlargements and displacements are very commonly its cause."

In the treatment the author is brief and to the point—every word counts. Among the remedies, for instance, suggested in prolapsus, are *Helonias*, *Alumina*, *Æsculus*, *Hypericum*, *Arnica*, etc.

Subinvolution and uterine hypertrophy were quickly and permanently cured, after surgical measures, like curettment, etc., had failed, by the use of *Fraxinus Americana*, *Thuja*, *Ignatia*, *Bursa pastoris*, *Pulsatilla*, *Urtica*, *Ceanothus*, *Triticum repens*, *Agrimonia*, etc.

The picture of the woman who continually prevents conception runs in this line: "Breasts shriveled, the fine bust is lank, and the woman becomes shockingly ugly; female characteristics disappear; she becomes hairy; the round, full limbs become scraggy and thin, and if obese, flabby, old looking; neurasthenia ensues; the once sweet woman is transformed into a wretch that is cross, irritable, miserable. The uterus, however, is the greatest sufferer. It resents the wrong done it by becoming enlarged, hard, gristly, tumorous, etc. The price paid is mental, moral, and physical deterioration and degradation."

The author proposes remedies for all of these ills, and we do not know where so much may be had for one dollar.—*J. K. S.*, in *Eclectic Medical Journal*.

# Homœopathic Recorder.

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## HOLD ON TO THE TITLE DEEDS.

The wheels go 'round. *Calendula* is one of our classic old homœopathic remedies, yet a modern homœopathic work, published not long ago, mentions it in a rather slighting manner—it doesn't kill microbes, therefore it is of no use. Comes the *Journal Belge d' Homœopathié*, for "Mars-Avril," to hand, and in it is a quotation, taken from an American medical journal, not named, but which we are told is "un journal qui n'a rien de commun avec l'homœopathié," in which the writer says that "*Calendula officinalis*, of which an excellent tincture is prepared by homœopathic pharmacists, has a powerful action on suppuration." The article is too long to quote and contains nothing new, but the gist of it is that the action of *Calendula* is to heal up the diseased pus membrane and to provoke rapid resorption; stimulates the proliferation of the corpuscles of the white blood (*blancs du sang*); leads to cure by first intention; causes granulation; prevents scars, suppuration and gangrene. That is a pretty good certificate of character for our ancient homœopathic *Calendula*, and the article seems to demonstrate that if our ultra-scientific homœopaths are willing to relegate *Calendula* to obscurity, the canny "regular" brother is quite willing to adopt it and claim it as his own. Better hold on to the title deeds of the old remedies, for if any of them get into the big "regular" text books they will become very fashionable.

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## IMPERIAL GRANUM.

We would call our readers' attention to the advertisement of that excellent article, "Imperial Granum," on page 9 of this number of THE HOMŒOPATHIC RECORDER. This standard prepared food for invalids and children has won the enviable dis-

inction of having successfully stood the crucial test of years of actual clinical experience in private practice, sanitariums and hospitals, while numerous competing preparations have appeared and disappeared—often so completely that even their names are forgotten. The Imperial Granum, however, enjoys so universally the confidence of physicians that its merits are beyond dispute. Moreover, the decision of its manufacturers, *not to publicly advertise it*, has secured for it the endorsement of even the most ethical members of the medical profession, who dislike to prescribe any article advertised broadcast to the people and profession alike. Physicians can obtain sample packages free, charges prepaid, on application to the Imperial Granum Co., New Haven, Ct., or John Carle & Sons, New York city, and we would advise all of our readers who are unacquainted with the preparation to send a postal request for a sample.

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### SOMETHING GOOD FOR THE OBSTETRICIAN.

The old mussy way of ligating the navel cord has been relegated to the past since the introduction of Pettit's Sure-hold Funis Clamp. It is certainly a very handy and useful instrument.

It is about one and three-quarter inches long and a quarter of an inch wide, is made of special metal, heavily nickel silvered, about  $\frac{1}{64}$  of an inch thick. It is handy to use; all that is necessary is to push the navel cord through the opening in the clamp, snap it together, and it does the rest. No article has ever been offered for the lying-in chamber that will please the doctor so much. It does the work in a second, and does it satisfactorily. This is a sure-hold, as the name implies, and there is no longer any use for string or tape.

Its design is elegant, and if appearance were all this alone would meet with the approval of the medical profession. They are packed two in a leatherretted slide box, in pink cotton, and when opened in the lying-in room look like silver jewelry. There is no printing on the box, and nothing could be more satisfactory in appearance. It is handsome and useful.

It has been introduced but a short time, and has already become a necessity. (See page xix.)

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At the banquet tendered to President McKinley, his Cabinet, ex-President Cleveland, the Grant family, the foreign Ambassadors and Ministers, etc., etc., on the occasion of the dedication of the Grant Monument in New York, on April 27th, G. H. Mumm's Extra Dry was used exclusively. It was also the only champagne served at the banquet tendered the delegation to the International Sanitary Conference at Venice, Italy, on March 27th last. Anyone who prescribes Mumm's will prescribe the right champagne.

WHEN a Simon-pure "biochemic doctor" follows the example of Silas Wegg and drops into poetry the effect is exhilarating and adds to the gaiety of the nations. One of them writes :

"Long have we suffered bondage,  
Of light there was a dirth."

The "dirth," however, was appeased, or satisfied, or lifted, or whatever else is required to do a "dirth" to death, when the ship of biochemistry

"Come bounding o'er the main."

When the cargo of light with which this bounding ship was freighted had been hoisted out of her hold, and paid duty, the following flashing gleam was found securely created and packed in straw: "My theory is that the particles of *Silicea*, being sharp-cornered, accumulate under the intelligent operations of nature's law of affinity or attraction and act as a lancet, thus cutting a way through the tissue, skin, etc., for the escape of non-functional organic matter." No wonder, then, that a ship freighted with such a cargo bounded! The only wonder is that she did not have an epileptic fit over the thoughts of the possibilities of a dose of *Silicea*. Suppose that instead of cutting through the tissue and skin it should take a notion to cut through the "etc." and let the "non-functional organic matter" therein escape! The skull, for instance.

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DR. FRANK KRAFT makes the following comments in *American Homœopathist* on Dr. Quay's recently published work on "Diseases of the Nose and Throat:"

"In his introduction, Professor Quay says that his little book is intended as a manual for students and practitioners. He makes no pretense of having covered all the ground of this specialty; and yet in looking over the index, and reading here and there, the impression is made that if not all, still the greater part of the specialty has been well covered. One of the admirable things in this little brochure is the very evident intent of the author to be frank and plain; he nowhere lugs in many pages of exploded theories to build upon for his present ideas. The student or practitioner finds what he is seeking, and at once, and is enabled to make prompt application of his knowledge. Like all specialty monographs, it deals wholly with the peculiarities and characteristics of this specialty—nose and throat; but Professor Quay does it in so very excellent a fashion that the whole—the patient—is ever before the student claiming attention. He seems, and, indeed, he does recognize that there is something else to his patient besides his nose and throat. His materia medica is up

to date—of this we can speak with assurance—and his descriptive matter and operations lack in nothing when compared with other books in our library on the same topic. The book is not large; it makes no pretense to being wholly original, but it is honest from cover to cover, and homœopathic. From Professor Quay's well-known reputation as a teacher in the Cleveland Medical College, and his felicity with his pen in journals, we feel safe in saying that his monograph will be highly appreciated by the practical part of our profession, and become a favorite in the class room and private office. The firm of Boericke & Tafel, having fathered the printing and publishing part, gives ample assurance to those who may not yet have seen the book that it is good from a professional standpoint (for B. & T. do not put the seal of their approval upon anything inferior), and as well a fine specimen of printers' art."

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THE following is clipped from a paper by Dr. Millie J. Chapman in the June *North American Journal of Homœopathy*, on "Fissures and Ulcers of the Rectum:" While any remedy may be needed, those oftenest indicated for the cases I have seen are, for fissures, *Nitric acid* when external to the sphincter. *Ratanhia* above when there is great contraction and long-lasting pain after stool. *Graphites* when the fissures exist but the sphincter is relaxed. All the more indicated if there has been previous use of knife or caustic leaving cicatricial tissue in rectum or cervix of the uterus. *Pæonia* for the fissure and ulcer where there is great oozing associated with great soreness and smarting. *Silicea* is well-known by symptoms of stool and concomitants. *Ignatia*, *Platina* and *Plumbum* must not be forgotten, and for ulcers, add to this list, *Sulphur*, *Mercurius*, *Æsculus*, *Hydrastis*, *Aloes* and *Lycopodium* and most cases will respond sufficiently to make surgical attention unnecessary.

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"A YOUNG but heavy woman, in passing from a steam launch to the dock, placed her foot between the boat and the timbers of the dock, and sustained a severe crushing of the great toe, the nail being pushed or torn off, and the toe badly "pulped." She suffered great misery and nightly pains for three years; the nail did not grow again, and she was incapacitated from walking most of the time, and could not wear a shoe at all. When the case came into my hands I finally selected *Hypericum*; improvement began at once, the hypersensitiveness disappeared, the nail soon began to grow, and she did not have one sleepless night after that dose; could wear her shoe with comfort. During the three years the nail bed and matrix was exquisitely sensitive, and she used the old nail as a shield for the toe, until the new nail began to grow, following the *Hypericum*."—*Dr. Pease, in Hahnemannian Advocate.*

## PERSONAL.

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Well, here's summer again!

While there may be ample room in the loft, the ground floor of medicine, they say, is uncomfortably jammed.

The new Chinese Minister refused to be fumigated in quarantine. Good for him!

Asheboro, N. C., wants a homœopathic physician.

To prevent wrinkles: Don't grow old.

The greatest of "authorities," the French Academy, greeted the proposals of steam power, gas lighting and electric telegraphing with "descriptive laughter," yet that body is quite as much of an authority as ever.

He who would be wise on horse-flesh will be vastly aided by Hurdall's *Veterinary Homœopathy*.

Koestlin has discovered bacteria in 91 per cent. of mothers' milk, and the question is, shall mothers be quarantined as a "menace" to the public?

"Doctors should check the growth of the idea that consumptives are dangerous pests."—*Am. Med. Sur. Bulletin*.

Drs. R. W. Martin & T. L. Adams have removed to Physicians' Office Building, 600-606 Chestnut street. "Conservative surgery of the rectum."

The *North American* thinks that the medical "politician" who fights his school's battles is a better man than the "shirker," who softly sneaks away when hard work is to be done."

F. H. Lutze, M. D., has removed to 212 Keap street, Brooklyn.

Dr. Alice Butterworth has removed to Chicago View Hotel, Madison street and Ashland boulevard.

The "Sick Man of Europe" must have had a dose of the simillimum.

You can tell there is trouble in Cuba by the smell of the current cigar smoke.

The Cleveland University of Medicine and Surgery and the Cleveland Medical College have consolidated under the name THE CLEVELAND HOMŒOPATHIC MEDICAL COLLEGE.

FOR SALE.—One set of Gentry's Concordance (cloth binding), in good condition. Price, \$20.00 net. Address M. R. F., care of Boericke & Tafel, 44 East Madison street, Chicago, Ill.

Dr. J. P. Sutherland has resigned the position of editor of *New England Medical Gazette*. Drs. John L. Coffin and Anna T. Lovering succeed him.

Dr. E. H. Linnell has success with *Chenopodium 6x* in diseases of the internal ear; it is worth looking up, especially in "torpor of the auditory nerve."

Noises in the ear of nervous origin may be hushed with *Passiflora inc.*

Dr. E. D. Franklin has removed to 325 W. 14th street, New York.

Well, what's the use? "Dr. Goloknow has found the cholera germ in the interior of eggs."

Boericke & Tafel have issued a new book catalogue. Get it; it's a good one.

Imperial Granum appears this month among the select group of advertisers in the RECORDER'S pages; it is one of the thorough-breds.

The fourth edition of Bell's *Diarrhœa* is out.

The "Homœopathic Health Coffee" easily leads all others.

"At the height of the business depression," wrote a financier the other day.

You'll be sorry if you don't attend that Buffalo meeting. Begins June 23d.

# THE HOMŒOPATHIC RECORDER.

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LANCASTER, PA., JULY, 1897.

NO. 7

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## SENECIO AUREUS.

By A. L. Marcy, M. D., Richmond, Va.

Having seen from time to time in your valued journal some pointers on the use of this remedy, I am prompted to add a few more, or verify those already named. A record of an experience of some years with this remedy in the treatment of "Diseases of Females," may be of benefit and profit to some one. The chief use of this remedy has been in the regulation of the menstruation functions. It can be truly said of *Senecio* that it is a "Female Regulator," the lines are clear cut and closely drawn; the result is prompt, when used by indications herein laid down. This remedy when better known will be used in cases where *Pulsat.* has heretofore been employed. There is the same general coldness, a nervous, restless, sleepless condition, debility, nausea, impotency, a feeling as if menses would appear. All conditions hang on this great function, "the menses." If this function is not abnormal, do not look to this remedy as a cure for your patient. In cases where menstruation has never been established, or where the periods are very irregular, either early or delayed, or flow may be scant, or profuse, of too long duration, or ceasing entirely, with or without cramps and pain, and very often with painful urination, whatever may be the combination and its train of attendant symptoms, *Senecio* covers all and will restore health where it is possible, the cure all depending on correcting this morbid and deranged condition of the menstruation. A few illustrations will show its range of action and the class of cases often cured with *Senecio*:

1. Young, pale, anæmic looking girls at the age of puberty, every exertion fatigues, more or less nervous, even to sensation of ball rising from stomach to throat, little or no appetite, a want

of desire to eat, nausea, hands and feet cold, always chilly, do not complain much of pain, but are weak, languid and grow thin. The menses may have been established, if so, it will be scant, either dark colored, or pale and watery, and of short duration, and occurring at irregular periods, or they may have never made their appearance. *Senecio* will do the work and banish all other symptoms.

2. We meet a class of cases in young misses who have been regular, but from some cause the courses have become very irregular or entirely suppressed. There is loss of appetite, nervous, sleepless, or in some cases they wish to sleep all the time, take cold easily, startled and frustrated at every slight noise, hectic flush, dry hacking cough, with expectoration at times of a yellow, sweet tasting mucus, often streaked with blood; a feeling of rawness and soreness of throat, pains through lungs, walks stooping, chest sunken, shoulders drawn forward. In fact, a complete picture of incipient phthisis. I have a number of times made great cures and won lasting praise by the use of *Senecio*.

3. This class of cases is for married women who have been confined and did not get up well, but remain weak and sick and good for nothing. The local discharge has lasted too long; there is lack of appetite, or the process of nursing so debilitates the mother it seems she cannot gather strength. Here is the place for *Senecio*.

4. Women who suffer from prolapsus, retroversion, dysmenorrhea, late or irregular courses; these cases are, I may say, *always* accompanied with chronic cystitis, a raw burning pain at neck of bladder, with frequent desire to urinate, and cutting pain at beginning and ending of flow. *Senecio* relieves all, tones up the whole system, restores the uterus to normal condition and gives health to the patient.

5. We are called to see a young Miss who, though past the age, yet has never menstruated; but who at times has the symptoms of the approach of the menses, yet they do not appear; they are pale and liquid, restless, sleepless, do not care to eat. Urine scant and high colored, or profuse and watery; this condition continues till abdomen bloats and gradually becomes very much enlarged; feet and limbs oedematous and, we say, a case of dropsy; all due to obstructed menstruation. What can be done? If you will give *Senecio* the dropsy will vanish, the menses appear and the bloom of youth rest on the brow of the fair one.

One more illustration and I have done. At the change of life, hot flushes, vertigo, with a feeling of a wave going from back of head to front, face flushed, great giddiness on stooping, desire for and better from open air. Mind often bewildered; she sits and thinks, but cannot tell what she is thinking about; these symptoms all come on suddenly and appear several times a day, and are all due to the non-appearance of the menses.

Enough has been said to show the range of the curative action of *Senecio*; also, to show that the prime and great action of this remedy is on the generative organs and their impaired functions. Much more could be said of this very valuable, but little used remedy—a remedy that in all probability not more than one physician in a dozen ever employed in the conditions as cited above. After using this remedy in just such cases as shown for a period covering over twenty years' practice, and noting its marked results, I think I can safely say it is the best single remedy for the treatment of diseases of females that we have in the whole materia medica. "Materia Medica," did I say, well, take yours and turn to *Senecio*. More than likely you say the remedy is not even mentioned. Well, that is what surprises me, when you come to look it up to find there are but two or three works that ever make mention of it. Allen's great "Hand-book" (a good work of reference) mentions it, but fails completely to give you the real pith of the curative virtues of this grand remedy. It is left to Hale's "New Remedies" to tell you what the real use of this remedy is.

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### SOME OF DR. AD. LIPPE'S KEYNOTES.

By Thomas Lindsley Bradford, M. D.

*Ipecac.* Flooding; the blood flows in gushes, bright red.

*Ipecac.* Nausea and retching from drinking anything cold, and from smoking tobacco. Horrid, indescribable pain and sick feeling in the stomach. (This sensation of nausea is often found with flooding in miscarriages. Constant nausea leads to think of *Ipecac*. It is the genius of the remedy. Br.)

*Ipecac.* Rattling noise in the bronchial tubes when drawing breath. (See *Bromine*.) Frequent attacks of spasmodic cough, shaking, racking, hollow, quickly following coughs from tickling in the upper part of the larynx, as from vapor of *Sulphur*, with expectoration of blood, with mucus, in the morning. Suffo-

cative cough, the child becomes quite stiff and blue in the face. (Whooping cough.) (I have often found *Ipecac* of use in asthma. Br.)

*Ipecac.* Great weakness and aversion to all food; nausea with all complaints.

*Ipecac.* Hæmorrhages from all the orifices of the body.

*Iris vers.* Headache, temples and eyes, with distressing vomiting of a sweetish mucus, occasionally with a trace of bile. (It is often useful in the sick headache of nervous women from reflex causes. See also *Bry.* and *Nux* where motion aggravates, and where there is great straining. Br.)

*Iodine.* (Transparent person with a ravenous appetite.)

*Iodine.* The mammæ dwindle away; become flabby.

*Iodine.* Goitre. Struma, enlargement and painful induration of the goitre. Sensation of constriction in the goitre. Swelling of the glands of the neck. Swelling of the thyroid gland. (The genius of the remedy is glandular swelling. Br.)

*Kali bich.* Violent pricking, stinging pain from the root of the nose extending over the left orbital arch to external angle of the eyes, with obscuration of sight as if scales were before the eyes; beginning in the morning, increases at noon and disappears towards evening. (Suppressed ozæna.)

*Kali bich.* Complete obscuration of sight (blindness) is followed by violent headache, compelling one to lie down, with great aversion to light and noise (blind headache). The sight returns with the increasing headache.

*Kali bich.* Periodical attacks of semi-lateral headache on small spots that could be covered with the point of the finger. Headache from suppression of the discharge from the nose. Ozæna. (From suppression of cold in the head—*China.*)

*Kali bich.* Watering, itching, burning in the eyes, heat in the eyes and desire to rub them. (See also *Puls.* The two remedies are *Kali* and *Puls.*) Redness of the conjunctiva.

*Kali bich.* The albuginea is a dirty yellow, and appears puffy, with yellowish brown points like pin heads.

*Kali bich.* Violent stitches in the left ear, extending into the roof of the mouth, into the corresponding side of the head and the same side of the neck, which was painful to the touch and the glands swollen. (In scarlet fever, croup, measles.)

*Kali bich.* Nose smooth and painfully dry; the air passes with great ease through it. (Dry nose with no air passing through it—*Nux v.*)

*Kali bich.* Stitches in the left ear and left parotid gland, with headache.

*Kali bich.* Tickling like a hair moving or curling itself in the top of the left nostril. Sensation of a hard substance up in the nose compels one to blow the nose, but there is no discharge from the dry nose. (This symptom with a moist nose—*Sticta pul.*) The septum ulcerates; round ulcer in the septum.

*Kali bich.* Scab on the septum. (Scab coming off, bleeding and forming again—*Thuja.*)

*Kali bich.* Discharge of hard elastic plugs (clinkers) from the nose. (See *Lyc. Br.*)

*Kali bich.* Tongue coated thick brown, as with thick yellow felt, at the root; papillæ elevated. Tongue dry, smooth, red, cracked (in dysentery).

*Kali bich.* Dryness of the mouth and lips only for a short time relieved by drinking cold water. (Clammy mouth, compelling patient to take small quantities of cold water often—*Puls.*)

*Kali bich.* Deep excavated sore, with reddish areola, containing a yellow tenacious matter at the root of the uvula, the fauces and palate presenting an erythematous blush. (Usually syphilitic.)

*Kali bich.* The posterior wall of the pharynx is dark red, glossy, puffed, showing ramifications of pale red vessels; on the middle towards the left side a small crack from which blood exudes. (A dangerous symptom.)

*Kali bich.* In the forepart of the palate are single circumscribed spots of the size of a barley corn, colored red, as if little ulcers were about to form.

*Kali bich.* The throat pains more when the tongue is put out. (Patient does not want to put the tongue out; in sore throat.) Discharge of thick yellow matter through the posterior nares.

*Kali bich.* (The genius of the remedy—inflammation—ulceration of the throat, membranous croup. I remember a case, years ago, where a child was given up to die; it was membranous croup. *Kali bich.* ix was given, enough dissolved to make the half tumbler of water yellow, and for a time a teaspoonful given every fifteen minutes, later less often. It was a fight for two nights and days, and then the child vomited half a cup full of softened membrane and got well. A persistent use of *Kali bich.*, first decimal trit., prepared in water, a teaspoonful every hour or two hours will usually be of great benefit. Br.)

*Kali bich.* (Is of value from abuse of lager beer by waiters, brewers, etc., or by habitual drinkers.)

*Kali bich.* Periodical dysentery every year in the early part of the summer.

*Kali bich.* Violent rattling cough, lasting some minutes, with an effort to vomit and expectoration of viscid mucus, which can be drawn in strings to the feet. (The ropy, stringy discharge from mucous membrane is characteristic of *Kali b.*)

*Kali bich.* Accumulation of mucus in the larynx causing hawking. (With difficult expectoration. Can neither swallow nor hawk it up.)

*Kali bich.* Sensation of lameness of the right arm as if it had gone to sleep. (Left arm—*Acon.*, *Lach.* Lameness on the arm on which one lies—*Nit. acid.*)

*Kali bich.* Pain the course of the left sciatic nerve extending from behind the great trochanter to the calf of the leg. Sciatica. (Pain in right sciatic nerve—*Tellurium.*)

*Kali bich.* Pain in the middle of the tibia. (Ask patient if he has taken *Mercury* or had syphilis. *Asafætida* and *Kali jod.* are important in ulceration of the tibia, when patient has had syphilis and mercurial treatment; they will heal the ulcers and remove pain, but often in such cases the result is irritation of the lungs, with phthisis supervening. Dangerous conditions.)

*Kali bich.* The gastric symptoms alternate with the rheumatic symptoms. (Very important.)

*Kali bich.* Dry eruption, like measles, over the whole body. (*Acon.*, *Kali b.* and *Puls.* are the three remedies for this condition.) Ulcers dry, form oval, have overhanging edges, a bright red inflamed areola, hard base, movable on the subjacent tissues; dark spots in the centre; after healing the cicatrix remains depressed. After an abrasion a swelling like a knot, forming an irregular ulcer, covered with a dry scab and painful to the touch; under the skin is felt a hard, movable knot like a corn, with a small ulcerated spot in the middle, where it touches the cuticle; the hard, knotty feel remains after the healed ulcer is covered with white skin. (An unhealed Hunterian chancre.)

*Kali bich.* The ulcers corrode and become deeper, without spreading in the circumference. (Very characteristic.)

*Kali bich.* Pains will fly rapidly from one place to another, not continuing long in any place, and intermit. (The pains in *Puls.* fly about, but not so rapidly as the *Kali b.* pains; they remain longer in one place.)

*Kali carb.* Falling off of the hair, especially on the temples, of the eyebrows and the beard, with great dryness of the hair, with violent burning, itching of the scalp in the morning and evenings; the scalp oozes if scratched. (Head full of dry dandruff.) (Greasy hair—*Bry.*)

*Kali carb.* Swelling like a bag between the upper eyelids and eyebrows. (In whooping cough.) Worse from 3 to 4 A. M.

*Kali carb.* Labor like colic with pain in the back.

*Kali carb.* Spasmodic asthma in the morning, relieved by sitting up and bending forward, resting the head on the knees.

*Kali carb.* During cough pain in the larynx, stinging in the throat, stitches in the right side of the chest, lower part; sparks dart from the eyes, wheezing in the chest. Asthma. (Stitches in left chest—*Chelidon*. In right—*Lyc*. The three important remedies.)

*Kali carb.* Pain in the small of the back after a fall. (Important in injuries of the spinal marrow.) Stiffness in the back; unable to stoop. (*Sulphur* patient cannot rise from a stooping posture.)

*Kali carb.* (The stitches in the chest are numerous small stitches like pin pricks; the *Bryonia* stitch is one sharp extended pain. The writer well remembers when Dr. Henry N. Guernsey asked him the following question: What remedy would you give for small, pin like stitches all over the abdomen? The answer was *Kali carb.* Dr. Guernsey said that these sharp stitching pains might occur in any part of the body in any kind of troubles. The sharp stitching pains, little stitches, pointed to *Kali carb.* Br.)

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## PRACTICAL NOTES.

### Clinical Indications for *Hydrastis Canadensis* in Bronchial Catarrh.

By C. S. Raue, M. D.

Dr. M. Saenger (*Centralblatt für innere Medizin*) has used *Hydrastis* empirically in a large number of cases of bronchial catarrh. He was led to its use through the decided improvement following its administration in a case of tubercular laryngitis and apex catarrh for a trifling hæmoptysis. The remedy relieved the hæmoptysis and also controlled a most tormenting cough.

The following paragraphs give Dr. Saenger's further experience with the drug:

“Although Dr. Saenger himself was properly skeptical as to this point, he tried *Hydrastis* on another phthisical patient, not for the purpose of checking hæmoptysis, but to mitigate a troublesome cough with great difficulty of expectoration. In this case, too, there was great improvement. For the most part, the sputa lost their purulent admixture and became thinner. The patient declared that the medicine had given him more relief than he obtained from the *Morphine*, *Codeine*, *Dover's powder*, *Apomorphine*, and other like drugs that had previously been ordered for his cough. His night's rest was no longer disturbed by coughing, he could breathe easier and deeper, he felt stronger, and he was better able to attend to his business. As in the first case mentioned, physical examination of the thorax showed a notable diminution of the bronchial catarrh.

“Subsequently Dr. Saenger used *Hydrastis* in a great number of cases of bronchitis, including those not dependent on tuberculous trouble. He found that in the initial stage of acute bronchial catarrh it was quite ineffectual, but that in the subsequent course of the disease it was beneficial, especially if the course was protracted and the sputa had lost their purely mucous character and assumed a muco-purulent aspect. He found the remedy particularly efficacious in chronic bronchitis, for it mitigated the cough strikingly, facilitated expectoration, changed muco purulent character of the sputa to a more mucous one, and decidedly diminished the physical signs.

“As compared with *Opium* and its derivatives, says Dr. Saenger, if *Hydrastis* is not quite so prompt in its action in checking the cough, it is more enduring and its final effect is greater, for it acts upon the cause of the cough, producing a more or less complete disappearance of the catarrh. As an expectorant, it is at least equal to the other expectorants and solvents that are in use. So far as can be judged from physical exploration of the chest and from examination of the sputa, it far excels the other anti-catarrhal drugs in use. He states that he could not do without *Hydrastis* now in the treatment of bronchial catarrh, acute as well as chronic, for it enables him to dispense with the use of *Opium* and its derivatives almost entirely in the treatment of tuberculous subjects.—*N. Y. Medical Journal*, No. 20, 1897.

### Prolapsus Uteri Cured by *Nux Moschata*.

Dr. Andrew M. Neatby (*Hom. Review*) cites the case of a woman, aged 30, who had been suffering from prolapsus uteri for several years, and was entirely relieved of her trouble by the administration of *Nux moschata* alone. Her chief symptoms were dragging pains in the back from the shoulders downward, a constant pain in the back below the waist, aggravated before each period, the latter very variable, sometimes a week too soon, sometimes a fortnight late, and at times too profuse. Headache in temples. Drowsiness at 9 P. M., and palpitation from exertion and on retiring at night. Dr. Neatby sums up the case with the following remarks:

“One leading indication for *Nux moschata* was the variability which characterized the menstruation. Farrington (‘*Clin. Mat. Med.*,’ p. 111) has noted the changeable character of the nervous symptoms of this drug. A variable humor is also recorded under *Nux m.* in the ‘*Cyclopedia*,’ (iii., 417, 423). It is further observable in the ‘*Cyclopedia*’ poisonings, that in many of the cases recorded the drug was taken under the impression that it was valuable in the treatment of various uterine troubles, such as delayed, arrested, or profuse menstruation, and leucorrhœa. Case 13, on p. 425, seems to show a marked action on the uterus and ovaries. A similar action is observable in Case 14, though there it is less striking.

“On p. 416 of the ‘*Cyclopedia*’ (vol. 3) there are two provings, in one of which menstruation was premature, while in the other it was delayed. In the latter when menstruation was due there was only a slimy discharge. It will be observed that in my case the period was preceded by leucorrhœa.

“Drowsiness, lassitude, and palpitation occur repeatedly in the ‘*Cyclopedia*,’ under *Nux moschata*.

“Irregularity as to time and quantity is noted by Lilienthal (‘*Hom. Therap.*,’ p. 733) as being characteristic of *Nux moschata*. The same author refers (p. 673) to this remedy under leucorrhœa in connection with prolapsus and palpitation.”

### Cantharides in Albuminuria.

The following account of the successful use of *Cantharides* tincture in epithelial nephritis is clipped from the *New York Medical Journal*, No. 19, 1897. Why the remedy was used in these cases is not mentioned. Every physician, whether homœ-

opath or allopath, is aware of the fact that *Cantharides* exerts a marked action upon the kidneys and genito urinary tract; that it produces strangury, retention of urine, albuminuria and even hæmaturia when incautiously administered. Knowing this, it would seem that a member of the physiological school of medicine would shun such a remedy in a case where the kidney was already the seat of parenchymatous inflammation, for fear of aggravating the condition. And yet the cases improved! We as homœopaths do not wonder; we leave it to the allopathic fraternity to keep guessing.

“ In the *Gazette hebdomadaire de médecine et de chirurgie* for April 11th Mademoiselle Antoinette Myszynska, an interni in M. Barth’s service, gives an account of experiments with tincture of *Cantharides* in the treatment of ten cases of epithelial nephritis. It was administered in doses of from six to eleven drops in a glass of milk. The patients were first put upon a milk diet, then on the ordinary diet of the hospital, a condition which conduced to a better appreciation of the effects of the tincture on diuresis and on albuminuria. During these investigations the same bottle containing the tincture was used, and the patients took the drug in the presence of the attending physician. In the ten patients treated the results were as follows: Rapid and complete recovery from a persistent albuminuria occurred in a malarial subject, forty years old; recovery from an excessive albuminuria, which had resisted all other treatment for seventeen months, in a tuberculous subject, thirty-three years old, with improvement in the general condition and fibrous cicatrization of the lesions of the third degree; improvement in three cases, which was interrupted by the departure of the patient against the advice of the physician; and, finally, negative results in five cases. These were: 1. In two artero-sclerotic subjects with lead poisoning, in whom the influence of the tincture was shown by a rapid increase of the albuminuria and an aggravation of the general condition. 2. In two cases of chronic epithelial nephritis in which the influence of the drug on the albuminuria was very nearly indifferent, without any injurious action on the general condition of the patients. 3. In a case of pulmonary tuberculosis with cutaneous torpor in which the administration of the tincture, by increasing the quantity of albumen passed, provoked a rise in temperature, the persistence of which made a cessation of the use of the drug necessary.

“In eight of the ten cases (all but those of lead poisoning) the tincture of *Cantharides* manifestly and rapidly increased the amount of the urine, and this increase persisted after the cessation of the drug and the suppression of milk in the patient’s diet.

“A new point observed,” says the writer, “was that, the tincture being administered in all cases at first with the absolute milk diet and afterwards with a mixed diet, the proportion of albumen decreased in spite of the suppression of the milk, and diuresis remained abundant.”

The writer then goes on to state that the appetite, as well as the entire general condition of the patient, was much improved. Where there was, however, artero sclerosis, the drug seemed to bring on uræmic symptoms (it is no wonder, judging from the doses administered). It was also particularly valuable in young subjects suffering from epithelial nephritis.

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### A PROTEST FROM DR. HINSON.

Editor of THE HOMŒOPATHIC RECORDER.

As a subscriber and reader of THE RECORDER for ten years past, I wish to enter my protest against such fanatical extravagance of speech as occurs in the article, entitled “A Consultation,” in the June 15th number, page 269. Seems to me the egotism of the writer fully equals the charged unfairness of the allopaths with whom he is thrown in contact. My experience with “regular physicians,” so-called, in consultation has been in direct contrast to that of the writer and, consequently, I have no interest or sympathy with his or any other physicians “dog and cat fights.” What we want in our medical journals is concise, accurate accounts of practical cases and not reports of ungentlemanly encounters. It is such literature and the spirit back of it which tends to keep up the complained of unpleasantness to a very great extent. If you see fit to publish this letter I am perfectly willing that it should appear over my signature.

Yours fraternally,

J. M. HINSON,

*Hah. Phila. '86.*

*391 Boylston Street, Boston.*

(The article referred to was by Dr. Neucker, and translated from the *Revue Homœopathic Belge*. We are inclined to think

that the remark objected to was intended to be taken in the Pickwickian sense by Dr. Neucker, as he also, in the same article, writes of his "regular" consultant as "my honored colleague."—Ed. HOM. RECORDER.)

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## MUCUNA URENS IN THE TREATMENT OF HÆMORRHOIDS.

February, 1897.

MESSRS. BOERICKE & TAFEL,

*Gentlemen:*—I have received your letter of the 12th January in regard to *Mucuna urens* bean, which I had offered previously to you.

Reading the list of remedies of your "Physicians' Price Current," I was very much astonished to meet with the name *Dolichos pruriens*, which the greater and modern authorities in botanical matters consider an identical plant with *Mucuna urens*.

You will meet the botanical description of *Mucuna urens* and *altissima* (two varieties) in the Flora of West Indian Islands, by A. H. R. Grisebach, p. 198 (Grisebach regards *Mucuna* and *Dolichos* as two different genus).

If one consider that there is a discussion upon this subject, and on the other hand that the mother tincture you possess is that which is made with the hair on the epidermis of the pod (*North American Journal of Homœopathy*, vol. 1, p. 209. *Allgemeine Homœopathische Zeitung*, vol. 53, p. 135. *Oehme, Hale's Amerikanische Heilmittel*, p. 242.), while the tincture which we employ is made with the pulverized bean (1:5 alcohol) enclosed in the pod of a special plant which grow in the calid regions of Venezuela I believe you must try the same tincture we use and the success will be that which we obtain.

I have used my tincture of *Mucuna urens* extensively in a great number of hæmorrhoids and with the most satisfactory results. It seems that the characteristic symptom or keynote is a sensation of burning. The hæmorrhoids may be or not in a great stage of development, there may be more or less blood, etc.

One can consider the *Mucuna urens* as a specific against the hæmorrhoidal diathesis. The diseases of other organs, depending upon that cause, liver, uterus (hæmorrhage) and intestinal affections, yield admirably to its use.

I have been treating recently a remarkable case of chronic ingurgitation of a testicle, small and infrequent hæmaturias, and

other intestinal troubles with a prominent symptom, the hæmorrhoidal state, which led me to use *Mucuna*, and in a few months I have obtained a perfect success.

The experiences have taught me, and I have the conviction that this tincture is a more perfect remedy for the cure of hæmorrhoids than any other remedy known. I rely upon it more faithfully than I do upon *Hamamelis*, *Aesculus*, etc.

Its pathogenetics are not known.

I frequently use the mother tincture in the hæmorrhoids, one drop daily. I seldom use the lower dilutions. *Mucuna* may be used also, and with success as an ointment.

The beans are very difficult to obtain; the plant has a single yearly crop. I will send you a little quantity by mail, in order that you may use it; afterwards, if you desire a greater quantity, I will be able to send you the quantity wanted, because the harvest time is approaching.

I remain yours most truly,

DR. G. DELGADO PALACIOS,

### TO ERR IS HUMAN.

Even the gentlemen of the American Medical Association, in matters scientific, are not free from error, as witness the following, clipped from the *Public Ledger*, Philadelphia, June 2, one of the most accurate of newspapers:

The section of the American Medical Association, devoted to *Materia Medica*, Pharmacy, and Therapeutics, convened in A. P. A. Hall, 1415 Locust street, yesterday afternoon, and was formally opened by the chairman, Dr. Warren B. Hill, of Milwaukee, who called the meeting to order and then welcomed the delegation present from the American Pharmaceutical Association.

\* \* \* \*

Prof. J. V. Shoemaker, of Philadelphia, read an interesting paper on "Celandine, its Pharmacology, Physiologic Action and Therapy." Specimens of celandine in the natural state, and prepared in a liquid solution, were exhibited. Celandine is a Russian herb, and in its native country is regarded as a certain cure for cancer. It has been brought to this country also, but its value as a healing remedy was questioned. Prof. Shoemaker, therefore, decided to give the Russian commodity careful study, and the results of his investigations were given in the paper.

He prepared a solution consisting of celandine, glycerine and distilled water. For many months he used the solution where possible, but all efforts to discover any healing effects failed.

Really, if the other papers read before the American Medical Association are no more accurate than this one that body had better take a long vacation. "Celandine" is the common English name for the drug that is known in medicine as *Chelidonium*, and has been in use from the dawn of history, being mentioned by Dioscorides and Pliny, and on down the line to the present day. It is a cosmopolitan plant; was known to the Greeks, to the Romans, the English, and grows abundantly in the United States. To call such a plant "a Russian herb" is a pretty bad break; it may grow in that country, but certainly is not a local plant.

Whether Celandine, or *Chelidonium*, "is regarded as a certain cure for cancer" in "its native country," Russia, or not is also an open question. In No. 30, 1896, of the *Deutsche Medizinal Zeitung*, Dr. Denissenks relates his experience with the remedy in the hospital at Bojansk in the treatment of cancer, and that, we believe, is all that has come from Russia on the subject. Needless, perhaps, to add that *Chelidonium* is one of our best proved remedies, and that the original proving may be found in Hahnemann's "Materia Medica Pura."

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## THE VIRUSES OF TUBERCULOSIS IN HOMŒOPATHIC THERAPEUTICS.\*

By Dr. Francois Cartier, Physician to the Hospital St. Jacques, Paris, France.

I must disclaim any intention of traversing afresh the pathogenesis of *Tuberculin*, or of instituting an examination into the various treatises put forth on the subject of the virus of tuberculosis by the allopathic as well as by the homœopathic school.

The materia medica of *Tuberculin* takes its rise in the complex result of the use of Koch's lymph, in experiments upon animals, and in certain symptoms observed by those who have experimented upon themselves with different products of tuberculous nature. I shall therefore indicate the published sources, and I specially desire to place before the Homœopathic Congress of London the tuberculous virus under certain aspects which are perhaps new; and if my conclusions seem somewhat paradoxical, I am content to accept, with a good grace, the criticisms of my colleagues.

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\* From the *Transactions of the International Homœopathic Congress*, 1896.

Fourteen years anterior to the researches of Koch, Hering, Swan and Biegler availed themselves, as a homœopathic remedy, of the maceration of tuberculous lungs, and of the sputa of tuberculous subjects.

Dr. Compton Burnett in his book "A Cure for Consumption," several years before Koch's experiments, noticed symptoms resulting from taking the preparation which he calls *Bacillinum*.

Drs. de Keghel\* and J. H. Clarke † instituted an inquiry into the symptoms produced by the employment of Koch's lymph in the case of tuberculous and non-tuberculous patients.

Dr. Mersch ‡ published a pathogenesis, based to a large extent upon that of Dr. de Keghel; it is an excellent work.

Dr. d'Abzeu, § of Lisbon, sent to the Tuberculosis Congress of 1895, at Coimbra, a study of the works of Koch and Pasteur, and an enumeration of the treatises published by homœopaths.

We must notice also an English translation of Dr. Mersch's pathogenesis, by Dr. Arnulphy, of Chicago, in which special attention is paid to the symptoms observed in healthy and non-tuberculous persons, with some original remarks about *Tuberculin*. It is published in the *Clinique* for this year (February, 1896).

Nor must we overlook a series of writers who have published isolated observations of the cases of persons cured with *Tuberculin*. Such are Drs. Lambrechts, Joussett, Zoppritz, Horace Holmes, Richardson, Young, Clarke, Pinart, Youman, U. H. Merson, Snow, Lamb, Clarke, Ebersole, W. James, Kunkel, A. Zöppritz, Steinhauf, Van den Berghe, &c.

Finally, for my own part, in my articles in *L'Art Médical*, published three years ago, and in the *Hahnemannian Monthly* (July, 1894), I have insisted on homœopathic action of the viruses of tuberculosis.

In certain of the pathogeneses of *Tuberculin* we find thrown pell-mell together symptoms appertaining to Koch's lymph, as well as others which belong to the product baptized by several names, such as *Bacillinum* and *Tuberculin*, in the recommendation of which Hering and Swan, and Dr. Compton Burnett, in England, have made themselves conspicuous.

\**L'Union Homœopathique*, vol. v. No. 3.

†*Homœopathic World*, vol. xxvi, No. 304

‡"On Tuberculin," an extract from the *Journal Belge d'homœopathie*, 1895.

§*Pathogenese, sua importancia.*

*Bacillinum*—since it must be distinguished from Koch's *Tuberculin*—is a maceration of a typical tuberculous lung.\* Koch's lymph is an extract in glycerine of dead tuberculous bacilli. The former is a compound natural infection; the latter is a product of laboratory experiment. In the one, various bacteriological species are associated which give, clinically, an appearance of cachexia and of hectic fever; from the other we may at times observe vascular, cardiac, renal changes having no connection with the clinical "syndrôme" of pulmonary tuberculosis. To place these products together in the same pathogenesis gives an absolutely wrong sense, and the fact that both contain Koch's bacillus gives no excuse for confounding them. In my opinion there are, from a homœopathic point of view, distinct differences between *Bacillinum* and the Koch's lymph.

Experimentally Koch's bacillus, like many other microbes, does not reproduce a clinical symptom-group; and we homœopaths must have an assemblage of clearly-defined symptoms before prescribing a poison on homœopathic principles. Such is unfortunately the case with many other microbes in pure culture. The experimental diphtheria does not resemble clinical diphtheria. The pneumococcus, pathogenetic of pneumonia, is met with in many other diseases, such as pleurisy, salpingitis, meningitis, etc. Koch's bacillus, too, sometimes remarkably mild in its effects, and seeming to meet with no reaction in the system, evolves aside as in the verrucous tuberculosis; while at other times nothing is able to arrest the action of this terrible microbe, and the world still waits in vain for the man who shall find the means of combatting it. The toxins of tuberculosis are far from reproducing clinical tuberculosis; yet even here we find a curious aspect sometimes assumed by certain poisons drawn from the pure cultivation of microbes. We cannot produce with *Tuberculin* symptoms analogous to those of real tuberculosis—as it is possible, for instance, to produce tetanus with the toxine alone, *Tetanin*.

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\* Dr. Compton Burnett, in his book, "New Cure for Consumption," p. 129, makes this remark: "The best way to get some really good *Bacillinum* is to take a portion of the lung of an individual who has died of genuine bacillary tuberculosis pulmonum, choosing a good-sized portion from the parietes of the cavity and its circumjacent tissue, as herein will be found everything pertaining to the tuberculous process—bacilla, *débris*, ptomaines and tubercles in all its stages (such was practically the origin of the matrix of my *Bacillinum*) and preparing by trituration in spirit. In this way nothing is lost."

As a general rule, in the case of a healthy man, Koch's lymph would not develop any reaction, its effects manifesting themselves in a febrile congestion, which betrays the presence of tubercles. In our pathogeneses (those of Mersch-Arnulphy), we note the following symptoms—"catarrhal pneumonia with soft hepatisation, and tendency to abscess formation; at post-mortems it is not a gelatinous or fibrinous exudation which oozes out from the alveoli, but an opaque and watery fluid; 'never,' so says Virchow, 'is there found the characteristic lesion of croupous pneumonia.'" A pneumonia from which issues an aqueous and opaque liquid! I confess I do not understand it.

Experimentally this same lymph of Koch gives symptoms of inflammation of the arteries which are not found in clinical tuberculosis.

Animals inoculated with progressive doses of *Avian tuberculin*, or with serum of tuberculous animals, undergo wasting and loss of appetite, and other general symptoms. They may die of cachexia, or may develop an isolated abscess; but they do not present characteristic symptoms as they would under the action of *Cantharis*, of *Phosphorus*, or of *Lead*.

Finally, inoculation with dead bacilli may produce real tuberculosis.

In the pathogenesy put forth by homœopaths, pulmonary symptoms do not occupy a prominent place. Dr. Burnett, who has experimented on himself with *Bacillinum*, notes at the end of his symptoms, after the headache, a slight and almost insignificant cough.

In explaining the clinical forms of infectious complaints, we are frequently forced to admit the increasingly preponderant part played by association of microbes—as it is the frequent case in diphtheria—and especially the modifications which depend directly on the disposition of the organ attacked, and not upon the action of the microbe itself.

An examination of the above considerations leads me to the following conclusions:

1. That the importance of the materia medica of the tubercular viruses ought not to be exaggerated. There are few characteristic symptoms to take off; it is more wise to guide oneself in the homœopathic application of the therapeutics by the clinical symptoms of the evolution of the various tuber-

culoses, rather than by the intoxication produced by their active products, the *Tuberculins*.

2. Koch's lymph, *Bacillinum* and *Avian tuberculin* must be studied separately, clinically as well as experimentally. *Bacillinum* presents symptoms very different from those of *Avian tuberculin*, and especially from those of Koch's lymph; and I intend to divide my remarks into three parts, corresponding to these three substances, which have actually become homœopathic remedies.

\*            \*            \*            \*            \*            \*            \*

At the time of the introduction of the ever-memorable Koch's lymph, there were included under the head of poisonings by this drug vascular lesions, as I have mentioned above, acute arteritis, arterio-sclerosis, changes in the vessels of the heart and the kidneys, and acute nephritis. Apropos of acute nephritis, the supposition was that the kidney became congested because of the presence in that part of certain tuberculous islets, and that the kidney responded, like the tuberculous lung, under the influence of the *Tuberculin*, by acute congestion.

However this might be, these vascular lesions drew attention to the homœopathicity of Koch's lymph in nephritis. Dr. Jousset has experimented in it with encouraging results, using homœopathic dilutions, in Bright's disease; and at the meeting of the Société Homeopathique Française on April 18, 1895, Drs. Tessier, Silva and Jousset, father and son, mentioned the diminution of albumen in cases of chronic and incurable nephritis, and the appearance of that substance in acute cases.

Dr. Arnulphy, in a series of articles in the *Chicago Clinique*, which I have read attentively, speaks favorably of Koch's lymph in homœopathic dilutions in cases of tuberculosis. Personally I have not used it, and I am loth to pass judgment on observations recorded in every good faith. I would merely remark to my honorable colleague that Koch's lymph was used in our school in all the homœopathic dilutions possible at the moment of its far-resounding discovery—a fact which he should know as well as myself. To mention only one instance—Drs. Simon, V. L. Simon Boyer and Chancerel used the drug at the Hahnemann Hospital in Paris at the time of the arrival in France of the first consignment of lymph from Germany; and I am nearly certain that there is not at this time a single country where homœopaths have not used this remedy in all the infinitesimal dilu-

tions. Homœopaths and allopaths have actually taken pretty much the same side as regards the primitive formula put forward by Koch (I am not now speaking of trials of new tuberculins); and Dr. Arnulphy would be fortunate enough were he able to revive its credit after its several years' oblivion as a cure of tuberculosis.

Clinically this lymph of Koch has led to wonderful cures in lobular pneumonia, for it produces pneumonia, broncho pneumonia, and congestion of the lungs in the tuberculous patient. Its homœopathic action would thus appear more trustworthy than its isopathic, and Dr. Arnulphy makes this remark: "I make bold to state that no single remedy in our materia medica, not excepting *Ipecac.*, *Iodine*, *Tartar emetic*, and even *Phosphorus*, approaches the singular efficacy of *Tuberculin* in well-authenticated cases of that affection (broncho pneumonia, be it) in the child, the adult, or the aged. Its rapidity of action in some cases is little short of wonderful, and all who have used it in this line are unanimous in their unbounded praise of its working."

The four cases quoted by Dr. Mersch (*Journal belge d' Homœopathie*, November, 1894, January and May, 1895,) are very instructive:

The first is that of a member of the Dutch Parliament who had contracted a pneumonia which reached a chronic stage. While undergoing a relapse his expectoration assumed a rusty-red color, which color disappeared completely in three days on treatment with *Tuberculin* 30th.

The second case is that of a person who was seized, after an attack of measles, with broncho-pneumonia. On the fifth day Dr. Mersch prescribed *Tuberculin* 6th. In a day or two the condition of the chest was completely altered.

In the third case an old lady was likewise attacked with broncho-pneumonia, together with digestive troubles, and was for a long time in a serious state. After the lapse of a single night, which was a rather distressing one, under the action of the remedy the amelioration was great, and it was with difficulty that Dr. Mersch found a touch of bronchitis in the very place where the day before he had heard nothing but the tubular *souffle*. The prescription ran: *Tuberculin* 6th, eight packets of ten globules each, one to be taken every two hours

Finally, in a fourth case, the patient was a lady of vigorous physique, and twenty-five years of age, who had capillary

bronchitis, combined with the symptoms of angina pectoris. Dr. Mersch had once more an opportunity of viewing with astonishment the rapidity with which the therapeutic action of *Tuberculin* may be manifested in such cases.

\*            \*            \*            \*            \*            \*            \*

*Bacillinum* deserves study from two points of view, isopathically in the treatment of tuberculosis, homœopathically in the treatment of affections of the respiratory organs without tuberculosis. To fully understand its action it is necessary to know with exactness its composition. Dr. Compton Burnett has christened it *Bacillinum*, because he recognized in its lower dilutions the presence of Koch's bacilli. As a matter of fact, *Bacillinum* contains in its elements everything that a cavity of a tuberculous lung is capable of containing; that is to say, many other things besides Koch's bacillus. The bacillus of Koch is feebly pyogenetic, and the purulent contents of the cavities include pyogenetic staphylococci and streptococci, to say nothing of the organic products which play a large part in the production of the hectic fever of tuberculosis. It is a combination of toxins, then, which constitutes *Bacillinum*, and especially of toxins of a purulent nature. I lay stress upon this last fact, as it goes to sustain the opinion that I hold on the action of *Bacillinum*.

The infinitesimal dose of Homœopathy is in no way inimical to the entrance of all the elements constituting a substance into its materia medica. The salts of potassium owe their effect to their base as well as to their acid; *Graphites* is analogous to *Carbo* and *Ferrum*, because it contains both carbo and iron; *Hepar sulphuris calcareum* acts by reason of its sulphur as well as of its lime. *Bacillinum*, then, combines in its action all its constituent products, owing its efficacy to its suppurative microbes as well as its inclusion of Koch's bacillus.

This method of viewing the matter, which is peculiar to myself, permits me to include in one and the same category the action of *Bacillinum* in consumption and its action in non-tuberculous bronchitis.

I have studied conscientiously the action of *Bacillinum* in tuberculosis, and I must confess that I am looking out still for an authentic case of cure by this remedy. Nevertheless, in the midst of the paucity of drugs for the treatment of tuberculosis, I am happy to state that *Bacillinum* has produced in my hands

considerable amelioration of the symptoms of this disease. Perhaps in certain cases it produces what Bernheim would call "la treve tuberculeuse." But sooner or later the drug, after ameliorating the symptoms, loses its effect, and the disease again gets the upper hand. I wish I could be as optimistic as Dr. Compton Burnett in his interesting book, "A Cure for Consumption;" but that is impossible.

In looking over my observations, I find that the symptom which has always undergone the greatest mitigation has been the *expectoration*. When *Bacillinum* acts on tuberculosis, the sputum is less abundant, less purulent, less green, and more aërated. It is this which has always struck me most in the action of *Bacillinum*. It is rarely that a patient satisfied with the remedy fails to remark, "I expectorate less." In cases of dry cough at the beginning of tuberculosis I have not noticed that the drug evidently arrests the tubercular process.

I would most severely criticise, as well for myself as for others, cases of so called "cure of tuberculosis." There certainly are persons in whom the disease does not develop. These may have been accidentally infected, and their phagocytes may have struggled against their microbe foe. But in the case of an individual in whom the tubercle finds a suitable field for development, it is the merest chance that he entirely recovers without ulterior relapse; mostly it is a seeming cure, caused by a time of pause in the microbial pullulation.

Last year I had under my care, at the Hôpital St. Jacques, a truly extraordinary case. It has been followed out by Dr. Jousset, by Dr. Cesar, head of the hospital laboratory, and by the house-physicians. It was that of a woman who entered the hospital suffering from influenza, and who, a few days after a slight amelioration of her symptoms, was attacked with a pulmonary congestion, clearly localized in the top of the left lung, and accompanied by all the clinical symptoms of tuberculosis—râles and moist crepitation, dulness, exaggeration of the thoracic vibration, nummular expectoration, fever, perspiration, spitting of blood—everything was there. Examination of the sputa showed distinctly the presence of Koch's bacilli. Everyone at the hospital diagnosed tuberculosis, myself the first. I gave her *Avian tuberculin* and in three weeks all the symptoms had disappeared. That woman left the hospital completely cured, and *a year afterwards* her health was still perfect. In my opinion this patient

never had consumption; she was attacked with pseudo-phymic bronchitis—a complication which is very often found with influenza, and which may very easily be mistaken for tuberculosis; and in spite of the presence in the sputa of Koch's bacillus I would not register it as a case of tuberculosis, because, in contradistinction to that single case, I could mention twenty cases of tuberculosis whose symptoms neither *Avian tuberculin* nor any other such drug has cured.

There is absolutely no connection between the clinical evolution of real tuberculosis and observations based on the autopsies of old persons whose lungs contain cavities, but whose death was not due to tuberculosis. To admit, with Professor Brouardel, that three-fourths of those who have died a violent death are possessed of tuberculous lesions, whose existence was not suspected while the subject was living, would be running absolutely counter to clinical experience. The time is probably at hand when the different kinds of tuberculosis will be distinguished and separated, as we distinguish and separate the varieties of serious pleurisy and purulent pleurisy, of broncho-pneumonia arising from the presence of pneumococci, of streptococci, or of staphylococci. Malassez has already described cases of pseudo-tuberculosis, or zooglic-tuberculosis, whose existence has only been acknowledged of late years. Courmont has discovered a pseudo bacillosis of a bovine origin. We have a pseudo-bacillosis of a strepto bacillary origin, not to mention the "professional" tubercloses, such as that to which persons are exposed who have to breathe the fumes of charcoal.

To return to *Bacillinum*, I consider this remedy as a powerful moderator of the muco purulent secretion of consumption. While diminishing the secretion it modifies the auscultation; there is less thick sputum, the cavities are drier, the peri-tuberculosis congestion less intense. The clinical symptoms follow those of the auscultation; as the patient expectorates less he is less feeble, coughs less, gains strength, and regains his spirits; but the tubercle remains untouched. The peri-tuberculous congestion only is diminished, as one may observe with the naked eye when Koch's lymph is employed in the amelioration of lupus. The peri-tuberculous inflammation disappears; the skin seems healthy, but the yellow tubercle remains as it was, and the patient is still uncured. Such are the limits I assign to *Bacillinum* in its action on consumption.

Far more potent is the part played by *Bacillinum* in non-tuberculous pulmonary affections, for the simple reason that the struggle is with a less redoubtable opponent. Ebersole, Young, Zöppritz, Burnett, James, Holmes, Jousset, Steinhauf have published cases of the cure of acute bronchitis, influenza, diarrhœa, syphilitic eruptions, cystitis, ringworm of the scalp, nephritis, idiocy, retarded dentition, cretinism, gout, rheumatism, etc., with *Tuberculin* or *Bacillinum*.

If we wish to prescribe *Bacillinum* successfully in non-tuberculous affections, we must observe, on auscultation, symptoms analogous to those which are perceptible in tuberculosis. The peculiar characteristics which indicate *Bacillinum* for non-tuberculous maladies of the respiratory organs are, in my opinion, the two following: The first is *oppression*; the second, *muco purulent* expectoration. These two phenomena show themselves always in the last stage of tuberculosis; that is to say, together with the products contained in the preparation of *Bacillinum*. *Dyspnœa resulting from bronchial and pulmonary obstruction caused by a superabundant secretion from the mucous membrane is marvellously relieved by Bacillinum*. I put forward this fact, not on the evidence of a single isolated observation, but on that of several cases conscientiously studied. Such expectoration leads to the auscultation of sub-crepitant râles, sounding liquid and gurgling, having some analogy to the moist sounds of tuberculosis.

This power of *Bacillinum* to relieve oppression in pulmonary catarrh is in no way surprising from the point of view of the law of similars; for in the acute and infectious stage of tuberculosis the dyspnœa is a characteristic symptom, and is far more distressing than the cough. I have read with pleasure in the work of Dr. Mersch, of Brussels, on *Tuberculin*, of a fact which corroborates my statement as to the influence of *Bacillinum* over catarrhal dyspnœa. After the sixth dose the patient, who was suffering from bronchial asthma, was seized with violent intercostal pains, with augmented cough; but the oppression entirely disappeared after the first day, and did not return even three months after the treatment had ceased.

In *L'Art Médical* of January, 1894, and in the *Hahnemannian Monthly* of July, 1894, I published the case of an old man of eighty years of age, suffering from broncho-pneumonia, who, in the last stage of asphyxia, had been saved by *Bacillinum*. Two years ago I was called upon to treat another octogenarian who,

as the result of a cold, developed an obstruction in the bronchial tubes, and at the basis of the lungs. He passed sleepless nights in a sitting posture, striving to draw deep inspirations. *Phosphorus*, *Arsenic*, and *Stibium* produced no relief. I gave him *Bacillinum* 30th, and he slept the whole night through. Doses of this remedy, administered at longish intervals, always produced a remarkable amelioration. Last year I was called to the house of an upholsterer. He preferred not going to bed at all to passing the night in bed without closing his eyes. He had humid asthma with incessant cough, which ended by causing him to eject thick yellow and puriform mucus. For eight days he took *Arsenic* and *Blatta*, and for a whole week he passed the nights without sleeping. From the day he took *Bacillinum* he was able to sleep. I saw him again this year in good health. Once or twice he was attacked with the same bronchorrhea, and had my prescription made up at the chemists, with the same success. This year, too, I have given *Bacillinum* to several patients at the Hôpital St. Jacques for the same symptoms, and it has never yet failed me.

When I am called upon to treat a patient suffering from an obstruction of the bronchial tubes occasioned by mucus, which is frequently thick and opaque and puriform—an obstruction extending to the delicate bronchial ramifications, and causing oppression more frequently than cough, I turn my thoughts at once to *Bacillinum*. *Bacillinum* is a drug for old people, or, at any rate, for those whose lungs are old; for those chronically catarrhal, or whose pulmonary circulation is enfeebled without regard to the age of the subject; for those who have dyspnoea, and who cough with difficulty from inaction of the respiratory ducts; for the humid asthmatic, the bronchorrheal, who feel suffocated at night; and, finally, for those who, after taking cold, are straightway attacked with pulmonary congestion. Here, I believe, is the exact sphere of action of *Bacillinum* as a homœopathic remedy.

*Bacillinum* has been stigmatised as an unstable product. I consider this reproach ill-founded. *Bacillinum* is no more unstable than *Psorinum*, which is an approved remedy in Homœopathy. Typical tuberculous lungs contain practically almost invariable elements. Do not the microbes produced by cultivation and the animal extracts show any variation in quality, and do they not change in the long run?

Like most homœopathists who have made use of *Bacillinum*. I think it is best given in the high dilutions and at long intervals. Dr. Compton Burnett and Van der Berghe recommended the higher potencies—the 1000th, 100,000th, etc., whereas I content myself with the 30th, which satisfies every requirement. As regards the intervals which must elapse between the doses, certain writers recommend from one to two weeks. In acute cases I generally give six globules of *Bacillinum* 30th every two or three days; and in chronic cases of tuberculosis, etc., one dose about twice a week.

We are no longer permitted to include in the same description the tuberculosis of birds and that of mammals. Although the

*	<i>Tuberculosis of Birds.</i>	<i>Tuberculosis of Mammals.</i>
Aspect of cultures.	Extreme softness on glycerine jelly or on serum.	Human tuberculous growths are adherent, hard and difficult to break up even with a strong platinum wire on glycerine jelly as well as on serum.
Medium of cultures.	Transferred from a solid to a liquid medium the bacillus grows rapidly, having the appearance of rounded grains.	Cultivation more difficult.
Temperature.	Develops at a temperature of 45° C.	Ceases to develop at temperatures under 41° C.
Odor.	Somewhat sour.	More subtle and fresh odor.
Duration.	Takes longer to develop, and may remain for a year or thereabouts.	Is with difficulty generated again at the end of six months. At the end of eight or ten months loses its vegetable character.
Seat of the tubercles.	In animals usually on the liver, the spleen, the intestines, and the peritoneum.	In the lungs, generally in men, and in certain animals: in the spleen, the liver, and the glands in rabbits and guinea-pigs.
Transmissibility.	Only from one bird to another, except in the case of the parrot.	Mammals are unaffected by the tuberculosis of birds, and <i>vice versa</i> .

\*I have tabulated shortly their various characteristics.

two bacilli, as far as form and color are concerned, are absolutely identical, the evolution of the two forms of tuberculosis presents characteristics so different that we are forced to study them separately. At this day the debate is a question of words, and experts discuss whether there are two distinct genera or merely two different species.

It is this characteristic of non-transmissibility from mammals to birds, and *vice versa*, which forms the chief difference between the two kinds of tuberculosis. Strauss failed in his endeavor to inoculate a fowl with tuberculosis by injecting fifty kilogrammes of tuberculous human sputa, whereas the fowl, absolutely impervious to human tuberculosis, became infected when treated with a very slight quantity of the avian tuberculosis. The guinea-pig, so sensitive to the human microbe, presented encysted abscesses when treated with the virus of birds; it dies of cachexia, but never, as far as the naked eye can discern, of generalised tuberculosis. Rabbits are more sensitive to the avian infection. Dogs are absolutely refractory. The monkey, so delicate in our climate, and which almost invariably perishes from tuberculosis, is uninjured by inoculation from avian virus. The parrot is a remarkable exception to the general rule; it is the only bird which resists avian tuberculosis, while, on the other hand, it is sensitive to that of man. Such facts as these irrefutably differentiate the two kinds of tuberculosis.

Ever since this variety of tuberculosis has been distinguished, attempts have been made to inoculate or cure human tuberculosis with that of birds. In our school the thing has been attempted at the Hôpital St. Jacques, where *Aviaire* has been administered in homœopathic dilutions, in potions or through punctures in cases of consumption. As a matter of fact, neither allopaths nor homœopaths have succeeded in obtaining a formula which will cure consumption with the virus of birds. Amelioration has been noted as with other remedies, but never a series of authenticated cures. Nevertheless, in every country experiments are continually being made; we must hope that they will end in a more decisive success than is at present the case.

Hoping to profit by the homœopathicity of an active virus, I was, I think, one of the first who employed *Aviaire* in non-tuberculous respiratory affections on the lines of *Bacillinum*, and I am bound to say that up to the present my faith in the law of similars has not been shaken by my experiments.

In *L'Art Médical* (August, 1895,) I published a number of cases in which I successfully treated localised bronchitis, generally the result of influenza, and reproducing the symptoms of tuberculosis, with *Aviaire*. The most characteristic of all these observations is that of which I have spoken above. The patient was restored to health as if by magic with *Aviaire* within three weeks. Dr. P. Jousset, anticipating my observations, thus expressed himself in the number of *L'Art Médical* preceding the one which contained my remarks: "A young woman entered the Hôpital St. Jacques at the end of January, 1895, with feverish influenzal bronchitis. At first the patient was treated with small doses of *Sulphate of Quinine*, and a little later she took *Ipecac.* and *Bryonia* alternately. The fever disappeared and the general condition improved considerably, and the sub-crepitant râles became confined to the top of the left lung. The patient continued to expectorate thick nummular and puriform sputa, as in the influenza. After some days the disease resumed its sway, the bodily forces diminished, the emaciation made great progress, and local and general signs indicated rapid consumption. Bacteriological analysis led to the detection of numerous Koch's bacilli. I gave over the case at this time, and some weeks afterwards I learnt with surprise that the patient was well and growing fat, and that the inoculation of the sputa had produced no effects. The cure has been maintained for three months, and the young woman has resumed her employment." I had prescribed *Aviaire* 100th, five drops a day, during the whole period of the disease, unaccompanied by any other remedy. As I have said before, more than a year afterwards the young woman continued in good health.

Following this case, Dr. Jousset quoted two analogous instances in his practice, both of influenzal bronchitis, in which the sputa contained, for a certain period, Koch's bacillus. One was cured with *Aviaire* 6th and strong doses of *Sulphate of Quinine*, and the other with *Aviaire* 6th and twenty drops of *Tincture of Drosera*, a day.

"What conclusions must I draw from these facts?" says Dr. Jousset. "That the avian tuberculosis cured the consumption? I have failed too often in the treatment of ordinary consumption with this remedy to admit that." That is my opinion also.

Koch's bacillus has been found in the nasal secretions of healthy hospital nurses, and of students of medicine. as noted

by Strauss. Would it not be possible to come across it accidentally in certain kinds of expectoration, just as the pneumococcus is found in saliva?

In one of the numbers of *La Médecine Moderne* of last year there appeared a short article on the "Influenzas known as pseudo-phymic." The writer remarked on the strong analogy which certain complications of pulmonary influenza presented to acute tuberculosis. He observed, among other forms: 1st. the influenzal bronchitis which affected one of the summits of the lung, the most difficult form to diagnose from tuberculosis; 2d, the broncho-pneumonic form; 3d, the pleuro-pneumonic form, bearing a close resemblance to tuberculous pleurisy. I might remark that this last form is still little known and ill-defined. The influenza microbe always imitates to a remarkable degree the microbe of tuberculosis in certain instances; and if we wish to effect a cure on the laws laid down by Hahnemann in certain forms of influenzal bronchitis, we must frequently seek for the simillimum in the virus of tuberculosis.

I have mentioned oppression as one of the characteristics of *Bacillinum*. Now influenzal bronchitis is markedly accompanied by an incessant cough and by grave general symptoms. There is more frequently acute than passive, obstructive and dyspnoëic congestion. I am inclined to prefer *Aviaire* to *Bacillinum* in such cases, and I should like to briefly touch upon certain cases in my practice.

I have under my care a little girl of twelve years of age who has for two years developed an influenza which rapidly leads to pulmonary symptoms, always distinctly localized in the top of the left lung. The mother is tuberculous, and the child, who was born with forceps, has her left chest less developed than her right. The congestion which accompanies the influenza is sudden and severe; within twenty-four hours the lung is invaded, and fine râles are soon heard. Twice running, at intervals of a year, *Aviaire* root has stifled the symptoms in a few days. I have seen an analogous case, only with congestion of the base of the lung.

In my clinical report of the Hôpital St. Jacques (in August, 1895), I note ten cases of acute influenzal bronchitis with incessant cough, fever, and expectoration, rapidly cured with *Aviaire*. This year I have prescribed it with the same success as at the Hôpital St. Jacques in cases of influenzal bronchitis, with active

congestion. I will mention two cases of the pulmonary complications of measles which were rapidly dissipated by this remedy; but I must also mention a third case of measles in which *Aviaire* failed, and *Bryonia* proved successful. The child had an acute rubeolic laryngitis, and few pulmonary symptoms. *Bryonia* was in this case more decidedly indicated than *Aviaire*.

The dilution of *Aviaire* which I have always used is the 100th. I give usually five drops a day.

It seems that *Aviaire* does not act in diminishing the cough like an anodyne or a narcotic, but braces up the whole organism. The relief of debility and the return of appetite are the phenomena which I have observed in conjunction with the diminution of the cough.

I have given *Aviaire* 100th for weeks, and even for a month, regularly every day, without having observed excitement or aggravation. It would thus appear to be a remedy of long lasting action, capable in certain cases of modifying the organism, and of bracing a constitution which has become enfeebled from the effects of influenza or of suspicious bronchitis.

In contrast with *Bacillinum* I have noted, in my observations on *Aviaire*, considerable cough and little dyspnœa—an acute, inflammatory, extremely irritating cough, such as one meets with in acute diseases, or in sub-acute affections, in young people; a cough which fatigues, and which leads to enfeeblement and loss of appetite—in a word, a suspicious cough. To conclude my remarks the utility of *Aviaire* in *suspicious bronchitis*—an expression on which I again lay stress—I will recall certain indubitable examples of the cure (at the Hôpital St. Jacques) of bronchitis or of pulmonary congestion at the top of one of the lungs, or of bronchitis on one side only, or of congestion predominating on one side. These localizations on one side are sufficiently grave symptoms to warrant apprehension of the hatching of tuberculosis.

If I were myself attacked, as the result of influenza of measles, or of some weakening malady, with an incessant tickling and stubborn cough, with certain closely localized pulmonary symptoms; if I lost my strength and appetite; if, in a word, I were attacked by bronchitis whose upshot was highly doubtful, and which caused apprehension of tuberculosis, I should not hesitate a single moment, with the examples which I have had before me, to try *Aviaire* 100th upon myself.

Such is the conclusion of my clinical observations made at Hôpital St. Jacques in August, 1895.

What I said last year I can only repeat with renewed confidence in this; and I hope that the years which follow will not cause me to alter my opinion.

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### LYCOPODIUM.

Translated for THE HOMŒOPATHIC RECORDER from *Willst du gesund werden?* April, 1897.

According to the experience of homœopathic physicians, *Lycopodium* is most useful with men and with patients (also children) who have a bright mind joined to a weakly body. The *Lycopodium* patient shows the well known "fullness;" he comes to his meal with a good appetite, but a few mouthfuls make him quite sated; sour taste, sour eructation, sometimes also sour vomiting; constipation with ineffectual urging, and a sensation as if something had remained behind, because during evacuation the colon and the anus morbidly contract. After meals the patient is sleepy. Frequently he feels a burning between the scapulæ. He feels worse in the latter part of the afternoon (from 4 to 8 o'clock); he is inclined to enlargement of the veins (on the legs, the anus and the genitals). There is generally a red, sandy sediment in the urine. The ailments are on the right side. *Phosphorus* has aggravation of the symptoms from lying on the left side.

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### PRACTICAL HINTS.

From *Willst du gesund werden?* April, 1897.

Restlessness, a burning nature of the pains and aggravation after midnight are characteristics for *Arsenicum album*. In many cases also the periodicity of the pains points to it. *Hepar sulph.* is first to be given in the higher attenuations to *prevent* suppuration; later on in order to *quicken* the suppuration, in more massive doses. *Acidum benzoës* in chronic arthritic rheumatism, having the following symptom: *The urine is brownish-red in its color, like brick dust mixed with water,* with a neutral reaction. Such urine, therefore, neither colors the red litmus paper blue, nor the blue litmus paper red. It has a penetrating ammoniacal odor. Dose: 2 D. every day, as much as will lie on the point of a small knife. According to Farrington we may differentiate

between *Arsen. alb.* and *Secale corn.* also in their effect on gangrene by the fact that the burning pains in an *Arsenicum* case are relieved by warm or hot water, but in *Secale corn.* by cool compresses. Dr. Burkhard, of Berlin, in the last number of the *Berliner Zeitschr.* calls attention to *Curare* in diabetes; he uses the 4th trituration. The sugar in the urine disappeared and this in some cases even without attention to any particular diet.

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### NEWS ITEMS.

From *Willst du gesund werden?* April, 1897.

The new chancellor of Russia, Count Muravieff is, according to the *Pharm. Zeitung*, a zealous adherent of Homœopathy.

The *cultus ministerium* in Prussia has issued a decree which makes new rules as to the privilege of homœopathic physicians to dispense their own medicines. According to this decree such physicians require not only a testimonial of their proficiency to be obtained after passing an examination, but they also require a *special permit from the minister*. Dispensing medicines without such a permit draws after it even a permanent exclusion from this privilege, besides exposing the physician to a fine for the unauthorized sale of medicines. All homœopathic physicians, however, who have hitherto dispensed their medicines without the permit of the minister, receive this permit at once, unless there are particular reasons for withholding it.

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### IMPROVEMENT AFTER EATING.

Translated for THE HOMŒOPATHIC RECORDER from *Willst du gesund werden?* April, 1897.

There are four homœopathic remedies which show an improvement after eating: *Anacardium*, *Chelidonium*, *Graphites* and *Petroleum*. A case of a cure with *Chelidonium* was reported lately by Dr. Berlin (in No. 2 of this volume). In the cure now given by Dr. Dahlke we again find the symptom: The ailment disappears during dinner, but returns after two hours. A man aged 31 years had for several years been troubled in his stomach. In the last three weeks there had been an essential aggravation. Three or four times a day he had an attack of pains, a sensation of fullness and constriction, taking his breath away; this lasted for a quarter to half an hour; he would then sit bent double and press on his abdomen. Sometimes there is a sensation of weak-

ness in his abdomen, as if it would drop down; there is no vomiting, but loud eructations; lack of appetite; constipation. The pain is alleviated for some time by eating, he therefore purposely eats more frequently. There is nothing that can be authenticated, except a sensitiveness to pressure in the pit of the stomach. In the last two weeks he has lost ten pounds of his weight. On the 13th of October, 1894, he received *Anacardium* 6, twice a day. On January 29, 1895, he called on me on account of his sister. He reported that he had had no further trouble in his stomach.

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## PILOCARPINUM.

Dr. Frohling.

Translated for THE HOMEOPATHIC RECORDER from *Allg. Hom. Zeitung*.

In the January of last year I treated teacher E. in Boeckingen for severe *articular rheumatism*. The disease proceeded with *severe ill-smelling sweats*, and with a pronounced nocturnal aggravation, wherefore I chiefly gave *Mercur. sol.* 12. I can most warmly recommend this remedy in such cases. The cure of the articular rheumatism very soon commenced. But one symptom remained which would not yield, *i. e.*, the *severe sweats*. In other cases of articular rheumatism, connected with severe sweats, as the cure proceeded under *Mercur. sol.* I generally also saw the severe perspiration come to an end. But it was not so in this case. Though the patient felt himself thoroughly recovered from articular rheumatism he kept continually sinking lower owing to the debilitating sweats, which especially at night were so severe that the shirt had to be changed three or four times. I prescribed *Sambucus*, etc., and also frequent ablutions, but all without effect. The state remained the same for weeks. In my trouble I remembered that *Pilocarpinum* is by all means the remedy which acts most strikingly on the secretion of the sweat glands; I therefore prescribed *Pilocarpin. mur.*, 4th trituration. And lo and behold, the remedy operated with striking rapidity and efficiency. For immediately after the first doses the morbid secretion of perspiration ceased entirely and the patient soon made a complete recovery. This really splendid result caused me to use *Philocarpin.* frequently in similar cases where morbid and disagreeable secretion of perspiration showed itself, and I must confess that the remedy hardly ever has left me in the lurch.

**HAMAMELIS IN RENAL HÆMORRHAGE.**

By Paul Reichert in Wolgast.

From *Leipz. Pop. Z. f. Hom.*, February, 1897.

Eight weeks ago I ordered some extract of *Hamamelis* at Dr. Schwabe's Central Pharmacy in Leipzig, because it had been recommended me in renal hemorrhage. It was my father, an old man of sixty-three, who was affected by these renal hemorrhages; they had been caused by renal calculi and had continued then for ten weeks. In vain he had been treated most assiduously by three physicians; the hemorrhages could not be stilled, so that my father had in consequence become very weak. Taking a teaspoonful of extract of *Hamamelis* five times a day checked the hemorrhages, so that we were really speechless at this wonderful action. Besides this the wonderful effect of this remedy was *permanent*. Since two months my father has completely recovered, and his urine is free from blood or albumen. Be so kind as to publish this cure, as many, even physicians, may be benefited by a better knowledge of this remedy.

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**PSORIASIS.**

By Dr. C. E. Wheeler.

The following case possessed some interest for me, as the first of the kind that I have treated with an internal remedy only:

A. M., a girl, six years old, was brought to me on April 9th suffering from psoriasis guttata. She had had one attack previously, twelve months before, and had been under treatment for some weeks. This time the disease had only just begun. There was one patch on the left knee the size of a four shilling piece, two other smaller patches on the same leg, and one just commencing on the right knee. The general health was good.

Though I had never before treated psoriasis without external applications, I did and do regard them rather as confessions of weakness. This being a mild case, I thought I would try for a week at least with internal medication alone. I prescribed *Arsenicum* 6, three drops three times a day, making no alterations in diet or mode of life, and at the end of the week the skin was quite clear. Of course this was quite a slight attack, and it

may be contended that it would have cleared up if untreated. It may be so, but in 1896 the child was affected for several weeks, and the eruption, when I saw it, struck me rather as commencing than as disappearing. Of its nature I have not the slightest doubt. The spots were few, but absolutely characteristic. I gave *Arsenicum* 6, because of my success with that dilution in another case, where the child was covered from head to feet, and had been under treatment for four years without ever getting clear. There I used external applications of ungu. chrysarob., as well as giving *Arsenicum* 6, but I am inclined, nevertheless, to attribute a good deal of effect to the internal remedy, for it is practically certain that the same ointment had been used during the four years of treatment, but the child was not cured thereby. Psoriasis in my experience is difficult to cure. When I was at St. Bartholomew's a large number of cases of this skin disease used to come up for treatment. They all got liquor arsenicalis, two drops three times a day, in an alkaline mixture. I never saw any case benefited unequivocally by the drug—indeed it was that experience, supplemented by the utter failure of the 3x trit. in my hands on more than one occasion, that led me to try a higher potency. My cases, since I have tried dilutions 6 and upwards, have been as yet too few to warrant a dogmatic statement, but so far I have done much better as far as psoriasis is concerned than when I used the 3x trit. or the liquor arsen.—*Monthly Homœopathic Review*.

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“A. B., baby of nine months; dentition, diarrhœa, green stools flecked with mucus and blood. *Aconite* and *Ipecac*, also *Chamomilla* 2x medicated pills failed. After five days' duration, improvement set in within six hours upon *Aconite* 1x and *Ipecac*, drop doses of the tincture.”

“M. C. A persistent, violent, bronchial cough resisted *Kali bichromicum* 3x, but yielded to 20 grains of the 2x in one-half glass of water, two teaspoonfuls every fifteen minutes.”

“M. T. A dry, racking cough, with chest soreness, yielded in three hours to *Bryonia*, drop doses every half hour, when *Bryonia* 3x had failed.”

“When you are sure you are right, stick to your remedy,” is a good precept for lecture room or medical meeting. But when a patient is clamorous to be at work again, and twenty-four

hours bring not the slightest amelioration, theory, potency, or the doctor has to give way."—*Sarah M. Hobson, M. D., in N. E. Med. Gaz.*

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IN the first stage of pneumonia no other treatment is needed (than *Veratrum vir.*), for if used soon enough the whole disease may be aborted. A blacksmith came to me with inflammatory rheumatism of the right shoulder, which was bright red, immobile, and very painful. *Veratrum vir.* and *Ferric phosphate* 12x enabled him to go to his work in two days with a sound arm. A lady who chilled her wrist and arm while hanging out clothes on a cold day had acute inflammatory rheumatism of hand and arm; also another had the same trouble with her left shoulder from exposure. Both these cases were relieved in about three days with *Veratrum vir.*—*Dr. C. S. Pratt in N. E. Med. Gaz.*

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RHODODENDRON  $\theta$  IN RHEUMATIC HEADACHE.—Child  $\text{\ae t.}$  10 years. Gouty heredity marked. Has suffered for several years, and being in a wealthy New York family has had some of the most prominent old-school physicians. All tried various means to eliminate uric acid, but nothing cured. Well during summer, but for several years has suffered intensely during winter months. Last year the pains were general and shifting—sometimes sciatica, sometimes intercostal—but in bad weather never absent. This fall it took the form of prostrating headache, incapacitating her for school work or any active life while they lasted. Eyes were found normal in every way. *Pathogenetic Symptoms:* While the sun shone she was comfortable. If it stormed or threatened storm she was miserable. If she had a headache on a stormy day and the sun came out, in ten minutes she was relieved. If the rain or snow returned, at once the headache reappeared. *Remarks:* A cold day, especially if damp, was almost as bad as a storm, but in warm weather she was always free from suffering. *Rhododendron*  $\theta$ , first a few drops in a glass of water, gradually increasing to five drops  $\theta$  *t. i. d.*, has in three weeks perfectly cured her to all present appearances. She never thinks of minding the weather or missing school. It has apparently acted as the best of tonics, restoring color, strength, spirits and animation.—*Dr. E. V. Moffat, in N. Am. Journal of Homœopathy.*

DR. CANDY was consulted by a lady who presented a verrucous tumor of the neck attached by a small pedicle. It was of the size of one's thumb, and if pulled caused a pain to shoot through the side of the head. She suffered occasionally from lancinating pains commencing in the growth and radiating into neck and head or down into chest. It was impossible to rest on that side. *Thuja* 6 was given internally, and one tenth solution of the tincture in almond oil applied locally. After a few days the growth became flaccid and pale, and after a fortnight it fell off, without pain, together with several smaller tumors of the same character. The pains also left her.—*Hahn. Monthly, March.*

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“ON going carefully over records of my cases of pulmonary consumption I find that in no single case that died early from the disease did the subject use tobacco, whilst, on the other hand, three cases that were inveterate users (smokers) of the weed lived to a ripe old age before succumbing to the malady. All cases now under my treatment for tuberculosis are non-users of tobacco. Frequent use of the pipe has seemed to me to have had the effect of decidedly checking the course of the disease.—*E. M. Sneed, M. D., in Medical World.*

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## BOOK NOTICES AND GOSSIP.

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**Pharmacopœia of the American Institute of Homœopathy.**

Published for the Committee on Pharmacopœia of the American Institute of Homœopathy. 674 pages. 8vo. Cloth, \$4.25, *net*; by mail, \$4.50. Half-Morocco, \$5.00, *net*; by mail, \$5.25. Boston. Otis Clapp & Son. 1897.

This work was begun in 1868, and during the twenty-nine years required for its completion many editors have necessarily had a hand in preparing the copy, a fact made apparent to any one who dips into the book here and there. A book of this sort cannot be reviewed off-hand, and it may be some months before we can give it the critical examination it needs. In general, however, it may be said that the new pharmacopœia departs so radically from the homœopathic pharmacy that has prevailed in this country and Europe (save in England alone) since the

days of Hahnemann as to cause one to doubt whether the conservative men of the Institute will accept the book which the Institute's pharmacists have prepared. It is a rather momentous thing to make a departure in the preparation of medicine, such as is laid down in this book, and the whole profession should fully comprehend all that is involved in it before committing themselves to it and cutting themselves loose from the other parts of the world.

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**Hypnotism and Its Application to Practical Medicine.** By Otto Georg Wetterstrand, M. D., member of the Society of Swedish Physicians at Stockholm, etc. Authorized translation by Henrik G. Petersen, M. D., member of the Société d' Hypnologie et de Psychologie, Paris. Together with medical letters on Hypo-suggestion, etc., by H. G. Petersen, M. D. 166 pages. 8vo. Cloth. G. P. Putnam's Sons. New York and London. 1897.

Previous to the present translation in English this book had been published in the Swedish, German and Russian languages, which fact of itself is pretty good evidence that in its province it is regarded as possessing unusual merits. The following from the author's preface seems to prove that the prevailing idea that not every one, not even a majority, are susceptible to hypnotism is a very great error. He says: "According to Liébeault's experience during 1880 only twenty-seven remained unaffected out of a thousand and eleven, and of three thousand one hundred and forty-eight persons that I have hypnotized since January, 1897, but ninety-seven failed to respond to my suggestions." He also states that "a person who on one day has remained uninfluenced will on the next, or a few days later, become an easy subject. For this reason I consider as correct Liébeault's opinion that nearly every one is susceptible, although the depth of the sleep varies with different individuals." It seems also to be somewhat a matter of patience in some cases, for the author writes: "I finally succeeded in hypnotizing a lady of about forty after having endeavored in vain, seventy times, to do so, and thus alleviated her severe sufferings of more than twenty years' standing." Another statement contrary to the prevailing opinion is the following: "I have repeatedly observed that persons, who had already been successfully hypnotized have often,

later, shown no susceptibility whatever." Age also is an important factor. "All children from three to four without exception are susceptible. Up to the age of thirty the susceptibility is particularly great, and then it diminishes without, however, disappearing entirely. Very aged persons are also hypnotizable. A lady of sixty-nine, who had been suffering for years from *incontinentia urinæ diurna et nocturna*, was cured by me in one treatment." Looking through the table of contents it seems that Dr. Wetterstrand has applied hypnotism to almost every known ailment from consumption, Bright's disease and locomotor ataxia down to hysteria and sleeplessness. In regard to the foregoing first named formidable conditions he states, anent Bright's disease—and the same applies to consumption—"hypnotism does not help the original diseased condition of the kidneys any more than do other methods of treatment, but there are many painful symptoms in the course of this disease which may be successfully fought off by suggestion." Whether hypnotism is a commendable thing or not does not enter in here; leaving that out, the book is one that can be heartily commended to all who are interested in this curious science, or diablerie, as you choose.

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**Ophthalmic Operations as Practiced on Animals' Eyes.** By Clarence A. Veasey, A. M., M. D., Adjunct Professor of Diseases of the Eye, Philadelphia Polyclinic. 56 Illustrations. 99 pages. 12mo. Cloth, \$1.06. Philadelphia. Edwards & Docker Co. 1896.

This little book is designed to prove of assistance to beginners in ophthalmology, by enabling them to become acquainted with the technique of various operations by means of practice on the eyes of animals. We may add for the benefit of anti-vivisectionists, that the practice is done on the eyes of dead animals. The various operations are clearly and briefly described. There are a number of original drawings in the book, but a good part of the fifty-six illustrations are cuts of the instruments.

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**The Eye as an Aid in General Diagnosis.** A Hand book for the Use of Students and General Practitioners. By E. H. Linnell, M. D. 250 pages. 8vo. Cloth, \$2.00. Philadelphia. Edwards & Docker Co. 1897.

Unless one grasps the import of the title he will probably pass over this book as another one for ophthalmologists, a branch of medicine in which he may have no interest; but it is a book for the general practitioner to enable him to add to his routine diagnosis, by means of the pulse, temperature, respiration, etc., a new and perhaps more valuable aid by means of the patient's eyes, reading in them the disease that affects the body. Piczely, of Budapest, has long maintained that every abnormal condition of the body, even accidents, such as broken bones, can be read in the *iris* of the eyes and has charted out all that he claims to have discovered in lithograph plates. (The book is only published in German.) Dr. Linnell, however, takes in the whole eye, including its surroundings. His book may be made very useful to close observers.

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“Prescribing in Diseases of Children” is the title of a pamphlet, reprinted from the *Medical Councillor*, by Dr. C. Sigmund Raue, whose valued contributions to the *RECORDER* during the past year have made him well-known to the profession. The pamphlet is really a very useful contribution to the homœopathic treatment of children—and what other treatment is of avail?

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“‘Douglass’ Tongue Repertory’ is most excellent and will do good work for the busy practitioner. We need more of such books,” writes Dr. W. A. Yingling, himself the author of that fine little work “The Accoucheurs Emergency Manual.”

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THE gentleman who writes the book notices for *The Therapeutic Gazette* says of Burnett's “Organ Diseases of Women,” that it is “devoted to the consideration of conditions of sufficient gravity to require a scientific treatise to consider them,” and therein shows, we think, like several other critics, that he fails to grasp the purpose of the book. Do not publishers' book lists, to say nothing of the countless tons of dusty sheets of dead works piled up in the bindery store rooms, demonstrate that not one but many such treatises have been published? And is it not a fact that, notwithstanding this accumulation of lore, woman still suffers, and that in it is to be found no cure for these conditions save surgery, which is admitted by the wisest to be but a

maining palliative? "Organ Disases," the hostile critics should be able to see, is a revolt against that very learning that the *Therapeutic Gazette* says is not to be found in its pages, and a pointing of the way to the possibility of better things. What physician is there who would insist on a surgical operation if he knew of a simple drug that would restore the patient to health without the operation? There are too many to day who, like Naaman of old, will not believe that such things are possible, and cling to the more striking means which even at their best never restore a woman to her husband sound and whole. Cases of the nature treated in this book are never of so pressing a character that a few weeks cannot be devoted to giving the simple remedies a chance to cure the woman, and surely, endorsed as they are by no novice or obscure man, they should receive at least respectful attention. But they are prejudged by the critics, like he of the *Therapeutic Gazette*, who says: "As long as individuals are willing to resort to futile methods of treatment such as are recommended by Dr. Burnett, just so long will practitioners of the class he represents continue to exist." It is not unfair to assume that the man who wrote that paragraph knows nothing of the therapeutic properties of the drugs employed, yet he condemns them and the man who does know about them—and, doubtless, thinks he is writing in the interest of scientific medicine. Before writing another such review he should carefully scan the pages of his own journal and mark the number of drugs that he is recommending to his readers that his forebears treated in the same spirit as he does those brought to notice in "Organ Diseases." It requires no great stretch of the imagination to fancy these now condemned drugs in the future, with an appendix of *in* or *ol*, marshalling in the advertising pages of the journals, and then, lo, they are highly scientific preparations, received in the best medical society.

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HOMŒOPATHIC prescribers should bear in mind Dr. N. Bray's "Characteristic Materia Medica," for it is really a very useful and handy book. On the left hand pages will be found the characteristic symptoms and on the right hand pages, numbered to correspond, is the remedy, or remedies, having that symptom. By looking up the symptoms of any case in this book one can see almost without effort the remedy that covers all, or the greater part of them. It will repay a careful examination.

**A Practical Working Hand-Book on the Diagnosis and Treatment of Diseases of the Genito-Urinary System and Syphilis.** Notes of Clinical Lectures by F. E. Doughty, M. D.

This unique and handy volume will be most acceptable to the homœopathic profession, and, we believe, to many of our old-school friends. These "reserved and enlarged notes with additions" made by Dr. Holden, of the Clinical Lectures of Professor Doughty, delivered in the amphitheatre of the Flower Hospital, prove very conclusively the value of the instruction given. No one can read the volume without being impressed both with the firm grasp of the teacher upon his subject and his clear, concise and felicitous style of expression. The notes reflect the manner and habit of the lecturer very completely and preserve to a very great degree the force of the original delivery.

It is not too much to say that a more practical volume on the diseases on which it treats has never issued from the press; and that while the reader is finding valuable instruction in the text, he derives equal pleasure from the easy-flowing style. It is a book bound to have a large sale and its reputation will increase as it becomes more widely known.—*North American Journal of Homœopathy.*

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**A Monograph of Diseases of the Nose and Throat.** By George H. Quay, M. D.

The author's aim, to write a book "especially adapted to the needs of the student and general practitioner," has certainly been accomplished, upon which all parties are to be congratulated. The personal friends of Dr. Quay would not expect to find much in the way of assumption or self-gratification, but they would look for just what is apparent throughout the book, viz., clear, concise statement, practical suggestions, up to-date operative descriptions, and intelligent, well-defined homœopathic therapeutics. The author's fertility, both as an operator and a therapist is apparent, a faculty born only of earnest study and observation, as well as active practice. The tendency, in our day, to divorce surgery and therapeutics is so general that it is refreshing and encouraging to find one who happily entwines them as they should be.

The general practitioner will find this little work a boon in daily practice, its simple and logical classification making it

admirably adapted for ready reference. If there is anything to be wished for, it is a still more complete index, that *sine qua non* of the busy man's library.—*Mac. L., in Medical Councillor for June.*

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Mr. Saunders, the well-known medical publisher, of Philadelphia, announces the following books in preparation for early publication:

“An American Text book of Genito-Urinary Diseases,” by L. Bolton Bangs, M. D.

• “An American Text book of Diseases of the Eye, Ear, Nose and Throat,” by G. E. de Schweinitz.

Macdonald's “Surgical Diagnosis and Treatment.”

Anders' “Theory and Practice of Medicine.”

Senn's “Genito Urinary Tuberculosis.”

Penrose's “Gynecology.”

Hirst's “Obstetrics.”

Moore's “Orthopædic Surgery.”

Heisler's “Embryology.”

Mallory and Wright's “Pathological Technique.”

Sutton & Giles' “Diseases of Women,” the latter one of the “aid series.”

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*The Medical Visitor* for June says of the fourth edition of “Bell's Diarrhœa,” just published:

“This is the fourth edition of a book that, although first issued less than twenty years ago, is already entitled to rank as a classic. It is both, according to our experience and our observation, the most useful and the most used of all homœopathic monographs. Admirable in form, wide in scope, accurate in detail, it furnishes every homœopathic practitioner with information that enables him to treat with invariable success any case of bowel trouble that comes to him for help. The former edition came so near an ideal success that the fourth edition has little in the way of improvement to add. So complete and well arranged was the first edition that even the fourth shows few changes from it. A few remedies omitted and four added make the sum total of the improvement. Bell on “Diarrhœa” should be in every physician's library, and during the summer months he had better carry it in his pocket or in his case.”

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

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## PURE DRUGS.

Too much care cannot well be exercised by the physician in the purchase of drugs used in his office for dispensing purposes. In country districts, where the facilities of drugstores are often lacking, the practice of many physicians is office dispensing, and owing to the present prostitution of the drug trade to the "fire sale," "cut rate store," and "ten cent counter" plan, substitution and adulteration have been the outcome; and this, of course, has worked to the detriment of the physician, and his patients in particular, to such an extent that it has caused the thoughtful physician to tremble.

In the practice of our profession, when we are aiming to alleviate suffering humanity, there is nothing that comes within the scope of our knowledge that we wish to use in aiding us to bring about the desired result, too good for our employment. Whether this be in the line of medicine, food, appliances, etc., each and all should be the very best of its kind procurable. More especially should the *quality of drugs* employed receive particular attention, as this is of paramount importance for our success and the patient's welfare.

Of course, there are numerous instances where druggist or pharmacist is essential. In all such cases the physician should make it his business to see that the patient has directions to apply to a pharmacist well known and reliable. By the way, there are still many honest pharmacists who will not substitute or adulterate, but do as they should do—fill the prescription with exactly what it calls for.

Whether you dispense your own medicine or not, remember that the most superior quality may save life, may save your reputation, may make for you an honored name.—*Medical Summary, June, 1897.*

## STUDY OF THE AMERICAN MEDICINAL FLORA.

The Sub-Commission of the Pan-American Medical Congress appointed to study the medicinal plants of the United States, has entered into an association with the Smithsonian Institution for that purpose. The attention of our readers is called to the respective circulars issued by these organizations, which we print below.

SMITHSONIAN INSTITUTION, WASHINGTON, D. C., }  
 May 28, 1897. }

*Dear Sir:* The Smithsonian Institution has undertaken to bring together all possible material bearing on the medicinal uses of plants in the United States. Arrangements have been made with a body representing the Pan-American Medical Congress, the Sub Commission on Medicinal Flora of the United States, to elaborate a report on this subject, and the material when received will be turned over to them for investigation.

The accompanying detailed instructions relative to specimens and notes have been prepared by the Sub-Commission.

All packages and correspondence should be addressed to the Smithsonian Institution, Washington, D. C., and marked on the outside *Medicinal Plants, for the U. S. National Museum.*

Franks which will carry specimens, when of suitable size, together with descriptions and notes, free of postage through the mails, will be forwarded upon application. Should an object be too large for transmission by mail the sender is requested, before shipping it, to notify the Institution, in order that a proper authorization for its shipment may be made out.

Respectfully,

(Signed) S. P. LANGLEY, Secretary.

### Instructions Relative to Medicinal Plants.

The Pan-American Medical Congress, at its meeting held in the City of Mexico, in November, 1896, took steps to institute a systematic study of the American medicinal flora, through the medium of a General Commission and of special Sub Commissions, the latter to be organized in the several countries. The Sub Commission for the United States has been formed and

consists of Dr. Valery Havard, U. S. A., Chairman; Mr. Frederick V. Coville, Botanist of the U. S. Department of Agriculture; Dr. C. F. Millspaugh, Curator of the Botanical Department of the Field Columbian Museum, Chicago; Dr. Charles Mohr, State Botanist of Alabama; Dr. W. P. Wilson, Director of the Philadelphia Commercial Museums and Prof. H. H. Rusby, of the New York College of Pharmacy. This Sub Commission solicits information concerning the medicinal plants of the United States from every one in a position to accord it. The principal points of study are as follows:

1. Local names.
2. Local uses, together with historical facts.
3. Geographical distribution and degree of abundance in the wild state.
4. Is the plant collected for market, and if so,
  - (a) At what season of the year?
  - (b) To how great an extent?
  - (c) How prepared for market?
  - (d) What is the effect of such collection upon the wild supply?
  - (e) What price does it bring?
  - (f) Is the industry profitable?
5. Is the plant, or has it ever been, cultivated and if so give all information on the subject, particularly as to whether such supplies are of superior quality, and whether the industry has proved profitable.
6. If not cultivated, present facts concerning the life history of the plant which might aid in determining methods of cultivation.
7. Is the drug subjected to substitution or adulteration, and if so, give information as to the plants used for this purpose.

While it is not expected that many persons will be able to contribute information on all these points concerning any plant, it is hoped that a large number of persons will be willing to communicate such partial knowledge as they possess.

It is not the important or standard drugs alone concerning which information is sought. The Sub-Commission desires to compile a complete list of the plants which have been used medicinally, however trivial such use may be. It also desires to collect all obtainable information, historical, scientific and economic, concerning our native and naturalized plants of this

class, and to that end invites the co-operation of all persons interested. Poisonous plants of all kinds come within the scope of our inquiry, whether producing dangerous symptoms in man, or simple skin inflammation, or, as "loco-weeds," deleterious to horses, cattle and sheep. In this respect, the general reputation of a plant is not so much desired as the particulars of cases of poisoning actually seen, or heard from reliable observers. It is believed that much interesting knowledge can be obtained from Indians, Mexicans and half-breeds, and that, consequently, Indian agencies and reservations are particularly favorable fields for our investigation. Such knowledge will be most acceptable when based upon known facts or experiments.

In order to assist in the study of the habits, properties and uses of medicinal plants, the Sub Commission undertakes to furnish the name of any plant specimen received, together with any desired information available.

Owing to the diversity in the common names of many plants it will be necessary for reports, when not furnished by botanists or others qualified to state the botanical names with certainty, to accompany the same with some specimen of the plant sufficient for its identification. While the Sub Commission will endeavor to determine the plant from any portion of it which may be sent, it should be appreciated that the labor of identification is very greatly decreased, and its usefulness increased, by the possession of complete material, that is, leaf, flower and fruit, and in the case of small plants, the underground portion also. It is best to dry such specimens thoroughly, in a flat condition under pressure, before mailing. While any convenient means for accomplishing this result may be employed, the following procedure is recommended: Select a flowering or fruiting branch, as the case may be, which when pressed shall not exceed sixteen inches in length by ten inches in width. If the plant be a herb two or three feet high, it may be doubled to bring it within these measurements. If it possesses root leaves, some of these should be included. Lay the specimen flat in a fold of newspaper and place this in a pile of newspapers, carpet felting, or some other form of paper which readily absorbs moisture, and place the pile in a dry place under a pressure of about twenty to thirty pounds, sufficient to keep the leaves from wrinkling as they dry. If a number of specimens are pressed at the same time, each is to be separated from the others by three or four folded newspapers or an equivalent in other kinds of paper. In twelve to twenty-four hours these papers will be found saturated with the absorbed moisture and the fold containing the specimen should be transferred to dry ones. This change should be repeated for from two to five days according to the state of the weather, the place where the drying is done, the fleshiness of

the specimens, etc. The best way to secure the required pressure is by means of a pair of strong straps, though weights will do. The best place for drying is beside a hot kitchen range. When dry the specimens should be mailed between cardboards or some other light, but stiff materials which will not bend in transit.

It is a most important matter that the name and address of the sender should be attached to the package and that the specimens, if more than one, should be numbered, the sender retaining also specimens bearing the same number, to facilitate any correspondence which may follow. The Sub-Commission requests that, so far as practicable, all plants sent be represented by at least four specimens.

(Signed)

H. H. RUSBY, M. D.,  
Chairman of the General Commission,  
New York College of Pharmacy.

VALERY HAVARD, M. D.,  
Chairman of the Sub Commission,  
Fort Slocum, David's Island, New York.

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### MALARIA AS A MEDICINE.

Some years ago I made a careful study of *Malaria*, making many experiments with it, and found it to be of great value as a medicine. A partial proving was made of it, and it was shown that it would not only produce malarial fevers, but also typhoid and rheumatism. I used it quite extensively for all forms of fevers, and disturbances of the liver, spleen and kidneys. A paper was prepared and presented to the Indiana Institute of Homeopathy, showing results obtained by my experience with it. That paper was copied into several journals, and caused many to apply to me for *Malaria*. My stock was soon exhausted and to supply others, Boericke & Tafel, of Philadelphia, was induced to prepare a fresh supply. This they have done according to my directions, and they have sent me a nice preparation. I have used it quite extensively, and am surprised at results obtained from it, as it does more than was expected from it. If the case seems to be due to the weather, from a former fever, or from rheumatism, I venture to give it (in the first, second or third dilution) and beneficial results are soon seen from it. Later, cases will be reported, but until then, would advise doctors to try it, and they will be disposed to question *why* such an element of evil, an untutored savage like malaria, has not been tamed before, and made to serve as an ally, and used as a means of restoration to health.

One thing should be remembered, in giving *Malaria* as a medicine, the patient should not be allowed to use coffee, as it is a direct antidote.—G. W. Bowen, M. D., Ft. Wayne, Ind., in *Hahnemannian Advocate*, June, 1897.

## PERSONAL.

Dr. E. A. Hulst has been elected inspector and secretary of the Perth Amboy Board of Health.

After the ball is over the goal bar the team feels happy.

Dr. W. B. Hunt has opened an office at 100 State St., Chicago. Oculist and aurist.

Wisdom is the best germicide.

The sound belief that consumption is constitutional, or hereditary, is prevailing more and more.

In Michigan they want to castrate the "feeble minded;" the gentlemen who advocate the proceeding had better look to themselves should the bill pass.

The purchasers of bicycles have fallen off.

The shirt waist girl goes to her luncheon, eats ice cream, candy and pickles with impunity, and thus carries dismay into the ranks of dietetic science.

The light of romance has faded since the lone horseman, who once might have been seen, has taken to a bike.

Dr. J. E. Westervelt has removed from Spokane to Portland, Oregon.

It is intimated that in the germ theory the spelling stopped short of a finish—it should be Germany theory.

Though money be a drug in the market, it is quite as difficult to get as when it is only filthy lucre.

Send clinical or materia medica papers to THE RECORDER.

What to do while awaiting the arrival of the physician: Nothing.

The second edition of Gross' "Comparative Materia Medica" is in press.

The fourth edition of Bell, "Diarrhœa," is a fine work; sound Homœopathy.

Boericke & Tafel have the *Mucuna urens*, sent them by Dr. Palacios, who writes concerning the remedy in this number of THE RECORDER.

Mark Twain says that the report of his death was greatly exaggerated.

The *Scientific American* says that castor oil will cure warts, which shows that the *Scientific American* is not always scientific.

Few practitioners realize the value of the remedy *Senecio aureus*, and Dr. Marcey's paper in this number of THE RECORDER is timely.

The reappointment of Dr. F. A. Boericke, of the firm of Boericke & Tafel, to the Pennsylvania Pharmaceutical Examining Board, has been confirmed by the Senate. In for five years.

They say (at least "Jaccond" does) that rheumatism is infectious.

"The closer I stick to old-fashioned Homœopathy the better success I have," remarked a practitioner the other day who had strayed for awhile in "scientific" medicine.

"The worst enemy of a successful recreation tour is the ever present consciousness of a rapidly diminishing purse," remarks a sapient exchange.

Boericke & Tafel have *Aviaire*, *Baccillinum* and *Tuberculinum* in various potencies.

Subscribe for the best homœopathic journal, THE RECORDER.

# THE HOMŒOPATHIC RECORDER.

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VOL. XII.

LANCASTER, PA., AUGUST, 1897.

NO. 8

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## X-RAY DERMATITIS.

C. Sigmund Raue, M. D.

The action of the X-rays upon the skin is very decided and characteristic. The dermatitis induced is in some instances quite severe and stubborn in its course. It has the peculiar feature that it does not occur immediately after exposure to the rays, several days elapsing before the first symptoms make their appearance, a week being the usual time. This was at least so in the cases coming under my notice.

The skin lesion resembles closely a severe sunburn; in the worst cases a scald, with, of course, the peculiarity of the late and slow development. In some instances the hair fell out, but it was soon supplanted by a new crop. A young man who tested the tubes and had the rays reflect into his face lost the hair on the chin. Parts of the body protected by clothing are not spared; in one case large blisters developed on the back from exposure to the rays. (This can be prevented by interposing a layer of tin-foil.)

Naturally some subjects are more sensitive to the rays than others, and one attack seems to increase the susceptibility and liability to a renewed attack in those working with the apparatus.

The following case I have chosen from my records, as it represents the condition in a typical form and gives the clinical course of this affection in a concise manner:

Mr. J. B., æt. 19, brunette. Eight days after having worked with an X-ray apparatus, which he demonstrated at the exhibit of the American Medical Association, the dorsum of the fingers of the left hand (this hand having been exposed to the rays) became reddened, some heat and swelling accompanying the pro-

cess, which gradually spread over the dorsum of the entire hand. The skin now became very sensitive to touch, a feeling of tension and slight burning being also complained of. This sensitiveness was demonstratable objectively by the development of vesicles from a slight blow or knock of the hand against a hard object; indeed, as the patient expressed it, a touch was sufficient to induce one of these blisters to form. As the knuckles of the hand were most exposed to these mishaps, they were soon all covered with vesicles. On the fourth day after the appearance of the first symptoms the hand presented a dusky appearance, was somewhat swollen, and perceptibly hotter than the other hand. The subsidence of the symptoms was slow and gradual in its course.

In regard to treatment, a mild case as the one described above will need nothing more than cooling applications, such as a dressing of gauze wrung out of an aqueous preparation of *Hamelis*. Severe types should be treated as burns, the *Picric acid* treatment being very applicable here (see paper by Dr. Alfred Cookman, *Hahn. Monthly*, March, 1897). For internal use such remedies as *Canth.*, *Rhus tox.* and *Anacardium* will suggest themselves.

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## THE CURATIVE RANGE OF "BACILLINUM."

By A. L. Marcy, M. D.

My attention was first called to this agent as a remedy for consumption by the valuable little work of Dr. Burnett. The very flattering results of his treatment led me to follow exactly his course of prescribing, and I am sorry to record the fact that after a short trial it was abandoned for one, found by experience, to give far better results. The reason for the change was this, that the results obtained were so far from flattering to myself that I began a series of experiments, both as to the frequency of repeating the dose and also as to the potency that seemed to give best results, and I soon settled down to this: The 100 potency, a dose every four hours until improvement began, then repeating the dose less frequently. By following this method of prescribing I obtained the results as narrated below.

With the 1000 potency and one dose a week or less often, in most cases, I failed entirely to produce the least favorable change in the disease; while by following the method above indicated a

very favorable change is produced in about a week's time, and it is my opinion that even a lower potency would give very favorable results in less time without aggravations if well watched. Having for the past three years employed this remedy in many cases and conditions, and carefully noting the results on my patients and the disease, I hope by narrating my experience to hear from others and learn all possible of the true scope of this truly valuable remedy in the cure of a diseased condition that heretofore remedies had little or no permanent results.

I choose to begin by giving a summary of results, and afterwards follow by illustrations of the particular cases.

In the use of *Bacillinum*, during the three years past, experience has taught me that it should only be employed in cases where the expectoration is very profuse, and usually of a greenish-yellow color and of the consistency of thick, heavy pus; the cough sounds loose and rattly; there is labored breathing, because the lungs are filled with loose pus. In many cases the cough is loose and rattling, yet the quantity expectorated is quite small, because the patient has not the strength to raise it; but in most cases the expectoration is very profuse.

The results obtained by the use of *Bacillinum* have been very satisfactory. It is the only remedy I have found that materially changes and controls the expectoration and cough; in a word, dries it up; stops secretions; gives increased appetite and strength, and renews, to a marked degree, the spirits and hopes of the patient. In patients that are too weak to cough and raise the secretion from the overfilled lungs this remedy gives the patient the strength to cough and raise it; it makes the expectoration loose and easy and enables them to clear the lungs of the secretion. It also makes a change in the character of the expectoration from a heavy, greenish-yellow pus to more of a mucus and watery secretion, with occasionally hardened pieces of yellow-grey matter. With this remedy I have been able to cure many cases, and in others I have completely failed to cure. Just why it does not cure all I am at a loss to state.

A few examples will serve to illustrate the conditions when *Bacillinum* should be used, and the most pleasing results follow in most of the cases.

*Case 1.* You are called to treat a tuberculous patient; you find the ravages of the disease has greatly emaciated him; the cough is most constant, of a very loose character, with many

rattling, bubbling sounds in the lungs, as if filled full of loose mucus or pus; the breathing is labored; the expectoration is heavy, greenish-yellow pus and may be hard to get rid of, as it sticks to the mouth; no desire to eat. *Bacillinum*, administered as above, will give great and lasting relief. Appetite returns; sleeps good; and, after the lung is cleared out, the cough is so reduced as to be hardly noticeable and the expectoration changes to a whitish, watery mucus. You soon have him up and walking around.

*Case 2.* I have used with marked success *Bacillinum* in the treatment of pneumonia of old people, when the cough and expectoration closely resembles that described in Case 1. One case in particular, when the patient could not cough and raise from the overfilled lungs and a paralyzed condition of the lungs was at hand, this remedy changed the whole case, as if by magic, and restored the patient to health.

*Case 3.* Asthma in old people, when the lungs were so full of loose, rattly mucus that they could only breathe by the vigorous use of fans *Bacillinum* effected a speedy cure in a few hours of the very distressing condition, which had been steadily getting worse for several days and nights in spite of the best known treatment from reliable physicians.

*Case 4.* I have repeatedly tried this remedy in children when capillary and bronchial congestion was severe, but the results have not been so gratifying as with grown people, and especially with old people.

*Case 5.* With this remedy I have cured several patients who had been treated by reliable old-school physicians, and whose diagnosis was unqualified "phthisis pulmonum," and added that there was no cure for them. I have also treated several cases that were very greatly benefited for a time; but who sooner or later began to decline, and *Bacillinum* or any other remedial agent I called into requisition failed entirely to prevent a fatal termination about a year later. All the cases last referred to presented at the last very different conditions of cough and expectoration from what they presented at the beginning. These cases had a dryer cough; the cough was harder and in spells; the rattling and sounds in the lungs were much less; it seemed to be mostly in the throat or apex of the lungs; the expectoration was more muco-purulent and in big mouthfuls of solid chunks mixed with saliva and mucus.

As a conclusion, I would add that this remedy is truly great and potent in a class of cases that before resisted all treatment. The introduction by Dr. Burnett of this valued remedy gives the physician the only known remedy that seemed to possess the power to give temporary relief and cure in these dreaded diseases. Statements have repeatedly been made by medical men that the action of *Tuberculin*, *Bacillinum*, and some other preparations of the tuberculous bacilli were all one and the same. These statements are grave errors and misleading. If you employ *Tuberculin* in conditions that I have cured with *Bacillinum* and fail totally, blame only yourself and the false teachings of careless observers.

Since writing the above the RECORDER for July 15 came to hand, and I was greatly pleased to read the able and quite exhaustive article, partly on this subject, by Dr. F. Cartier. Am very glad to note that my experience is quite similar to his.

Richmond, Va.

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### SOME OF DR. AD. LIPPE'S KEY-NOTES.

By Thomas Lindsley Bradford, M. D.

*Kali Hydriodicum*. After abuse from *Mercury*, pain in the bones, catarrh. (*Hepar sulph.* is an antidote for the abuse of the massive doses of *Kali hyd.*) (Neuralgic pain, sore places, and lumps swelling up on the head; lumps, bone-lumps on the tibia, sensitive to the touch. There is no doubt that in secondary and tertiary syphilis, where the patient has gone through the gamut of *Mercury*, *Nitric acid* and *Hydroxide of Potash*, in massive doses, and has been pronounced "cured," and afterwards has bone swellings on the tibia, *Kali hyd.* 6th, morning and night, will relieve. The tibial soreness is the key-note of the remedy. The genius of the remedy is periosteal inflammation. Br.)

*Kalmia latifolia*. Weakness and tired feeling in all the muscles; increased by motion. Stooping and looking downwards increases the giddiness. (See *Borax*.)

*Kalmia*. (The genius of the remedy is that it will cure rheumatism and neuralgia. Back of this look for heart trouble. Br.)

*Lachesis*. Loquaciousness (see *Stram.*), with mocking jealousy, with frightful images, great tendency to mock; satire and ridiculous ideas; perfect happiness and cheerfulness, followed by grad-

ual fading of spirituality, want of self-control and lasciviousness; felt as if she were somebody else and in the hands of a stronger power, nymphomania. (The *Lach.* patient talks incessantly. No wish to talk—*Phos. acid.*) (The compiler remembers a case; the man had been ill with typhoid fever—he was over the worst of it, but he lay on the bed, no pain, just a desire to be let alone; it was difficult to get a word out of him. Under *Phos. acid* he recovered, and in a very short time.)

*Lachesis.* Thinks he is not going to get well. (Has no hope of recovery.) Is affected to tears.

*Lachesis.* Sensation of a plug in the throat, or as if a lump of mucus had collected in the throat, with continued painful desire to swallow. The fluid which is swallowed escapes through the nose; great swelling of the tongue. (Completely filling the mouth.) (Swelling soft, with much saliva, and the tongue is indented with the teeth—*Merc.*)

*Lachesis.* Ulcers in the throat and on the inflamed tonsils. (See *Merc.*, *Bell.*, *Nitr. ac.*, *Kali bich.*) (Small abscesses on the tonsils, continually renewing themselves—*Plumbum.* Dry ulcers—*Lyc.*)

*Lachesis.* Empty swallowing aggravates pain in the throat more than the swallowing of food; or fluids are swallowed with more pain than solids. Cannot swallow the food after masticating it, because it rests on the back part of the tongue and produces a thrilling pain there.

*Lachesis.* The inflammation and ulceration of the throat begin on the left side and extend later to the right side. (*Lyc.* inflammation begins on the right side, extending to the left. *Br.*)

*Lachesis.* The external throat is very sensitive to the touch.

*Lachesis.* Great discomfort from having the clothes tight around the waist. (See *Nux.*)

*Lachesis.* Constipation, with ineffectual and continuous efforts to evacuate. (Great desire, but nothing comes of it.) (See *Ign.* *Br.*)

*Lachesis.* Constriction of the rectum, or sensation of a plug in the anus. (See *Bell.*)

*Lachesis.* Hæmorrhoidal tumors protrude after the stool, with constriction of the sphincter. Large hæmorrhoidal tumors in persons addicted to spirituous drinks. (With profuse hæmorrhages.) (Dry hæmorrhoids—*Nux vom.*) (*Nux*, *Ars.* and *Lach.* are the three important remedies in hæmorrhoids.) (For bleeding piles see *Sulphur.* *Br.*)

*Lachesis*. Urine foaming. (Black urine, with a sediment of little black spots. Important in scarlatina. Black, inky urine in large quantities—*Colchicum*.)

*Lachesis*. Sensation as if a ball were rolling in the bladder, or in other internal organs. (This symptom is present in no other remedy.)

*Lachesis*. Mercurio syphilitic ulcers. (Ulcers treated, but not cured by *Mercury*. Important in secondary syphilis.)

*Lachesis*. Menstrual colic, beginning in the left ovary. (Right ovary—*Apis*.)

*Lachesis*. Swelling, induration, pain and other anomalies of the left ovary. (For great soreness and tenderness in the left ovary see also *Argentum*.)

*Lachesis*. Oppressed breathing, worse when talking and after eating. Shortness of breath and suffocative attacks are caused by touching the larynx, and are aggravated on moving the arms. Contraction of the chest wakens him after midnight, with slow, heavy, wheezing breathing, compelling him to sit up with his chest bent forward. (See also *Kali carb*.) (See *Arsenicum* and *Blatta*. Br.) (Sensation as if bronchial tubes were filled up, in organic heart diseases—*Spongia*.)

*Lachesis*. Cough caused by pressure on the larynx, or by any covering of the throat; by a tickling in the pit of the throat and sternum; when falling asleep; from ulcers in the throat. (Cannot bear the least pressure on the throat.) (The *Lach.* patient must have everything free about the chest and throat. Must loosen the collar. Br.) (Cannot bear the least pressure on the throat.)

*Lachesis*. Pain in the os coccygis; when sitting down one feels as if sitting on something sharp. (Frequent in old age, in old women.) (Great tenderness of spine to touch, with burning pain.)

*Lachesis*. Stiffness of the neck. (Neck drawn to one side—*Lachuanthes*. With gouty diathesis—*Causticum*.)

*Lachesis*. Lameness in the left shoulder. (See also *Ferrum*. In right shoulder—*Sanguinaria*.) (Pain in right shoulder joint, with headache—*Sang*.)

*Lachesis*. Perspiration in the axillæ, of strong smell, like garlic. (This perspiration often comes on in young girls after violent exercise, as in dancing. *Tellurium* and *Lach.* are the principal remedies.)

*Lachesis*. Frequent attacks of short cough from tickling in the pit of the stomach; dry during the night; difficult, sometimes

watery, salty mucus, which has to be swallowed again, is raised. (See *Conium*.) (As soon as child is asleep in bed it is wakened by the cough—*Lach*. The child cannot sleep on account of its cough—*Calc. c.*)

*Lachesis*. Constrictive sensation in the region of the heart. (Sensation of an iron claw grasping the heart—*Cact. grand.*) (The sensation of the iron hand grasping and squeezing the heart can always be relieved by *Cact. gr.* Br.)

*Lachesis*. Flat ulcers on the lower extremities, with blue or purple surroundings. (Small ulcers surrounding the large ulcer.)

*Lachesis*. Excessively cold and excessively hot weather causes great debility. (See *Flouric acid*.)

*Lachesis*. Typhus fever, especially when the tongue is red or black, dry or in fissures, especially on the tip; or when the tongue trembles when it is put out; or if, while endeavoring to put it out, the tip remains under the lower teeth or lip and cannot be put out. (Cannot put it out on account of debility.) (Convulsion of the tongue—*Lyc.*)

*Lachesis*. Carbuncles, with purple-colored surroundings and many smaller boils around them.

*Lachesis*. All the symptoms are worse after sleep. (*Lach.* patient awakens feeling badly. Br.) Especially after the siesta; or from taking acids, or from alcoholic drinks; from the abuse of *China* and *Mercury*. After *Lach. Lyc.* follows well. *Lach.* follows after *Ars.*, *Bell.*, *Mercury*.

\**Lachesis*. (The symptoms all point to blood poison—a depraved system. When the patient cannot bear the least thing to touch the throat study *Lachesis*. This sensitiveness to external pressure extends through the provings of *Lachesis*.)

*Lachesis*. (Will do good work in diphtheria, when the ulceration is first seen on the left side. Br.)

*Lycopodium*. Low spirited, taciturn, melancholy; doubts about his salvation. (See also *Calc. sulph.*) Desponding, grieving mood, apathy.

*Lycopodium*. Stupefying headache, with heat in the temples and of the ears; dryness of the mouth and lips; worse from 4 to 8 P. M. When rising up and on lying down. Pressing headache on the vertex; worse from 4 to 8 P. M. from stooping, lying down, exertion of the mind, and followed by great weakness.

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\*For story of how Dr. Hering got the *Lachesis* poison in South America see Dr. Leonard's article in *Minneapolis Hom Magazine*, June, 1895.

*Lycopodium.* Headache after breakfast. (*Nux mosch.* and *Lyc.* the principal remedies.)

*Lycopodium.* The hair becomes grey early. (Grey hair in young people.)

*Lycopodium.* Baldness; the hair falls out, first on the vertex, later on the temples, after diseases of the abdominal viscera; after parturition, with violent burning, scalding, itching of the scalp, especially on getting warm from exercise during the day.

*Lycopodium.* Stitches and bruised soreness in the eyes in the evening when looking at the light. (Eyes are *not* red and inflamed.)

*Lycopodium.* Inflammation of the eyes, with lachrymation during the day and agglutination at night. (Eyes full of mucus, has to rub to get them clear.)

*Lycopodium.* Humid, suppurating scurfs on and behind the ears. (See also *Graph.*)

*Lycopodium.* Obstruction about the root of the nose, can only breathe through the mouth. (Gets hard "clinkers" from the nose. Br.)

*Lycopodium.* Coryza, with acrid discharge, making the upper lip sore. (*Nit. acid.*, *Arum triph.* An important and dangerous symptom in scarlatina. *Arum tr.*, *Nitric ac.* and *Lyc.* the most important remedies for this condition; but *Arum* the most important of the three.)

*Lycopodium.* Fan like motion of the nostrils.

*Lycopodium.* Paleness of the face, with deep furrows, especially towards evening (In fevers—the cheeks become cold.)

*Lycopodium.* The ulceration of the tonsil begins on the right side. (*Lach.* begins on the left side.) (The tonsil seems studded with deep, round, yet low, tuberculous blotches.) (From right to left—*Lyc.*; from left to right—*Lach.* Br.)

*Lycopodium.* Convulsions of the tongue. (*Cham.* and *Lyc.* the two remedies.)

*Lycopodium.* Vomiting between the chill and the heat in intermittent fever.

*Lycopodium* Has a great appetite, but a small quantity of food fills him up and he feels bloated. (And has still a desire for more food.) (This sensation after a small quantity of food is very characteristic of *Lyc.* Br.)

*Lycopodium.* Aversion to coffee and smoking, and to boiled warm food. (Never wants anything warm) (Oyster sickness.

Bad effects from eating oysters, The patient can never eat oysters without trouble. Dr. Lippe said: "When patient is ill from oysters give cheese to promote digestion, and afterward the proper remedy." Br.)

*Lycopodium.* Accumulation of flatulence—incarcerated flatulence—the flatulence cannot pass and causes much pain. (In typhus.) (The flatus of *Lyc.* is scentless. Stinking flatus—*Carbo veg.*)

*Lycopodium.* Small stool, with the sensation as if much remained behind; followed by excessive and painful accumulation of (scentless) flatus.

*Lycopodium.* Frequent discharges during the night (of large quantities of pale urine), with scanty and rare discharges during the day. Red, sandy sediment in the urine. Greasy pellicle in the urine. (Pale yellow sand in the urine, with great pain—*Sarsaparilla.*)

*Lycopodium.* Stitches in the neck of the bladder and in the anus at the same time. (Look out for trouble with the prostate gland.)

*Lycopodium.* Suppression of the menses from fright. (Even if a long time suppressed.) (See *Acon.*) Before the menses bloatedness in the abdomen, chilliness, low spirited, desponding and melancholy. (The *Lyc.* patient is always low spirited.)

*Lycopodium.* Shortness of breathing in children, especially during sleep. Cough aggravated from 4 to 6 P. M., frequently on alternate days, from exertion, from stretching the arms out, stooping and lying down, when lying on the left side. (Can never lie on the left side.) From eating and drinking cold things; in the wind or in a warm room. (The *Lyc.* patient desires cold things, but they cause cough.)

*Lycopodium.* Typhoid and neglected pneumonia. Hepatization of the lungs. (*Lyc.*, *Sulph.*, *Phos.* and *Lachnanthes* are the four important remedies.)

*Lycopodium.* Burning, as of red-hot coals, between the scapulæ. (Sensation as of ice between the shoulders—*Lachnanthes. Ammon. mur.* has also a very cold feeling between the shoulders.)

*Lycopodium.* Panaritium. (The pains are made much worse from wet poultices. The *Ars.* patient with panaritium is relieved by intensely hot poultices.)

*Lycopodium.* Swelling of the knee with perspiration. (Perspiration around the joints.)

*Lycopodium*. The perspiration is frequently cold, smelling sour, or offensive, or like onions, or bloody. (*Nux mosch.* and *Lyc.* are the only two remedies with bloody perspiration.)

*Lycopodium*. Tertian fever, with sour vomiting, worse between chill and fever; the chills are followed by bloatedness of the face and hands.

*Lycopodium*. Ulcers at night with tearing and itching pains; burning when touched; mercurial ulcers, bleeding and burning when dressing the otherwise painless ulcer. (The pain in ulcer is better from warmth, worse from cold. *Ars.* is opposite.)

*Lycopodium*. Aggravation on lying down, while sitting, when rising from a seat and when beginning to walk (see *Rhus tox.*); after eating and having satisfied one's appetite; after eating oysters; from salt food; from cold food and drink; from wet, warm poultices; from pressure of the clothes; from strong smells; while urinating. (The *Lyc* patient cannot eat oysters.)

*Lycopodium*. Do not begin the treatment of a chronic disease with *Lyc.*; give first another, not an antipsoric remedy. *Lach.* and *Lyc.* follow each other.

*Lycopodium*. (*Lyc.* seems to be of use in disease of the mesenterics, after measles, the child is wasting, there is malnutrition, danger of marasmus; *Lyc.* will often remedy the evil.) (See article by Dr. Wm. H. Holcombe, in "Trans. American Institute of Homœopathy," 1896, p. 168. Br.)

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## A FRIENDLY CALL.

By Ansel J. Robbins, M. D., Washington, D. C.

This week, as I was not so busy as usual, I took a few hours to ride into the country to see some of our old friends, and, if possible, make some new acquaintances. In the latter effort I was unsuccessful, so far as making new acquaintances which were valuable or which I had any desire to cultivate.

A great many of the friends I met are friends, or acquaintances, at least, of the readers of the RECORDER. Some of them have been on our visiting list for many years, so I will proceed to tell you whom I met and what they were doing.

*Podophyllum* was the first to greet me on my arrival in the forest. He was looking slightly jaundiced, and when I suggested some of his own medicine, he laid all his trouble on the cloudy, damp, cold weather.

*Milfoil* was the next to appear by the wayside to greet me. He was weeping profusely, but he said it was for a small bug that was bleeding to death, and that the tears were to staunch the hæmorrhage.

*Laurus sassafras* was in his old abode on the border of the forest. He also was showing the effects of a late spring, so I advised him to get a domestic blood purifier and take it.

Our old and tried friend, *Sanguinaria Canadensis*, looks in the best of health, has been sleeping out all winter, yet has not had a sign of a cough.

*Hepatica triloba* informs me that most of the members of his immediate family have either died or moved away. He is also uncertain of his own stay.

*Laurus benzoin* looks happy and is doing reasonably well. He was complaining that the country people do not call on him in the spring as they used to do. He said that he believed that they had forgotten old *Sassafras* and himself, and wondered if *Sulphur* was also neglected.

*Rumex crispus* was in fine spirits, and though living in a damp locality this spring shows no sign of a tickling cough.

*Arum triphyllum* is not looking well, and was so hoarse that he could hardly talk. Said that he had been addressing public audiences this winter and spring, but was compelled to stop on account of his throat.

*Cornus florida* met me with a smile, but told me that I should have come sooner, as his place was beautifully decorated about Easter.

Old *Rhus* is quite prolific, and therefore I met a number of his people. The old man has rheumatism this spring, and one of his sisters has skin trouble. They did not ask me to prescribe, so I rode on.

*Plantago major* met me, smiling and happy. His only complaint is that people will come to visit him who use tobacco, and it always makes him sick.

Old man *Mullein* is doing well, although a little deaf. He is preparing to make some oil this fall, which he assures me will bring his hearing all right.

*Melilotus* is sweet as a peach. It is too bad she has fits.

Old Madam *Taraxacum* is not doing well. Complaint of liver trouble, and out of sorts in general. I suggested that she go over to see *Podophyllum* and that they might console each other.

*Oxalis* was just as sour as when I last saw her, and says she is still suffering from very frequent and profuse urination.

I also met *Vernonia Americana*. He is not so familiar to the most of you as the others. I will ever remember a kind act which he did to me one time, and I never met him without thanking him. I had *Rhus* poisoning which had run on until the sores on my feet became almost ulcers. *Vernonia* came along, pulled off a few leaves, bruised the juice out and bound them on my sores. The effect was magical. The good Samaritan should be placed on our visiting list, that all of us may become better acquainted with him.

*Geranium* was decked out in her delicate pink, little betokening her hæmorrhagic qualities.

*Farfara* is another old resident who has been neglected. I have had no dealings with him, as his friends are principally among the allopaths; but I have no doubt that he would prove a useful friend if we would only cultivate his acquaintance.

I made diligent search for our friend *Hydrastis*, but the whole family seem to have moved away and left no trace of their whereabouts.

I saw several members of the *Phytolacca* family, all fat and good-natured, as usual. I believe it must be hereditary with them. Are they of English or Dutch descent?

I am acquainted with a great many more in the circle of homœopathic adherents, but have not met with them this spring. Many of them live in different portions of Ohio, Indiana; Kansas, Indian Ty., Texas, and in nearby Maryland and Virginia, but are more remote from the busy marts of civilization. Others still make their appearance among us later in the season.

It is one of the chief pleasures of my life to wander in the woods, through the open fields, or climb the rugged mountains and see with my own eye those remedies growing in their natural environments which I have studied so long from books and heard lectured upon in the two medical schools from which I have graduated.

What an interesting history some of them have—in fact, all of them. What a field of usefulness many of them have! They should be revered and protected. But, alas! many that I once knew are now like the *noble red man*, driven from their once happy retreats to no one knows where.

But their histories are written, and thanks to the power of high potencies I can call in spirit even the absent ones to my assistance whenever I need them.

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## THE FIELD.

By C. Sigmund Raue, M. D.

### The Medical Treatment of Rickets.

Dr. H. J. Payne (*Clinique* No. 5, 1897,) mentions the following remedies with indications as most important in the treatment of rickets:

“*Phosphorus* is the first remedy thought of. A proving of *Phosphorus* gives the essential features of rickets. United with lime it is *the* remedy to be chosen for this disease. We want it both for its physiological and dynamic properties. *Calc. phos.* gives us a perfect picture of rickets. *Calc. phos.* meets the subjective symptoms while *Calc. carb.* meets the objective symptoms.

“The *Calc. phos.* baby has dark hair and eyes, flabby, sunken abdomen, extreme sensitiveness of the bones, giving the indisposition to be handled, while the *Calc. carb.* baby has light hair and blue eyes, is not sensitive to being handled, the abdomen is distended and large. It is the remedy for the fat rhachitic infant. In *Silica* we have a clearly indicated remedy for rickets. It meets the bony lesion and the nervous condition. In this remedy the complexion is pale, waxy, earthy; the baby sweats profusely about the head and feet and the sweat is offensive. In the calcareas the sweat is sour.

“*Sulphur* meets the rhachitic symptoms. In *Sulphur* there is defective assimilation. The child has a voracious appetite, it greedily takes everything that is offered as if it were starved, and still it is always hungry and looks emaciated. The food is not appropriated for the nourishment of the body.

“*Phos. acid* must not be forgotten. It meets the extreme debility found in rickets. There is gurgling and rumbling in the abdomen with involuntary stool, also the sensitiveness of the bony structures is met with this remedy. Its chief sphere is upon the nervous system, while the physical action is upon the osseous tissue.

“In the active development of this disease when there is an overexcitability of all the senses, restlessness and sudden start-

ings, convulsive twitchings, throwing the body forward and backward or the head from side to side, tendency toward convulsions, etc., *Belladonna* is the first remedy to be thought of.

"*Hyoscyamus* is also an excellent remedy for the extreme nervous excitability with tendency toward epileptiform convulsions with incontinence of urine. The child suddenly sickens after eating, vomits and shows distress in stomach. It suddenly shrieks and then becomes insensible.

"*Stramonium* meets the night terrors so troublesome in these children. The child awakens terrified, it screams with fright, knows no one. Upon awakening it is frightened at the first thing it sees and tries to get away from it."

An exceedingly valuable remedy in the early stages of rickets, not mentioned by Dr. Payne, is *Kali hydrojodicum*, recommended by Dr. Robert T. Cooper, of London. It is strongly indicated when there is profuse perspiration about the head, together with extreme sensitiveness of the body to touch, especially the head and scalp.

### Remedies in Pertussis.

The *Medical Century* for March contains some highly interesting and valuable papers on whooping cough by prominent practitioners throughout the country. Many remedies are mentioned as having a specific virtue in mitigating an attack of this stubborn malady, or even aborting the disease, and each writer has his pet drug or pet sequence of drugs. However, it seems that the best results after all can only be obtained when a drug is prescribed on the totality of the symptoms. The article by Dr. A. P. Hanchett most clearly exemplifies this, and we quote the following case from his list:

"Gracie C., aged 5 years. While traveling in the east with her mother during the summer she contracted whooping cough, and when they reached home in the fifth or sixth week of her illness, she looked as she was, a very sick child. She coughed very often, paroxysms were severe, prolonged and prostrating. She ate little, vomited with nearly every paroxysm, and had become so exhausted that she could not walk or even stand alone, her only wish being to lie quietly in a darkened room and be left alone, with no one about but her mamma.

"Several remedies were selected without benefit, until one day, while sitting and studying her, feeling that the proper

remedy had not yet been found, her mother entered the room with her grandma, of whom Gracie was very fond; but instead of being pleased, as was usual, as her grandma stooped to kiss her, she struck her in the face, a thing that shocked her mamma, who was about to reprove her, when I said, 'Don't do that; she has just told me her remedy.' I now knew what would cure her. *Antimonium crudum* changed everything from gloom to sunshine, not only in the matter of my little patient's disposition and our own feelings, but in less than a week the cough was absolutely a thing of the past."

In regard to *Coccus cacti* there seems to be a difference of opinion, some getting results with it, others considering it inefficacious. We have found it useful when there was the characteristic profuse, tenacious, transparent expectoration, the paroxysms particularly worse mornings. There is less spasmodic element in *Kali bichromicum*.

Regarding *Magnesia phos.* Dr. Dewey writes:

"While associated with Dr. William Boericke, of San Francisco, it was not an uncommon thing for patients to come to us for 'some of our whooping cough remedy,' which was nothing else than *Magnesia phosphorica* 30th. It seemed especially adapted to the then prevailing epidemic. The indications may be stated as cough in severe paroxysms, with blue face or swollen and livid face, and a severe whoop."

The treatment instituted by Dr. Edward Cranch works admirably in some cases, indeed, the single dose of *Drosera* followed in a week or two by a dose of *Carbo veg.* has been a routine among a number of practitioners. Dr. Cranch does not, however, confine himself to *Carbo veg.* as the second remedy, his plan being the following:

"In regard to treatment, the present writer, in the absence of any special indications, commences with a single dose of *Drosera*, from the pocket case, with a good supply of placebo, after which if there is no improvement in a week or two, and the disease progresses, one or other of the following remedies is exhibited, generally in one dose, but sometimes in severe cases, in repetition, till improved:

"*Carbo vegetabilis*, if the patient is generally pale and weak.

"*Cuprum*, if blue in the paroxysms, or if convulsions are feared.

"*Gelsemium*, if feverish and fearful.

“*China*, if the appetite is lost.

“*Ferrum phosphoricum*, if there are fever and nose bleed.

“*Cocculus*, if the nausea is marked, and the vomiting easy.

“*Coccus cacti*, if the vomit is of clear, transparent, tough and copious mucus.”

#### Skin Symptoms Resulting from the Use of Iodoform, Quinine, Opium and Turpentine.

Hobart A. Hare (*N. Y. Med. Record*, vol. 51, No. 25,) recites a number of interesting cases of skin eruptions following the use of certain drugs administered both internally and externally. He quotes a case reported by Guirard (*Archives Cliniques de Bordeaux* for January, 1897), in which a week after the operation of symphyseotomy, the wound being dressed with *Iodoform*, a sudden rise in the temperature occurred, pain in the chest and bladder developed, together with retention of urine. A week later the patient was marked by red lines reaching downward from the alæ of the nose. The eruption only existed a few hours. It changed from red to a reddish violet hue, was painless and induced no itching. Furfuraceous scaling followed.

According to such authorities as Cutter, Bradley, Meunier and R. W. Taylor *Iodoform* rashes are more common than generally supposed. “Nearly all cases of *Iodoform* erythema reach their acme in from one to a few days, persist for about a week after the use of the drug and then disappear in a furfuraceous desquamation.”

*Quinine* exerts a marked influence on the skin. “Guirard states that in most cases, simultaneously with the ordinary symptoms of cinchonism, we have developed a roseola, a simple erythema, or a marked scarlatinal erythema. In other cases an acute eczema or urticaria comes on. I have seen this so called *Quinine* rash more than once. Usually the eruption is widely diffused, but if limited it may be found only about the breast-bone or groin. If the eruption appears on the face, it is usually a tumefaction or œdema. Its development is rapid and it soon reaches its greatest intensity, rarely persisting more than seven or eight days after the drug is stopped. Desquamation nearly always occurs. A differential point of value is that the eruption appears a second time if another dose is given.”

The following skin manifestations ascribed to the internal administration of *Opium* should interest us as homœopaths, who appreciate its value in the eruptive fevers when otherwise indicated:

“*Opium* on the other hand is not usually suspected of causing eruptions on the skin. As a rule, the eruptions produced by it are limited to the face, but sometimes they are generalized. More commonly they are true erythemata and sometimes scarlatinal in type. In some cases there may be great redness of the skin, abundant sweating, acceleration of the pulse, heat of the skin. According to Brugisser, these symptoms often ensue after small doses, such as ten drops of laudanum. In the great majority of these cases the eruption ends in desquamation, and it may be furfuraceous or in large plaques, according to Lanz, and resemble in every particular the desquamation of scarlet fever. In one case seen by Guinard the desquamation lasted over a period of eight days. These *Opium* eruptions are not only produced by the single dose, but in some cases each subsequent dose so results. Thus Berenguier reports the case of a patient who had an eruption three times in one week from the use of doses of *Opium*, and Brugisser records the case of a patient who developed an eruption on one leg from the use of four grains of Dover’s powder, another eruption the next day from another dose of one grain of Dover’s powder, and a third eruption after five drops of laudanum. Deschamp and Apolant do likewise.”

The use of *Turpentine*, both internally and externally, has been followed by the development erythematous rashes, vesicles and papules. Cordes recites a case of marked urticaria from the injection of *Turpentine*.

From its decided action on the kidneys, *Turpentine* proves a most valuable remedy in nephritis, especially the post-scarlatinal type, where there is hæmaturia. It is therefore interesting to us to know that *Turpentine* also has a selective action on the skin, as seen from another case published by Cordes (*Eruptions Medicamentenses, Gazette des Hopitaux, 1879*), in which an erythema over the skin of the trunk appeared from its use.

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## ABOUT BRONCHITIS AND REMEDIES.

By T. C. Duncan, M. D., Professor Diseases of the Chest,  
National Medical College, Chicago.

I know that your readers will excuse me if I call attention to a fact that seems to have been overlooked by contributors to the July issue of the RECORDER, and that is:—

1. That the *course* of bronchitis is about two weeks.

2. That the inflammation begins in the nose or throat, and travels *down the mucous membrane* more or less rapidly, like a prairie fire.

3. That it gets well from *below upwards*. In other words, it retraces its course. A fresh cold may send it down again, to go over the same course towards recovery. If severe, the lesser bronchials may be invaded.

4. The rapidity of recovery depends upon (*a*) the nervous energies, (*b*) the condition of the reabsorbent lymphatics, (*c*) the severity of inflammation, and (*d*) the treatment. The inflammation, as a rule, subsides rapidly.

The remedies for pharyngitis, laryngitis, and tracheitis are better understood than those for bronchitis, perhaps. The skill in the management of a case of inflammation of the pneumonic mucous membrane is in "heading it off," and, if that is not possible, in making "a speedy return."

*Bryonia* stands at the bifurcation of the bronchi (larger) and turns it back in fine style. It is here a "short stop"—as seen in the case on page 322.

*Belladonna* stands guard at the vocal cords, to stop the inflammation and attendant hoarseness—if it passes *Mercurius* and the pharynx. When the inflammation has reached the bronchial branches, then we try to prevent the spread to the pleura. This is difficult to prevent where the lymphatics (reabsorbents) are defective or diseased.

Now we have what is known as broncho pneumonia or capillary bronchitis. High fever here calls for *Veratrum vir*. In this stage the aeration of the blood is deficient, and consequently we have great malaise from lack of oxygen. In bronchitis the appetite is not lost (as in pneumonia) and oxygen can be carried in by food and especially fluids (water). In severe bronchitis, *e. g.*, la grippe or influenza, the patient must be not only housed but protected, especially when the inflammation fills the bronchi with mucus—as on the return. Forcible dilatation, deep breathing will help and prevent blocking the bronchi up, especially in the apex of the left lung, on account of its peculiar anatomy.

The patient must not be prostrated by fright. Severe bronchitis is so much like the first (second) stage of phthisis that a mistake is often made.

In the first stage of bronchitis inflammatory remedies only are indicated, while in the second stage exudative remedies only are

beneficial. These latter include *Ipecac.*, *Hepar*, *Nux*, *Arsenicum* and *Sulphur*. *China* is rarely indicated, and is a poor chest remedy. *Aconite* is rarely indicated except in the tracheal section. Fear, fright, and spasmodic cough (croupal) call for it. That may be on the return as well as at the onset of the disease. Now turn to the bronchial cases in the article p. 302 *et seq.* July RECORDER and see the "wild shooting:" When the cough hangs on, give *Sulphur* and you will not need *Bacillinum* or any other post-organic débris. The one who would prescribe "20 drops of tincture of *Drosera* a day" has much to learn of the dual action of drugs and diseases.

#### Now a Word About Tuberculosis.

To develop a case of phthisis we must have:—

1. *A defective development* of the *lymphatic system* in the lungs.
2. *Defective Nerve Action*—ganglionic, accessory, spinal, or cerebral, or all.
3. *Defective Nutrition* (and circulation) of both of these systems.
4. *A cold* is usually necessary, so that
5. *Stasis*, and *abscess* form in *glands* that should be active, and
6. The *presence of bacilli* and their *ptomaines* to hasten septicæmia.

The cough, the expectoration, the wasting, the fever—hectic, etc., etc., all but symptoms of the local tubercular destruction (*vide* the genesis of tubercle).

We are only successful in the management of consumption when we can reach the *seat* of the disease and manage a *dual system* and many accessories. Improved nutrition, *i. e.*, active reabsorbents, is the index of cure or benefit when the condition is inherited. Tuberculosis can be both inherited and acquired, local and constitutional. Pneumonia we know, pleurisy we know, but asthma is often an enigma and bronchitis a fog, while tuberculosis is a *terra incognata*, as usually described and treated. This is a journal for remedy study (drug study), so we must open that chapter subsequent, if at all, from a drug standpoint.

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#### ECHINACEA ANGUSTIFOLIA.

[From Transactions of American Institute of Homœopathy, 1896.]

Dr. Charles F. Otis: "With reference to the uses of this drug I wish to call your attention in particular to malignant scarlet fever and diphtheria. I doubt if there are many physicians here assembled, who are general practitioners, who have not at some

period in their professional lives come in contact with one or both of these diseases either in an epidemic form or isolated cases, and in instances have met more than their match; have seen their patients with tongue so swollen that it protruded from the mouth; with membrane gradually extending from the throat into the posterior nares, possibly protruding from the nostrils, with the awful odor so characteristic; with a respiratory sound that told you only too plainly that membrane was extending into the air passages and that the misery of your patient would soon cease, not because of your ability to afford relief, but because death would close the scene. I need not complete the picture by mentioning the enormously high temperature, the thread-like pulse, the cessation of the action of the kidneys, the awful agonized expression of the face, and perhaps, in your efforts, intubation had been practiced without good results."

"It is in just this class of cases that *Echinacea* is 'king.' So reliable has been its action in my hands that I am inclined to give a favorable prognosis, and if I am so fortunate as to be called early the application of the drug in question does not permit of the symptoms just enumerated. The whole case will usually be changed to one of mild form followed by a quick recovery. *Sepsis, putrescence and malignancy are conditions where Echinacea will do greatest work and where its action is most reliable.*"

"METHOD OF ADMINISTRATION.—As far as my experience goes, or I can learn from reports of others, high attenuations have not been used. For internal use I sometimes use doses of 10 to 30 drops in water and repeat hourly, but ordinarily I add 1 to 2 drachms of the tinctures to 1 oz. of water and give one drachm of this solution at intervals of 1 to 3 hours. In membranous formations, I spray the throat and nostrils or surface affected with the tincture reduced one-half with water or one part to ten of water; locally it should be applied about the same strength on cotton and kept constantly moist. Should a case demand, I have it in mind to try the hypodermic use of the remedy."

"A FEW CLINICAL CASES.—Dr. Lyman Pike, of Terre Haute, Ind., reports the following: 'Recently I attended the worst case of malignant diphtheria I have ever seen. I used, during the treatment, *Phytolacca, Veratrum, Eucalyptus, Peroxide of Hydrogen, Baptisia*, etc. Symptoms moderated for about two days, then rapidly the larynx, nares, and entire buccal cavity became involved, breathing through the nostrils entirely ceased and the

stench was fearful, sputa abundant. Something must be done; I was on guard the whole night. Finally I gave the following: *Echinacea*,  $\frac{1}{2}$  oz., aqua,  $3\frac{1}{2}$  oz., and ordered 1 to  $1\frac{1}{2}$  drachms per hour. The patient asserted that she could not recover, but recovery was speedy. In less than five days after commencing *Echinacea* the patient was discharged.' ”

“Dr. N. F. Jackson, who is doing an excellent business at Selma, Kan., writes of a recent pleasant experience he had in the use of *Echinacea* in malignant tonsillitis, or the so-called “black tongue” of that region. His patient had been extremely ill and had been pronounced incurable by the attending physician, and all hope for recovery had been given up. The tongue and tonsils were black as if stained by berries or grapes. They were so much enlarged that deglutition and speech were almost impossible. The pulse was hurried, the body surface cold, almost clammy. The bowels were constipated, the appetite was gone. She was given *Echinacea* 2 oz., simple syrup 4 oz., teaspoonful every 3 hours. From the first dose she seemed to improve. The septic and nervous symptoms all began to disappear and were soon things of the past, for she made a complete recovery and in a comparatively short time Dr. Jackson says: ‘If you meet a case of black tongue, don’t fail to use *Echinacea* as the basis of your treatment, giving due attention to other symptoms.’ ”

“Dr. H. J. Shelley, of New London, Conn., reports: ‘Numerous reports from careful and reliable investigators prove this drug to be a valuable addition to our materia medica. Sepsis being a good indication for its use, I wish to note a peculiar tongue that cleaned up under *Echinacea*. Some time since I had under my care a case of typhoid-pneumonia in a boy of 14 years which followed about the usual course, the different symptoms being met by the indicated remedy. The convalescence was slow, and a prominent symptom was a jet black coating of the tongue. At the same time the mother was low with pulmonary tuberculosis in the adjoining room. A consultation in her case being held, attention was called to the boy’s tongue. The prognosis in his case was deemed exceedingly grave. The following was given: *Echinacea* 1 drachm, aq. dist. ad. 4 oz., one teaspoonful every 3 hours. An improvement in the patient’s condition was noticeable within 36 hours, which was followed by a satisfactory convalescence. The prominent features in the case

were the black-coated tongue denoting a low septic condition, and the rapid improvement under *Echinacea* alone.' ”

“Dr. C. H. Rigg, of Middletown, Mo., reports seven cases of septicæmia following confinement or abortion treated with *Echinacea*, and favorable results in six.”

“Dr. H. C. F. Myer, of Pawnee City, Neb., reports that in six cases of typhoid fever, two of the patients were out of bed on the eighth day, three on the tenth and one on the twelfth. The medicine is also prompt and efficacious in stings from bees, wasps, etc., as well as in poisoning by contact with certain vegetables and plants, especially rhus poisoning, one or two doses effecting recovery. In 613 cases of rattlesnake bites, with men and animals, prompt cures have been made. Dr. M. states: ‘I injected some of the (rattlesnake), poison into my system, on the first finger of the left hand; the swelling was rapid, and in six hours was up to the elbow. At this time I took a dose of the medicine, washed the swelling with it and laid down to sleep. I slept four hours and on rising did not find a single sign of swelling on my finger or arm.’ The recoveries from rattlesnake bites under its action are effected in from two to twelve hours.

“Gentlemen: I have cited these cases in place of my own to show the confidence others have in the drug. It is worthy of your careful study and consideration. Test it. You will not find it wanting, but will doubtless add new and valuable indications for its use. I deplore the fact that I cannot give a more complete paper. I should be pleased to hear from others who have had experience with the drug.”

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## FIRST REMEDIES IN PNEUMONIA.

Being a Clinical Comparison of Aconite, Veratrum Viride and Ferrum Phosphoricum.

By S. N. Watson, A. M., M. D.

Before proceeding to the clinical comparison indicated in the title of this paper, the ground must be cleared by a pathological resumé, and by a definition of what we mean by “first remedies.” From time immemorial pneumonitis has been considered as consisting pathologically of three stages: 1, the stage of congestion; 2, the stage of consolidation; and, 3, the stage of resolution.

For our purpose the first of these, the stage of congestion, is of most importance. Regardless of our theories as to the etiology of pneumonitis, we know that the first lapse from the normal in the disease is a more or less intense congestion, a general state of systemic hyperæmia, rapidly localizing itself in that portion of the lungs invaded by the disease-process; the capillaries of the alveolar walls become dilated and tortuous, and minute points of hemorrhage are found.

The lung becomes heavier, but the hyperæmia does not prevent the air from entering the cells. Very early there is a little fluid exudation, which soon becomes viscid, tenacious and dark; coagulable lymph fibrin fills the alveolar spaces and the air ceases to enter the cells.

There is cough, hard and painful, more or less difficulty in respiration, change in both temperature and pulse. This is the condition which marks the first and the beginning of the second stage of pneumonia.

The disease is pneumonia from the first general hyperæmia, through its intense localized congestion, to its later degenerative processes. The first stage is as much pneumonia as the last. It is in the first stage that the physician is very frequently called upon to combat it, and met here with promptness and skill it is most frequently routed before it has seriously ravaged the tissues.

The aim of a comparison of the first remedies in pneumonia is to define the field of three of the remedies very frequently called for in the first stage of the disease.

These three are *Aconite*, *Veratrum viride* and *Ferrum phosphoricum*, and their characteristics will be noted in brief.

In general, *Aconite* paralyzes the arterial capillaries and produces congestion in serous and mucous membranes by this means.

By its action on the pneumogastric it paralyzes the muscles of respiration, and the breathing becomes labored and anxious, or quick and superficial. There is nervous excitement, distress and restlessness. The pulse is hard, strong and rapid. The keynote to the *Aconite* condition is restlessness. The fever of *Aconite* neurotic; the hyperæmia is active; there are no blood changes; the tissues are mainly intact.

*Veratrum viride* is the passive analogue of *Aconite*. By its action all the nervous centers are paralyzed. The circulatory apparatus stagnates and great stress is laid upon the heart to

keep up the motion of life. There is a hammering, incompressible pulse. There is marked congestion of all organs under the control of the pneumogastric, notably, the lungs. Respiration becomes slow and distressingly labored. The brain feels the stagnation, and the patient becomes apathetic and dull. There is no change here in the blood corpuscles.

*Ferrum phosphoricum* (the *Aconite* of Schüssler) differs from the foregoing drugs in the outset, in that the blood corpuscles feel the effect of the poison at once and disintegration of the vital fluid is early marked. There is systemic erethism going on to inflammation and congestion, and the lungs are particularly affected. There is great oppression of the chest with dyspnoea. The pulse is soft, full and quick. The congestion here is passive, and the mental condition one of drowsiness and hebetude.

Comparing now these three drugs, which have such marked similarity in their effect on the lungs, we find in *Aconite* active hyperæmia, no blood changes, great mental unrest; in *Veratrum viride*, passive hyperæmia, no blood changes, stagnation mentally; in *Ferrum phosphoricum*, passive congestion, mental torpor and blood disintegration.

The pulse of *Aconite* is quick, hard and strong; the pulse of *Veratrum viride* is strong, rapid and incompressible; the pulse of *Ferrum phosphoricum* is soft, full and quick.

Therapeutically, therefore, we find *Aconite* indicated in the first stage of pneumonia, while there is active hyperæmia, and the intensity of the congestion and the violence of the arterial excitement keeps the patient in constant unrest. In the use of this drug, *nota bene*, the Sage Hahnemann's words as to *Aconite*: "When in conjunction with thirst and a rapid pulse there is present *an anxious impatience*."

When exudation has set in and the arterial tension has been loosened the time for *Aconite* has passed. Its work has been done and it must give place to another. Dunham illustrates its scope by the analogy of the passing of a tempest over a village, which may subside to a perfect calm, yet leave behind it a house on fire from which may spread a serious conflagration.

*Aconite* can quiet the storm, but cannot put out the fire. In this precedent stage of arterial and neurotic storm, before the inflammatory changes have thoroughly localized themselves; in sthenic cases, with quick onset, sharp chill, strong, rapid pulse, nervous symptoms marked, skin hot and dry, *Aconite* will relieve the hyperæmia and often ward off most serious consequences.

But there may be a different condition found. The nervous erethism of *Aconite* may be absent and in its place there may be a sense of utter prostration, the pulse harder and almost incompressible, the face flushed dark red, the breathing labored almost to suffocation; and here we find the pneumonia that calls for *Veratrum viride*. Intense arterial excitement, the patient apathetic, the great dyspnoea and the dark red face, these signs all call for the passive analogue of *Aconite* in the same class of cases, the congestive stage of pneumonia.

But, again, a different condition may meet us. We may be nearing the second stage of the disease, when blood changes are threatening to supervene, or we may have pneumonia added to some other ailment or to some dyscrasia. We have a bright red face, passive congestion, the patient more or less apathetic, but a soft, full, quick pulse, without the mental condition of *Aconite* or the pulse of *Veratrum viride*, and here we find the sphere for *Ferrum phosphoricum*.

It is a drug of marked value in cases that join the signs of congestion and blood disintegration. It finds its scope in both the first and second stages of pneumonia, and is of especial value where pneumonia occurs in feeble individuals, is grafted on to some dyscrasia or is superadded to some of the acute diseases. Pleurisy markedly contra-indicates it. Bronchial symptoms call for it.

To sum up again, then, we find that we would use—

*Aconite* in the first stage of pneumonia, with hard, rapid pulse and mental unrest.

*Veratrum viride* in the same congestive stage, possibly a little further advanced, with great dyspnoea, intensely hard pulse and mental torpor.

*Ferrum phosphoricum* in the congestive stage, as it passes into the second stage, or where there is a precedent condition of anæmia, with soft, full pulse and mental apathy.

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## CLINICAL CASES.

By A. T. Baral, Homœopathic Practitioner.

### Cholera.

Wife of Babu Bipin Bihary Saha, of Mitler's Lane, aged about 23 years, had a serious attack of cholera in the forenoon of Friday, the 18th inst. The patient was very weak and seven

months' pregnant. This made the inmates of the house very much frightened as to her recovery, when their measures had failed to do her any good.

After all, Hahnemann's method was resorted to, we were on the place after the evening, when the second stage of the true Asiatic cholera was marked to the very letter—purging, vomiting, cramps, coldness of the extremities, great restlessness, general prostration, insatiable thirst for cold water, eyes and face sunken, suppressed urine, etc.

After trying two doses of *Verat. alb.* in vain, *Ars.* 30 and *Cuprum* 30, in alternation, were tried with great success. These two medicines cured her of her whole disease and all of her complaints gradually subsided, and those two medicines at long intervals brought her round from the jaws of death. No other medicine than a few drops of *Nux vom.* in decided symptoms completed the cure.

Thanks to Him and Hahnemann that no injury was done to the child in the womb, as it was anticipated by some anti-homœopaths.

No doubt this is a pretty example to our Allopathic brethren, who at once decide these cases as hopeless.

#### Cholerine.

Sreensutty Sailasuta Debi, a pretty good-looking lady of 24, had purging and vomiting of indigestible substances a month after her delivery, who came under our treatment on the 15th inst., when some of the following characteristic symptoms were found: Nervousness in excess; lowness of spirits; weakness from loss of animal fluid; giddiness; indifference to food; bitter taste in the mouth; vomiting and inclination to sour vomit; spasmodic pain in the stomach; loose, brown purging, mixed with mucus.

No doubt these are the marked symptoms of *China*. A few doses of 1x cured her for the good and thus saved her from an attack of anything serious, that she and her relatives were afraid of. To her great surprise she has been well ever since then.

#### Bilious Colic.

Babu, D. D. B., aged 46, of robust and healthy constitution, had a severe attack of the disease in the noon of May 12, when he was found in a most restless condition. Violent cramps in the belly, insensibility, getting from one side of the bed to the other,

once on the floor, once on the bed, loud cries and asking for immediate relief. A few external applications of native drugs did no good to him. He was dark in complexion and habituated in smoking tobacco.

Three doses of *Nux* 30 abated his whole complaint, and he fell asleep within thirty minutes before the eyes of his attendants, who were greatly surprised at this. When he awoke he was asked how he was and he said that nothing serious had happened to him.

*Calcutta, India.*

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### ECHOES FROM THE QUEEN CITY.

Editor of THE HOMŒOPATHIC RECORDER

Recently we had the pleasure of a short visit in Cincinnati, the first city west of the Alleghenies to receive the light of Homœopathy through the pioneer work of Dr. J. H. Pulte, in 1840; it is after this physician of sterling worth and ability that this time honored Homœopathic College of the West is named—Pulte Medical College.

During our visit this venerable institution, which has been the Alma Mater of so many homœopathic physicians of worth, and many of whom have become distinguished for their professional ability and broad medical learning, was naturally a point of interest. The college building, a large and imposing structure, stands upon a prominent corner in the residence portion of the city. At the present moment the interior of the building is in a state of metamorphosis. All of its apartments are being remodeled upon most approved and modern principles with a view to further improve and facilitate the thoroughness of its collegiate course and to contribute to the greater comfort of the students.

Pulte was one of the first colleges in the United States to adopt the three term graded course, and, later, energetically co operated in introducing the four term graded course. This forging forward for higher and more thorough medical education has always characterized this institution. One of the cardinal features in its medical training in the past has been to afford ample clinical material and training to its students, believing it essential that students should have actual experience in the practice of the medical art and opportunities to apply the scientific training

which they receive in the lecture rooms during their college sojourn, and in order to further add to and improve these facilities in the reconstruction of the building the whole of the first floor has been devoted to this work. The large and spacious rooms are partitioned with hard wood and glass partitions into clinical waiting and consulting rooms, and of these there are the following series: The clinic for general medicine, surgical clinic, gynecological clinic, clinic for nose, throat, lung and eye and ear diseases, genito urinary clinic, clinic for skin diseases, and clinic for diseases of children. All of these are conducted in separate apartments, and these are all provided with stationary washstand with hot and cold water, amply equipped with all necessary appurtenances for clinical demonstration. Each of the above clinics are conducted by members of the college staff and assisted by the students. The upper floors of the building are divided into amphitheatre, lecture rooms, dissecting rooms, and histological, bacteriological, pathological and chemical laboratories, all of which are generously equipped, and in addition to these there is an assembly room for the gentlemen and a reception room for the ladies.

The heating and ventilating of the building is unique indeed. The building is heated by a battery of very large furnaces, and by means of a five horse-power exhaust fan the atmosphere of every room in the building is changed every fifteen minutes. The plumbing is of improved and modern type; in fact, every sanitary element in the reconstructed building has been made with special reference to the health and comfort of the students. When the junior class return they will hardly recognize their old college home, "she has grown so handsome."

A half a block away from the college building the Ohio Hospital for Women and Children is located and within a few blocks of this the Home for the Friendless and Foundlings and the large City Hospital, in all of which the students receive clinical instruction.

To the obstetrical advantages already enjoyed has been added those afforded by the maternity wards in the Home for the Friendless. Here under the supervision of the attending physician the senior students will assist in obstetrical work.

This institution (a charitable one), until six years ago, was in care of the "Old School Fraternity." Since that time it has been in the care of the homœopaths, and the comparative statistics

are worthy of perusal. The limit of space however will not permit to dilate upon that at this time.

During our sojourn in Cincinnati we had the pleasure of meeting the following members of the faculty: Dr. C. E. Walton, Dr. G. C. McDermott, Dr. J. D. Buck, Dr. J. M. Crawford, Dr. W. A. Geohegan, Dr. T. M. Stewart and Dr. C. A. Pauly, by all of whom we were agreeably entertained.

MEDICUS

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### NEWS ITEMS FROM CHICAGO.

Editor of HOMŒOPATHIC RECORDER

Dr. T. S. Hoyne is doing England, France and Germany in company with his brother. Dr. J. B. S. King edits the *Visitor* in his absence.

Dr. Fisher, of the *Century*, won first prize at "Golf" lately.

Drs. Genius are rusticated in northern Wisconsin. Will return about September 1.

Dr. Wilson A. Smith, late of the *Current*, has gone to South Haven, Mich., to live.

Dr. O. L. Smith has been chosen to fill the chair of "Nose and Throat" at Hahnemann College. He succeeds the late Dr. Wesley A. Dunn, who died last spring at Naples of typhoid fever.

Dr. J. Wylie Anderson, of Denver, stopped over a day in Chicago en route to his home from the Institute meeting and the east. The doctor says the Denver Homœopathic College is succeeding beyond all expectations.

The manly and independent little twelve year-old son of Dr. S. F. Shannon, of Denver, spent the day with us recently. He was making the trip alone from Denver to Pittsburg.

Dr. Hubert Straten has moved into his new home at 421 Cleveland avenue. The doctor is building up a splendid practice.

Dr. L. W. Wright, of Aledo, Ill., spent "Logan Day" in Chicago.

Dr. Chas. Gatchell, of "They Say" fame, was elected vice-president of the American Institute of Homœopathy, at its recent session at Buffalo.

Numerous Chicago doctors have complimented Boericke & Tafel upon their unique and useful *News Letter* that is sent out monthly.

Dr. Sarah Maloy, of Riverside, Cal., is visiting in Chicago.

Dr. Frank Kraft, the brilliant editor of the *American Homœopathist*, paid a flying visit to Chicago, just before the Buffalo meeting.

Dr. E. E. Reininger, one of Chicago's best prescribers, is making an exceedingly good record for Homœopathy at the Cook County Hospital, where he is physician in charge of the medical ward.

F.

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### DR. BURNETT AND HIS LATEST BOOK.

It is always a refreshing draught to be given one of Burnett's little books, be the subject whatever it may. He is sure of interesting the reader, and more often not only interesting but instructing him. He talks in that pleasantly confident way of his which carries a good deal of conviction. And to be commended especially in all his little books is his deliberate way of saying that medicine will and does cure so many of the conditions for which, and for so many years, the knife has been recommended by the mechanical end of our school. It is a demonstrable fact that many a woman to-day is a misery to herself and a reproach to the surgeon who tempted her by a promise of complete cure to have her in'nards ripped out *secundum artem*; while others, who were equally tempted, were saved from this same disastrous consequence by falling into the hands of more conservative surgeons of the school and treated both with medicines and local measures. Who, of the reading (medical) profession, does not remember how, less than ten years ago, it was preached and gladly believed by ambitious young men that a woman with a lacerated cervix must be operated upon or else she would quickly develop uterine cancer. Do we dare say this to-day? And so with other fads—for that is all they were; a novelty which attracted the pushing, ambitious, mechanical minds in the medical ranks and tempted them to believe, as they did believe, that there was something decidedly more radical and permanent in the way of a cure for ovarian neuralgia than giving *Colocynth* or chamomile tea or applying flaxseed-meal poultices, or doing other of the usually successful but antediluvian things, and this consisted in the quick and antiseptic taking out of that ovary and the womb and the other offending things. Yea, verily, if

thine eye offend thee pluck it out! This opened a wide field for operations, and the instrument makers were in the zenith of their prosperity. Operative chairs began to multiply in the homœopathic colleges; and Homœopathy, poor, old-fashioned Homœopathy, the Law of Cure, was relegated to some in-offensive, innocuous, mild-mannered person who wasn't gump-tious enough to do anything else but just cure diarrhœas and coughs and fevers; and who read off a few perfunctory lectures on *Aconite* and *Pulsatilla* and *Zincum*. Is not this true even to-day in some of our scientific homœopathic colleges? Look up the catalogues of seventy-five per cent. of the homœopathic schools to-day, count the chairs, and note the preponderance of surgical measures. Is it to be wondered that the laity are becoming afraid to call in a new doctor because he is so very ready to recommend a fifteen-dollars a week trained nurse, an operation to cost seventy five or one hundred dollars, and many complex paraphernalia costing other hard-earned dollars? But to return to Burnett.

This book like his other books is filled with a breezy recital of cases cured with medicines alone, and that, too, of diseases many times pronounced incurable, where operations had been absolutely commanded as the only means of prolonging a miserable existence. Dr. Burnett is especially to be commended in this his latest volume for prescribing homœopathic remedies that are well known and upon symptoms with which every (medical) schoolboy is familiar. In some of his preceding books he had fallen into the bad habit of recommending the use of remedies with which the homœopathic profession, as a rule, were not familiar—not even with the names of the remedies prescribed; it was too much on the line of organopathy and kindred ideas; but in this book before us he deals plainly with ordinary everyday female conditions and treats them with ordinary everyday homœopathic remedies. His descriptive matter is charming; it shows the educated man as well as the well-trained medical student and practitioner.

For a while, say several years before last August, although we always admired his little handbooks, we had fallen into the belief that most of Burnett's geese were swans; that he never had any except successful cases. But a personal acquaintance with him in London last fall, a careful study of his manner of practice, and a survey of the field in which he works with so

much success, as well as his reputation with those of his own guild, caused us to change our previously formed opinion and to give him the credit that is his honest due. Dr. Burnett's works are honest and trustworthy. He is an exceptionally successful practitioner, and his books reflect his manner of dealing with patients and professional people.

As for this book before us, there is nothing in especial to say for it and absolutely nothing against it. It is in the usual vein of Burnett, a book to be purchased and used in the office, and carried in the pocket while on the road; its principles should be carefully conned and, with the instructions, applied to the first case met in our daily round of business. One closing word. And it is this: There is many a young married woman in our country to whom it would be the saving of years of misery and affliction, an unhappy domestic life, and a possible premature death could this little book be placed in the hands of herself and her husband. It contains little "dabs" of truth that would startle the ordinary newly married couple and tend to make them go slow on some of the modern practices of married life.—*Dr. Frank Kraft, in American Homœopathist, reviewing Organ Diseases of Women.*

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## THERAPEUTICS OF A COUNTRY DOCTOR.

Condensed from *Journal of Medicine and Science*, Portland, Me.

### *Chionanthus Virginica.*

The remedy is well known along the Mississippi valley and in other southern malarial districts where physicians generally have become more appreciative of the value of liver stimulants than we are in New England; and if a perfectly reliable fresh preparation is employed the results are truly gratifying to physician as well as to patient. It is, however, a remedy so subtle and easy in effect, though none the less thorough, that at times we do not give it credit for its work. It is a true hepatic stimulant, but affects other glands differently; for while it undoubtedly greatly increases the activity of the liver, it very rapidly diminishes the secretions of milk and brings on the menstrual discharge in nursing women. Now a remedy capable of altering such important physiological functions must certainly have power for both good and evil, and we cannot be too careful in

our selection of the cases where we employ it. Although I have read almost all that has been published by the different schools about this remedy, I have never seen any mention of its effect upon the mammary or menstrual functions, and probably should not have noticed it except for a recent case of a nursing mother who came to me for relief of jaundice, with hepatic inaction and constipation—a condition very generally observed in women during lactation. These cases, especially during the summer, should receive extra care in our hands because any undue dosing of a nursing mother is so liable to affect the child, and may induce cholera infantum. Where the constipation is the chief complaint, as often is the case, *Cascara sagrada* assisted by glycerine injections generally answers well enough; but in this particular case the hepatic stagnation was so thoroughly established and the jaundice so pronounced (and of course the woman was anxious about her complexion) that it became absolutely necessary to employ some cholagogue. *Podophyllum* was tried, but it irritated the child. *Benzoate of ammonia* acted better, yet did not fully meet the trouble. *Phosphate of soda* was of little avail although a whole pound was used, and *Magnesia sulphate* was not accepted. Hence I gave *Chionanthus*, which promptly removed considerable of the yellow cast and eliminated the rest of the symptoms gradually, but lo! as the symptoms disappeared so did the milk, and in about a week or ten days the woman menstruated. The medicine was immediately stopped, *Saw palmetto* was administered and the amount of fluids used in diet increased; this was followed by an increased flow of milk. The experiment was repeated about six weeks after with the same results. Whether it would bring on the menses more frequently in a woman who is not nursing I have not ascertained for want of opportunity for a reliable trial. But this fact will show you clearly that there is a great deal of deeper action in many of our simpler remedies than we are aware of.

I am really in love with this remedy and its subtle action. I like remedies of this kind that have apparently no untoward effect, yet will relieve the most obstinate pathological conditions so easily, so gently, almost imperceptibly, like magic. It is to America what the garden clendine (*Chelidonium major*) used to be to Europe. I say "used to be," because correspondents in several parts of the old world inform me that in their mad pur-

suit for a coal-tar derivative panacea for all our ills, even this time-honored plant is almost forgotten.

*Chionanthus* is an excellent remedy in *chronic* jaundice, removing the external symptoms very rapidly; but my experience seems to indicate that the more slowly we allow this remedy to operate the more permanent the results will be. In other words, I believe that while its effect, in full doses, undoubtedly tends to remove the yellow pigments from the blood and skin very rapidly, yet it can not so readily change the functions of the liver cells, or the part of these at least which keep such matters out of circulation—hence I always make haste slowly; and when this is explained to the patient, he or she is generally satisfied with the way matters are progressing. It is not a cathartic *per se*, a fact that should always be borne in mind when treating this class of patients in whom, as a rule we find constipation a very prominent by symptom and who often require such remedies as butter-nut, hydrastis, cascara, etc., together with the drug under consideration, to effect a cure.

You will notice that I italicized the word *chronic* when speaking of jaundice because I distinguished between an acute and chronic state of this condition. Prof. Flint said that jaundice was not a disease but simply a symptom of other diseases, and that is undoubtedly true; yet the other diseases alluded to in the great majority of instances that have come under my observation are but a change of the functions of the liver, so that the bile, or some of its constituents, is not absorbed by the hepatic organs but remains in the blood until arrested by the capillary system—that is in the chronic form; and for such I know of no better term for the real disease than old-fashioned “biliousness.” but in acute attacks we must look for altogether different causes, principally in the bile-ducts or gall-bladder, or mechanical obstruction of same, and of which more anon when considering the remedies for same. In some persons the attacks of jaundice come once or twice a year at apparently regular intervals; and these cases yield most quickly to almost any kind of treatment.

Of course I take it for granted that no one will understand me as asserting that *Chionanthus* will cure a case of jaundice caused by cancer of the liver, tuberculosis, or any similar diseases; it cannot do so because it cannot overcome and remove the real cause; yet even in such cases it will do a great deal of good to

mitigate the sufferings by removing the product of the disease, which is the jaundice.

### *Leptandra Virginica.*

This plant has for a long time been recognized by the U. S. P., and the U. S. Dispensary says: "The recent root is said to act violently as a cathartic, and sometimes as an emetic. In the dried state it is much milder, but less certain." Ye gods and little fishes! Is not this an admission of the superior efficacy of green drug preparations that we have advocated these many years?

Repetition is the greatest drawback in all kinds of writing, scientific or otherwise, and only those who can avoid repetition can ever hope to become popular authors; but it is impossible in a series like this to get along without reproducing, in part at least, what you have said about one hepatic stimulant when speaking about another. All remedies of certain classes have a limited amount of similarity of action within the particular sphere of their therapeutical effect; and if I should do full justice to *Leptandra* it would be necessary to repeat a great deal that has already been said about the preceding remedies, such as their mutual action upon the portal system, etc., and to avoid this I must confine myself to differentiate between the uses of this and other remedies,

It is believed, and I think with good reason, that this plant has some direct action upon the small intestines as well as upon the liver. It produces and cures, according to the size of dose administered so as to get its primary or secondary effect, a peculiar *blackish diarrhœa*, that to a great extent must be our keynote for its employment. Its action upon the hepatic system is similar, of course, to all other remedies of this class; but I employ it now mostly where the hepatic stagnation is more or less associated with diarrhœa; and if the evacuations are of a dark color its beneficial use is positively assured. Compare this statement with that concerning blue flag in the next paper of this series. I used it more freely years ago, but after taking up the *Chionanthus* its uses became limited to cases in which it is clearly indicated by the dark stools.

## SENECIO.

*Senecio* is to be studied in relation to young girls with menstrual irregularities. Those who have *suppression* of the menstrual flow from getting wet, from getting the feet wet; those who have *menorrhagia*, a copious menstrual flow which continues until they have bled out; and those also who suffer from *dysmenorrhœa*, the pains being most violent. Now in this remedy, with these general features, the young girl gradually tends toward catarrhal phthisis. The menstrual flow is suppressed sometimes many months, she begins to look pale, has a dry, hacking cough, with bleeding from the lungs instead of the menstrual flow, a vicarious spitting of blood. There is a catarrhal state throughout the chest. They are pallid and weakly girls. They tell you they have lost their menstrual flow, and have a chronic cough, are sensitive to every draft of air, are always taking cold and finally expectorate profusely. The phthisis may go on as a catarrh of the chest for years, but at last a miliary tuberculosis sets in and takes the patient off with what is known as acute consumption. Especially is this condition associated with disorder of the menstrual flow and a general catarrhal state. "Phthisis, with obstructed menstruation." When the symptoms agree in this kind of a case *Senecio* is a most wonderful medicine for establishing the menstrual flow. You will know that it is acting well by the fact that the cough gradually diminishes. Of course a great many medicines will be suited to such general states, but this one has an unusually marked and special relation to these cases. In certain regions *Senecio* has been used as a domestic medicine, an old woman's remedy for bringing on the menstrual flow in her daughters.

You will be struck on reading over this remedy with the *tendency to hæmorrhage* from all the mucous membranes of the body. There is coryza with nose bleed; spitting of blood from the throat and chest; hæmorrhage from the lungs; a catarrhal condition of all the mucous membranes with a tendency to hæmorrhage; congestion and inflammation of the kidneys with hæmorrhage. You know how commonly these cases end in dropsy. These waxy, anæmic, chlorotic girls, who have lost their menstrual flow, become dropsical after slow hæmorrhage from the uterus, kidneys and bladder. "Dropsy from anæmia." It is a

medicine of the highest order for hemorrhages in catarrhal conditions.

It has also in its proving a great many distressing symptoms of the *urinary organs*. Painful urination. Uncomfortable heat in the neck of the bladder. Renal colic, the pains being so great that they produce nausea. Renal dropsy. Intense pain over right kidney, etc. The whole urinary tract is painful and subject to bleeding. But bleeding especially in the absence of the menstrual flow is the feature of this remedy. Wherever there is an inflammatory spot or catarrhal condition of the mucous membrane it will bleed in case the menstrual flow does not appear. We have other medicines having the symptoms of vicarious hæmorrhage, such as *Hamamelis*, *Phosphorus* and *Bryonia*, but *Senecio* has this condition strikingly and is one of the newer remedies for such, not in the old list.

“Dysmenorrhœa with urinary symptoms; cutting in sacral and hypogastric regions.” “Hacking cough at night.” “Amenorrhœa from a cold; nervous irritability; lassitude; dropsy.” “Menstrual irregularities in consumptive patients.” “Mucous rattling with suppressed cough.”

Leucorrhœa especially in chlorotic girls. It is a marked-remedy in chlorosis, in the anæmic state with a green hue, called “green sickness” by the laity.—*J. T. Kent, M. D., in Journal of Homœopathics.*

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## CLINICAL EXPERIENCE WITH STICTA PULMONARIA.

By Elias C. Price, M. D., Baltimore, Md.

In the early part of February, 1869, I was called to see a son of Mr. A. R., president of one of the fire companies of Baltimore. Patient was seven or eight years old, was suffering with acute rheumatism of one knee, ankle, toes, wrist and fingers; also valvular disease of the heart, the result of an attack one year ago. There was pain and stiffness of the joints; inflammation and redness of affected parts.

Having used *Sticta* in the treatment of rheumatism from a very early period, after Dr. E. M. Hale published the first edition of his work on the “New Remedies,” I was favorably impressed with its virtues. There was one symptom I had often noticed accompanying cases I had cured with *Sticta* which I had

never observed in any proving, and that was a spot of inflammation and redness over the affected joint, which resembled the hectic fever cheek in cases of consumption. I began to look upon it as an indication for *Sticta*.

In this case my first prescription was *Acon.* and *Sulph.* Next day no better; prescribed *Sticta* one part to nine of dilute alcohol, 10 drops of this in half a glass of water and gave one teaspoonful every hour. The next day I discovered there was a considerable quantity of fluid in the knee joint, but otherwise the patient was better. I concluded to give the *Sticta* one or two days longer to reduce the inflammation, and then follow it with *Sulphur.* The next day one-half of the fluid had disappeared; I continued the *Sticta.* The following day all the fluid had disappeared, and as the patient was in every way better I continued the *Sticta,* and in nine days dismissed him cured. The winter before he was under the care of three different homœopathic physicians (who always stick to the old remedies) about four months.

I had treated nearly half a dozen cases while practicing in Baltimore county. I had given *Sulph., Iod., Merc. viv.,* and *Calcarea,* as seemed indicated, but the cure had always been very slow.

For three or four years I had a rapid succession of cases, and they were nearly all cured in a few days with *Sticta* alone, except a few cases that appeared to be of scrofulous constitution; then a few intercurrent doses of *Sulph. 30* were given, when the *Sticta* would seem to wake up and go to work and cure the case in a very short time. I also cured with *Sticta* two cases that might be called house maid knee; the bursa was on the outside of the knee cap.—*Southern Journal of Homœopathy.*

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## CASES FROM PRACTICE.

By Thom, M. D., in Flensburg.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger op. Zeitschrift für Homœopathie,* Jan. 1, 1897.

Very many physicians, as is well known, treat cutaneous eruptions only with external remedies, ointments made of white precipitate and other substances. They are unwilling to acknowledge that as a consequence of such treatment, especially where

the cutaneous affections spring from constitutional causes, diseases of other important organs appear with effects calamitous to the functions or to life. The case communicated below, which seems especially instructive in this respect, would also seem to corroborate this fact.

A child of eight months, of T., who is employed on a freight steamer of this port, had been suffering of diarrhœa almost since the time of its birth. After various remedies had been tried in vain, the diarrhœa was stopped by a layman adhering to the homœopathic school. But now there appeared quite a violent pustulous, itching eruption, covering the whole face; at the advice of good friends and neighbors this was quickly removed by ointments. The consequences did not fail to appear. So violent an inflammation of the eyelids and, as appeared later, also of the eyes set in, as we luckily seldom witness. The eyelids were fearfully swollen and of a dark blue reddish color. Photophobia and spasms of the eyelid made an examination of the eye impossible. The child suffered torments. The inflammation of the eyelids was alleviated by *Apis* and the photophobia was influenced by *Belladonna*, *Rhus* and *Conium*. But it was only after prescribing *Sulphur* that a surprisingly rapid improvement set in. At the same time the former eruption reappeared and developed in the same proportion as the improvement of the eyes advanced. When there was no more danger with respect to the eyes the child was removed from my care. The eruption, as I was told, disappeared later on "of itself." This may have been an after-effect of *Sulphur*, which evidently acted as a constitutional remedy in this case.

Mr. F., a farmer from this neighborhood, aged 77 years, has for years been troubled with a dry herpes with a bran-like desquamation, which has established itself especially on the face and on a spot about as large as the palm of the hand on the left leg; he is tormented with an irritating itching, which especially appears at night, and which almost drives him to despair. Since the patient himself had but little hope of a cure, I undertook the treatment with but slight hope of success. Nevertheless on prescribing *Sulphur* there appeared, even after only fourteen days' treatment, a very distinct improvement, which now, after using *Sulphur* in various attenuations for about five months, has proceeded so far as to border on a full cure, and the patient declared himself quite satisfied with his state.

## BOOK NOTICES AND GOSSIP.

Dr. H. Gross' Comparative Materia Medica. Edited by Constantine Hering. Second edition. 520 pages. Quarto. Half morocco \$6.00; by mail, \$6.40. Philadelphia. Boericke & Tafel. 1897.

The introduction to this work by Dr. Gross is worthy of careful study, and the keynote of the author's character is, presumably, found in these words from it: "In accordance with his experience, every physician cures as best he is able. In this respect we are in favor of the widest toleration, claiming the same for ourselves. No one is justified in marking out purely arbitrary paths in science, because these are mutually opposed as much as are anarchy and rational liberty." As for the *apparent* chaos in which the homœopathic materia medica seems to be to all beginners—and to some who are not beginners, we may add—he hopes to remove it or show that it is not chaos "by the present work." "It is necessary to find a smooth path which, without being arbitrary, shall be correct; and by which we may discover and appropriate, without much difficulty, the result of the hitherto known provings. I believe I have taken this path by exhibiting the DIFFERENTIAL DIAGNOSIS of such remedies as are similar in their effects." Elsewhere he says: "The study of this work, which may always be more entertaining than a calculation of logarithms, ought, with equal perseverance, to be gone through with; the more so as it is more satisfactory than that of mere repertories, since in the latter the symptoms of remedies must of necessity be *analyzed*, whilst here they are *synthetically compiled*. Our diagnosis must also have the preference to a repertory with beginners who, though not familiar with it, can nevertheless always find in a moment the matter searched for." After a page or two of curious and instructive comments on groups of remedies he says: "All individualizing physicians, whether they call themselves homœopaths or otherwise, can use these diagnoses to advantage, provided they are acquainted with the range of symptoms of the remedies referred to. Without such knowledge they are of course useless. I have therefore no

fear that my work will be abused by the ignorant." But space will not permit of more quotation from the author. The editor, Hering, says of the work in his preface: "*The student of materia medica* has now a better chance than he ever had before to become familiar with the very essence of our knowledge of drugs." And "*the practitioner* may consult our work every day, at least in all cases where he is not perfectly certain in his choice." In short, the book is a "differential diagnosis" of all the leading drugs, and the oftener it is consulted, or, better still, studied systematically, the clearer will the various remedies stand out as distinct entities and the greater will be the practitioner's power to grapple with *quick* success with disease in all its subtleties.

As a book it is a very handsome piece of work, well printed and well bound.

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**A Text-Book of Diseases of Women.** By Charles B. Penrose, M. D., Ph. D., Professor of Gynecology in the University of Pennsylvania, etc. Illustrated. 529 pages. 8vo. Cloth. \$3.50, *net*. Philadelphia. W. B. Saunders. 1897.

Another book in which the publisher fully keeps up his reputation for turning out first-class work, from the mechanical point of view. As for the text, the author, in his modest sixteen-line preface, tells us exactly what his work is: A book for the medical student, in which is presented the teachings of modern gynecology: but one plan of treatment is given for each disease and "I have, as a rule, omitted all facts of anatomy, physiology and pathology which may be found in the general text-books upon these subjects. Such facts have been mentioned in detail only when it seemed important for the elucidation of the subject, or when there were certain points in the pathology that were peculiar to the diseases under consideration." The book is divided into forty-three chapters and is very fully illustrated. The book being thoroughly modern it is, perhaps, needless to add that internal medication has practically no place in it; of its kind it is first class, but what of its kind? Is there no medicine to cure these gynecological cases? Burnett, in his recently published "*Organ Diseases of Women*," says there is, and gives their names, but among writers on the subject he stands almost alone. The world has much to learn yet on the subject.

**Eye-strain in Health and Disease.** With Special Reference to the Amelioration or Cure of Chronic Nervous Derangements without the Aid of Drugs. By Ambrose L. Ranney, A. M., M. D., Author of "Lectures on Nervous Diseases," "The Applied Anatomy of the Nervous System," etc., etc.; Late Professor of Nervous Diseases in the Medical Department of University of Vermont and of the Anatomy of the Nervous System in the New York Post-Graduate Medical School, etc. Illustrated with 38 Wood-cuts. One Volume, Royal Octavo, pages viii-321. Extra Cloth, Beveled Edges, \$2.00, *net*. The F. A. Davis Co., Philadelphia. 1897.

"To the critics," writes Dr. Ranney, "the author would say that three facts should not be lost sight of in this volume, viz.: That none of the cases here reported took any drugs while under his care, that they were chronic cases which had received no benefits from medications under skillful hands, and that many of them were made absolutely well by eye-treatment alone;" and again, "Many diseases which are to-day commonly regarded as of bacterial origin owe their development, in my opinion, to some underlying cause that has impaired the nervous functions," and among these causes imperfect vision, or eye strain, stands very prominent. One can see that the author *feels* his subject strongly, and the result is a book that is both interesting and may be the means of performing a great use to humanity if its teachings are applied.

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### **Surgical Hints for the Surgeon and General Practitioner.**

By Howard Lilienthal, M. D., Assistant Attending Surgeon to Mt. Sinai Hospital, New York City, New York: International Journal of Surgery Company, 1897. Price, 25 cents.

In writing this little book the author's aim has been to present a number of observations and suggestions whose value has been thoroughly tested at the bedside and in the operating room. A review of its pages will show how much practical information he has conveyed within a small compass, and this he has been able to do by eschewing all superfluous verbiage and by writing clearly and to the point. The material is well arranged, the typography excellent, and the little volume is of a convenient size to be carried in the pocket and perused at leisure moments.

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## “OSTEOPATHY.”

The RECORDER believes in legislatures keeping hands off in medical matters, and consequently can view with equanimity the fact that laws looking to the suppression of the new science (?) of “Osteopathy” have failed in many states, and the new system (?) is allowed to go ahead. A copy of the *Journal of Osteopathy* has drifted into our mail and from it, as near as we can gather, the success of the treatment lies in the fact that drugs are not used and massage is. The same miracles of healing could be wrought without a journey to the Mecca of the osteopaths; tens of thousands of victims of heavy old school and proprietary medicine drugging could be cured by staying at home and substituting bread pills for the drug mixtures, and after the overlying drug diseases had disappeared and the original and probably simple disease again showed itself the homœopathic remedy—a hundred to one it would be one of the old Hahnemannians—would soon clear up the case. From the *Journal* we quote the following account, by a newspaper man, which is published in its pages of what is being done:

“The patients hailed from everywhere and some knew a lot about medicine, surgery and sickness. They had been investigating from necessity in many quarters, seeking relief. Their stories were almost incredible. The blind had come to see. The halt walk. Epilepsy had been banished with the simple readjustment of a bone out of position that paralyzed some functional nerve or artery. One patient, who had been brought from an insane asylum, was endowed with sense in a few weeks and he straightway enrolled as a student and began to prepare himself to practice.”

Well, the more the merrier, and the higher will be the estima-

tion in which Homœopathy is held by those who have been through the hurly burly of scientific, enthusiastic and quack medicine that is making so much noise in the world to-day.

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## OBITUARY.

### William Thomas Urie.

Entered into rest, on the 17th of July, William Thomas Urie, M. D., in his fifty-fifth year, after an illness of two days, of hemorrhage from the stomach and blood clot on the brain.

Dr. Urie was the youngest son of James Urie, of Urieville, Kent county, Maryland, and was born there Nov. 3, 1842. At the age of fourteen he entered Washington College, Md., where he graduated with the degree of A. B., the degree of A. M. afterwards being conferred upon him. He subsequently entered the University of Maryland at Baltimore, graduating March 7, 1863, and was immediately commissioned first assistant surgeon of the 10th Maryland Volunteers by Gov. Bradford.

After the war he married and returned to Kent county, where he practiced Allopathy for several years; but being convinced of the truth of Homœopathy he came to Philadelphia, where he entered the Homœopathic Medical College of Pennsylvania, graduating therefrom March 2, 1867, having been under the instruction of the grand old men of the homœopathic system—Hering, Lippe, Raue, Henry N. Guernsey and others.

He returned to Chestertown, Md., where he became the first homœopathic doctor in Kent county; but a painful accident and a large country practice having caused his health to fail, he moved to Pennsylvania, finally settling at 321 Kerlin street, Chester, where he resided until his death. He left a widow and two children, a son and a daughter.

He was an ardent believer in the high potency doctrines of Homœopathy and was remarkably successful in their use. He was a skillful prescriber and kept abreast of the times in all things, was deeply read, and an earnest and faithful practitioner.

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DR. WALLACE, in the *Medical Herald*, gives favorable results from use of olive oil per rectum in intestinal obstruction. Two quarts of the oil, at a temperature of 104°, were given from a

fountain syringe through a rectal tube. The patient's hips were elevated, the buttocks compressed to prevent return of the oil, and gentle massage of abdomen practiced. Relief was soon obtained, and the oil, mixed with fecal matter, passed away in a few hours.

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DR. S. SHAUWECKER, a correspondent of the *Medical World*, answering another correspondent of that journal who wants an efficacious treatment for albuminuria, writes: "I would like if he would try *Trailing arbutus*, sometimes called 'gravel plant,' in his case with hot or vapor baths. I have had such uniformly good results with it that I think it would do him much good."

*Trailing arbutus* is catalogued among the medicines as *Arbutus andrachne*.

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AN educational journal, the *North Western Monthly*, for July, contains a very able paper on "Medical Inspection in Schools," by that good homœopath, Dr. C. F. Menninger, of Topeka, Kansas, who contends that "The schools of our country are not meant to produce prodigies, but citizens, *healthy* as well as intelligent.

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MR. C. S. EASTMAN, Meridian, Miss., writes that it is a town of about 15,000 inhabitants with no homœopathic physician, and adds: "If you know of a good homœopathic physician looking for a location please call his attention to Meridian."

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WE publish a letter from Cincinnati in this number of the RECORDER, relating what is being done at "Old Pulte." The columns of the RECORDER are always open for news concerning our various homœopathic colleges and other institutions.

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THE July number of *The Journal of the British Homœopathic Society* contains a paper by C. Bojanus, M. D., on "Lathyrism," chiefly made up of extracts from the observations of Prof. Koshevnikoff on the effect of eating food in which the pea, *Lathyrus sativus*, had been mixed. We have not space for a full detail of these cases, which are practically provings of *Lathyrus*

*sativus*, but the following are the chief symptoms prominent in nearly all the cases:

“First of all he felt a weakness in the legs, heaviness in the gait, temporary tremor in the legs, principally in the night, cold feet; succeeded by tremor in the hands, though not as strong as the tremor in the legs. About a week later he felt a strong pressure upon the bladder, a strong and frequent wish of urinating; he had to make haste, otherwise the urine passed of itself, and with such force that it spouted out. Weakness, tremor and heaviness of the lower extremities increased gradually, so that after two months he could only move if leaning on some support.”

There are five cases given and, as said above, they all presented practically the same symptoms.

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A PHYSICIAN writes concerning that excellent food, Imperial Granum: “It affords me pleasure to inform you of my high estimation of the value of Imperial Granum in a recent case of obstinate vomiting of pregnancy. For many days at a time my patient could retain practically nothing in the way of nourishment until the Imperial Granum was tried, when the stomach immediately became more tolerant and nutrition was rapidly regained—and at this writing, four weeks from the time she began its use, she is still relying almost exclusively on it for nourishment. It is safe for me to say that in the future I shall depend on the Imperial Granum when its use is indicated.”

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THE Superior Court of Massachusetts has decided a question that is of some interest to physicians. About a year ago a Lynn, Mass., doctor sold his practice to another doctor, as is often done. In time he returned and resumed practice in the same neighborhood. The purchaser of the original practice brought a bill in equity to have him restrained, and Judge Dunbar enjoined the defendant from practicing in Lynn in violation of his promise.

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DR. EPHRAIM CUTTER, in the *Medical Age*, June 25th, reasons to the conclusion that “vegetable food in excess then is a chief cause in producing dropsies and fatty illis in man.”

## PERSONAL.

"Aërogenes capsulatus" is the gas bacilli. Chronic with some, we fancy.

When we contemplate the chin-tilting, four-inch collar worn by our summer youth we feel that the spirit of Sparta is not dead.

Dr. W. R. King says he has used *Cineraria maritima* in several cases of cataract, but with no success. Its value is doubtful.

The fewer our wants the greater our independence, but, few care to be independent on that basis.

Good advice is generally unpalatable and awfully scarce.

What would not a politician give if he had a pull feared as much as that of the dentist.

Dr. S. C. Whitcomb has removed from Kewanee to Galesburg, Ill.

Dr. Jas. Hollowell, M. D., has removed from Philadelphia to Wayne, Pa.

Professor Goluboff says that appendicitis is an infectious disease, or, in the words of the plain people, "it's catching."

Dr. Chas. E. Libbey has removed from Dorchester to Saxonville, Mass.

Dr. H. M. Smith has removed from Pearland, Texas, to Council Bluff, Ia.

Dr. R. B. Leach, late of Paris, Texas, has located in Minneapolis.

The Gem Pocket Inhaler (W. L. Lippencott,) is the best in the market. Can be seen at the B. & T. pharmacies. See his offer to physicians on p. xvi of July RECORDER.

Dr. Bradford's Lippe "Keynotes" are very popular with the RECORDER's readers, and deservedly so.

Many physicians will welcome the appearance of *Gross' Comparative Materia Medica*.

They say that the X-ray has located a swallowed coin in a man's sarphagus.

"Every mind has a battery, which, when brought into use, can send an X-ray that annihilates distance and can penetrate all solids, and bring friends face to face that reside on different continents."—*Am. X-ray Journal for June*.

"How does Homœopathy cure?" Don't know; but it cures—enough for man to know.

An Iowa doctor in a recent paper speaks of the "leakage of nerve force."

Dr. Marpmann has discovered bacteria in ink; this is a wonderful discovery and accounts for many things.

If the average man could live up to his ideal he would probably find it a bore in the long run.

Burnett's *Organ Diseases of Women* has met with all sorts of reception. It is the kind of book that stirs men up.

If you have any practical points write them up for the RECORDER; news items also.

*Culex* was plentiful this summer.

*Senecio* is attracting a great deal of attention since the RECORDER took it up.

When the RECORDER takes up anything it is soon widely known. 'Cause why? The RECORDER is one of the few journals that are read.

The foot ball men are letting their hair grow.

# THE HOMŒOPATHIC RECORDER.

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## A MATERIA MEDICA GUIDE—VIDE ARSENIC.

By Thos. C. Duncan, M. D., Ph. D., Prof. Practice of  
Medicine, National College, Chicago.

To the novitiate the provings of drugs and the anatomical schema are a confusing labyrinth. He feels that he needs a guide. If he studies the poisonings he knows that he has but part of the possible effects. If he studies the many symptoms developed by many provers he is simply lost in a maze. If he looks at the symptoms of pulse or stool he gets confused, for he finds a rapid pulse and slow pulse, diarrhœa and constipation under the same drug. Which is first and which is second there is no telling from the records as usually presented.

Why is our materia medica a sealed book to so many? Because I believe it needs an interpreter. We had a Hahnemann who was both an interpreter and a guide. Hering guided the few who could draw him out to walk through the materia medica maze. No one has as yet appeared to interpret the symptoms and enthusiastic enough to guide in its study. The materia medica conference deals with therapeutic questions chiefly. Because one is a good sharpshooter does not prove that he is an authority on ordnance and can give the calibre and range of rifles of all makes.

A stone is dropped into a quiet pool. There is a splash and then waves that extend to the shores. The scientist finds a correspondence between the waves and first splash. The waves are a necessary result of the splash. They are Nature's effort to resist the disturbance of the stone, but both are effects of the force upon the water. The waves are the reactionary effects—the secondary effects.

A dose of *Arsenic* is taken. The splash is severe vomiting, great thirst, prostration, pale, sunken face, severe diarrhœa, quick, small pulse, cold extremities, mental agony, etc., etc. If the person survives, instead of "vomiting everything as soon as taken" the reaction waves appear, the system learns to "drink little and often," the prostration is followed by restlessness, a host of neuralgic symptoms appear, the prostration is succeeded by fever, with strong pulse, etc., etc., and finally "constipation, with pain in the bowels."

It seems reasonable to conclude that if we know the shock symptoms—the primary ones—that the reactionary or secondary symptoms should be foretold to a certain extent, depending, of course, upon our powers of diagnosis.

The therapist may be intrusted only in the reactionary or getting-well symptoms, for these drug symptoms he selects as similar to those in a case—both working in the same direction—but the materia medica student must "follow out" all the possible effects of the drug from the first impact to the last ripple in the body. As a scientist, nothing must be omitted from the record of effects.

To properly and intelligently study these we need a guide—a teacher. The guide should point out the location and severity of the initiatory impact and subsequent evolution and effects. He should group the primary symptoms, then give the order and sequence of the secondary or subsequent symptoms; how they affected the different temperaments differently; how different doses in healthy persons produced more or less primary effects, and that the reactionary symptoms are more or less numerous and protracted. Then he would run a comparison of these effects and the symptoms of similar and dissimilar drug pathogeneses. Drugs, like diseases, can be grouped, and should be so arranged for study.

Around *Arsenicum* Teste groups *Veratrum album*, *Argentum*, *Zincum*, *Mercurius*, *Indigo*, *Bryonia*, *Lycopodium*, *Nux vomica*, *Colocynthis*, *Sepia*, *Copaiva*, *Alumina*, *Plumbum*, *Lachesis*, *Sulphur*, *Cina*, *Carbo vegetabilis*, *Ferrum*, *Bismuth*, *Petroleum*, *Nux moschata*. These are, he thinks, analogous of its effects upon the digestive organs, but runs no comparisons.

Gross, in his valuable *Comparative Materia Medica*, runs a comparison of *Arsenicum* with *Bell.*, *Calc. c.*, *Carbo v.*, *Caust.*, *Cham.*, *China*, *Ferrum*, *Hepar*, *Iodine*, *Ipecac.*, *Lachesis*, *Lyc.*,

*Natr. m.*, *Nux v.*, *Opium*, *Petrol.*, *Phos.*, *Puls.*, *Rhus*, *Secale*, *Sepia*, *Silicea*, *Staphisagria*. *Sulphur*, *Veratrum*; also with *Carbo a.*, *Cuprum*, *Digitalis*, *Hellebore*, *Kali bich.*, *Kali carb.*, *Kreas.*, *Muratic acid*, *Phosphoric acid*, *Sambucus* and *Thuja*. These comparisons are symptomatic, and some of them seem forced, representing both extremes of action—primary with secondary, and *vice versa*.

Hering gives the antidotes to *Arsenicum* as *Camphor*, *Cinchona*, *China*, *Sulph.*, *Ferrum*, *Hepar*, *Iodium*, *Ipecac.*, *Nux vomica*, *Sambucus*, *Tabacum* and *Veratrum*. *Arsenicum*, he claims, antidotes *Carbo veg.*, *Cinchona*, *Ferrum*, *Graphites*, *Iodium*, *Ipecac.*, *Lachesis*, *Mercurius*, *Nux vomica* and *Veratrum*.

Of all these latter drugs, none produce the gastritis of *Arsenicum*. We note that *Camphor* does produce vomiting, but the prostration is severe and cerebral, not the exhaustive drain of *Arsenicum*. *Veratrum* also produces vomiting, but like *Camphor* its thirst is not marked. The bowels seem to feel the force of the *Veratrum* attack. *Tobacum* and *Nux* act very similar to each other, but cannot compare with the primary attack of *Arsenicum*. The stomach symptoms of *Ipecac.* do not correspond. What remedy does correspond with *Arsenicum* stage by stage?

In an article to the World's Congress of Homœopathic Physicians and Surgeons, *vide* "Transactions, 1893," John C. Morgan thinks that the action of drugs should be studied and arranged on the fever type. How would he classify the *Arsenicum* symptoms, taking, for example, those given in Hering's "Condensed Materia Medica," or in "Allen's Cyclopædia?"

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### MALARIA OFFICINALIS.

The Transactions of the Indiana Institute of Homœopathy for 1895 contained a very interesting paper by Dr. G. W. Bowen, of Fort Wayne, Ind., on the subject of "Malaria." As the RECORDER makes abstracts of all items of general interest from the various society transactions, the paper on malaria was quite fully quoted and the quotations published in the December number, 1895. This aroused considerable interest, and as Dr. Bowen was unable to supply the very general demand for the *Malaria off.* that followed, the firm of Boericke & Tafel, at his request, and under his instructions, prepared it.

The paper in the Transactions was chiefly devoted to a study

of the effects of vegetable matter in a more or less advanced state of decomposition on the human organism with a view to discovering an antidote. The effect of inhaling the gases arising from the decaying vegetation in its first state (Dr. Bowen hired a good many provers on whom the experiments were made with their consent) was "fearful headache, nausea, aversion to food, distress through the hypochondriac region, first in the spleen, the liver and stomach, and on the third day chills that would doubtless have continued indefinitely if not interfered with."

A vial of the water from the first, second and final stages of decomposition was saved and some experiments were made with these internally. Of these trials Dr. Bowen wrote:

"Bilious colic, nausea, cramps, diarrhoea and headaches were readily secured from a few drops of the first vial, in many cases, while the second vial gave me a large number of cases where the liver, spleen, stomach and kidneys were apparently seriously involved, and not them alone, but fair types of intermittent fever with its attendant shakes, some daily, some tertian.

"With the third vial trouble came, as it did reduce many that had been able to be up and around to their beds, and unmistakably cause them to get worse, and cause them to degenerate into a typhoidal or semi-paralytic condition. In a few cases I was deprived the liberty of finding my antidotes and helping them out of the dilemma."

The only clinical use made of the new preparation given in the Transactions was the following:

"It was a lady, the last of a family of five; all others had died of consumption, and three in her preceding generation of the same disease. I doubted the probability of saving her, yet *theoretically* decided that as the primitive action of malaria was first, the spleen, next the liver and stomach, that I would develop an artificial or drug disease there, in hopes that her chest would be relieved and doubtless be benefited. She was given the tincture from my second vial, and on the fifth day she had a fairly perceptible chill, and a harder one the sixth and seventh. On the eighth I saw her shake for one hour, and her fever lasted over six hours. Out of pity my drug was neutralized and her health was restored, with no more cough distress in her lungs or heart. She was cured of her tendency and certainty of dying with consumption. She remained well for twelve years when she was lost to my call."

This case opens the question: Is it possible that consumption may be cured by that which causes malaria? This is not a new question, for the readers of the RECORDER may remember that it was touched upon in that very interesting series of papers contributed to this journal some years ago by Dr. G. Hering, of England. The particular paper referred to was published in the October number, 1894. The following is what was written by Dr. Hering:

“What curious discoveries are made by the observant. Witness the following remarks of Dr. Casanova, as recorded in the *Homœopathic Review* of over thirty years ago: ‘I know of several localities in South America, Africa and Spain where the marsh miasma has unquestionably arrested and cured that fatal scourge of the human race, phthisis pulmonalis, without any other treatment or restriction in food or drink.’”

The writer, Dr. Casanova, then goes on to speculate as to the possibilities of certain marshy parts of England as a resort for consumptives. Dr. Hering then continues:

“Now, I think of it, I find I can give some support to this statement of Dr. Casanova. I was once on board of a Liverpool steamer which put into Aspinwall on the swampy Isthmus of Panama for nine days. Upon our return home several of the sailors, otherwise healthy fellows, were prostrated by what was called Panama fever, whilst I myself, who had formerly suffered from tubercular disease of the lungs, was totally unaffected.”

Taking Dr. Bowen’s case cited above, Dr. Casanova’s assertions and Dr. Hering’s personal experience, and it looks as though *Malaria off.* might prove to be an important remedy in tuberculosis, even a cure for it.

(Perhaps some of the RECORDER’s readers have some experience with the theory advanced by Dr. Casanova and will write it out for the benefit of their brethren.)

But to return to our friend, Dr. Bowen. The next mention we find of the remedy was a paper by him in the *Hahnemannian Advocate*, June, 1897, and reprinted in the July RECORDER, and as it is our desire to gather into the paper all that is known concerning the remedy we here reprint the gist of that paper:

“I have used it (*Malaria*) quite extensively, and am surprised at results obtained from it, as it does more than was expected from it. If the case seems to be due to the weather, from a former fever, or from rheumatism, I venture to give it (in the

first, second or third dilution), and beneficial results are soon seen from it. Later, cases will be reported, but until then, would advise doctors to try it and they will be disposed to question *why* such an element of evil, an untutored savage like malaria, has not been tamed before and made to serve as an ally and used as a means of restoration to health. One thing should be remembered in giving *Malaria* as a medicine, the patient should not be allowed to use coffee, as it is a direct antidote."

Many inquiries coming in concerning the remedy which we were unable to answer induced us to write to Dr. Bowen for a fuller paper on the subject, and in response he kindly sent the following paper which, with what has gone before, covers all that has appeared in print to date concerning the remedy.

**Malaria as a Remedy.**—By G. W. Bowen, M. D., Fort Wayne, Ind.

Messrs. Boericke & Tafel prepared me a new supply of it, and I have used so far only one form of it and in the one attenuation.

It was prepared in three degrees of strength:

No. 1 is the *water* that stood on decomposed vegetable matter for one week at a temperature of 90 degrees.

No. 2 is the *water* that decomposed vegetable matter for two weeks.

No. 3 is the *water* that decomposed vegetable matter for *three* weeks, and it is fearfully offensive.

I have only used the No. 2, or that that had only partially decomposed the vegetable fibres.

In preparing it for use I put *ten drops* of the water to ninety drops of alcohol and then medicated my pellets (No. 30), and it does not soften them up. This is the only form I have used it in, and give from three to ten of these pills for a dose, two, three or four hours apart.

I have been confined to my home for three months this year, and hence will only report a few of the most marked cases.

CASE I. Mrs. R., aged 45, weighing 245 pounds, could scarcely walk or get into a buggy for two years, from the effects of rheumatism in her back and limbs. I gave her last March two drams of No. 30 pills medicated with the first decimal, or No. 2 preparation, with orders to take ten pills three or four times a day. In *one week* she could walk as well as ever and has no rheumatism or lameness since.

CASE II. Mr. S., foreman in a large saw mill, has been afflicted with rheumatism for years. He came to me in April with a stiff neck and his right arm and shoulder helpless and painful. He wished me to keep it from his chest and heart. I gave him two drams of No. 30 pellets, first decimal, and a vial of *neutral* globules, with orders to take two hours apart, changing, when better, three hours apart. In three days he was better and could turn his neck and use his arm fairly well. One week later gave him two drams more of *Malaria*, to be taken six hours apart. He has not had any rheumatic troubles since that time.

CASE III. Mr. C., proprietor of two large saw mills, one in Arkansas, where he passes part of his time (and frequently gets wet), has been afflicted with what some doctors called gout. I found it was of a rheumatic nature (caused from malaria) and made worse by *Quinine* and external applications. I gave him *Malaria*, two drams, No. 30 pills. In three days he assured me he was better and did not have half as many pains or aches. He took only four drams, at from three to six hours apart, and has not had any rheumatic or gouty pains since. I saw him last week and he says he is fully ten years younger than he was last spring.

CASE IV. I was called to see I. S., aged 55, a veteran and pensioner of the last war. He was poor and bronzed in color. Had not been able to walk for years. After repairing his heart, chest, stomach and curing his piles and regulating his bowels he was content, yet he could not walk. Being assured that his back had been injured while in the army, and as his limbs would not move at his will and he could not walk alone or get up out of a chair, I gave him for a week *Ruta graveolens* and *Rhus tox.*, of each the first cent., three hours apart. This enabled him to get up and down two steps alone to the kitchen. Then, concluding his trouble was all due to rheumatism and that was caused by malaria, I gave him two drams of No. 30 pellets of No. 2 form of *Malaria*, first decimal, with orders to take ten pills three or four times a day. In one week he rode to my house and came up and down the steps alone. I gave him two drams more and in five days he came to my office, having walked nearly three miles that morning alone. I need not say I was deeply surprised and could hardly believe it was all due to *Malaria*. It certainly was, as nothing else was taken or applied. He has gained flesh and seems to be at least ten years younger than he was.

These are a few of the surprising results that have been obtained from *Malaria* this year. I much wish that others would try it and help to obtain its proper place as a medicine and healer when used where it should be given.

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### SOME OF DR. AD. LIPPE'S KEY-NOTES.

By Thomas Lindsley Bradford, M. D.

*Merc. viv.* Inflammation of the brain with burning and pulsation in the forehead with the sensation as if the head were in a hoop (see *Sulph.*), worse at night, better after riding. (*Apis* patient wants a tight band around the head.)

*Merc. viv.* Fetid, sour-smelling, oily perspiration on the head and on the icy cold forehead, with burning in the skin; worse at night in bed, better after rising. (A characteristic of *Veratrum* is cold perspiration on forehead.)

*Merc. viv.* Inflammation of the eyes, with redness of the white of the eye, and great painfulness when looking into the bright light. (Often seen in scrofulous children.)

*Merc. viv.* Violent contraction of the eyelids, it is difficult to open them. (On account of dread of the light.) (With small pimples around the eyes.)

*Merc. viv.* Blear eyes; violent lachrymation in evening; pustules on conjunctiva; ulcers on cornea (see *Calc. c.*, *Saccharum offic.*). The eyelids are covered on the edges with scurf and ulcers; mistiness; amaurotic dimness before left eye. Black spots, flies, sparks and mistiness before the eyes. Twitching of the lids. (In this condition, which may be found in scrofulous and neglected children, there is often a taint of hereditary syphilis. Br.)

*Merc. viv.* Discharge of pus from the ear, with ulceration of the external ear. (The *Cham.* pus is thin; *Puls.* pus is green and thick.)

*Merc. viv.* Bleeding of the nose during sleep or when coughing. (See *Acon.*) Scurfy nostrils, bleeding when cleansed. (Scrofulous children.) Profuse, fluent coryza, with profuse discharge of watery, corrosive mucus. (*Ars.*) (*Iod. potass.* is an antidote to *Merc.*)

*Merc. viv.* Almost complete immovability of the jaw, scarcely

permitting one to open the mouth, with violent pain and inflammatory swelling of the lower jaw. (Often seen in *Angina*.)

*Merc. viv.* Looseness of the teeth, which are painful when touched by the tongue—they fall out. (After severe ptyalism.)

*Merc. viv.* Toothache, aggravated from heat and cold (air), from eating, in the evening and at night, the heat of the bed makes it insupportable. Spongy, easily bleeding gums. Gums recede from the teeth.

*Merc. viv.* Tongue swollen, soft, flabby, the edges become indented by the impression of the teeth. (Ptyalism.) (*Ars.*, *Iodine*.)

*Merc. viv.* Ranula. Pain when swallowing as if a foreign body were swallowed down. (Swallowing over a lump—*Ignat.*)

*Merc. viv.* Burning in the throat as if from a hot vapor ascending from the stomach, with dryness in the throat when swallowing, and continuous desire to swallow with accumulations of water in the mouth.

*Merc. viv.* Redness and pain in the throat; erysipelatous inflammation of all the soft parts of the mouth and throat. (*Bell.*, *Apis.*, *Ars.*)

*Merc. viv.* Angina, especially with stinging pains, aggravated by empty swallowing at night and in the cold air. (*Ignat.* is just opposite.)

*Merc. viv.* Continuous painful dryness of the throat; the mouth being full of water. (*Phos.*)

*Merc. viv.* Canine hunger, even after eating. (He desires sweet things, but feels worse after eating them. Aversion to wine, appetite for beer.) (See also *Sulph.*)

*Merc. viv.* Discharge of blood before, during and after stool, even if it is soft.

*Merc. viv.* Discharges of bloody mucus, accompanied by colic and tenesmus—dysentery. Burning pain in anus with loose stool. After the stool prolapsus ani, or when pressing and straining to stool. (*Ign.*, *Sepia*.)

*Merc. viv.* Discharge of mucus from the rectum. (See *Phos.*) (Thin mucus after sycosis—*Thuja*.)

*Merc. viv.* Diarrhœa, preceded by colic, from cool evening air. (From cooling off too rapidly—*Dulc.*)

*Merc. viv.* Thick, greenish (or yellow), gonorrhœic discharge from the urethra; more at night. (In chronic cases.) (White gonorrhœal discharge—*Sulph. Merc. viv.* and *Sulph.* the two important remedies.)

*Merc. viv.* Ulcers on the glans, with cheesy bottom. Chancres. Chancrous ulcers on prepuce and glans. (Peculiar to *Mercury*.) (In connection with this symptom Dr. Lippe made the following distinctions. Br.)

COMPARISONS. (*Corallium rubrum*—painful chancres; ulcers red and flat, thin, offensive, ichorous discharge; preputic ulcers bleeding easily, sensitive to touch; burning and stinging, corrosive pains.)

*Kali bich.* Ulcers become very deep, but do not spread in circumference.

*Nit. acid.* Deep ulcer on glans with elevated edges, light colored and sensitive; pricking and stinging pains, as from small splinters sticking in them.

*Merc. jod.* Painless ulcers.

*Sulphur.* Deep, suppurating ulcer on glans or prepuce, with puffed edges.

*Phos.* Ulcer on prepuce.

*Thuja.* Red, black, dirty ulcers on corona glandis.

*Silicia.* Ulcers with great destruction of tissue.

*Jacaranda.* Phymosis; suppuration of the glans; pricking in prepuce, pain in prepuce, itching on the glans.

*Nux juglans.* Ulcer with hard, high edges, white bottom and easily bleeding, and suppurating profusely between the glans penis and prepuce.)

*Merc. viv.* (Little boys continually pulling at the prepuce. *H. N. Guernsey*.)

*Merc. viv.* Hard swelling and suppuration of the mammæ, with sore pains, ulcerated nipples. The infant rejects the milk. (Milk diminished or spoiled. Never poultice in this condition.)

*Merc. viv.* Spasmodic cough, whooping cough; two paroxysms follow one another rapidly, from tickling in larynx and upper part of chest, *at night*, without cough during the day, with expectoration of acrid, yellowish mucus, which is sometimes mixed with coagulated blood, tasting salty or putrid.

*Merc. viv.* Stitches in the chest (right side), through from the shoulder blade; inflammation of the lungs. (From shoulder blade to chest—*Merc.*, but from chest the stitches extend through to shoulder blade—*Borax*.)

*Merc. viv.* Great debility and weakness, with trembling and ebullitions from the least exertion.

*Merc. viv.* Rheumatic and arthritic pains, tearing and sting-

ing, especially in the limbs and joints, worse at night, with profuse perspiration, which gives no relief. (Aversion to the open air.)

*Merc. viv.* Perspiration during sleep. (Oily perspiration, giving no relief.) (Dr. Lippe laid great stress on this symptom. Br.) (This perspiration accompanies all ailments.)

*Merc. viv.* Swelling and inflammation of bones, with pains at night. Rachitis Caries.

*Merc. viv.* Itching over the whole body, especially at night in bed, when getting warm.

*Merc. viv.* Worse in evening and at night; from the heat of the bed, before falling asleep, from the candle light (upon the eyes); during perspiration, when exercising (in open air).

*Merc. viv.* Better in the morning, when at rest, when lying down. (Especially on the back in the morning.)

*Merc. viv.* (Antidotes to chronic effects—*Nit. ac.*, *Lach.*, *Sulp.*, *Hep. s. c.*, *Iodine*, *Kali*, *Sarsaparilla.*)

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## DOCTOR WALTER WILLIAMSON.

By T. L. Bradford, M. D.

Walter Williamson.—'Way back in the early times of Homœopathy in Philadelphia Walter Williamson was a power. He, in 1831, was the private student of that distinguished anatomist, Dr. William G. Horner, and graduating with honors at the University of Pennsylvania in 1833 he began to practice medicine in Newtown, Pa. Like many another of the best physicians of that day, he was not satisfied with the results of the prevailing practice, and when in 1836 his attention was called to Homœopathy he obtained the few books and pamphlets then in print upon the subject and began to test the new doctrine by experience. He commenced to prove, according to the formula laid down by Hahnemann, *Lobelia inflata*. The result convinced him, and he began to learn the German language in order to study the writings of Hahnemann. At that time but few of the books upon Homœopathy had been published in English. In 1839 he removed to Philadelphia, and was the ninth physician to practice Homœopathy in that city. During his residence in Newtown he had been considered a skillful obstetrician, and he soon became the leading homœopathic obstetrician of his newly-adopted school in Philadelphia.

When, on April 16th, 1844, the brave little band of homœopathic practitioners journeyed from their homes to New York Dr. Williamson went from Philadelphia to meet with them; the result was the American Institute of Homœopathy. He was appointed upon the committee for the augmentation and improvement of the materia medica, in which cause he did yeoman service. In the volume published in 1846 by the "Central Bureau," as it was called, of the American Institute, we find provings by Dr. Williamson of *Eupatorium perfoliatum* and *Podophyllum pelt.* When in 1848 it became necessary to the future of Homœopathy in this country that its students should have a college, again we meet Dr. Williamson. He was one of the earnest three who met in the house of Dr. Jacob Jeanes one evening in February, 1848 (Drs. Hering, Williamson and Jeanes), to discuss the new college enterprise; that same year the Homœopathic Medical College of Pennsylvania opened its doors, largely through the influence of Dr. Williamson. His name appears on the first little circular announcement of the college, issued in 1848, and he delivered the first course of lectures on obstetrics and diseases of children (1848-49). And for twenty years we find Dr. Williamson always ready to fill any place left vacant by some sudden resignation; he was one of the mainstays of the college—for a time was its dean; there is no doubt that its success in those first years was largely due to his wise councils. At the time of the opening of the college, and when Dr. Williamson assumed the chair of Diseases of Women and Children, there was need of a homœopathic text-book upon the subject, and he, at the request of his colleagues, prepared a plain, concise and simple guide to the diseases of women incident to the sexual organs, with indications for remedies. He also, in like manner, included the diseases of the new-born child and of older children, giving useful hints as to the care of infants. Rademacher, at 239 Arch street, was then the homœopathic publisher, and the College was in a large room in the rear of the store.

A fourth edition of Dr. Hering's "Domestic Physician" was issued in 1848, and Chapter XI. of the book consisted of Dr. Williamson's "Treatise on Diseases of Females," and Chapter XII. was "Treatment of Children," by the same author. The same year Rademacher published these two chapters in a separate binding. The book became at once popular, both with the

profession and the laity, for its directions were plain, its indications for the remedies clear and sharp cut. This edition was also edited by Dr. G. N. Epps and published in London in 1851. A second edition was published in 1854. Dr. Williamson, in his modest preface, says: "A few years since several of my personal friends, having expressed a wish to have some instructions concerning the diseases of females and the conduct to be observed during pregnancy, labor and confinement, and also directions for the management of new-born infants in accordance with the principles of our school, I was induced to prepare for the press a short treatise on the homœopathic treatment of the diseases of females and children."

A third edition was found necessary in 1860 and now fifty years after its first publication, it has been found necessary to publish a fourth edition of this valuable little book.

But methinks I hear some sapient sophomore who has already trembled over his first case of confinement, and who once used *Chamomilla* for a cross baby, say with a fine scorn: "Pooh! that old book is out of date." It is, however, a remarkable fact that from these "*out of date*" volumes of Homœopathy one can learn the most about practical materia medica; the carefully recorded symptoms of remedies lead to cures. It is evident that the symptoms following each drug in this book, although greatly condensed, mean something. Dr. Williamson wrote, from his own experience, under each disease, the indications for the more important remedies. There is no labored pathology, just plain statement of fact. This handsomely bound volume of 256 pages is divided into: Diseases of Females; Treatment of Children, and a chapter on General Diseases. The usefulness of the book is much enhanced by the fact that Dr. Williamson, in his indications, grasps the pith of the remedy and with delightful brevity indicates it. The hygienic directions are very plain, conveying in a few words the practical methods used by this first of our obstetricians. But there is no doubt that this *is* an old-fashioned book, but not for this to be cast aside. Let the student study its drug indications, and just because the symptoms are given in so few words with the comparisons between remedies clearly indicated they can be more easily memorized. To the layman it will be, as in the past, of real value. And because the pioneers of our school were trustworthy and wrote from practical experience it results that their books are yet, like this

one, in demand. It is many years since the good doctor passed to his earned rest; since his professional friends and sorrowing patients tenderly bore his body and laid it in the peaceful shades of Woodlawn Cemetery, but his work lives after him, his influence both in college and professional life has been felt, his policy approved, and now this little book, worthily published, stands to-day as when it was the first one of its sort, a proof that homœopathic indications for the use of drugs do not lose with age.

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### CONSTANTINE HERING: A REMINISCENCE.

Editor of the RECORDER:

Have you any room for a paper that is not "practical?" Something, in fact, that is thinner than the skim milk which made Mr. Squeers famous, for my reminiscence begins with buttermilk. Don't be alarmed, I am not going into a disquisition upon *Lac butyrum*, as he that was Dr. Swan would term it. There's no telling where it will lead us, but I incline to the belief that we will find ourselves squinting at the pathology of Rachitis before we have done.

"Buttermilk, which at one time was thought only fit for the hogs, as its virtues are better known is eagerly sought after as not only a healthy but a very pleasant drink, especially by the dyspeptic and old people. \* \* \* \* The lactic acid dissolves the phosphate of lime and keeps the blood in good condition, thereby preventing or retarding that ossification of tendons and arteries so common in old people."—*The Medical Times, August, 1897.*

Will you tell me, Mr. Editor, why the reading of this excerpt should set certain cerebral cells in motion (?) and this reminiscence be the resultant? We are told by sundry scientists that there are no miracles; but what do you call it when impressions made twenty years ago come forth from their sepulchre and clothe themselves in written words after a lapse of twenty years. Yes, not only put themselves into verbal costume, but paint memory-pictures and bring back tones of voices long since hushed, as if the human brain were the cunningest of phonographs and the faithfulest of all "kodaks." No miracles? Of a verity I can find nothing but miracles; miracles about which science can only mumble in windy hypotheses.

It is at least twenty years since the writer was one of a number of "outsiders" who had been invited to lecture in the old Mother College in Philadelphia during the week preliminary to the beginning of actual work, a custom which is commendable, as it brings the profession and the faculty closer together.

On this occasion I was the guest of Dr. Hering; certain microscopical researches anent our triturations having made Hering desirous of "cross-examining" the investigator. Just as the lecture was beginning, a short man, wrapped up in a sort of Spanish cloak, walked down the aisle of the lecture room. A subdued murmur went through the large audience; *it was Hering*, although it was not then his custom to go out evenings.

The speaker's paper (for such it really was) consisted of a microscopico-mathematical demonstration that the investigations of Seguin and Mayerhofer concerning the subdivision of metals by the Hahnemannian method of trituration were unreliable inasmuch as they could not have discerned such magnitudes as they reported with the apparatus and lenses employed by them. As Professor Döppler's paper and these researches were all that Homœopathy then had to offer in defense (so-called "scientific" defense) of our triturations, the lecturer's effort was regarded as destructive of and antagonistic to "the faith." Indeed, the said paper had been read before the Hom. Med. Soc. of New York State a year or two previously, and had been accepted "with thanks but with the recommendation that it be not published." That is on the record to this day to the delectation of some who are yet living.

They were not "built that way" in Philadelphia, "for there were giants in those days;" and can I ever forget the adjournment to Raue's hospitable home? O time! O death! O shining memories! There was *Raue*—sunnier than ever were the vine-clad hills of his Fatherland; there was "*S. L.*," radiant with that geniality which never shall be seen again; there was *McClatchey*, quiet, observant, catching every good thing said and sang, as only an editor can, and now—

Into the Silent Land!  
 Ah, who shall lead us thither?  
 Clouds in the evening sky more darkly gather.  
 And shattered wrecks lie thicker on the strand.  
 Who leads us with a gentle hand  
 Thither, O thither,  
 Into the Silent Land?

What a mercy that we cannot have a vision of the "Silent Land," for the supernal delights thereof would fill the soul with *Heimweh*, and there is our work to do ere the night cometh.

\* \* \* \* \*

The throng of old memories has beguiled me from my purpose, which was to bear witness to universality of Hering's knowledge. As we "can see only that which we have learned to see," I do not profess to be able to measure him that was Constantine Hering. Bacon says "reading makes a full man;" I can say on my honor that I saw Dr. Hering very "full." In the knowledge of the recondite in medicine and in the natural sciences I have yet to meet his equal—I mean in his *range*. After my first day with him in his office, I knew I had been talking with an encyclopædia in breeches, which looked at me through eyes so bright that I fancied death could never dim them. I wondered if he had ever done anything other than read, read, read! His reading *stayed with him*, for I certainly found him Memory incarnated.

Like a river in a freshet, he flooded the banks and left them richer without impoverishing himself. What a pity that Grauvogl should have died without learning of Hering's apprehension and unstinted appreciation—the dearest reward of the solitary scholar and thinker.

I am reminded of Grauvogl because it was after a profound summing up of his book (then quite new to us English readers, in Shipman's translation) that Hering discoursed about the very virtue of buttermilk which, after all those buried years, I have just read in the *Medical Times*. So, Drs. Guernsey and Hills, in regard to this buttermilk lore, Hering could say, "I told you so." and all those years ago. In his talk with me, Hering even specified the lactic acid as being the agent in the buttermilk that preserved the old man from atheromatous vessels. I suggested that instead of going to Florida in search of the Fountain of Youth, Ponce de Leon should have gone to Wales and he might have found it in a *churn*.

Hering replied that Sancho Panza *might* have drunk buttermilk when he was Governor of Baratavia, and under the rigid regimen of Dr. Tirteafuera, but a Spanish grandee like de Leon could not have swallowed buttermilk without being deemed insane.

On the same occasion Hering told me of the singular recupera-

tive virtue of the mushroom (*Agaricus campestris*) "when one who has turned the corner in Febris Typhoides does not gain strength or too slowly." The mushroom, he said, is very rich in the phosphates of potash and soda, and these are the "blood food." How true I have found that since. He farther said that any medicine which comes to us through the alembic of nature is more efficacious in disease than the same drug as made by the chemist. Then came a long pæan of praise of Hahnemann for getting his *Calcarea carb.* from the oyster shell, "because the animal had vitalized it and then deposited it."

It is the fashion with sundry ultra-scientific, latter-day disciples of his (?) to call Hahnemann's *Calc. carb.* "impure." That is a paltry test-tube cavil; it is the *Calcarea* that *he* proved, the *Calcarea* that has amply "proved" itself in the clinic, the only *Calcarea* with which we can "imitate him exactly"—the more's the pity for pseudo-science.

The mention of *Calcarea carb.* brings to memory more than one rickety child over whom I have hoped and feared, tasted the sweetness of a mother's gratitude, and drank the marsh waters of sore defeat.

Isn't Rachitis known as the "English disease?" Fair England; but foggy, damp, the very *nidus* of the hydrogenoid constitution. Add to this one of the old-time physicians' "externals," the *food of the poor* (and even of the wealthy two centuries ago), and you have the assimilative conditions under and in which Rickets flourish. Remember the sour and profuse sweat of the rachitic sufferer, drenching him and her during every sleep. So delicate a chemist as a Smithson, who once analyzed a woman's tear, could collect enough of that rachitic sweat to provide one with some calcic lactate. That the *materies morbi* produced by Rachitis is lactic acid—wait, that is a clumsy manner of expressing what I wish to convey: that it is the lactic acid generated which distorts the bones in rickets, is capable of chemical demonstration. Now, what but the law of similars could lead one to consider lactic acid, *in justa dosi*, as a remedy for Rachitis? Read the proving of *Lactic acid* that Professor T. F. Allen gave us; read between the lines, calling upon every auxiliary science to lend you its light, and you will be led to *Lactic acid* as the friend in need in many and many a case of Rickets, as I can thankfully testify and hereby solemnly and earnestly do. Oh, that "S. S. C.," pillar of cloud by day and

of such gladsome gleam when all is *so* dark and life is, under God, in our poor, human hands. O, forgotten sleeper in that dust heap in Montmartre, was thy rest, thy well-earned rest, disturbed by the ingratitude of men. Perish the thought—

“Can honor’s voice provoke the silent dust”—

doth not the Book tell us, “They rest from their labors and their works do follow them.” Yea, verily; “Into the Silent Land,” into “the boundless regions of all perfection.”

Thither are we wending and bearing our sheaves with us. O Thou Unspeakable, forgive the weeds and the tares; we gathered them in our disappointments, in our weak endeavors, in our passion, in our pride, in our ignorance; we lay them before Thee with contrite tears. Pity our infirmities.

A LAGGARD TOILER.

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## OLD AND NEW FACTS ABOUT OLEANDER.

By Dr. Goullon, of Weimar.

Translated for THE HOMŒOPATHIC RECORDER from *Leipz. Pop. Zeitschr. f. Hom.*, June, 1897.

The ornamental plant, Oleander, called in botany *Nerium Oleander*, which rejoices us with its splendid colors, is found indigenous in Southern Europe, as in Greece; also in Asia Minor, East India and no less in Africa. The Oleander has one thing in common with the finely-penciled snakes—namely, poison. Men should beware of becoming “oleander moths,” as they have to suffer severely from the vicinage of this plant. As early a writer as Dioscorides considered the Oleander to be poisonous. Libantius reports the death of a girl who locked herself up in a room where there were Oleander flowers. Another girl who had eaten of a roast which had been roasted on a spit of oleander wood was seized with restlessness, swoons and insanity, until she died of the poison of the Oleander. Such a fatal issue presupposes, of course, an individual idiosyncrasy with respect to the poison in question. But the physiological sphere of *Nerium Oleander* includes the possibility—as Sennert has already stated—of anguish, inflammation of the stomach, diarrhœa, swoons, and even of death. In other words, its chief physiological action is directed to the brain and the spinal marrow, and on the sensory and motory nerves proceeding thence, which are

seized by neuroparalysis. The intestinal canal, the heart and the external skin are also drawn into sympathetic affection. Palpitation of the heart, anxiety, insomnia and unconsciousness were authenticated by Petrus de Albano, and Morgagni showed vomiting, thirst, slumbering, speechlessness and death. This symptom of slumbering means a slumberous state, or somnolency, which is surely no contradiction to the insomnia emphasized by others. The question is only as to the first effects and the after-effects. The same thing may be observed in *Opium*. (*Opium me Hercule excitat ! Opium really excites !* was the declaration of one, while the other exclaimed: *Opium me Hercule calmat !*\* surely *Opium* soothes !)

It is Hahnemann's merit to have brought *Oleander* into subjection to suffering humanity, as he also understood to subject the other most virulent poisons (like a skillful tamer of wild beasts) through his law of *similia* and through homœopathic posology, and thus made them useful in curing very definite pathological processes. If we hear but little in our medical journals of cures with *Oleander*, the cause is probably that many are unacquainted with the indications established. Altschul, in his "Reallexicon," adduces the following:

1. Painless paralysis (Hahnemann, Gross);
2. Insensibility and weakness of the whole body;
3. Fainting fits and unconsciousness;
4. Cutaneous eruptions and scall of the head;
5. Obtuseness of the mind and weakness of the memory;
6. Lientery caused by undigested food (Hartmann);
7. Purely nervous palpitation of the heart;
8. Paralysis of the lower limbs, especially after the abuse of

*Cantharides*.

Puhlmann's "Manual of Homœopathic Practice" considers *tachycardia* (accelerated pulsation of the heart) and *stenocardia* (spasms of the heart) as states of disease curable by *Oleander*, and, more generally expressed, he considers the cerebro-spinal system as the specific correlative domain of this remedy. Hirschel, however, emphasizes the cutaneous system and recommends *Oleander* as a remedy in chronic eruptions unattended with fever, vesicular eruptions, nodular eruptions and scall.

The psychopathic symptoms enumerated in the pathogenesis,

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\* I do not find any Latin word *calmare* from which *calmat* could be derived. We might read *sopit* (lulls to sleep).—*Trans.*

whether supplied by cases of poisoning or by regular provings, should not be neglected.

The following observations, finally, may serve to direct anew the attention of our therapeutists to this remedy:

*Poisoning through the exhalations of Oleander.*—With respect to the disturbances in the nervous system which may be produced by the nightly exhalations of oleanders with persons while sleeping, we have an account of the French physician, Artault de Vevey briefly reported to the “Parisian Biological Society.” The most interesting point in his observations is found in the fact that these noxious effects may be produced not only by oleanders while in bloom, but also by the plants when not in bloom. The physician reports, “Some time ago a young man of 18 years, who had been employed by one of my friends ever since his 15th year, fell sick. He had attacks of vertigo, and suffered from great weakness of the muscles and from headache, which diminished every evening but returned on the following morning immediately after awaking, which was always a difficult process. Concomitant circumstances were: A continuous paleness of the face, a white-coated tongue and a slow pulse. The physician believed, therefore, that though there was no fever there must be an inflammation of the meninges of the brain. The patient was sent home to his parents, where he recovered quickly without any medical treatment. But as soon as he returned to his employer and again occupied his bedroom the old ailment returned. Finally the physician conjectured that some oleanders which were standing in his bedroom might be the cause of his illness, and called to mind a similar case that happened to him while a student. He then had some oleanders standing before his windows and in autumn, when the nights became cold, he would take them into the room, and several times from laziness he left them standing in his bedroom. He would then wake up next morning with a heavy head and a sensation of weariness, so that he could only leave his bed by great exertion; as soon as he put his foot on the ground he was seized with vertigo so that he reeled. Having thus found out the hurtfulness of the oleander, he repeated the experiment of sleeping in the same room with the plants for three nights, every time with the same effects. We thus have the proof that the oleander—and, indeed, not only its flowers, but even the exhalations from its leaves—can poison the human organism.

In southern countries, where oleanders are found frequently, this dangerous property is well known. It is, however, of special interest to see that the exhalation of the leaves produces exactly the same effects upon the nervous system as the flowers. That all the parts of the plant possess violently poisonous properties has long been known to botanists.

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### THERAPEUTIC HINTS.

Translated for the HOMŒOPATHIC RECORDER from "*Willst du gesund werden?*"

FURUNCLE AND CARBUNCLE.—Dr. Sulzer, in Berlin, holds that *Apis* is the best remedy known to him for assuaging the pain and securing a favorable course; in various cases he has had strikingly favorable results. He gave 3 to 4 D., two drops every 2 or 3 hours.

HIGH POTENCIES AND LOW ONES.—Where I wish to act chiefly and primarily in a *local* manner, I give the low potencies; where I wish to act in a more general and lasting manner, I give the higher ones.—*Dr. Kunkel, in Kiel.*

STRANGULATED HERNIA.—Sanitary Councillor, Dr. Mailänder, says in his "Surgical Experiences:" "Since I have practiced as a homœopathic physician I have not yet found a single case of strangulated hernia in which *Belladonna* 2-3, taken in alternation with *Nux vomica* 3-6, every quarter of an hour, did not secure the spontaneous reduction of the hernia in at most four hours. From the almost specific success of the internal treatment, I have become convinced that a case of incarcerated hernia, which cannot be reduced within at most 6-8 hours by internal medication, can in nearly every case be only reduced though incision." Dr. Baumann, however, has become convinced that even after using the above remedies ineffectually for days the incision may be avoided by giving *Plumbum metallicum*.

URINARY CALCULUS.—A great remedy in the passage of urinary calculi or sand through the urethra is *Berberis*. This remedy acts more upon the kidneys and the bladder than on the other viscera.

HAY FLOWERS.—Dr. Fröhling, in Heilbroun, and E. Schlegel, in Tuebingen (in his book *Innere Heilkunst*), give great praise to the process called "*Heublumenwickel*" (which consist in wrapping up the patient in a sheet dipped into a decoction of

the flowers usually found in hay) in tuberculous *diseases of the bones*. The wounds and their margins soon have a better and healthier appearance after using this decoction. According to Schlegel's opinion the active principle is the silicic acid (*Silicea*) contained in the hay flowers. If this is correct, the application of hay flowers in diseases of the bones would be *genuinely homœopathic*.

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## MOLECULAR MIXTURES.

By Dr. Seckt, in Berlin.

Translated for the HOMŒOPATHIC RECORDER, from *Leipz. Pop. Zeitschr. fuer Hom.*, Feb., 1897.

The molecular effects of the drugs which Homœopathy has introduced for its therapy caused the late Dr. Grauvogl, in his "Manual of Homœopathy," to state that in this curative method we possess a molecular therapy. He said among other things:—

In the same degree as bodies in their molecular states are closer together or more distant from one another, in the same degree also must they act, and, indeed, in the internal part of the organism, according to the conditions there existing in a various manner. The peculiar and various phenomena of light which appear when electric currents of the same tension are passed through glass tubes in which the atmospheric air is more or less attenuated give us to see that the gaseous molecules enclosed in those tubes by their greater or smaller distances, have much to do with the phenomena. For according as the air is attenuated to one-tenth, one hundredth, one thousandth, or millionth part, there appear in these glass tubes differently bright and differently colored phenomena.

By chemical processes in molecular mixtures we have lately received an unintentional proof, that certain mineral substances, *though they cannot be traced by analysis*, yet are able to produce intense effects. To enter more closely on this consideration, we must mention a case which last summer in a very lively manner occupied the imperial court of justice at Leipzig, and the decision of which was received with great interest, not only by the circles immediately interested, but also by more extended circles of the enlightened public. This case had reference to Aver's patents of the incandescent gaslight, which patents were modified within the German empire by this decision.

To generate this incandescent gaslight, burning illuminating gas passes through an incombustible tissue like a stocking, consisting mostly of preparations of thorium, which then becomes incandescent, giving a bright light. The imperial patent office had refused a claim for patenting the use of an incandescent body of oxide of thorium, and the imperial court of justice has acceded to this position of the patent office. This is not the place to enter more fully on the grounds of this decision.

Oxide of thorium or the ore of thorium is a rare mineral, which occurs intermixed with other rare metallic oxides, especially the oxide of cerium in monazit sand, which is found in Mexico, in North Carolina and in Norway. With reference to the subject under consideration the following is of especial importance: Chemically pure oxide of thorium gives out only a very small amount of incandescent light when heated, so that of itself it cannot be used to make an incandescent light; but if only the *least* quantity of oxide of cerium is added, *a quantity so small that its presence cannot be shown by any method of analysis known at the present time*, then by this molecular mixture *an intense incandescent light* can be produced, and when  $\frac{1}{10}$  of one per cent. of oxide of cerium is added, it generates a brilliant light, which reaches its maximum illuminating capacity when one per cent. of oxide of cerium is added to 99 per cent. of thoria.

We may mention in addition that that mixture of the oxides of thorium and cerium is dissolved in nitric acid and a solution containing 30 per cent. of these substances is then used to impregnate a vegetable tissue in the form of a small stocking; the vegetable fibre is then burned out by bringing it to an incandescent heat in a Bunsen burner, when the incombustible earths remain behind in the form of a woven tissue as a firm mantle, which can then be used for the production of the incandescent gaslight.

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## PRACTICAL HINTS.

Translated for the HOMEOPATHIC RECORDER from *Leipz. Pop. Z. f. Hom.*

When pustules form on the genitals, in cases which exclude syphilis, *Antimonium crudum* very frequently is the proper remedy.

Not infrequently after lesions, contusions and wounds which have been healed for some time there appear pains in the parts

that had been affected and the patients become nervous, are easily frightened, have palpitation of the heart and headache (*traumatic neurosis*). In such cases, where the remedies enumerated in the manuals fail to act, think of *Glonoinum* 6-12.

NEURALGIAS in the abdominal intestines, for which no remedy seems to suit, are often cured, according to Dr. Marsden, by *Cuprum arsenicosum* 4.

MEASURES TO BE TAKEN TO CHECK BLEEDING.—If the parts bleeding hang downward, there is an increase in the local pressure of the blood, and the bleeding is augmented. It is therefore necessary to hold the bleeding part as high as possible. Thus if the hand bleeds, the bleeding will be checked much more quickly by holding it high than by holding it down in a vessel of cold water as is frequently done. In dangerous bleeding it is also very important that the patient should keep himself absolutely quiet and not partake of anything warm. For the general pressure of the blood in the body is increased when the action of the heart is vigorous.

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### SALVIA OFFICINALIS.

This remedy (in English, *Sage*) has been almost forgotten in modern medical art, but still remains in high repute as a domestic medicine. Lately, French physicians have called attention to it, and not only for gargling in cases of inflammation of the throat and for washing the mouth in affections of the gums, but more especially as an unfailing remedy for night-sweats in persons suffering from affections of the respiratory organs. In the numerous experiments made with it, there were never any disagreeable concomitant effects. On the contrary, it was found that *Salvia* acts even more favorably on the tickling coughs with consumptives than *Belladonna*, *Rumex crispus*, etc., so that preparations of *Morphine* and *Codeine* could be dispensed with.

*Salvia* should be used in the form of the tincture, and, indeed, the tincture prepared from the fresh leaves and the blossom tips, as we find it in homœopathic pharmacies. It should be given in doses of 20, 30, or 40 drops, in a tablespoonful of water. The effects manifest themselves very quickly, two hours after taking a dose, and these effects persist for two to six days.—(Prof. Dr. Combeale, in *Echo Méd. du Nord*, April, 1897.) The active principle of this remedy is the ethereal oil which is very copiously

contained in the leaves of this plant.—*Leipziger Pop. Z. f. Hom., August, 1897.*

To the foregoing the translator adds the following note:

It may interest you that I made an immediate proving of *Salvia*. Mrs. ——— had been troubled the last three weeks with an irritating cough, perhaps an after effect of her attack of pneumonia, and was just then complaining of a great irritation to cough. I brought her some sage from the garden to chew, and the irritation was instantly removed.

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## USEFUL HINTS.

### A Simple Remedy Against Troublesome Sneezing.

(By Dr. Marcus, in *Pyrmont Z. fuer Krkpfll.*, Dec., 1896.)

Translated for the HOMŒOPATHIC RECORDER from *Leipz. Pop. Z. f. Hom.*, April, 1897.

Without the prior existence of catarrh, after certain predisposing causes, *e. g.*, severe irritation from a light, inhaling of cold air, etc., but sometimes without any known cause, there appears many a fit of long-continued, very troublesome sneezing. In some cases, after the sneezing, there arises a tickling in the larynx, which lasts about as long as the sneezing did, and causes constant impulses of coughing. A reliable means of stopping such an attack at once the author has found in the following procedure: Seize the cartilaginous part of the nose between the thumb and the first and second phalanges of the index finger in such a way that the sides of the nose are pressed against the septum, and compress the nose as strongly as possible. After doing this for 10 to 14 seconds, while the person breathes through the mouth, all the tendency to sneezing will have vanished. A forcible compression is requisite; if after the pressure is relaxed the tickling is still felt, pointing to a renewal of the sneezing, the pressure was not long enough or strong enough, and the process should be repeated.

(As reliable a means, which is prescribed in the clinic to patients whose eyes have been operated upon, in order that they may resist an irritation to sneezing, is a forcible and continued pressure with the volar surface of the thumb against the hard palate.—Ed.)

### Damiana.

A clergyman, living in S—e, lately called our attention to a use of *Damiana* D. 1 (*Turnea aphrodisiaca* D. 1), with which we were not before acquainted. He has successfully used this remedy in more than twenty cases of megrim of a very severe kind. "Usually two doses, given within one hour, are sufficient to cause a headache to cease and to induce a sleep from which the patient will awake strengthened and with a good appetite." Up to this time we have only heard of the effect of *Turnea aphrodisiaca* (*i. e.*, the tincture made from the leaves of this California plant) on the sexual sphere (1 D.), for it has been used with good effect in a relative impotence.

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### Organic Defects of the Heart.

All those who are affected therewith and find no relief from the usual remedies in compensational disturbances of the action of the heart, are requested to consider *Prunus spinosa* (2 D.). This remedy has repeatedly essentially improved the severest attacks, threatening suffocation, and removed the dropsical symptoms.

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## AID IN AN INTOLERABLE HEADACHE.

By Dr. H. Goullon, in Weimar.

Translated for the HOMŒOPATHIC RECORDER from the *Leipzig. Pop. Z. fuer Hom.*, July, 1897.

Miss P., a very slender and spare old maid, about 40 years old, whom I had successfully treated some years before in a stubborn case of spasm of the stomach (she was cured by *Ignatia*), was seized with an unusual headache, probably in consequence of a cold. She requested me to call on her as soon as possible. On entering the room I found her in a state resembling that of Leonore in Beurger's ballad: "And she threw herself to the ground with raging gestures." The bed was "rooted up." she could not keep quiet for a moment, she kept wringing her hands, groaning and calling for help, and unable to give a connected statement of her sufferings. Only so much was well established, that the unbearable headache, which especially also affected the eyes, was alleviated by pressure upon it with the hand. She frequently took her nurse's hand and pressed it to

her forehead. The patient felt cool to the touch, had a suppressed, weak pulse, and her pitiable state reminded one of cases with spoiled stomach from eating fat or acid victuals shortly before the relief by vomiting. Nevertheless, the case precluded the supposition of an error in diet. What, then, was to be done? Every tyro in Homœopathy would, on account of the intolerable nature of the pain, have given *Chamomilla*, and I openly confess I should also have done it if I had had it close to my hands. But I had provided myself with other "remedies for headache," on learning from the messenger the cause of the urgent request. I hesitated a moment between *Belladonna* and *Sanguinaria*, both having, as is well known, a direct reference to the eyes, which in the present case were the starting point of the pain. To this was added that the patient had drunk two cups of black tea shortly before, so that *Belladonna* would not be so sure to act as the 2d dilution of *Sanguinaria*, of which I poured 4 drops into a wineglass half filled with water; the patient was directed to take a teaspoonful of this every hour. I gave her the first myself. In counting the drops I was a little surprised at the light brown color resembling the tincture of *Iodine* and which is seen even in the second decimal of *Sanguinaria*.

I directed that if the headache had not improved by 4 o'clock—the first dose was given at 12—they should send to my office for *Chamomilla*. I was gratified to notice that it was not sent for. The night that followed was stormy, snow and rain fell together, the barometer standing low, so that if the headache had been of a rheumatic nature, we should have expected an aggravation.

But when I called on Miss P. next morning she met me quite cheerfully, and excused herself for her impatience during the paroxysm of pain, as she could not control herself; she was full of gratefulness for the extraordinarily quick action of the medicine. To this she also attributed the fact, that as I had predicted, a copious perspiration had set in. She had a brilliant night, and would not be restrained from setting out next day on a journey of several hours' duration.

It may be of interest to notice the cause, to which the patient ascribed this unusual attack. She had been using—with some success before—a very strong composition of *Nux vom.*, *Belladonna* and *Aloes*. This had been prescribed to her by an English physician, who had discovered in her a swelling of the liver.

This time the pill had acted unfavorably, and had also been without effect on the habitual constipation with which she was afflicted. It may then have been an intoxication from *Belladonna*—a *Belladonna* headache—“May be, may be not.”

## A RAPID ACTION OF PHOSPHOROUS.

By Dr. H. Goullon, of Weimar.

Translated for the HOMŒOPATHIC RECORDER from the *Leipz. Pop. Z. fuer Hom.*, July, 1897.

Mrs. F., 66 years of age, was taken ill on the 3d of May. Perhaps an error of diet might have been implicated, as she had eaten tough beef. To this was added a mental emotion. The symptoms next day all pointed to a gastro-nervous Grippe, if not typhoid fever, which has clung to the city for several months. I limit myself to describing the state in which I found Mrs. F. on Friday evening (the 7th of May). She had fever, groaned, was short of breath, had a continual cough, sounding as though she ought to expectorate but lacked the strength for the effort. Diarrhœic stools, pains in the chest and abdomen, distension of the pit of the stomach (epigastrium). Great dejection, and her tongue appeared as in cases of typhoid fever, *i. e.*, it had a brownish color and was *dry as leather*. At the same time, she had thirst and felt very ill, she desired coolness, lying by the open window, though the thermometer was down to 43° in the evening.

The case looked serious. I decided on *Phosphorous* without allowing myself to be led to simultaneously give *Rhus*, to which the whole situation seemed to invite no less. Only the cough is *not* found in *Rhus*. With this respect it is at most used in pneumonia with great weakness, while others, especially in pneumonia of old men, would in such a case expect more from *Acidum nitri*. Still her tongue might be called a regular *Rhus* tongue. Experience, *i. e.*, the further course of the case, showed that *Phosphorus* completely covered the symptoms; for at noon on May 8th I found the patient, as it were, “transformed.” Most remarkable seemed the acute change in her tongue. It was quite moist; a healthy normal red color was winning the upper hand. The diarrhœa had not returned, the thirst was moderate, the sleep sufficient, no more pains of any kind, and what was not to be undervalued, the affection of the respiratory

organs, the bronchial catarrh looking toward incipient pneumonia, had diminished, cough and expectoration were now moderate in degree. As we might as well have expected the contrary, *i. e.*, an increase of the illness, I can only ascribe the change to the *Phosphorus*. This remedy was given unaccompanied by any other remedy, thus it is a pure clinical observation. I used the 12 decimal dilution, 4 drops in half a wineglass full—50 grammes—of water, a teaspoonful every two hours. It may thus be seen that it did not require a high potency, to which we attach always something mystical, nor a low potency, a passing below the 12, as some manuals are pleased to decree (even in child practice) to give 5 drops of the particular potency. *Phosphorus* is too particular a remedy to be treated like *Chamomilla*, *Kali carb.*, *Natrum muriat.*, *Lycopodium*, etc.

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## ARSENICUM JODATUM IN CANCER.

By Dr. Kruska, Hom. Physician in Eisenach.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Zeitschrift f. Hom.*, April, 1897.

Mrs. G., 48 years old, on April 15, 1896, came under my treatment. Antecedently to this there had been excision of the left mamma, in a clinic, owing to cancer. I found a woman almost on her deathbed, the wounds from the operation were still suppurating, there were cancerous tumor far advanced in the right mamma, and in the skin of the trunk a countless number of nodules of the size of peas down to that of lentils; from her antecedents these were manifestly to be pronounced cancerous nodules. For the last half year there had been vomiting daily whenever she took nourishment, and neither the clinical physician nor her private physician had been able to remove it with their allopathic therapy. I gave first of all *Tart. stib.* 3 D. After three powders the vomiting ceased. Then the woman received *Arsen. jod.* 6 D., and though she seemed on the point of dying, she visibly improved. Her appetite returned, her strength increased, in a few months she was able to resume her domestic occupations, could drive out and also walk a considerable distance without any attendant trouble. At the end of November, 1896, Mrs. G. was afflicted with lead poisoning from drinking red wine, in which the lead shot used for cleaning out the bottle

had been left. The lead poisoning was cured; Mrs. G. was, indeed, very low in consequence of the poisoning, but by a suitable therapy she soon recovered, and is at this day relatively well and hearty.

The tumor in her right breast has not increased, but rather diminished, the wounds resulting from the operation are healed, the nodules in the skin have largely passed away. Since the diagnosis of cancer was absolutely established by microscopic examination, this case is all the more remarkable, since the surgeon, as well as the allopathic family physician absolutely gave up the patient to die in the month of April of last year, and now, after almost a year, she enjoys a comparative state of health.

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### MEGRIM.

By Dr. Rischer, of Mayence.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. fuer Hom.*, April, 1897.

Ernst M., a teacher, 26 years old, has been complaining for some time of attacks of megrim, returning periodically; they appeared in consequence of strenuous mental activity. These attacks begin with strongly pulsating headache above the eyebrows, and in the stadium of their greatest intensity they are accompanied with blindness in both eyes, so that the patient is not then able to attend to any occupation. Then, also, there ensues an intensely bitter vomiting, which for a long time afterwards leaves after it a disagreeable taste in the mouth. These attacks do not always appear in the same manner; mostly they seize upon the whole of the sinciput, but at times only the one-half, and they then at once begin with dimness of vision in the eye of the affected side. Besides these ailments in the head, there then also appear simultaneously disturbances in the digestive organs. These consist, beside the frequent vomiting already mentioned, and the great sensitiveness of the serous membrane of the stomach, also in copious diarrhœas, appearing especially in the afternoon; these have a slightly green discoloration, caused by undigested bile. To this is moreover added an undefined sensation of pain in the region of the liver, which extends toward the back and at times causes the patient to apply a slight

pressure to the part. Outside of his present illness, the patient, who is of a somewhat weakly constitution, does not remember having had any disease before, nor, as far as inquiry shows, has he inherited any such from his parents. In accordance with the present symptoms of his case, he received *Iris versicolor* D. 3, eight drops every two hours, taken in a tablespoonful of water. During the attack perfect rest, if possible in bed, is prescribed, while in his free time he should move about as much as possible in the open air. At the same time he was advised to abstain for the present from every mental or bodily exertion, also to abstain from all irritants in his diet, as well as to abstain from alcoholic beverages. As the patient followed the directions very accurately, his condition improved so much that he could soon resume without further interruption his occupation as a teacher. A certain application of cold water, subsequently enjoined upon him, contributed essentially to strengthen his affected nervous system and to increase its powers of resistance.

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### THEIR WALK.

The gait of patients is an important item in diagnosis, one that might be more closely studied with great advantage. The majority of office patients exhibit the feeble semi-ataxic gait of neurasthenia. The steppage or heel-first pseudo-tabetic walk is characteristic of multiple neuritis, the result, as a rule, of alcoholic excess, though sometimes due to arsenic, lead, diabetes or diphtheria. In true locomotor ataxia the movements of the leg are strong, but unsteady, "stamping and flopping:" the patient keeps his eyes on the ground and cannot stand well when they are shut. Hysteria may simulate the tabetic gait, but without loss of knee-jerk or Argyll-Robertson pupil. There is also swaying on closing the eyes in the early stages of chronic myelitis or ataxic paraplegia, but the gait is feeble and dragging, not strong as in tabes, and the knee-jerk is exaggerated. In hereditary cerebellar ataxia there is reeling and zigzag progression, like that of a drunken man. The spinal form of hereditary ataxia is characterized by a quick backward and forward balancing movement. The weak ataxic gait of general paresis is distinguished by the associated fine tremor, blurred speech and dementia. A peculiar stumbling locomotion is seen in pseudo-muscular hypertrophy, along with large calves and backward

bending of the trunk; these children have great difficulty in rising from the floor or in going up and down stairs. There is sometimes a very similar gait and appearance in severe rachitis, which is, however, readily discriminated by the presence of bone deformities and retention of the knee-jerk.

The subject of paralysis agitans has a tottering, trembling, toddling trot that is very distinctive, the picture being reinforced by the bent-over posture and hands held in front of the body. In the latter stage of cerebro-spinal sclerosis the gait is frequently stiff and extremely unsteady and irregular, often shooting zig-zag so that the patient knocks up against the walls and furniture; the intention tremor, scanning speech and nystagmus serve to identify the condition.

A typically spastic "pigeon-toed" sometimes cross-legged walk is seen in infantile cerebral palsy. Acute poliomyelitis, on the other hand, is marked by a stumbling and dragging gait or bending of the ankles so as to render locomotion very difficult or impossible. In lateral sclerosis the leg is rigid from the hip down and the toe is dragging in a semi-circle from behind forward, the knees often knocking or locking together. In organic hemiplegia we also note an outward swing of the paralyzed limb—the so-called sickle gait. In hysterical hemiplegia locomotion is careful and mincing, shuffling and sluggish, and the patient often drags or pushes forward the affected member. Hysterical paraplegia is usually readily separated from the true paralytic form by the rapid onset of the former, the astasia-abasia and the generally overdone character of the symptoms. A hopping gait is observed in cases of spastic paraplegia with involvement of the calf muscles; an equine or high-action step in paralysis of the anterior thigh muscles. A painful limp or hobble may be the result of trauma, gout, rheumatism, sciatica, severe rachitis, hip-joint disease or osteomalacia.—*Denver Medical Times.*

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#### SCUTELLARIA LATERIFLORA.

For "cerebral irritation in teething children" *Scutellaria* certainly will prove beneficial. The "restlessness," "sleeplessness," or "disturbed sleep," and the "diarrhœic stools" are symptoms which are duplicated by some found under *Chamomilla*, but *Scutellaria* has no fever and but little if any of the

irritability of *Chamomilla*. *Scutellaria* will be useful only for the first stage of such conditions, never after changes have taken place in the nerve tissues. For sleeplessness, night terrors, hysteria, cardiac irritability and nervous palpitation *Scutellaria* is a homœopathic and leading remedy. However, these must not be regarded as separate and distinct conditions, but as a group of symptoms expressing a single condition, to which we may apply the only remaining term of Dr. Hale's list, viz.: "Nervous agitations from pain or exciting emotions." I want to add to the modifying part of this clause, that overwork, mental or physical, makes nervous agitation the equivalent of these other symptoms plus restlessness and weakness. Always bearing in mind the fact that "cardiac irritability," "sleeplessness," etc., etc., are not dependent upon any organic lesions. I will close by citing what I consider a typical case taken from my casebook: Miss M., aged thirty-two, of nervo bilious temperament, principal of one of the large schools of our city, came to me in May, 1886, and said: "It is near the end of the school year, I am used up, I cannot sleep, I cannot think. I have a dull pain in my head most of the time, sometimes in the forehead, but more frequently at the base of the brain. Whenever I overdo (and I never know when I am going to do that), I cannot sleep that night, and either one of two things will happen; either a nervous explosion or a nervous sick headache the next day, both followed by complete collapse." I first gave *Picric acid*, then *Phosphoric acid*. I treated her during the summer, found that there was no disease of either ovary or uterus. Bowels were regular, menses normal, no irritation of the spine, in fact nothing tangible. She was much improved when she returned to her work in September. Late in December she came to the office and said she had returned to the bromides, but did not know which was worse, the bromide headache or the nervo-bilious. I gave *Strychnia phos.* 6x. One week later I was called at 2 A. M. She had attended the State Teachers' Association the day before, had read one paper and discussed another, and had attended a reception from ten o'clock to midnight. When I entered the room she began to scream, then went to the water closet to urinate. This she was obliged to do every few minutes, and yet only a few drops passed. The stools were frequent, loose and watery. Pulse irregular. I gave *Scutellaria* tincture, ten drops every half hour. She was better after the second dose and went to

sleep after the fourth. She has kept the drug in her room from that day to this, and has never since had a "nervous explosion" nor a sick headache. She is not obliged to take the medicine except when overworked. This is not only a typical case for *Scutellaria*, but one often found among our nervous, overworked American men and women.—Geo. H. Royal, M. D., in *Am. Inst. Hom.*, 1897.

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## TREATMENT OF DOMESTIC ANIMALS.

Jennie L., English setter bitch, was affected with mange in patches here and there on the sides and belly. She wanted to lie near the grate, dreaded the cold, open air, and would whine when washed. Got *Hepar sulph.* and soon recovered.

Max, English setter dog, took mange. It began under the jaws and spread down the neck, and there were patches on the belly. He was sensitive to heat, would lie under an open window, and wanted to be out of doors. He would go under the hydrant when the water was running. He got *Pulsatilla* and rapidly recovered and remained well for some time. It started up again, and more *Pulsatilla* cured him permanently.

Belva, an Irish water spaniel, was taken suddenly with dysentery. Stools bloody slime, frequent, scanty. She would strain as if she could not finish the stool and pass but a small gob of mucus mixed with blood. She was given *Mercurius* and was quickly cured.

Ned K., an English setter dog, was very offensive and did not thrive. His hair stood on end and would not take on gloss in spite of much brushing. He was given *Psorinum* and became hungry and soon had a glossy coat.

Jersey cow, for over a month had not thrived; coat looked bad; losing flesh; would not eat; gave thick milk, which was stringy and bloody; large cake, as large as a child's head, in the bag. The regular veterinary had failed to cure with his strong medicines. While visiting a child in the family a request was made to see the cow. One dose of *Phytolacca* cured in two weeks.

Large Maltese cat. Seemed very affectionate on having neck and upper part of the spine stroked, but when the hand in moving backward came against the root of the tail the cat's expressions were those of great pain. Cat would cry out, scratch and

bite, and this would be repeated as often as the root of the tail was pressed upon. This state, which had existed for a long time, developed into one of great suffering and threatened convulsions. *Hypericum* cured promptly, removing all the soreness from the root of the tail. There was no history of injury, but the prescription was made on the well-known symptom, sensitiveness of the coccyx.

If you are visiting in the country, a farmer may tell you that last night one of his cows broke into a clover patch and ate to excess of clover, and now he fears he will lose the cow because of the enormous distension of the abdomen with gas. You go out and look at the cow and see that its abdomen is enormous and tight as a drum. Farmers save their cows by sticking a large butcher knife into the paunch, allowing the gas to escape. It is either that or death. *Colchicum* is the remedy for this condition, and it will work equally well in horses.—*Prof. J. T. Kent, in Journal of Homœopathics.*

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### CALOTROPIS GIGANTEA IN SYPHILIS.

To those of us to whom syphilis is a disease in which the protection of the community from further spread of the disease is a first consideration, the use of *Mercury* in some of its forms (differing according to the views of different observers), is an absolute necessity; and, too, in sufficient strength that there is no possibility of the disease remaining in a condition to be transmitted from one to another for an almost indefinite time. Where a mercurial preparation is prescribed so that the disease is rapidly brought under control, symptoms must, of necessity, show themselves which require the omission of the remedy for a variable time, until the toxic effects pass away. Mercurialization, that bug-bear of our older writers, however, is not developed in such an intensity that the patient is annoyed by the signs that we know indicate the saturation of the patient with the drug to an extent that more of it will bring about conditions that are injurious to the patient and disgraceful to ourselves, unless our method of treatment savors of carelessness or vacillation. When the slightly indented tongue, the shadow of salivation, a slight black streak (*Mercurius corrosivus*, *Mercurius iodatus ruber*), or a yellow one (*Mercurius iodatus flavus*), along the dorsum of the tongue show that our patient has reached his point of toleration,

it becomes necessary to rest awhile and allow him to return to that state which permits of a further pushing of the remedy, the administration for a variable time of *Saccharum lactis* will accomplish this, and it was formerly my habit to prescribe thus. However, about a year ago my attention was called to the remedy, the name of which heads this paper, and the symptoms for which it was said to be useful were so much those that appear during the period of a rest from a mercurial course of treatment that I was led to use it with marked success in syphilis, and the progress of the case was so much more favorable than under my former plan of giving *Saccharum lactis* and allowing the symptoms produced by the *Mercury* to exhaust themselves, that I deem it of the greatest importance to the profession to urge an investigation of the drug. \* \* \* \* \*

My experience has been entirely confined to from one to five drop doses of the tincture or to doses of two, number six, disks saturated with equal parts of the tincture and ninety-five per cent. alcohol. In the latter dosage I have used it for four to five weeks at intervals of three hours, without other than good effects on the disease.

The primary anæmia of syphilis is of such common occurrence that I am sure every member of our school can recall marked instances of it in his practice. My experience with *Calotropis* in this anæmia has been most remarkable. The occurrence of the sense of heat, which it is said by Robinson to produce, I have verified in numerous instances, and the patients date their improvement in strength and vigor to the time that they began to feel in their stomachs. I might say, in passing, that I have used this same symptom of warmth at the sceobiculum as indicating the remedy in a late tubercular syphilide in a patient who had been taking the *Iodide of potash* in large doses under another physician with more rapid results than I usually see in other patients. This fact would seem to indicate that its sphere of usefulness does not comprise the early manifestations of the disease alone.

The following case is one in which the remedy was employed with gratifying results. The improvement attained was more rapid than it is usual for me to see in similar cases treated by other medicines. It must be born in mind, too, that it is only one of a series, each of which could be reported with a creditable showing for the remedy. Mrs. C., aged 40, was referred to me

by a brother practitioner with the statement that he had been treating her for some months past for a syphilis which had been contracted about six months ago. Her history on this point was not thoroughly clear, as she had passed through the earliest stages without suspecting that her condition was serious enough to need systematic treatment. She was married, too, and probably contracted the disease from a husband to whom it was important that she did not get all the enlightenment on the subject that was obtainable. She had been taking *Mercurius iodatus ruber* for some time past. When she came to me she had a black streak along the middle of her tongue and a slightly increased amount of saliva. There was an enormous thickening of the free ends of all of her nails, and under the right thumb-nail a large moist papule had developed causing her excruciating pain on using it. Her throat showed the reddening and the peculiar whitish or bluish-white pellicle on opposing faces of the tonsils, though they were not much enlarged. She had attacks of palpitation of the heart and felt quite weak when a warm spell of weather came. She had had a medium sized papular eruption which had faded under the treatment; but the other symptoms were steadily and aggravatingly becoming worse, leading my colleague to send her to me. *Calotropis* was prescribed, two number six disks being given every three hours. They were saturated with equal parts of the tincture of the remedy and alcohol. In a week the tongue looked almost normal, the nails had improved very much and a general feeling of returning health pervaded her. She was kept on the same treatment for five weeks, when an acute attack of cystitis caused the administration of *Aconite* for a week. *Calotropis* was then given again for a week. An ultimate cure of the nail lesions resulted and a very decided improvement of the general health occurred.—*Edward M. Gramm, M. D., in Minneapolis Hom. Magazine.*

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### LEVICO.

Dr. Burnett in some of his books prescribes a remedy, 'Levico,' that is but little known to American practitioners, therefore the following from *The Thrapist* of London may not be amiss:

"Of all mineral waters those of Levico are distinguished not only by their contents of these three elements, arsenic, iron and copper, but they are remarkable for the state of combination in which they occur. Situated in South Tyrol, on the confines of

Italy, Levico has for many years been a favorite sanatorium of the Italian medical profession for their nervous and skin patients. Of late years the Levico waters has also been increasingly recognized by the German and Austrian faculty, among whom Bamberger, Billroth, Hebra, Nussbaum, and others, testify to the extraordinary remedial activity of the waters, favoring assimilation, increasing nutrition, and in chronic and dyscratic skin diseases functioning as antiseptic or astringent.

“Merely as an internal medication *Levico* water has however proved so satisfactory that it is a recognized member of the pharmacopœia in many German and Austrian hospitals and clinics. Thus Professor Nussbaum, of Munich, writes that ‘*Levico* water is given in my orthopædic institute in doses of 2 or 3 ounces to scrofulous and anæmic children. The water is well tolerated, and in spite of the smallness of the dose, the result is, in many cases, very evident.’ Professor Eulenberg, of Berlin, finds *Levico* water especially satisfactory in chorea minor in children and at the age of puberty, as well as for hysterical neuralgia and spasms. A very copious testimony of like nature has been borne respecting *Levico* water.”

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### QUININE IN MALARIA.

“Backed by an experience of over twenty years in the treatment of intermittent fever, I unhesitatingly declare that *Quinine* is the least useful and the least frequently indicated of any remedy in the materia medica. In my first experience in the treatment of intermittents I used it almost entirely, but discovered that in many cases I had only suppressed the disease. The chills were certain to return in a few weeks or a few months, even when I kept the system under its influence for several weeks. If the chills did not return other spectres would arise to plague me, such as enlarged spleens, enlarged livers, derangement of the stomach, etc. I am satisfied that I have seen cases of bronchitis and catarrhal consumption to result from suppressed malaria. To the conscientious homœopathist this can hardly be a satisfactory condition of affairs. If there is one advantage more than another that we do claim for Homœopathy it is, that we *cure* our cases, but giving a remedy to suppress a disease is not curing it.”—*H. R. Stout, M. D., in North American Journal of Homœopathy for August.*

## BOOK NOTICES AND GOSSIP.

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**Diseases of Females and Children: And Their Homœopathic Treatment.** Containing, also, a Full Description of the Dose of Each Medicine. By Walter Williamson, M. D., Professor of Materia Medica and Therapeutics in the Homœopathic Medical College of Pennsylvania. Fourth edition. 256 pages. Cloth, \$1.00, *net*; by mail, \$1.08. Philadelphia. Boericke & Tafel. 1897.

Williamson's *Diseases of Females and Children* is by no means a new book, the first edition, a work of eighty pages, having first seen the light as far back as 1848, the pioneer work on the homœopathic treatment of the diseases of women and children. Since then it has gradually grown to its present dimensions, though this last edition is identical with the one immediately preceding it. The book is plain Homœopathy, as it was understood before the days of the microbe, applied to the diseases of women and children, and, perhaps, in non-surgical ailments, would, if applied to day, give the practitioner better success than the treatment of the "very latest" one on the subject. These old books of Homœopathy apparently have unfailling vitality about them; this one, for instance, having been out of print for years, yet there is reported to have been calls for it right along, hence this new edition. A young practitioner (and an old one, too) can very safely follow its therapeutics, even if the author does give you the number of pellets to be prescribed at a dose.

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**Herbal Simples Approved for Modern Use of Cure.** By W. T. Fernie, M. D., Author of "Botanical Outlines." Second edition. 651 pages. Cloth, \$2.50; by mail, \$2.66. Philadelphia. Boericke & Tafel. 1897.

Above all others, homœopaths ought to be interested in "herbal simples," for no others of the medical profession draw more on the vegetable kingdom for remedies and, it is fit that no others should be so well informed. Dr. Fernie is himself a homœopathic physician of England, and we feel safe in saying that a finer herbal than this one was never issued; he has drawn

on all the ancient lore of preceding "herbals," eliminated that which was dull or of no value, added the modern knowledge, and the result is a book on the medicinal use of the growths of our gardens and fields that is unsurpassed, both for practical value and fascinating interest. The index of flower plants, shrubs, fruits, berries, nuts, seeds, trees, and various other growths treated of, covers over twenty-five pages, from which an idea may be had of the wide scope of the book. Open it where you will, matter of interest will at once arrest the attention, and you find yourself lingering over the pages even as one would linger about an old field or forest abounding in interesting plants. Much of the information contained is quaint, much of it interesting, and by a no means inconsiderable portion is of a decidedly practical and valuable character. The library of every gentleman should contain a "herbal," and we know of no better one than this, or, indeed, of any other at present in print; second-hand old herbals are picked up about as fast as offered. The book is printed in England, Messrs. Boericke & Tafel being American agents.

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**The Diseases of Women.** A Handbook for Student and Practitioner. By J. Bland Sutton, F. R. C. S. Eng., Surgeon to the Chelsea Hospital for Women, and Arthur E. Giles, M. D., B. Sc. Lond., F. R. C. S. Edin With 115 illustrations. 436 pages, 8vo. Cloth, \$2.50, *net*. Philadelphia. W. B. Saunders. 1897.

"In writing this book it has been our earnest desire to relate facts and describe methods belonging to the science and arts of Gynæcology in a way that may be useful to the student for examination purposes, and which will also enable them to practice this most important department of surgery with advantage to their patients and with satisfaction to themselves." Such is the preface in full, and it gives the scope and aim of the work, which, needless to add, is well gotten up.

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**Manual of Urinary Analysis,** Containing a Systematic Course in Didactic and Laboratory Instruction for Students, Together with Reference Tables and Clinical Data for Practitioners. By Clifford Mitchell, A. M., M. D., Professor of Renal Diseases in the Chicago Homœopathic Medical College. 327 pages, 8vo. Cloth, \$1.75; by mail, \$1.86. Chicago Era Publishing Company. 1897.

Dr. Mitchell says: "The object of this book is to provide the medical student and the practitioner with a practical, accurate and reliable method for examining the urine," and we may add that in the fifty chapters into which the book is divided, the object is most effectually attained, and there is nothing pertaining to urinalysis that may not be found in this book. It is, we believe, the completest work on the subject published.

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THERE are few more deservedly popular manuals in homœopathic literature than *Bell on Diarrhœa*, to give the work the shortened title by which it is familiarly known. Since it first appeared, nearly thirty years ago, it has been a faithful companion to many generations of homœopathic practitioners, and bids fair to prove as enduring as the works of Jahr, of Bœnninghausen, and of Hahnemann himself. A product of the stricter school of Homœopathy, Dr. Bell's work is another proof that Homœopathy as Hahnemann left it is the most vital form it has ever attained, in spite of all the would-be improvers of the system who have appeared since his time. Symptom-comparing is often a very troublesome business, and prescribing for the name of a disease seems so very much more direct; but, as often happens, the seeming short-cut is the longest way round in the end, if, indeed, the end is reached by it at all. There is no royal road to Homœopathy, but manuals like this before us materially lighten the labor of traveling along the right road.

The present edition is practically a reprint from the edition of 1888. Dr. Bell's preface runs as follows:

"The most that can be said as a preface to a fourth edition, is that a thorough revision, and re-revision, and a renewed comparison with all the *materia medica* now available, reveals but few changes to make and no remedies to add or omit.

"*Allen's Symptom Register* gives four hundred and twenty five remedies as having diarrhœa, and *Knerr's Repertory of the Guiding Symptoms* a much smaller list, but none of them, not already included in this book, are suited for a place in it; either because the proving is indefinite, or because the diarrhœa is simply accessory to a larger and more important group of symptoms (as in *Diadema* in intermittent fever, or *Asterias rubens* in epilepsy, or *Arum triphyllum* in typhoid or scarlet fever.) It would seem, therefore, that this little work is now as complete as it ever will be made, for at least some time to come.

"Homœopathy is not making that kind of 'Progress' that renders a whole medical library obsolete every ten years, but instead of that, is all the time laying up in its storehouses treasures new and old."

We have no doubt Dr. Bell is right in keeping a strict limit on the number of the medicines he admits to his book, but we should have thought that in nine years a few additional medicines would have qualified for admission. We may mention *Ricinus* among the number, and *Agaricus phalloides* with its characteristic rice-water stools. Both of these remedies should have a place in a standard work on cholera therapeutics.—*Homœopathic World*.

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PERHAPS the greatest want in homœopathic practice is a general and comprehensive repertory. The chief difficulty in the matter is that the material accumulates so rapidly it is almost impossible to keep pace with it; hence it comes about that it is hardly possible for one man to accomplish the task. For this reason we are always grateful when any competent writer presents us with a sectional repertory like this of Dr. Douglass' on the tongue. He has given the tongue symptoms of 168 remedies, and the bulk of the book consists of an index of these symptoms so arranged that any one symptom is found with the greatest ease. A separate section is devoted to a repertory of "Mouth and Tongue Symptoms in Typhoid Conditions." We have no doubt this little work will prove of very great service to practitioners, for the remedies included comprise all those in common use and many of the rarer ones also.—*Homœopathic World*.

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ALTHOUGH the volume *Organ Diseases of Women* is not large, it is very compact and contains many interesting and instructive accounts of women's diseases and their cure by simple homœopathic remedies. The argument of the well-known author is that a disease cannot be cut out but may be cured with a medicine. Among the diseases treated we find enlargement of the womb, enlargement and subinvolution of uterus, displacement of uterus, sterility, leucorrhœa, and many other conditions without technical names. Dr. Burnett makes a bold stride into the domain now almost exclusively occupied by surgery, and shows how amenable the so called organ diseases are to medicine and how useless the knife in treating them.—*North American Journal of Homœopathy*.

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DR. QUAY'S long experience as a general practitioner and as a specialist enables him to understand the need of the physician in nose and throat work, while his position as Professor of Rhinology and Laryngology has put him in touch with the demands of the student. The monograph *Diseases of the Nose and Throat* is written especially for these two classes and deserves much praise, for it is thoroughly modern, up to date, and practical. Under each subject treated he gives the symptoms, diagnosis, surgical and local treatment, with the homœopathic therapeutics.—*North American Journal of Homœopathy*.

# Homœopathic Recorder.

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THERE are two ways in which the materia medica may be revised, and only two. One is for a committee to sit on the old materia medica and in some way boil it over or cook it down, with the probable result that the revision would be satisfactory to no one, not even the committee. The other way would be for the committee to follow in the footsteps of the pioneers, revise their work by testing the drugs on the modern man, a method that would be very satisfactory to all, excepting, possibly the new provers. The only alternative that we have seen is that embodied in the *Pathogenetic Materia Medica* by the Medical Investigation Club of Baltimore, consists in taking apart the old provings and putting them together again synthetically. No one can object to this method, for it leaves the original intact and supports it with what is really a scientific abstract of the drug that is very useful to anyone seeking to comprehend its spirit.

There may be other ways of materia medica revision than those indicated above, but what are they? We have on the one hand the unabridged works, such as the *Materia Medica Pura*, *Chronic Diseases*, *The Encyclopædia*, *The Handbook*, and Hale's *New Remedies* representing the materia medica said to be needing revision, and on the other hand a host of books representing many writers' ideas of what that revision, or practically condensation, should be; for instance, Hull's *Jahr* is a masterly condensation of the larger works; then there is Hering's *Condensed*, Allen's *Primer*, Brayfogle's *Epitome*, Cleveland's *Salient*, Malcolm & Moss' *Regional and Comparative*, Dewey's *Essentials*, Bray's *Characteristic*, etc., which among them certainly cover the field of condensation; so taking these, together with the Baltimore book, the work of recasting the original is pretty effectually done. And there is hardly room for any further "revision" of this nature; this being so, there seems to be nothing

else to do than to start in and revise by reproof. If there is any other way, what is it?

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THE August number of the RECORDER contained the following note:

Dr. S. Shauwecker, a correspondent of the *Medical World*, answering another correspondent of that journal who wants an efficacious treatment for albuminuria, writes: "I would like if he would try *Trailing arbutus*, sometimes called 'gravel plant,' in his case with hot or vapor baths. I have had such uniformly good results with it that I think it would do him much good."

*Trailing arbutus* is catalogued among the medicines as *Arbutus andrachne*.

This was a mistake, as the remedy is catalogued as *Epigaea repens* and not *Arbutus andrachne*.

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### HOMŒOPATHY AND "SCIENCE."

Translated for the HOMŒOPATHIC RECORDER from *Leipzig Pop. Z. fuer Hom.*, July, 1897.

The inventor of the *Diphtheria Serum*, of *Antitoxin*, etc., *Prof. Behring*, in Marburg, has been bitterly reproached because he at the late Congress for Internal Medicine, adduced Homœopathy in defense of his doctrine, and designated each of these methods as an etiological therapy. *Prof. Dr. Liebreich*, in Berlin, who, as is well known, is a great oracle in the domain of medicine, and who always gets beside himself when he hears of Homœopathy, sought to put him down entirely, and declared that the whole of the serum therapy was 'no good.' The bacteriologists, he averred, only awakened deceitful hopes in the minds of physicians and patients; the results of the diphtheritic serum were only apparent; the bacilli of tuberculosis and of diphtheria were only parasites, and are not to be regarded as the causes of disease. The main point in treating any ineffectual disease consisted, so he declared, in the quickening of the vital forces of the cells, then the organism would overcome the immigration of the bacilli. To use remedies in order to kill off the bacilli in the organism, he declared to be useless. With this we can well agree, for the healing serum is not intended in any case to kill the bacilli but to make them harmless. Nevertheless, the fact that any modern professor of medicine should still refuse to

acknowledge to truth discovered by his colleague, Professor Dr. H. Schulz, in Greifswald (in agreement with Hahnemann), that certain medicines have a specific effect on certain cellular domains, seems to us more than strange.

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HERE is the *Medical Century* heartily endorsing the making of tinctures hitherto made from the fresh, succulent plants, from the dried plants because that process "simplifies and unifies" matters. This is what the *Century* says of the new method proposed in the pharmacopœia just issued by Messrs. Otis, Clapp & Sons :

"The greatest point of variance between this and other pharmacopœias is that it simplifies and unifies the standards of the original substances used. For instance, *Aconite* has usually been made from the fresh juice of the *Aconite* plant. In this book the plan is to make the original tincture from the dried plant, in order to secure the elimination, in so far as is possible, of all moisture and other extraneous substances. It is only the *Aconite* that is desired, and the wisdom of securing it free from all other matter appeals forcefully to our intelligence. It may be that the *Aconite* which Hahnemann proved was not all *Aconite*; likewise with *Belladonna* and *Nux* and other polychrests. But this should not deter us from being more accurate and specific."

What are the other "extraneous substances" that go off with the moisture? But then we are not so sure but that the *Century* is a little tangled up in its understanding of the new volume, for surely the homœopathic medical profession will not submit to having its mother tinctures abolished and the dried drug tinctures substituted.

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THE *Southern Journal of Homœopathy* takes the *Homœopathic World* to task in its July number. The *World*, anent the oodfl of proprietary medicines that are prescribed by doctors (chiefly because the proprietors of those medicines put up cash for the advertising pages and "strictly scientific reading"), says:

The old days of blue pill, blistering and purgatives have gone, and the days of enlightenment have come in, and unless the profession accepts this enlightenment through the medium of Hahnemann's *Chronic Diseases*, they will perforce be obliged to grope in the dark, and to aid and abet the nostrum monger and quack.

To this our Baltimore friends reply:

To the liberal mind this sentence hints most strongly of the bigot. Is .

there no other source from which a knowledge of Homœopathy may be drawn than from this one book? We grant it is wise to read the *Chronic Diseases*, and all other books written by Hahnemann, and as much of the literature written by the older homœopaths as possible; but are all the brains of our school locked up in the literature of the past? Has no original, intelligible, correct and effective thinking been done since the death of Hahnemann?

If the RECORDER may take a hand it would like to say that the brains of Homœopathy are not locked up in the literature of the past, nor is all the originality and good thinking confined to the men of other days, *but* how many men of the homœopathic ranks can give a clear account of what is contained in the *Chronic Diseases*; or how many of them know what Hahnemann's doctrine concerning chronic diseases is? How many have read the book which is the rounding out and the completion of the *Organon* and the *Materia Medica Pura*? To be sure, a great many men think that the doctrine of chronic diseases is based on a mistaken theory concerning itch which modern science has corrected, and therefore the book is useless; but all who think this are themselves in error, for the book is based on no such theory, but on one that is far better fitted to stand the strain of close investigation and the crucial test of *practice* than is the theory current to-day that microbes are the root of disease. No, the men of the past were not greater in ability than the men of to-day, but truth is something that is quite independent of men; though all men deny it, it calmly remains *truth* and human power cannot alter it. The men of the past saw this truth—they did not create it—perhaps clearer than the majority of those of to-day see it, and in this they were clearer-eyed, for to see this truth is to see wherein the vitality of Homœopathy lies, for without it Homœopathy would have been dead and forgotten a lifetime ago.

There is one assumption that is too prevalent among the modern men for their own good, and that is, That the lore of the past is their's and they look only to the future for "making advances," whereas they could be saved much sorrow did they but learn the lore of other days before striking out into the unknown for something new. To one fully—as fully as mortal may—comprehending and knowing the knowledge of the past, there is a peculiar force to the wise man's remark, some centuries ago, that there is nothing new under the sun—outside of the domain of mere material science, of course.

THE announcement is made that the next meeting of the Missouri Valley Homœopathic Medical Association will be held at Iowa City, Ia., on Tuesday and Wednesday, September 28th and 29th, 1897. Dr. W. Humphrey, of Plattsmouth, Neb., is President, and Dr. A. M. Linn, of Des Moines, Ia., is Secretary. Advices from Nebraska and Iowa give assurance of a large and enthusiastic meeting. The programme, soon to be issued, will announce many carefully prepared papers by some of the best men in the West.

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DR. HOPRICHTER, in volume 25 of the *Allgem. H. Z.*, tells the following: "On the 9th of August, 1833, four of us physicians took a drive from Leipzig to Coethen. Our friend, N. N., had a hemorrhage just as we were entering the carriage, and he had to remain behind. Dr. Kurtz, the Medical Councillor from Dessau, gave an account of this mishap to Hahnemann at our arrival. He stood still for a while and then said: 'I am sorry he had a liking for many spirituous liquors—in such a case varices will form—there is no help for him.' My friend Kurtz and myself were glad to see that Hahnemann also took thought of the internal states of the body. Pathological anatomy was at that time for me a *terra incognita*. At this day we would be apt to draw some additional conclusions from this short prognosis, for we can see from it that Hahnemann in his mature age thought of the curability of certain diseases when he was in company of colleagues. Nowadays when we read accounts of such meetings we see quite the contrary demeanor among physicians."—*Leipziger pop. Zeitschr.*

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WE have examined this work (*Gross' Comparative Materia Medica*) carefully and, as a result of our examination, pronounce it a very useful book and a valuable addition to our literature. The introduction, fourteen pages in length, is an excellent piece of reading, and the author therein proves himself to be a master in the art of observation. We cannot do better than let the reader judge for himself. He speaks of how the provings of remedies confirm certain physiological facts, and how the facts so brought out reflexly verify the truth of the provings.—*Medical Visitor*.

## PERSONAL.

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Dr. G. W. Bowen says that coffee is the best preventive of malaria.

Bad living is the father of all bacilli.

Williamson's *Diseases of Females and Children* is a live book yet.

Dr. S. N. Watson, of Iowa City, has been appointed Assistant Professor of Clinical Medicine and Lecturer on Dermatology, at the University of Iowa Homœopathic Medical Department.

Hamamelis extract, internally, is one of the best remedies for renal hæmorrhage from calculi.

Dr. Skene ("Diseases of Women" Skene) has entered into competition with Wier Mitchell in the field of romance, *True to Themselves* is his first.

The "regular" Osteopaths are complaining of "a diploma mill" where men graduate without study. We all have our troubles, it seems.

No one likes a shady family-tree.

There are things worse than lack of 'uniformity.'

*Malaria off.* is a remedy that seems to possess great possibilities.

N. D. Riker, hom. V. S., has removed to West Nicholson, Pa.

Dr. C. G. Probert has removed from Huron to W. Madison Ave., Cleveland, Ohio.

Messrs. Boericke & Tafel have the manuscript for a monograph on *Sabal serrulatta*, by Dr. E. M. Hale, that will be published this year.

Dr. Arudt's work on practice is nearly ready for compositor; it will be published in 1898.

Send your papers to the RECORDER.

*Thlaspi brusa pastoris* is a great kidney remedy in doses of five or ten drops of the mother tincture.

Yukon go, but can you get back?

Have you seen Boericke & Tafel's new book catalogue, issued last summer?

After, all *Xylanthrax* is only charcoal.

The impecunious debtor offered his body, but the debtor replied that the only part worth anything was his gall.

Put away the straw hat in camphor.

"Serum" seems to be on the wane; "out, brief candle!"

The most expensive cycle is that of Cathay.  
years in Europe.

Chewing gum is like what's his-classical-name's efforts at rolling a rock up the hill.

If we could all forecast "the markets" we could all be rich and go to Europe.

# THE HOMŒOPATHIC RECORDER.

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## “PRO HONORIS CAUSÆ.”

“The life of a scholar,” says Goldsmith, “seldom abounds with adventure. His fame is acquired in solitude, and the historian, who only views him at a distance, must be content with a dry detail of actions by which he is scarce distinguished from the rest of mankind.”

Poor “Goldy,” was he thinking of his own career (for by “scholar” he means him whom Carlyle would call “a writer of books”)? Did his heart shrink at the recollection of the sordid sale of the manuscript of “The Vicar of Wakefield,” with its now immortal *dramatis personæ*: an impecunious and sadly improvident author, an irate landlady, weary of broken promises to pay, and “gruff” Sam Johnson, bewigged, besnuffed and besieged by every unfortunate to whom had fallen the “scholar’s” portion,—

“Toil, envy want, the patron and the gaol.”

But when John Forster sat down to write Goldsmith’s “Life,” did he find it only “a dry detail of actions by which he is scarce

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1. Homœopathic Bibliography of the United States, from the year 1825 to the year 1891, inclusive. Part 1. Alphabetical List of Homœopathic Books and Pamphlets Books Against Homœopathy; Magazines; Directories; List of Homœopathic Publishers; Libraries; Previous American Homœopathic Bibliography. Part 2. Condensed Histories, Data and Bibliography of the Homœopathic Societies, Colleges, Hospitals, Asylums, Homes, Sanitariums, Asylums for the Insane, Dispensaries, Pharmacies, Life Insurance, Legislation, now or at any time existent in the United States. Carefully compiled and arranged by Thomas Lindsley Bradford, M. D. Philadelphia. Boericke & Tafel. 1892. Svo. Pp. 596.

2. The Life and Letters of Samuel Hahnemann. By Thomas Lindsley Bradford, M. D. Philadelphia. Boericke & Tafel. 1895. Svo. Pp. 513.

3. The Pioneers of Homœopathy. Compiled by Thomas Lindsley Bradford, M. D. Philadelphia. Boericke & Tafel 1897 Svo Pp. 677.

distinguished from the rest of mankind?" Goldsmith himself said he could not understand his own love for Ireland, when all he ever had from her was his "brogue and his blunders." But did ever brogue and blunders so endear the "rest of mankind," as if the spell was in *them*? Even when "Goldy" lived with the beggars in Break-Neck Alley, was there not a radiant nimbus shining around his head, whose halo only brightens as the years go by? What if the path of genius shows only

"A difficult journey to a splendid tomb;"

what if there are *tears in the voice* as we read the record of that journey; what if it be sojournings of *such* sore travail (which are to evoke the sigh of sympathy from lips yet unborn) that lift the race to "heights that are higher;" and what if such journeyings *here* are even appointed unto the sojourner by Him who is "neither mocked nor deceived?"

"Appointed?" Even so, my dubious friend. Is there any other "Theory of Literature" that will so explain the lives of these servants of humanity? Doth a Cervantes write, in a prison, that which shall fill the ages with inextinguishable laughter, besides giving the death-blow to an effete Romanticism, for that Momus chiefly affects the gloom of a dungeon? Doth an English tinker, an unutterable vagabond, illiterate beyond compare, so dream in Bedford jail that the world wonders—and this of his own election? Were not these and all of their guild verily "appointed" for the work they did, now in prison, now in the pillory, but, through good and through evil report, ever steadfast? Thinkest thou that *genius* is the result of "a fortuitous concourse of atoms;" doth the "brain secrete thought as the liver bile;" are these shining ones at whom the world marvels only the kitchen accidents of Nature—just a "lucky" proportion of ingredients, a good draught of the chimney and a fortunate baking? Foh! If that be the babbling of science were it not well to appeal from Philip drunk to Peter "dead drunk?"

Far less tenable is that other theory of the "Unconsciousness of Genius." As if a Shakespeare were insensible to his own thaumaturgy! Prospero, Hamlet, Othello, Lear—and he who created them *unconscious* of the incomparability of his work! As if all the passions of the human heart could surge through his own, and he the while as placid as a Polar sea—cold, insensible, inanimate!

Horace knew better when he wrote of the monument *more enduring than brass*; and Camoens, buffeting the waves in the shipwreck, with the manuscript of the *Lusiad* in his hand, gives the lie to all this. Genius *is* conscious, and though it eat the pittance that a niggard fortune sends in tears, yet is it sustained and comforted by the divine delight of its own achievements; its inscrutable *faculty* is its exceeding great reward.

But what of the solitary scholar whose patient toil brings not the laurel crown of Poesy, nor the applause of listening senates, nor the quiet delight of the chimney corner—holding spell-bound both youth and age? The scholar who has devoted his life doing to the simply *useful*, the unostentatious, the “dry” history that preserves the past, and which record is the highest incentive for the future? What sustains him in the arduous labors of which the maddening crowd take little heed; the glittering, tinselled baubles of Life’s “Vanity Fair”—*these only shining in their eyes?* These self-sacrificing ones are touched to higher issues; these teach us the inner meaning of the old scholars, who called the liberal sciences the “*Humanities.*” Such are capable of life-long devotion, *pro honoris causæ*; that, at once, both incentive and reward.

I am moved to this utterance by a yet unpublished book, a copy of which has deprived me of needful sleep and has made me late at meals—and I, surely, need no assistance in the matter of *such* misdoings, so trying to every housewife. But what homœopathic physician could open a fair volume, reading on its first page: “*The Story of the Provers who assisted Hahnemann,*” and then close the leaves because, forsooth, an everyday dinner-bell rang?

But what is this I see on the opposite page—two short lines? Ah! a motto selected by the author:

“Learning hath gained most by those books by which the printers have lost.”

There is the comely book, a credit to the printer, a monument to the publisher, an honor to the author, and when all the labor is done—and so well done—the patient, toiling scholar greets his completed task with a sigh! “Learning hath gained most by those books by which the printers have lost.”

What does this mean? It is certainly a time for plain words, and here they are: It means that since the year of grace 1892 and to-day, an untiring scholar has prepared and put forth the

homœopathic literature which is enumerated at the beginning of this article. This literature contains 1,786 octavo pages of bibliographical and historical material pertaining to Homœopathy that has not been collected in any other language in the same compact, lucid and available shape. It is the best *History of Homœopathy* extant; nowhere is there such a published entirety. And after all this, the author's (and the publisher's) secret escapes in an involuntary sigh—"the printers have lost." Verily, out of the fullness of the heart the mouth (and the pen) speaketh!

Reader, let us briefly consider the nature and quality of this unrequited, scholarly work, the doers thereof, their motives for the doing, and, lastly, our responsibility.

1. It is bibliographical, historical and strenuously practical. It is a record, reliable, so far as I can find, of the most remarkable departure from the merely traditional in the whole History of Medicine. It is not only Homœopathy as it has prospered in this blessed Republic, unhampered by guilds, privileges and feudal usages; it is the history of an idea that found lodgement in the heart of a thinker, a thinker as heroic as Luther; of one who is, indeed, the Luther of medicine.

True, the first work of our author is confined to Homœopathy in these United States, and we should all be proud of the record. But "no pent up Utica" could confine Bradford's devotion to a merely parochial service; from the doings of American homœopaths he turned to the Old World and to the service there done by the Master—for such he *is*, cavil as we may! Last of all, "*The Pioneers of Homœopathy*" are rescued from oblivion—the oblivion of extinct magazines, and dust heaps of all description; that Dryasdust duty which fetched the groan from even such a stalwart explorer as Thomas Carlyle. It is a singular felicity that this high service for Homœopathy should be rendered by an alumnus of the oldest homœopathic college existent under Legislative charter.

No homœopathic library in America is worthy of the name if it lacks the first labor of Dr. Bradford's heart and hands. Without it no American homœopathic physician can know the fair dimensions of his inheritance as a homœopathic physician. It is as indispensable to the true physician as the title deed to an estate that he calls his own. If medicine is to any homœopathic physician a *profession* and not a *trade*. (and not Heaven and Hell are farther apart than these), this *Bibliography*, on his

shelves, will define his species, while any other pretense is only of the devil. And whoso honors his inheritance will have the *Life of Hahnemann* and these later records of the *Pioneers* from the commonest gratitude and from a commendable pride in professional ancestry. We are not obliged to *swear in the words of the master*, for he set us the example of independent thought and sacred dissent. We should learn his life, if only for the sake of *that example*: differ from him as we may. We forget that we do honor to our own nature by paying due honor to his. "Render unto Cæsar," said the great Exemplar, himself a greater than all of woman born!

2. The doers of this unrequited work are the modest librarian of a medical college and a firm of pharmacists who perpetuate names that are as household words in Homœopathy.

3. Their motives, *Pro honoris causæ*, pure and simple. I can say this and from knowledge. I know the author only from his letters, but

"The trick of that voice I do well remember.  
Is't not the king?  
Aye, every inch a king!"

Recognized as such by the free-masonry of letters, to all others an unknown quantity. Nor have I met the publishers; I only know the loins from whence they have their being and the reputation which is indeed "a possession forever," and which it is theirs to keep unsullied.

It is a singular truth and a significant that we owe the literature of Homœopathy in America to pharmacists. The Allentown beginnings are not forgotten, nor is the self-abnegation of that faithful little band of American pioneers. How Hering's face would shine when he mentioned the older Wesselhœft, and how his voice would falter when he told the story of his self-sacrifices for Homœopathy.

Radde came next, and was hardly a Macænas, as Hempel could testify, but our literature grew under Radde's hands. Boericke & Tafel took up the work when Radde waxed old, and from that day a homœopathic press has been an assured thing.

Think you the greed for pelf is the incentive to the publishing of the books now under notice? Are you, indeed, *so* "fresh" as that? Doesn't a burnt child dread the fire? Do a firm of more than a quarter of a century's experience *know* a losing venture? Do they have to make three experiments to learn that

certain publications have "no money in them?" Do they go on publishing such literature in sheer headstrong blindness. Fudge!

I speak for a dead man when I say Homœopathy was more than a *business venture* to him that was Adolph J. Tafel. It was a conviction; it was a truth; it was to be served in singleness of heart and sincerity of purpose. It was not, in the sight of God, a "trade wind" to which he and his partner trimmed their sails. If they prospered, it was not the "thrif that follows fawning;" it was the benison of the honest purpose, and *that* has the Eternal's "Benedicite"

Such publishers can sustain the press and all the apparatus of book making, *pro honoris causæ*; the ledger wholly forgotten, strange as they may appear to some of us!

*Pro honoris causæ*, for the honor of the cause. My dear, unknown reader, ponder upon the words. Are we too wrapt in the sordid struggle for that which perisheth to forget to honor the cause? Are we only to selfishly reap where we have not sown, or sown only for the sake of our pitiful, perishing selves?

Take the query to the very heart of you, and may your better self make reply. Take this last book, "*The Pioneers of Homœopathy*," and if you do not arise from its perusal with heart aflame and a new consecration of all that in you is to the truth that has had such pioneers to pilot it through the storms of de-traction, the machinations of malice and devices of falsehood, then close the leaves, for of a truth you can never know the meaning of the simple words, *Pro honoris causæ*. Such books are not written for you.

I deem it proper to declare that this writing is evoked solely from a deep sense of my own obligations to both author and publishers, and it is also a spontaneous tribute which is published as a favor to one who is a lover of books and not incapable of simple gratitude.

SAMUEL ARTHUR JONES.

*Ann Arbor, Sept. 4th.*

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## A LINE OF HEREDITY.

By A. W. K. Choudhury.

We often see in our general practice the law of heredity very nicely observed in many families, and scattered information of the observance of this law of heredity we find here and there in

our literature. As far as I know, no statistical account to show the law of heredity in family relations and descendants has been made by any competent hand.

Offsprings of phthisical patients inherit from their parents the pulmonary defect to be phthisical one day or other in the future. I have seen apoplexy descend to the posterity; a grandmother (mother's mother) was seized with an apoplectic fit which ended in paralysis; one of her sons was attacked with apoplexy and epistaxis, the latter ending his life; her grandson (her daughter's son) fell a victim to apoplexy while he had been suffering from an acute high fever which dropped the scene of death on him. Asthma descends and spreads among dearest and nearest relations. A Mahomedan gentleman was in his old age a sufferer from asthma, his youngest daughter got asthma, and his grandson (son of son) is now asthmatic. I know a woman who is blessed with only two children, both being female, to express before me that both of these children were born with a long funis tied around their neck. A Mahomedan gentleman in the neighborhood has five children, the first of them a female child and dumb, second male and dumb, the third female but not dumb, fourth male and dumb, and the fifth male and not dumb. Deafness with or without otorrhœa has often been witnessed to spread in families.

Stammering has been seen to observe this law of heredity. A patient of mine, named Yusef Sirdor, who came to my dispensary for treatment of intermittent fever at the latter part of March, 1897, was a subject to this defect. The elder brother of this patient his two sons, the first and the third of his brothers and the patient's elder sister (patient having only two sisters) are all sufferers from this defect.

Mental as physical disorders are often inherited. Mental propensity, whether bad or good, descend and spread among families. My meagre knowledge and experience in mental sphere compels me to go no further.

A collection of statistics is all that is desired to give us a good picture of the subject.

N. B.—After I had written this paper: A patient has come for ringworm. He is a stammerer. One of his uncles (father's cousin, son of a father side, uncle of the patient's father) is also a stammerer. Another patient who has come for intermittent fever has a double nailed left thumb. His cousin (son of father's

brother) has a double nailed left thumb. His nephew—mother's paternal uncle's grandson—has also a double-nailed left thumb, and, moreover, a double nailed left little finger.

*Satkhira P. O*, Calcutta, India.

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### SOME OF DR. AD. LIPPE'S KEY-NOTES.

By Thomas Lindsley Bradford, M. D.

*Merc. subl. corr.* Swelling of throat to suffocation, inability to swallow any fluid, with heat in the mouth, tongue and throat. (See Bell.)

*Merc. s. corr.* Painful, almost unsuccessful pressing, straining and tenesmus, with almost insupportable cutting pain in the abdomen, and discharge of small quantities of bloody mucus. Dysentery. (In the *Coloc.* tenesmus patient doubles himself up.) (In this condition do not give milk; the best diet is beef tea; use no bread or any solid food. Br.)

*Merc. s. corr.* Tenesmus, with dysenteric discharges, vomiting of bile, cramps in the calves, and stitches in the side.

*Merc. s. corr.* Urine is only passed in drops with great pain. (*Canth.*)

*Merc. s. corr.* Pulse weak, small, intermitting, sometimes trembling. (Intermitting pulse in dysentery—*Merc. sub.* is the remedy.)

*Merc. s. corr.* Coldness in extremities, they look purple, with small, spasmodic, frequent pulse. (*Bell.*)

*Merc. s. corr.* Rheumatic pains in left shoulder and shoulder-blade. (*Ferrum.*)

*Merc. s. corr.* Necrosis of upper jaw; (of lower jaw, *Phos.*).

*Merc. s. corr.* Aggravation in evening and at night. (Diarhœic, dysenteric stools.)

*Muriatic acid.* Pulse weak and slow, frequently intermitting every third beat.

*Natrum carb* Inability to think (*Calc. c.*) and to perform any mental labor; the head feels stupefied if he tries to exert himself.

*Natrum carb.* Difficulty in comprehending what one hears or reads and in connecting ideas.

*Natr. carb.* Violent, dry cough when entering a warm room; while coming from cold air. (*Bry.*)

*Natr. carb.* The skin of the hands is dry, cracked and chapped. (Dry, cold hands—*Natr. c.* Moist, cold hands—*Sulp.*)

*Natrum carb.* Easy dislocation and straining of the ankle; the ankle is so weak that it gives way; the foot bends under when stepping on it.

*Natr. carb.* Great debility, a short walk fatigues much (*Kali c.*); playing on piano causes trembling.

*Natrum carb.* Irresistible sleepiness during the day; difficulty of going to sleep late in the night and difficulty of waking in the morning. (*Nux v.*)

*Natrum c.* Perspiration while eating, (*Nit. ac.*)

*Natr. c.* Worse in A. M during a thunder storm; from least exertion; in rays of sun (headache); before eating; from talking (from smoking; from alcoholic drinks; from letting diseased limb hang down). (See *Puls.*.)

*Natrum mur.* Apprehension for the future. (Apprehension of health or of great trouble, *Calc. c.*)

*Natrum mur.* Hurriedness in all motions; awkwardness; passionate vehemence; gets angry at trifles.

*Natrum mur* (All symptoms are alleviated by perspiration.)

*Natrum mur.* Violent headache, as if the head would burst; as if head were in a vise (*Sulp.*); in A. M.; better when lying down (brain feels as bruised, *Gels.*.)

*Natrum mur.* Periodical headaches during, after or before the menses.

*Natrum mur.* Falling off of the hair as soon as it is touched, (*Lyc.*), more on the fore part of the head, the temples, the whiskers, and on genitals, especially during childbed; with great sensitiveness of the scalp to touch, with *greasy, shining face*; frequent headaches in the morning and from cold air.

*Natrum mur.* Liability to take cold in the head (*Bell Sil.*); from cutting hair, *Bell.* (A dose of *Bell.* after having the hair cut will prevent taking cold. Br.)

*Natrum mur.* Headache ceases on one side of the head; it continues more violent on other side. (See *Puls.*.)

*Natrum mur.* Itching in eyes; stinging, smarting and burning of eyes (*Apis*); spasmodic contraction of the eyelids (evening); (eyelids are stiff, *Sepia*).

*Natrum mur.* Obscuration of sight when stooping and walking, when reading and writing.

*Natrum mur.* The letters run into one another when reading. (Letters approach and recede, *Cicuta.* *Cicuta* is useful in astigmatism when it is very hard to find proper glasses. Br.)

*Natrum mur.* Double vision (*Gels.*), one-half of the object is visible the other half is dark. Black points or streaks of light before the eyes. Fiery, zig-zag appearance around all things. (Look out for apoplexy.)

*Natrum mur.* Loss of smell and taste. (Diminished smell, *Calc. c.*) (Temporary loss of hearing, *Gels. Br.*)

*Natrum mur.* Face shining as from grease (very characteristic).

*Natrum mur.* Lips dry, cracked, with rhagades, or sore and ulceration, with burning, smarting eruptions and scabs, easily bleeding. Fever blisters on the lips. Herpetic eruption round mouth. (Herpes of the tongue after sea bathing.)

*Natrum mur.* Swelling of upper lip (*Calc. c., Bell.*) (Swelling of lower lip, *Puls.*)

*Natrum mur.* In the mouth and on the tongue blisters and ulcers, with smarting, burning pain when touched by the food.

*Natrum mur.* Sensation of a hair on the tongue. (*Sil., Ars., Kali bich*)

*Natrum mur.* (Sensation of having a stone in the stomach, extending to back.)

*Natrum mur.* Soreness at the anus and around it when walking. (Prolapsus ani, with discharge of large quantity of bloody water; burning pain, preventing sleep.)

*Natrum mur.* During micturition stitches in the bladder; smarting, burning in the urethra; smarting and soreness in the vulva; after micturition, spasmodic contraction in abdomen; burning, drawing and cutting in urethra, and a discharge of thin, glutinous substance. (After injections of *Nitrate of Silver* in gonorrhœa *Natr. mur.* will always cure the case.)

*Natrum mur.* Hoarseness, with dryness in larynx. (After it has been touched with *Nitrate of Silver.*)

*Natrum mur.* Short, hacking, dry cough, from tickling in throat or in pit of stomach, day and night, especially when walking and drawing a long breath.

*Natrum mur.* Fluttering motion of the heart; irregular; intermitting beats of the heart (or especially stitches).

*Natrum mur.* Painful stiffness of neck. (See *Lachnanthes. Bell.*) (Great emaciation in neck, especially in children.)

*Natrum mur.* The pain in the back is relieved by lying on something hard.

*Natrum mur.* Tension in the bends of the limbs, and sensation as if the tendons were shortened; painful contraction of the ha strings.

*Natrum mur.* Great emaciation, commencing in the neck.

*Natrum mur.* Intermittent fever; chilliness, with great thirst afterwards great heat, with violent thirst and excessive headache; at last profuse perspiration, *relieving pains and aches.* (The *Arsen.*, headache continues after the fever.)

*Natrum mur.* Chilliness, with increasing headache in the forehead every day at 9 A. M. till noon; afterwards heat, with gradually appearing perspiration and thirst, the headache decreasing afterwards gradually.

*Natrum mur.* Chilliness at 10 A. M., commencing at the feet, followed by perspiration.

*Natrum mur.* Intermittent fever after abuse of *Quinine*, or with yellow complexion, great debility, drawing pain in limbs, headache—worse during hot stage—pressure in stomach, loss of appetite, excessive thirst; fever blisters on lips.

*Natrum mur.* Nettle-rash after violent exercise; itching. Itching and pricking in the skin; large red blotches, itching violently; rash over whole body, with stinging sensation in the skin. (See *Apis.*)

*Natrum mur.* Warts in the palms of the hands. (See *Ruta.*)

*Natrum mur.* Worse at 10 A. M.; every exertion increases the circulation; on looking fixedly at an object; from talking (weakness); when writing or reading (See *Calc. c. Apis*); (after eating); better while fasting, while lying on the back, or right side (see *Lyc.*); after lying down; (after eructations).

*Natrum mur.* is an antidote to *Argent. nit.*, especially if applied locally; and to *Chininum sulph.* It follows and precedes well *Apis mel.*, to which it is an antidote.

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## THUJA, SOMETHING I DIDN'T KNOW ABOUT IT.

By Robert Farley, M. D.

Two children, aet. about five years, had been waking about two hours after being put to bed in the evening in a violent tantrum, kicking, crying and refusing to answer a question. Would do this for an hour or more. When asked if they wanted to urinate would refuse to answer, strike at attendant or even say "No." Finally it was discovered that if taken from bed and put on closet they would urinate fully and then go to sleep readily. One of these little ones finally developed all the signs of incipient inflammation of L. hip joint, and the study of the

case led me to give the child *Thuja* 200, with the result that after the first night there were no more urinary tantrums or need to urinate during the night, and in two months time the child was in perfect health in all respects, better than he ever had been. His father had gonorrhœa, treated by injection, some years before birth of child.

I had for a long time noticed great similarity of the night troubles in these two children, and the result in the one case led me to give *Thuja* to the other child, and there has not been a tantrum since she took it. The father of this child had not had gonorrhœa. Their waking with extreme irritability occurred almost every night before the exhibition of the *Thuja*, and has not now occurred for months. The relief was immediate in the latter case and on the second night in the former case.

These cases long puzzled me to find the curative remedy, and I send them to you thinking they may make us better acquainted with this "peculiar symptom" that *Thuja* cures.

*Phœnixville, Pa.*

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### BARYTA CARBONICA.

By A. W. K. Choudhury.

This is a not much used medicine, as far as I know. I don't remember any allopathic use of this salt. Homœopathic journals rarely treat of it. The HOMŒOPATHIC RECORDER I remember once had an article on *Barium salts*, and a late number of the same journal contains an article on *Bar. c.* I have some experience with this drug. I do not know how and why my attention was drawn towards *Bar. c.* to use it so much in various diseases. General practitioners have a firm faith pinned to this *Barium salt* for its good efficacy in *tonsillitis*. And actually so it has. Not undeservedly put of it by Dr. R. Hughes in his well known *Pharmacodynamics*: "It has rarely occurred to me to see suppuration follow when *Baryta* has been administered in good time for this disorder." Mine own experience with this salt in *tonsillitis*, though not extensive is marked enough to merit a passing remark. I would have engaged the attention of my readers for a few minutes to this part of my experience with some cases from my practice, but as I think *tonsillitis* treated with *Baryta carb.* is almost an everyday experience of the general practitioners I wish to lay before my readers, some other things than this. One of these is *intermittent fever*.

I know of no one using *Baryta c.* in intermittent fever as much as I have, and my old friend, the HOMŒOPATHIC RECORDER, bears testimony to this. I wish here to draw the attention of the profession to this action of *Bar. c.* Readers of the HOMŒOPATHIC RECORDER might have been vexed with my cases of intermittent fever treated with *Bar. c.*, so numerous are they. I will be highly obliged if any one will publish his practical, or book, or journal knowledge about treating intermittent fever with *Bar. c.* in the pages of the HOMŒOPATHIC RECORDER, be it of any portion of the world. Dr. H. C. Allen, in his very useful work, the *Therapeutics of Intermittent Fever*, has supplied us with a case from his own practice. This is, of course, an exemplary case. In this case he used *Bar. c.* 200 (no form, no quantity mentioned), every morning for a week, when the patient was cured. I use *Bar. c.* 3 (trituration), with results more satisfactory and pleasing than in the above-mentioned case of Dr. H. C. Allen.

Last year my *Bar. c.* cases of intermittent fever were almost nil. I do not know why it was so. Last year we had almost no rain here, so I think these *Bar. c.* cases of intermittent fever have at least some connection with the rainy weather.

For *Bar. c.* Bœnninghausen has only the *tertian form* in his *Homœopathic Therapia of Intermittent and other Fevers*, whereas Dr. H. C. Allen, in the work mentioned above, has *quotidian* and *tertian types*. Both quotidian and tertian types of intermittent fever have been cured with *Bar. c.* in my hands. I remember only three cases of the *quartan type* of intermittent fever to have been cured with *Bar. c.* in my practice.

I have used it in *catarrhal ophthalmia* with satisfactory result. A case of this sort of ophthalmia treated with *Bar. c.* from my practice, I remember, was published in the HOMŒOPATHIC RECORDER.

In some cases of *headache Bar. c.*, has been used by me, and not with less satisfaction.

*Constipation* and *costiveness* has been removed by *Bar. c.*, in my hands.

*Gum bleeding*, *inflammation of the gums*, *bad smell of mouth* are all well treated with this salt.

A case of gum boil, for example: Patient an adult, Mahomedan, came to my dispensary the 3d March, 1897, with a gum-boil of four days' duration. Patient had nocturnal exposure

during sleep. Situation: right upper jaw with aching, and the aching relieved under pressure. Now and then he gets this sort of inflammation; occasional bleeding from gums; increased salivation; bowels open regularly. External swelling of face. Two doses of *Bar. c.* 3. (trit.), about a grain a dose per diem. No more medicine was required and the patient recovered very satisfactorily.

*Bar. c.* has a control over some *rheumatic affections*. Dr. H. C. Allen's case mentioned above supports this fact. For example I put down here a case from my case-book. This is a case of *Bar. c.*, intermittent fever of quotidian or double tertian type, time of accession, of light fever day, 4 or 5 P. M., and of high fever day, 8 or 9 P. M., with yawning and stretching before chill which is severe on high fever days, with *no thirst* and with *horripilation*; heat having *no thirst*. No sweat. Apyrexia complete. Bowels open. *Bad smell of mouth*. *Bleeding* and occasionally *pus from gums*. *Left knee aching and painful in walking*. Four doses of the trituration (*Bar. c.*) gave her thorough recovery.

Hahnemann has in his well-known "Chronic Diseases," under *Bar. c.*, in symptom 644, "*Painful aching on the inner side of left knee on lifting and advancing the leg in walking*." In this case *Bar. c.* acted most satisfactorily to remove the knee pain and aching, which was very like the symptom cited above.

*Bar. c.* is efficacious on some *ulcers*. In a case of *Bar. c.*—intermittent fever with a superficial ulcer on the right shoulder of an old man, an opium eater—the ulcer having a brownish scab and a central depression surrounded by a superficial ulceration which again surrounded by œdematous swelling of the epidermis with a reddish brown discoloration. *Bar. c.* cured the fever and healed the ulcer.

I remember it produces a good effect on *intestinal worms* (thread and round worms).

Through this extensive use of *Bar. c.* in various sorts of ailments, as mentioned above, I have not been able to ascertain its better efficacy in old and in dwarfish subjects, and have not been able to make out its preference for any sex, age, stature or constitution. I have used it in children, in adults, and in patients bowed down with age, in male as well as in female, in tall as well as in dwarfish subjects, and in various sorts of constitutions with scarcely any bad remark on its efficacy.

*Bar. c.* has acted in my own person as follows: In May last year (1896) I used that salt (*Bar. c.* 3 trit.) and found the following changes in me: Since the 9th of that month I commenced to take about one fourth grain of the 3d trituration every day. A few days after the commencement of the use of the salt I began to feel an aggravation of a paroxysm of a sharp aching of the anterior left lower molar after rinsing the mouth with cold water. It happened to me to rinse my mouth one day repeatedly with cold water. *No sooner the cold water came in contact with the painful part every time I rinsed the mouth the sharp aching pain was relieved instantaneously.* So I was induced to rinse my mouth again and again when once I took water to wash my mouth. *This relief was momentary,* and I was compelled many times to rinse the mouth with cold water to relieve the pain which had already been generated by the first introduction of cold water in the mouth. The toothache was a very severe one, and there was an inflammation along the facial artery coursing on the left side of the submaxillary bone on its lower border from the affected tooth to the left submaxillary gland.

*Calcutta, India.*

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### SALIX NIGRA FOR NIGHT SWEATS.

“Country Doctor” contributes the following letter to the *Journal of Medicine and Science* for September:

“I have discovered a new ——— no, I have done nothing of the kind; someone else did that, but I have proved a new remedy for night-sweats.”

“Sometime ago a patient suffering under a great general debility and some pulmonary troubles, producing a copious and annoying night-sweat, astonished me by finding a remedy after I had failed with the usual remedies, such as *Atropine Sage*, *Pilocarpine*, etc. Her old mother said that this everlasting sweating would never do, and if the doctor ‘would not’ stop it, she was going to! She was as good as her word. All she used was a decoction of the fresh bark of the so-called pussy-willow (*Salix nigra*) used *ad lib.* The case was so typical and the success so pronounced that there was no use of denying the fact that this very distressing symptom was completely relieved in three days.”

“Since then I have used the same remedy in two cases of undoubted tuberculosis with the same prompt result; the night-

sweat stops in two or three days. How much is gained thereby, of course, is problematical, but at times it is very desirable to stop excessive night-sweat."

"Mr. Editor, don't say that I discovered this new remedy,— I simply tumbled to a good thing when I saw it."

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## CURE OF A NEURALGIC STATE THROUGH SILICEA AND CALCAREA CARBONICA.

By Dr. Mayntzer, in Trier.

Translated for the HOMŒOPATHIC RECORDER.

A patient from W., in the Rhenish Province, 19 years of age, was suffering in the beginning of this year with a neuralgic trouble, which appeared every evening in both arms, lasting all night, but disappeared during the day, being followed by a certain sensation of paralysis and relaxation. Then tearing pains passed through both arms. Pressure and motion were both painful. The hands were seized with trembling, formication and numbness, and often the fingers were spread out and could not be bent. On receiving this account by post (for I did not then see or speak with the patient), my choice at once fell on *Silicea* and *Calcarea carbonica*, and a special examination of the *Materia Medica* confirmed me in the correctness of the choice. I sent, therefore, both of the remedies which seemed to me suitable and as acting in a similar manner physiologically in such a case. I sent pellets of the 6 c. potency (which had been in my medicine case for already five years), with the direction to first try No. 1 (*Silicea*), and only if this should not manifest a favorable action to use No. 2 (*Calcarea carb.*). I directed the patient to use a proper strengthening diet and to take 5-6 pellets on the lips morning and evening, drinking some water after it. I was not a little curious to hear of the result. I did not receive a direct epistolary answer. Only in a roundabout way, as frequently happens, I heard that the patient had been cured. Some time later the patient called on me and I took the opportunity of securing her account of the cure. She told me "she had suffered for two months in this state and had been treated by the district physician, who had four times prescribed pills, which caused her to lose her appetite (nothing new in allopathy!). She had first taken as prescribed No. 1 (*Silicea*) and had noticed no effect the first day, or rather night; the sleeplessness and the

pains in the arms had remained as before. The second night her ailments had diminished and she was able to get some sleep. The third night she slept well; the pains were very slight, and so it gradually improved. On the sixth day all had disappeared, "as if blown away;" her appetite also returned in the first days, and she thus regained her bloom and her health, though it had been intimated to her before that she was consumptive. On the fifth day she took No. 2 (*Calcareo carb.*). This latter fact shows that *Calcareo* touched the same sphere of disease and did not disturb the action of *Silicea*, but rather assisted it. If she had continued, as directed, with *Silicea* this cure might, with even greater certainty, have been ascribed to this medicine, which, as may be seen from the patient's statement, began to act so favorably on the second day. I would not, however, deny that *Calcareo carb.* would have acted just as well or even better at the beginning. Comparing the symptoms of the two medicines we find:

1. SILICEA: Tearing pain in the upper arm. Sprained pain in the wrist. *Cramp-like pain and paralytic sensation of the hand at the least exertion. The hands go to sleep; at night there is numbness and formication in the hands. Sensation of numbness in a finger, as if it were thick, and as if the bones were tumefied. Restlessness and trembling in the right arm.*

2. CALCAREO CARBONICA: Bruised pain in the arms; on moving and grasping, *a sprained pain in the wrist, with stitches and tearing therein on moving. Tearing in the whole of the arm. Shooting tearing pain on the upper arm, on the elbow joint. Nocturnal tearing and drawing in the arms. Cramp-like tearing pain on the outside of the lower arm, from the elbow-joint into the wrist. Cramp in the whole of the one or the other of the arms. Cramp in the hands AT NIGHT UNTIL RISING IN THE MORNING. Cramp-like contraction of the fingers. Pain and relaxation of the hands. Trembling in the hands in the morning. Weakness and a sort of paralysis of the arm. Turgidity of the fingers.*

From this it may be seen that both of these two remedies have a similar action, and I would remark, that all the symptoms here mentioned agree exactly with those which the patient indicated on visiting me; immediately on receiving them from her I underscored them in my manual of *Materia Medica*, so as to be able to give a most exact report. To be quite exact, therefore, we have to say that *Silicea* and *Calcareo* cured the patient. If

the patient had exactly followed my directions it would have become manifest whether *Silicea* alone or *Calcarea* accomplished the cure.

And now, my dear allopathic colleague, after your defeat, are you perhaps inclined to deny my cure by means of *Silicea* and *Calcarea*? You will hardly dare to deny the facts. In contradiction to your very slow treatment, crowned with so negative a result, you will have to acknowledge a striking result of almost the rapidity of lightning. You may, perhaps, say that "it was effected by the strengthening diet." If you knew that why did you not yourself recommend it? But, sure enough, I forgot to tell you that you also recommended this diet, and yet, alone, it effected nothing at all. But this stupid *pebble* conjoined with its kinsman *lime*! In these two remedies even the bitterest opponent of Homœopathy must learn to know and value its power, its strength, its beauty and its scientific quality. In such cures we are often sorry that we have no such unbelieving Thomas conveniently at hand and ready, for the weight of such facts would mellow and astonish him.—*Allgemeine Hom. Zeitung*, Vol. 97.

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### PRACTICAL HINTS.

Translated for the HOMŒOPATHIC RECORDER from *Leipzig Pop. Z. fuer Hom.*, Sept., 1897.

A DRINK FROM BARLEY FLOUR.—In a hospital in Cologne, in which nuns from the monastery perform the duty of nurses, I was lately informed of a new way of making a drink from barley. This drink has shown manifest good results with children who have gone into a decline after rickets, bronchial diseases, etc., and especially also with consumptives. These statements were confirmed to me by several physicians, and as barley as well as oats have had peculiar virtues ascribed to them from of old, and since the preparation of the barley flour in this particular case insures a greater digestibility, I herewith communicate it:

Five kilogrammes (11 pounds) of barley flour are stamped tightly into a new linen bag and firmly tied up. This is then placed into a kettle of water in which for every kilo. there have been placed two grammes (31 grains) of soda, and is then boiled for six hours over a moderate fire. After it is cold, the lump of flour, which has become hard, is then taken out of the bag, the sticky crust is removed, and the inner part of the lump which is

dry and as hard as marble is then crushed and passed through a sieve. The flour is then used in the usual way for soups for the patients.

A DOMESTIC REMEDY FOR BRIGHT'S DISEASE.—About seven years ago a butcher of this city, about thirty years old, was seized with Bright's disease. As he was given no hopes of recovery by the physicians here he applied to a physician in Berlin. He could only confirm the diagnosis and prognosis, but advised him to try domestic remedies, as these often had wonderful results. He advised the patient to eat copiously of barley gruel and water cress. And lo, and behold! the straw thrown him for his salvation became a firm cable which saved him from a certain death. He is at this day sound and well, and the incurable "Bright's kidney" has had to yield to the simple domestic remedy "oat gruel and water cress." (It is, however, to be noted *Nasturtium aquaticum* (water cress) is an ancient remedy for dropsy from kidney disease.—EDITOR.)

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## EXCERPT FROM THE LETTER OF A PATIENT.

By Dr. Goullon, Weimar.

Translated from the *Leipziger Pop. Z. f. Hom.*, Sept., 1897, for the HOMŒOPATHIC RECORDER.

"When the redundancy of blood in the brain (in which *Arnica* used internally and also by olfaction proved very useful) had diminished, a *congestion in the liver* appeared which I combatted first with *Nux* and *Sulphur*, as I had done some years before, and then with my sovereign remedy, *Natrum muriaticum*. This time I took it in the *lowest* potency, using as a dose half a spoonful of common salt in a cupful of hot water in the morning while fasting with excellent results. I may say without boasting that I feel better and fresher than for years. I am especially glad to feel that I have regained my former initiative and elasticity which I had lamented as wholly lost, for this I am very thankful, as I cannot do without them with the tasks that lie before me. I feel as if I had only now overcome the consequences of my severe spell of influenza in Cairo (March, 1895), and the slighter attack I suffered here (May, 1896)."

This lady had some years ago received a high potency of the same remedy with which she now cured herself against a complicated disorder always based on the same failing in her bodily

constitution. Now *Natrum muriaticum* in the form of common salt, the other time it was *Natrum muriaticum* 100. And one dose of the latter had then acted so surprisingly and manifestly that I, who else was from principle an opponent of high potencies, could not avoid acknowledging impartially the *propter hoc*, and gave a lengthy account of the same in the *Allgemeine Homœopathische Zeitung*.

This is therefore an instructive document in the question of doses, that apple of discord which seems irremovable. Whenever we hear of cures wrought in the one extreme posological direction, we should always if we would be just exclaim: *Audiat et altera pars!* We shall perhaps finally reach the experimental maxim of our colleague Sulzer, Berlin,\* *in medio tutissimus ibis*, the golden mean, there you will journey safest. Clotar Mueller already followed this path, decreeing the sixth potency, at that time the centesimal, which would now be replaced by the 12th decimal as the normal dose of Homœopathy.

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## HOMŒOPATHY AND SURGERY.

By the Medical Councillor Von Sick, in Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from "*Willst du gesund werden?*"

With your leave I will contribute a few cases in which the two branches of our healing art, Homœopathy and Surgery, which are wont to be considered as hostile, joined hands in effecting a cure. I have repeatedly pointed out at various times that our remedies selected according to the principle of *similia similibus*, and properly attenuated, are enabled to show particularly brilliant effects, most plainly manifesting their efficacy, if the practitioner will only not insist on effecting *everything* by internal medication alone.

I. Chr. N., aged 23, a driver on one of our street railways, was, on the 22d of October, in the evening, brought to the Institute of the Evangelical Deaconesses with a temperature of 38.9°, as measured in the axilla. On the 20th of October he had been kicked by a horse on the inner side of the left thigh, near its middle; the slight lesion of the skin thus caused had been at once tied up with *Iodoform* by the physician of the railway com-

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\* In his interesting article, *The Question of Doses*, in the *Zeit. d. Berliner Ver. hom. Aerzte*, Vol. XIV., No. 5.

pany. Signs of this medicine could still be seen on the wound, which had been covered with a plaster and had dried up. The skin all around the wound, almost all over the inner side of the thigh was red, severely swollen and tense, hot and extremely painful to the touch. At a depth below there was an indistinct fluctuation. This plainly showed inflammation of the cellular tissue, and suppuration had probably already set in, owing to an infection of the wound. *Aconite* 6 and *Arnica* 6 in alternation, 3 drops every two hours, were given, and the thigh was wrapped up in Priesnitzian compresses, frequently changed. The result was that the fever had next morning decreased to  $38.3^{\circ}$ , and the patient felt decidedly better. But the thigh appeared as before. Next evening he received *Belladonna* 6 on account of violent headache. Also this remedy did not fail to show favorable effects. But the fever did not diminish, the swelling of the thigh increased, the fluctuation around the wound in the middle became more manifest while the hard, inflammatory wall kept extending. When the temperature in the evening of October 25 had again risen to  $40^{\circ}$ , and the fluctuation was very manifest, *Hepar sulph.* 30 was given in a two drop dose, and on the morning of the 26th an incision  $2\frac{1}{2}$  inches in length was made in the wound, which was slightly suppurating on the surface, but had become quite clean. The cut penetrated into the space below the fascia of the thigh, when a thick stream of yellow, inodorous pus was discharged, amounting to about 100 grammes. The Priesnitzian compresses were continued. On the morning of the 28th the temperature had fallen to  $37.3^{\circ}$ , the man felt well, the suppuration was scanty and the new wound commenced to granulate. But from this period the heat began to slowly increase again, and on the evening of the 30th it had reached  $38.9^{\circ}$ . At the same time there appeared on the outer surface of the thigh near the trochanter a spot half as large as a hand where the skin was red and tense. The inflammation was evidently extending thither. The flow of pus from the large wound was perfectly free, no local reason for congestion could be seen, nothing mechanical could therefore be done. *Hic Rhodus, hic salta!* Now for a specific remedy. No medicine had been given after the incision was made; now we gave *Merc. sol* 6, three drops. Next morning the temperature had decreased to  $37.1^{\circ}$ , and on the morning of the 1st of November to  $36^{\circ}$ , and the inflammation had disappeared, the wound was manifestly

healing, and proceeded without any further check within 14 days, so that the man, despite his severe inflammation, could be dismissed 3 weeks after his entrance. Without the *Mercury* so rapid and favorable a course could not probably have been effected; neither could it have been reached without the timely incision. The pus would have raged dreadfully in the cellular tissue of the thigh, before it could have discharged itself spontaneously by bursting through the fascia.

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### A BELLADONNA CASE.

Translated for HOMŒOPATHIC RECORDER from "*Leipziger Monatschrift fuer Homœopathie.*"

Mrs. Sch. complained of violent pains in the sinciput, in the right temple, extending down to the ear, and in the ear tearing drawing, humming and roaring as from a torrent. This caused considerable hardness of hearing. The patient felt very unwell, had no appetite, and though she felt a desire for sleeping she could not sleep at night, owing to the nocturnal pains in the head and the roaring in the ears. *Belladonna* 6 d., three drops in a spoonful of water, taken every two hours, relieved her and brought a quiet, sound sleep. Two days later, when Mrs. Sch. felt almost restored, a sudden and great change in the weather caused her to take cold while walking, and this brought on a recurrence of all the ailments, and the ear symptoms, especially, were much worse. Mrs. Sch. felt as if she heard every now and then a dull detonation, as from a gun, and the hardness of hearing was aggravated to almost total deafness. *Belladonna* relieved her also this time again, but not as quickly. In 14 days even the last traces of this severe cold had disappeared.

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### PASSIFLORA INCARNATA.

Professor Webster, in the *California Medical Journal*, says of *Passiflora*, that in hospital practice, many operations demand the use of positive pain relievers for several days following the insertion of stitches, and opiates—either *Morphine* or some kindred preparation—are almost indispensable. When need of the drug has passed and it is withdrawn, the patient is liable to have wretched nights of wakefulness, irritability and despondency. He may call the night-nurse and demand something to

make him sleep and probably will insist upon the accustomed dose of dope, and if his morbid inclinations be now pandered to he may finally become a confirmed fiend. It is here that *Passiflora* becomes an almost indispensable aid. Fifteen or twenty drops of the medicine, administered at bedtime, at a single dose. in a little water, will usually send the patient off into a restful sleep, where he will remain the entire night without further disturbance. If not, the dose may be repeated every two or three hours, according to requirements, and in two or three days the constitutional craving for opiates is gone. and the nervous system has recovered its equilibrium. It is equally efficient in the restlessness and wakefulness which follows withdrawal of alcoholic stimulants from the system accustomed to them. A full dose, repeated every three or four hours during the day and at bedtime, soon brings courted sleep and oblivion, and the system becomes regulated to normal conditions, nervous tremors and fears pass away, appetite returns, and good digestion waits upon it.

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#### THYREOID.

The following is clipped from the *Medical Age*, Sept. 10, 1897, though from what book or publication the *Age* took it is not stated. It seems to be a remarkable proving of *Thyreoid*. Here it is:

“*Dangers of Thyreoid*.—In a case of catalepsy large doses of *Thyreoid* apparently brought on an attack of exophthalmic goitre. The cataleptic had lain immovable in bed for over three years, all motor and sensory manifestations were absent, and feeding required the constant use of a nasal tube. The effect of increasing doses of the gland was a gradual return to the normal condition, so that he was able to speak and walk. When the dose of seventy-five grains a day was reached, symptoms of exophthalmic goitre developed, the pulse going up to 160, which required the temporary discontinuance of the remedy. After a few days the catalepsy returned and the treatment was again taken up, with the same results—disappearance of the cataleptic symptoms, but reappearance of the exophthalmic goitre. This latter, artificially produced in this manner, had all the characteristics of the true disease, with the exception that there was no glandular enlargement, and that the symptoms disappeared whenever the dose of the remedy

was diminished or it was discontinued. I conclude from this that Graves' disease is due to an overstimulation of the nervous system by products of the thyreoid gland, and that the administration of this gland as a remedy is injurious, the proper treatment being one tending to reduce the functional activity of the thyreoid gland.—HESSLER."

So in case *Fucus ves.* and the other remedies fail, here is another to fall back on, *Thyreoid 30.*

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### LOCOMOTOR ATAXIA: HELODERMA HORRIDUS.

An auburn haired woman, 55 years of age, had numbness in the feet two years ago. It has gradually extended upward until it now includes the lower part of the abdomen.

Tingling, creeping sensation on the legs as if from insects.

Worse when lying in bed at night.

Worse from exposure to cold air.

Worse from touch; she cannot endure to place her bare feet together.

Legs insensible to an electric battery.

Legs wasting away, skin very dry and inelastic.

Ankles turn easily when trying to walk.

Numbness of the arms from the hands to the elbows.

Forgetfulness.

Melancholy with weeping.

Worse in stormy weather.

Worse when thinking of her ailments, cheered by company.

Pain in the forehead in the morning, aggravated by turning the eyes.

Tongue dry and cracked in the morning.

Swallowing difficult.

Empty eructations, especially before breakfast.

Empty, gone sensation in the stomach.

Dislikes sweet things and worse from taking them.

Sensation of constriction about the whole abdomen.

Constipation from torpor of the rectum.

Hemorrhoids and itching of the anus.

Burning in the urethra during and after micturition.

Burning and dryness of the vagina.

Palpitation and dyspnœa from slight exertion.

Drawing sensation in all the extremities.

Yellow skin.

April 11, 1895. *Heloderma horridus* four powders, one every four hours.

April 23, 1895. Decidedly more cheerful and memory is better.

Bowls more active.

Legs more reliable, with the numbness and tingling.

No medicine.

April 26, 1895. Alarmed because the palms and soles are swollen and itching.

No medicine.

May 22, 1895. She gained rapidly in both flesh and strength, until a week ago.

*Heloderma horridus* one powder.

Soon after this an itching eruption came all over her, which subsided without any further medication. She was restored to a fair degree of health, so that she has taken care of her house and family up to the present time.—*Erastus E. Case, M. D., Hartford, Conn., in Medical Advance, July, 1897.*

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## REVIEW.

THE SCIENTIFIC BASIS OF MEDICINE. By I. W. Heysinger, M. A., M. D., author of "The Source and Mode of Solar Energy Throughout the Universe," "The Battle Against Prosperity," etc., etc. Philadelphia. Boericke & Tafel. 1897. 12mo. Pp., 122.

"Weal pies is all werry well, Sammy, when you knows the man wot makes 'em." The whole Platonic writings contain nothing truer, and the *dictum* is applicable to not only veal pies. The very booklet under notice is an instance in point. It comes to the reader in most modest guise; it has good paper, fine typography the most creditable press work; has, indeed, all the advantage that dress gives, not only persons, but things. The very openness that the *double leads* give to the printed page prepossesses one at sight like the frank face of an honest man. In a word, all appearances are in its favor, and the Lancaster printing house of T. B. & H. B. Cochran are certainly worthy of old Caxton's approving smile. *Palmam qui meruit*, etc. Nevertheless the nature of the work, its strong, sonorous note, its asseverations—asseverations that will warm the heart of every

homœopathic reader, both lay and professional—these it is that instinctively make one ask: *Who made the veal pie?* To an ignorant homœopathic physician (and, alas, there are such) this book will seem “too good to be true.” The better informed will at once inquire who made the veal pie simply because its very quality not only disarms any sinister suspicions as to defunct canines, but makes one very desirous to know where such pabulum can be had in the future.

The author, Dr. Heysinger, has been a student in Dartmouth and in Union College, in the University of Michigan and in the Jefferson Medical College. These are the places of his scholastic and professional geniture; the book we are writing of is the evidence of his ability and his industry. Between the two we are in no shadow of doubt concerning the maker of the pie—“may his tribe increase!”

On the whole, our *fin de siècle* literature is enough to turn the soul sick, if perchance our “advanced” views have not led us to dismiss that unknown quantity as too “thin” an hypothesis; but this book actually puts fresh soul into one, or at least thoroughly arouses whatever modicum of one may have been benumbed by the cheap and tawdry infidelity that is rife. To instance, read this:

“We have constantly been hearing of *pure Homœopathy*, rational Homœopathy, and other sorts of Homœopathy for many years past; but, in reality, there never was a time in its history when it was more necessary to take our correct bearings again by the light of the undying stars; for popular success has brought, in numerous instances, the penalty of success in our art as in all other arts, and this penalty is carelessness, faithlessness, transcendentalism, color-blindness, and loss of sane perceptions of solid fact in the mazes of mysticism and fancy, or else the following after false gods, and in many cases the gods already forsaken by their former worshipers.”

To quote further will subject the reviewer to the charge of all sorts of disagreeable motives, so the reader will please turn to page 10 of the book for an “eye-opener” that isn’t of the kind taken before breakfast.

Dr. Heysinger has thrown open a vista in the realm of molecular physics that will be an awakening to sundry “scientists” in “our school.” Microscopes will no longer be mistaken for the Pillars of Hercules: a sad misconception for a homœopathic

physician; call it rather a sadly faded fad, a Rozinante that has met many and many a windmill. For instance what will a homœopathic Don Quixote think of this:

“Did ever the vindication of a man go further than the vindication of Hahnemann by the universal testimony of modern science? But not alone are his theories of self-propagated poisons without living germs thus vindicated, the potency of almost infinitely attenuated matter as a powerful pathological and physiological agency is equally established.”—P. 106.

Hahnemann vindicated “by the universal testimony of modern science.” What *will* the doubting Thomases of modern Homœopathy (?) think of this? “Vindicated” is the word, my dubious reader, and the page is the 106th; get the book, for “seeing is believing.”

Moreover, what will our homœopathic “scientists” say to this: Carl von Nægeli “discovered that many substances hitherto considered insoluble in water, such as the metals—gold, silver, copper, iron, mercury, lead, and zinc, *by their presence in water possessed this property,*” namely, *disturbing nutrition, even unto death, in certain forms of organic life.* Schwarzeneger, after his great teacher’s death, published the experiments of Nægeli, and writes that this result is produced according to Nægeli, “through the action of some hitherto unknown force, which he (Nægeli) termed oligodynamia.” Nægeli “was able, by employing gold coins placed in vessels of water, to vary the amount of toxic force according to the number of coins placed in the water and to the time during which they remained there.”

How has Hahnemann been derided for teaching that at a given trituration gold and other metals communicated their pathogenetic qualities to a liquid medium of alcohol and water, and this deriding done so largely by *professed* homœopathic physicians. Alas! poor Yorick, where now be thy gibes? But is too cruel to “punch” a homœopathic “scientist” when he is down, down, down lower than ever plummet sounded.

But just one more of these pleasant conundrums (as our blood happens to be up): what of the statement of demonstrated fact that a solution which “could contain but a trillionth of a MOLECULE in a litre” possessed and displayed noxious properties! Dear me, it would seem as if funerals without number were in order: “Please omit flowers.”

And what of this trumpet blast: “The researches of Tesla in the field of higher electricity, the newer developments in the

realm of light, heat and the other natural forces, and the vast enlargement of our knowledge of molecular physics, together with the resplendent results of spectroscopic analysis, are pushing the old, gross, materialized, brute ideas of force and matter out of sight, and replacing them with entirely new knowledge, in the light of which the law of Homœopathy is destined to blaze with unexampled splendor—for it was the forerunner, with its girdle of camel's hair and its meat of locusts and wild honey, of the great new era now shedding its morning radiance over an awakening world."

It were unfair to rifle Dr. Heysinger's brochure of all its riches for the sake of expressing one's admiration of the firm grasp of his subject and the fulness of his knowledge of modern science. Our aim has been by these samples, and they are not the strongest points, to show feeble minded homœopaths what is the inheritance that in their craven degeneracy they would sell for a mess of pottage.

This book comes at a time when the homœopathic school is as a house divided against itself: and we know what is predicted of such an edifice! But truth is not left to the mercy of men; it is in far other keeping.

"The eternal years of God are hers;"

Mocked, flouted, scorned, despised and rejected it may be; yet is it inextinguishable, superior to every vicissitude, subject to no caprice of so called Science, undisturbed by any and every varying wind of doctrine. Depend upon it, O, my brother, the source of all truth takes care of every truth. On that thou canst build for all eternity; other sure foundation there is none.

If thou doubtst this, take the very book that has led to this fresh recognition of this old, old truth, this ethical platitude, if you will. Read pages 66-75, and, if thou art capable of any candor whatsoever, say if Hahnemann's dynamization theory is not fully sustained by modern science, truly so called. It is not just to the publishers that a reviewer should forestall the sale of any work by such free citation as would make its startling testimony stale. Read for thyself; think for thyself; weigh the evidence for thyself, and if the author's findings be not true, in God's name, refute them. If thou canst NOT, then cavil no more; seal thy lips with atoning silence.

It does not follow that every reader will agree with Dr. Heysinger in all points; happily, it is not essential that he should;

but the homœopathic reader does not exist on this rare old planet of ours who can peruse this book and arise from that perusal without a deep sense of obligation to its author. Dr. Heysinger is indeed a defender of the faith whom we must honor, and not that he testifies from the low ground of the partisan, but as a devout worshiper in the church catholic of science whose only shrine is erected to Truth, universal Truth, eternal Truth that is without the shadow of change.

The treatise on the "Scientific Basis of Medicine," if so we may call so brief and unassuming a booklet, should be read and pondered by every physician, and the homœopathic physician who does not read it is, by that same token, only a hireling, a mercenary, a tradesman, and from all this pitiful combination simply and only a menace and a peril to those to whom he ministers.

"The Scientific Basis of Medicine" should be republished in so cheap a form that a copy can be put into the hands of every student of medicine. Not of "Homœopathy, mind you, but of MEDICINE, for the supreme and final question is not, what is your "pathy," your theory and theories of disease? but "What in the name of our common Father, even the Lord God Omnipotent, what can you DO for me?" When that solemn, imploring look of any fellowman is turned upon any of woman born who calls himself a PHYSICIAN, the pride of schools should vanish; the sophistries of science should be shriveled in the clear, white light of the simple truth, be that reflected upon the mind from any source whatsoever. We know in our very hearts that many of our fellow physicians of the older school shut their eyes to the light, but thrice happy is he among *us* who can declare in the sight of men and angels: *I have not done likewise.*

Both of us have suffered for this sad hemiopia; it has curtailed our fair dimensions as physicians; the problem beyond all others for each of us should be: How far has humanity suffered for this, *my* perverseness?

When a physician shall ask that question of his own soul, from him the light cannot be long withheld, and after the light comes the blessing that falls to all who work in the light.

If "The Grounds of a Homœopath's Faith" found any favor in the sight of any reader of these lines, let me say that "The Scientific Basis of Medicine" is to that earlier testimony to the truth even as an electric arc light is to tallow dip; the first was milk for babes, this last is meat for strong men. S. A. J.

*Ann Arbor, September 23.*

**THE THIRTEENTH ANNIVERSARY.**

Editor of THE HOMŒOPATHIC RECORDER.

Meeting of the Charitable Dispensary took place this day at 6 P. M., when the Honorable Mr. Chorán Banerjii, President, was in the chair. After the anniversary opened, Dr. Saneya proposed that the Honorable President be reappointed for a term of five years, which was adopted with acclamation. Sir, the Commander D. N. Saneya, Founder-Physician, then delivered an address to the members, which gave great cheer to the members and visitors. Mr. H. N. Datta, M. A., B. L., Honorary Secretary, then submitted his annual report which was adopted. After a vote of thanks to the Chair, the meeting separated.

D. N. SANEYA, Physician,

*Calcutta, Aug. 18, 1897.*

**SOLANUM CAROLINENSE—AND PASSIFLORA.**

Seven years ago I was requested to prescribe for a young colored woman twenty-six or twenty-eight years old. She had been treated for several days by two other well-informed physicians.

She had laughed while holding a pin in her mouth and lodged the pin in her throat, but with some effort at coughing had managed to rid herself of the pin. When she came to my office, accompanied by her husband, her jaws were becoming rigid as if in a tetanic spasm, and it was only possible to get an ordinary lead pencil between her teeth.

I gave her a vial with possibly six drachms of *Passiflora incarnata*, in the form of a homœopathic tincture, and told her that the dose was from one-fourth to one teaspoonful, and that she need not fear to take it rapidly. This was in the evening.

Next day I was sent for, and found the jaws almost closed, and that she had not been given the remedy as I directed, *i. e.*, had not received it in full doses. I had the husband to make at once a wedge of hard wood, but the jaws would not yield to our efforts at pressing them apart. She had lost a front tooth in her upper jaw, and through the aperture left by this I filtered several drachm doses of *Passiflora* in quick succession and left the house with instructions to continue at half hour intervals

until relaxation of the muscles was effected, which came after the third or fourth dose, I do not remember exactly.

The muscles of the jaws remained limp for some eight or ten hours, when the same rigidity began to manifest itself, and the husband came after more of the remedy. I gave him all I had, about one-half ounce, and immediately sent to another physician for more. There was none in the town where I was, and my friend was thirteen miles north of me on a small railroad, and I knew I would not get it until the next day. His absence delayed its arrival for two days.

In the meantime relaxation was again effected with *Passiflora*, but before a new supply came the jaws were again set tightly.

Some months previous to this time I had received a leaflet containing an account of the use of horse nettle as a therapeutic agent. I had gathered some of the plants and of the stems and leaves had made a fifty per cent. alcoholic tincture. Among other things it was said to be useful in nervous, spasmodic cough, and pending the arrival of *Passiflora* I determined to try it on my patient for what I was now certain was hysterical tetanus.

I drove to the field where I had gathered the plants, and found the berries on the remaining ones were getting ripe. I plucked a handful, and at my office pressed the viscid juice out of them by means of a mortar and pestle. I strained the juice from the seeds and rind of the fruit, and filled a two-ounce bottle with the tincture and juice in equal parts, and with a very meagre information in regard to dose I had labelled it with directions to give one half to two teaspoonfuls, forty minutes to two hours apart; and what should that fool darkey do but give the maximum dose with the minimum interval after I had explained just the opposite to him.

Having to see another patient near by, I told him I would call at his house in a short time, and arrived there fifteen or twenty minutes after the second dose had been given by filtering the remedy through the space left by the missing tooth. I found half a dozen frightened darkies standing round the room, and as I looked at the patient I became somewhat frightened myself, for she looked as if she was dead, and I began to think I was in a predicament.

There was a rather cool and clammy moisture on the skin. I listened to the heart sounds and found them right, as well as the respirations. I pulled the upper eyelid back and found the

pupil normal, and then I felt more composed. The patient was dozing, and from head to feet she was limp as a soft cloth, every muscle in the body seemed to be completely relaxed. This was in the afternoon, and she remained in this condition until late at night. But the next day there was a slight return of the tetanus which yielded to small doses, one half drachm of the horse nettle, and this was necessary for several days before the trouble was entirely overcome. Whether or not a similar amount of *Passiflora* would have produced the same relaxation as was produced by the large amount of horse nettle so quickly I can not say, as I never before nor since had such a case to treat. I have, however, a supply of the horse nettle ready for any similar emergency. What the remedy would do in real tetanus I do not know —*E. H. Grahn, M. D., in Medical Brief, October, 1897.*

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## BOOK NOTICES AND GOSSIP.

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**Herbal Simples Approved for Modern Uses of Cure.** By W. T. Fernie, M. D. Author of "Botanical Outlines," etc., etc. *Second edition.* Philadelphia. Boericke & Tafel. 1897. 12mo., pp. 651.

Who that is pent in a stifling city (and there are such cities in even this young America) hath not been driven by an instinct, as it were, to suburban rambles for a touch of the turf beneath his weary feet and for a breath of the clear air that soothes the fever of this mad struggle for a living and tells the while of distant woods, streams and fields, so fragrant, so green, so musical. And who has not inwardly cursed the speculator that "improves" these adjacent retreats by laying out streets and mapping out building lots which, it is singular to say, are sold at *such* a sacrifice—as if the speculator lived only to put to blush all other benefactors of the human race!

Who that hath groaned inwardly over these stealthy encroachments upon nature has failed to observe in the season following the opening of a road in such fallow soil rare species of plants which were previously not to be found in that locality, their seeds having long lain dormant, and, now being turned up, are vivified by the unfailing solar energy. Who can forget the feeling of surprised delight with which he greeted these resurrected aborigines thus awakened from their long slumber.

Something akin to this stirred the writer on his first making the acquaintance with Dr. Fernie's *Herbal Simples*. It is our misfortune not to have even heard of the first edition of it. Perhaps it was owing to a Rip-Van-Winklish slumber; perhaps, also, the perils of a nameless college helped to occasion the oversight; however, the new acquaintance is a delight.

Notwithstanding our surprise at this nineteenth century appearance of a supposed extinct literary species, the "Herbal," there is still greater wonder that so praiseworthy a representative of an honorable line of authors should find incarnation in this avaricious, self-seeking day and generation. And what a line Dr. Fernie represents! It is led by the good, exiled Bishop Turner, fleeing from dear old England to escape a disagreeable application of the actual cautery, in the shape of a martyr fire; then there is that other Bishop, of Exeter, the painful, learned, industrious and faithful servant of the living God, Myles Coverdale—he, too, self expatriated to escape the popular sixteenth century "roast."

Neither of these worthies were properly *Doctores Medicinæ*, as we understand that title and its functions to-day. Not that the gowned and bewigged *Doctores Medicinæ* left the *Simples* wholly to the Divines; no, their bewigged greatness also cultivated this enticing field of human labor. So did the mere apothecaries; though one should not write "mere apothecary" of him who was the editor of *Parkinson's Herbal*—the brave and unfaltering loyalist, Johnson, who was done to death by Cromwell's Roundheads at the taking of Basing House. And the last of the really great Herbalists was of the "profession," William Salmon by name, the painful writer of many huge tomes—peace to his memory!

Be it not forgotten that there was a sharp line of demarcation of distinction between the *Herbalist* and the *Simpler*; the first was a learned scholar, versed in many languages and getting his knowledge therefrom at first hand; the other was but an empiric, not necessarily bookish, and if so, culling from the more fortunate who had enjoyed academic advantages. But with these latter all was fish that came to their net, and their books grew and grew as a schoolboy's big snowball does, by accretion. Nevertheless, all of them are welcome; their conjoint gatherings (and pilferings) make some choice chapters in the history of *Materia Medica*, and fortunate is he who has these time-stained books

upon his shelves. But how these old books are increasing in value; a volume that we bought for ten dollars some thirty years ago is now quoted in the catalogues at fifty—and cannot be picked up to fill an order *at once*.

It was a happy thought that inspired Dr. Fernie to collect the volume under mention; he has rifled many, and the best, of these old books of *their* best; he has even added thereto and from sources so recondite that we cannot always trace him to his author,—a feature which gives his book an especial value in our eyes.

Moreover this knowledge is by no means to be despised. It is a storehouse of hints that the best of us can profit by—according to our light. By which we mean that a hint which is but as a tallow dip to one mind may be an illumining arc light to another.

The price puts this elegantly printed volume within the reach of all; and it will fascinate many a reader who shall pick it up from the table in the Doctor's reception room to beguile some minutes of waiting. Ten to one that he or she will put down the book with regret when informed that the doctor is at liberty.

Best of all, when the tired doctor shall find an hour or so that he can give to field, forest or stream-side, this book will make known to him many and many a pleasant acquaintance whose virtues he may have learned in his study and whose living face will peer at him with a strange, accompanying delight.

S. A. J.

*Ann Arbor, Sept. 29th.*

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**The Pioneers of Homœopathy.** By Thomas Lindsley Bradford, M. D. 677 pages. Cloth, \$3.00; by mail, \$3.25. Philadelphia. Boericke & Tafel. 1897.

Whatever is known concerning the men whose provings aided Hahnemann in his *Materia Medica Pura* and *Chronic Diseases*, and of those pioneer physicians who carried Homœopathy to the four quarters of the world, will be found in this book, in other words, what is known of all physicians in all countries practicing Homœopathy previous to the year 1835. The book was printed from type, 500 copies, and there will be no second edition. Of the value of this collection of biographies there can be no question, and now that the work, involving such a vast

amount of labor on part of the author is completed, it remains to be seen whether it will be appreciated. A book of this nature should be in the larger public libraries and libraries of reference, and if the friends of Homœopathy will bestir themselves a little and mention the subject to the proper authorities this may be accomplished. We are treating this book from a purely business point of view; the other point of view will be taken by an abler pen, and so we may say to private buyers that when the small edition is exhausted, as it will be in a very few years, they will have no book on their shelves that will be worth "money" (literally) as this one.

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**A System of Medicine.** By many writers Edited by Thomas Clifford Allbutt, M. D., etc., University of Cambridge. Vol. III. 1176 pages. 8vo. Cloth, \$5.00. New York. The Macmillan Company. 1897.

Among the many "systems of medicine" set afloat during the past few years, this one seems to us to be the most original, interesting and valuable. It is really a collection of often brilliant monographs by the ablest specialists on those subjects of which they are most familiar, and the reader will find in it full treatises on diseases that in other works are barely mentioned or entirely ignored. For example we find in the present volume papers on Leprosy, Madura Foot, Dengue, Beriberi, Malta Fever, Epidemic Dropsy, Negro Lethargy or Sleeping Sickness, Oriental Sore, Framboesia, Verruga, and many others more or less rare, and all treated with gratifying fullness (save in the matter of curative medicine, and in that particular all of the "regular" brother's books are lamentably weak). If any of our readers want a "regular" system of medicine we believe that this one would prove to be the most satisfactory in all respects. We do not know how many volumes there are to be of the work, but think there will be four.

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**The Scientific Basis of Medicine.** By I. W. Heysinger, M. A., M. D. 122 pages. Cloth, 50 cents; by mail, 55 cents. Philadelphia. Boericke & Tafel. 1897.

A *review* by Dr. S. A. Jones, of Dr. Heysinger's striking little book will be found on page 457 of this number of the RECORDER, and to it we refer the reader with the assurance that

the review and the book are equally interesting, and probably the reader, after closing the book, will thoughtfully consider whether the mess of medical pottage, after which so many are scrambling, is worth the Scientific Basis of Hahnemann, our birth-right. Read Dr. Jones' review and the book.

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**Answers to Questions Concerning Homœopathy.** By J. T. Biddle, A. M., M. D. 24 pages. Paper, 5 cents; 50 cents per dozen; per 100 copies, \$4.00. Philadelphia. Boericke & Tafel. 1897.

Dr. Biddle felt a need for a small and cheap pamphlet, for free distribution, to lighten a little the dense ignorance and prejudice that prevails in his neighborhood, and prevails in most communities, concerning Homœopathy, and as he could find none for that specific purpose he wrote one. It is clear, well written, easily understood and set afloat in any neighborhood ought to help along Homœopathy and all pertaining to it.

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**Tuberculosis of the Genito-Urinary Organs, Male and Female.** By N. Senn, M. D. 317 pages. 8vo. Cloth, \$3.00. Philadelphia. W. B. Saunders. 1897.

This book, by the well-known surgeon, Senn, is divided into ten "Parts" instead of chapters. They cover tuberculosis of the male and female genital organs, testicles, epididymis, female organs of generation, vulva, vagina, uterus, fallopian tubes, ovary, bladder and kidneys. The book very thoroughly covers the subject, but, quoting from the preface, "The medical and surgical therapeutics of the affections of which this book treats are at this time not in a satisfactory state." *Guaiacol* and *Creosote* seem to be the drugs that the author most favors. For frequent and painful urination he commends Dr. Burnett's favorite *Triticum repens* in large doses. As a whole the book contains the latest word of scientific medicine on the subject, but gives little hope of a cure.

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**Constipation in Adults and Children, with special reference to Habitual Constipation and Its Most Successful Treatment by the Mechanical Methods.** By H. Illoway, M. D. 495 pages. 8vo. Cloth, \$4.00. New York. The Macmillan Company. 1897.

Four hundred and ninety-five pages of fine printing and paper, two parts, forty-six chapters and ninety-six illustrations, all on constipation! That it covers the field effectually it is needless to say. The treatment is almost exclusively mechanical or surgical; purgatives are positively and unequivocally condemned. Many curious cases are given, some of them simply astonishing, showing the capacity of the human body to retain its waste material. The medicines which the author commends are very limited in number, being *Nux vomica*, *Strychnia* and the tincture of Calabar bean. What the author has to say on the subject of the use of cold water should be widely known. "Many persons," he says, from crude notions or through bad advice, abstain altogether from the use of cold water; whatever fluids they take is in the shape of warm decoctions. \* \* \* The constant application of this warmth tends to establish a condition of turgidity of the circulation in the intestines, impairing thereby the functioning of the secreting organs located in the mucous membrane and obtunding the normal sensibility of its nerve filaments. It has a relaxing effect on the muscle. Cold water has a general stimulating, tonifying effect on the intestinal, both directly and reflexly, upon the circulation, upon the nerve filaments and upon the muscular tunics of the intestines." A cup of cold water the first thing in the morning and the last thing before going to bed is, he thinks, a good rule. The book is a very full and complete one.

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THE following curious bit of reasoning is taken from the *Medical Record's* review of *A System of Medicine*, Vol. III (Macmillan Company, 1897): "The editor unfortunately placed the infectious diseases in the early volumes of the series, with the inevitable result that before the last volume is issued the first will be relegated to medical history." Is not this a peculiar position for anything claiming (and somewhat assertatively, too) to be "science," to be able to say that what is written to-day on a certain "scientific" topic must "inevitably" be regarded as useless to-morrow? Then why write books on the subject at all? Why not take your medical science hot from the weekly or monthly medical press as you do your buckwheat cakes from the griddle which, like the science of infectious diseases (according to the *Med. Record*), become stale if kept too long? Or to take another view of the case, if you know that the science of to-day

on the subject must "inevitably" be discarded to morrow, why waste the nerve force of learning it at all, for by the same token that of to-morrow must be of the same ephemeral nature of "such stuff as dreams are made of?" Verily, the man who has his feet planted on the solid rock discovered by Hahnemann is fortunate.

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THE *Southern Journal of Homœopathy* which was started in life as the *Texas Homœopathic Pellet* by Dr. C. E. Fisher in 1883, became the *Southern Homœopathic Pellet* in 1884, and took on its present name in 1885, will again make a change this time to the *American Medical Monthly*. Of this change the editor says: "By this act we do not desert our friends in the South, we have not ceased to voice the cause of Homœopathy in this wide field for pioneer work; but we still continue our usual efforts, with the difference that we have also gone farther afield. \* \* \* \* \* Because we have not included the word Homœopathy as a part of the name of our new born babe does not mean that we have fallen from the faith, but simply that we prefer to do so, the name being significant of the broader field of literature to which we aspire."

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THE *Medical Visitor* says of the recently reprinted *Diseases of Females and Children*, by Williamson: "It is built on the old classical homœopathic models and might have been written by Hering, so unobjectionable is it." Now whether that be a right or left-handed compliment from the *Visitor* is something of the nature of what has come to be popularly known as a "problem." But coming from the *Visitor*, we are inclined to think it is a right-hander. Certainly the book is unobjectionable, and if any one is ever called upon to name a book by which the mother may treat her infant he cannot find a better one

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"APPENDICITIS" is the title of a 33 page reprint from the *Hahnemannian Monthly*, by W. B. Van Lennep, M. D. Among other things it contains an analysis of one hundred and nineteen cases operated on between January 1, 1895, and July 1, 1897. Dr. Van Lennep epigrammatically says of this disease: "Early recognition, early counsel and a few early operations are the indicated remedy."

DR. GATCHELL intimates (*Medical Era*, Sept., 1897,) that more attention should be given to the historical view of Homœopathy in our colleges than has been the case recently, and in this he is right, for surely a student of that science who has but misty notions of its historical aspect is, to a certain degree, handicapped. If our medical students could start their studies with a comprehensive view of the life of the man Hahnemann, and of the men chiefly instrumental in the greatest medical departure and reform the world has ever witnessed, they would be better able to become good physicians and useful citizens. Dr. Gatchell recommends Bradford's *Life of Hahnemann* as the best book for this purpose, and it can now be well supplemented by the same author's *Pioneers of Homœopathy* that has just appeared. In these works the student can indirectly learn what "regular" medicine was in the past, and with that knowledge can see with clearer eyes, that outside of surgery, it is to day the same. in the sense of ever changing and shifting, last year's books being "out of date," yet probably as near the truth as those that are passing their brief hour of life to day, and in contrast stands the great rock of therapeutics, Homœopathy, unchanged and unchangeable, the one great law known in medicine.

SOME years ago, "The Doctor who talks" in *The Medical Era* stated that "in our profession there is no more pestiferous crank than the man who tries to load down Homœopathy with a lot of rubbish which belongs to it, about as much as a barnacle does to a ship." Dr. Heysinger, in this very readable little brochure, criticises some of this rubbish, from the "key-note theory" down to the one thousand millionth "potency," giving rise to the time when 'ordinary bottle work becomes too slow, so that potencies will run up, like the praying machines of Thibet, by fluxion, water running through troughs and with the flow registered to slide up potencies, from a drop of the one thousandth, at the head of the hydraulic system, to any point desired. After some hours of flow the spigot was turned, and a drop was taken; 99 drops of alcohol were added, and presto! it was done." Writes Dr. Heysinger: "No doubt Hahnemann's bones rolled over twice while these great discoveries were being made."

Homœopathy—or rather we should say the principles involved in practising homœopathically—are, in contrast, reviewed from a scientific standpoint. It is an interesting little book, and with much matter for thought.—*Monthly Homœopathic Review for October, 1897.*

# Homœopathic Recorder.

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IN writing of *Iris versicolor* (*Journal of Medicine and Science*) "Country Doctor" has the following to say, concerning the strength and medical merits of the fresh plant tincture and the fluid extract that will be a surprise to those who have an idea that fluid extracts are "stronger" than the fresh plant tinctures, such as Hahnemann everywhere recommends:

"All the commercial preparations [of *Iris vers.*], even those sold as green root products, are altogether too dark to really be so. Nearly every one is of a very, very dark port wine color; while the strongest alcoholic tincture that can be made without evaporation from the real fresh root, deprived of its water, is a faint straw color! And no matter how concentrated this tincture is made afterwards, it still remains yellow and not red or purple, and when thrown upon water, as directed by the Dispensatory, will give off but minute quantities of resin; in fact, the real fresh root preparation is as different as day and night from its commercial namesake. We should not make such positive statements were it not as my old chum, William Shakespeare, used to say:

"I speak not to disprove what Brutus spoke,  
But here I am to speak what I do know."

"And yet, as our same friend, Shakespeare, might have said, had he but been a little more classic, the dry drug preparation 'can't hold a candle' to the green ones. As a matter of fact, a few drops of the tincture of the green root will affect the whole glandular system and to a great extent the mucous membrane, about as *Corrosive sublimate* would, and almost as quickly; while the everyday preparation can simply claim a place as a common hepatic remedy of second or third rank. Some years ago, while experimenting with a homemade tincture of the fresh

root, I took a few drops t. i. d. for a few days, but had to stop then on account of the inconvenience its action created in my throat. Afterwards I took twenty drops t. i. d. of the best commercial extract obtainable, for weeks, and except its action as a mild cholagogue it did no harm and created no throat symptoms whatever. I think it rivals *Phytolacca* and *Belladonna* in tonsillitis, diphtheria and many other diseases, if properly prepared."

The same writer says of *Bryonia*: "I have about a dozen samples of fluid extract of *Bryonia*, all of which differ decidedly from each other both in appearance and taste. Only the white bryonia from the Hartz mountains should be used." This, by the way, is the *imported* fresh plant tincture, such as is sold by the better class of homœopathic pharmacists. The following from the same paper shows how the old Hahnemannian polychrests are looming up:

"If ever there is a polychrest, or many healing remedy, then *Bryonia* is one. It is not an hepatic remedy any more than a stomachic or muscular or antifebrile remedy. It is intensely bitter and has the tonic effect upon the stomach of all bitters. Its action upon the liver has been doubted by some, yet is pretty well established; but no matter whether it has any action or not, it cures a great many liver symptoms. and that is sufficient. The rheumatic pains, 'bilious' headache, recent colds with more or less bronchitis or some congestion of the lungs, in fact in all acute or recent cases commonly called 'a bad cold,' where the congestion or stagnation has affected not only the hepatic and digestive organs, but also the respiratory and circulatory systems, those common everyday occurrences—in these *Bryonia* will give excellent service. \* \* \* My old friend, Dr. Carmichael, of Germantown, uses it to break up typhoid fever, somewhat as I use *Calomel*, and, he tells me, with great success; and when a case of this kind should drag along without any apparent cause *Bryonia* is just the thing to clear up matters with."

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THE *Medical Summary* for September highly commends the oil of *Gaultheria* in cases of catarrh of the bladder and urethra, vesical tenesmus, burning and scalding urination.

A young mother, with subinvolution of the uterus and erosion of cervix uteri, suffered excruciatingly from scalding and vesical tenesmus, accompanied by bloody urine. The oil afforded prompt relief. A lady in the fifth month of utero-gestation was relieved in a few days of the tenesmus

and burning that accompanied the passage of urine. A farmer, subject to occasional attacks of torture in urination, derived relief from the oil after other more popular remedies had been tried with only partial relief.

The dose from five to ten drops. The true oil of *Gaultheria* must be used to get good results and not the synthetically prepared oil of commerce.

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ON the subject of "Blindness Caused by Remedies for Tapeworm" a German journal says: "The remedy most used against tapeworm, being prescribed by physicians and also applied by many people on their own responsibility for killing tapeworms, is the extract of a fern (*Extractum filic. maris æther*). It has long been known that this is a very powerful and really poisonous medicine; formerly on this account the remedy was given in moderation, not more than 62 grains being prescribed all together.

But gradually this maximal dose has been exceeded, as it was not found effective any more, and according to the old motto, "Much will help much," 150, 300, and even 600 grains have in many cases been given. This could be done unharmed in many instances, because the extract of the fern decreases in virtue according to its age. But if this fact is disregarded and the fresh preparation is used in larger quantities, we are apt to see cases of poisoning which may even have a fatal termination, and the most striking and peculiar symptom of which is sudden blindness. So Dr. Gross presented to the Medical Society of Buda-Pesth a patient who had taken a large quantity of extract of fern for the cure of tapeworm, and who had become totally *blind*, and this physician enumerated quite a number of cases of poisoning that had been observed by other conscientious physicians. The same physician called attention to the fact that the danger of poisoning is increased by giving simultaneously castor oil as a cathartic, since the oil makes the toxic principle of the fern more soluble. In homœopathic practice *Aspidium pauna* or *Pelletierinum tannicum* are generally used against tapeworms; both of these remedies are of reliable effect and yet have not the poisonous qualities of the extract of fern."

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SOME doctors have dallied so long with the products of the shrewd German proprietary medicine men that they seem dazed when they attempt to handle the simple remedies provided by

old-fashioned and unscientific Dame Nature. They have made several amusing blunders anent *Chelidonium*, with which one of them not long ago sought to cure cancer, and now here is another—an editor this time (will not mention the journal)—who delivers himself as follows:

“As we suspected when this matter was recently revived by a Russian physician, the treatment of cancer by injecting the juice of milkweed into the diseased area has proven to be no more successful than it was in former generations. In fact, it hastens the dissemination of the disease into surrounding healthy tissues. Its revival with each new generation of physicians is due to the fact that as an escharotic having a selective affinity for cells deprived of vitality, it is beneficial in removing superficial growths, as warts, corns, callosities, and superficial ulcers showing signs of malignancy. While it does not possess curative action, still it is valuable for use as the best of the palliative remedies, and its use by local application is not attended by pain.”

Do you mean that *Chelidonium*, or “milk-weed” as a cancer cure has been revived each generation? For as sure as gun’s iron they are a different breed.

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THE following is from the Vineland, N. J., *Evening Journal* of Sept. 11, 1897: “Dr. Mr. R. Faulkner has just received the appointment from Washington as pension examiner to fill the position on the Cumberland County Board made vacant by the death of Dr. Wiley. This is an important appointment, and Dr. Faulkner is receiving the congratulations of his many friends.” We believe this is the first instance of the appointment of a homœopath as an examining surgeon for the Pension Bureau.

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THE American Pediatric Society is making a collective investigation of infantile scurvy as occurring in North America, and earnestly requests the co operation of physicians, through their sending of reports of cases, whether these have already been published or not. No case will be used in such a way as to interfere with its subsequent publication by the observer. Blanks containing questions to be filled out will be furnished on application to any one of the committee. A final printed report of

the investigation will be sent to those furnishing cases.

[Signed.]

J. P. CROZER GRIFFITH, M. D., *Chairman*, 123 S. 18th St.,  
Phila.

WILLIAM D. BOOKER, M. D., 853 Park Ave., Baltimore.

CHARLES G. JENNINGS, M. D., 457 Jefferson Ave., Detroit.

AUGUSTUS CAILLE, M. D., 753 Madison Ave., N. Y. City.

J. LOVETT MORSE, M. D., 317 Marlboro St., Boston.

*Committee.*

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DR. T. C. DUNCAN sends the following: " 'In Russia the flowers of the mignonette are used as a remedy for tapeworm. A decoction of the flowers is made and the liquid is drank, fasting. The entire worm is ejected in a few hours.'—*The Manitoba Lancet*. The technical name for the mignonette (French, diminutive of Mignon delicate) is *Reseda odorata*, which is a native plant of northern Africa. There are several species—*R. alba*, or white mignonette; *R. luteola* is better known as dyers' weed or yellow weed; the *Reseda odorata* has small, greenish white flowers. It is a favorite in gardens on account of its fragrance."

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"IN injuries *Calendula* cannot be ignored in cuts with laceration, surface or open injuries. Dilute *Calendula* used locally will keep the wound odorless, will reduce the amount of pus, and favor granulations in the very best possible manner, and thus it assists the surgeon in healing up surface wounds. *Calendula* is all the dressing you will need for open wounds and severe lacerations. It takes away the local pain and suffering. You may easily see we are not now dealing with a condition that exists because of a state within the economy, but because of something that is without. There is nothing that will cause these external injuries to heal so beautifully as the *Marigold*. Some will say it is not homœopathic, but these are the individuals who 'strain at a gnat and swallow a camel.' If there are constitutional symptoms suspend all medicated dressings entirely and pay your whole attention to the constitutional symptoms. Sometimes there are no constitutional symptoms to prescribe on, but when they are present resort locally to cleanliness and nothing else. Do not suppress symptoms that you will need to guide you to a remedy."—*Kent*.

### THE NEW REPERTORY.

At the last moment comes Part I of the *Repertory to the Cyclopædia of Drug Pathogenesis* compiled by the veteran Richard Hughes. It is a great work and will be completed in four parts. The first part covers 96 pages. We have not time or space for a review of the work here, and will only state that Messrs. Boericke & Tafel offer it to the profession at 50 cents per part, mailed post-paid on receipt of price.

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### NEW YORK GOSSIP.

Dr. John E. L. Davis, heretofore at 59 East 65th Street, has purchased the handsome house at 743 Madison Ave., which he will occupy as office and residence after October 1st.

Drs. Timothy F. and Paul Allen removed September 1st from their old office at 10 East 36th Street to 3 East 48th Street.

Among other recent removals are those of the following:

Dr. Clarence E. Beebe, from 23 West 33d Street to 62 West 37th Street.

Dr. W. H. Bishop, from 119 East 47th Street to 46 West 48th Street.

Dr. Charles C. Boyle, from 66 West 46th Street to 49 West 37th Street.

Dr. R. E. McDonald, from 117 West 44th Street to 2065 Madison Avenue.

Dr. L. M. Stanton, from 155 West 48th Street to 132 West 58th Street.

Dr. A. Lenora White, from 134 West 44th Street to 151 West 46th Street.

Dr. G. Steger, from 19 East 61st Street to 73 East 66th Street.

Dr. V. Thompson, from 32 West 19th Street to 56 West 21st Street.

Dr. Caroline M. Smith, from 173 West 78th Street to 240 West 52d Street.

Dr. Clarence Sharp, from 1804 Lexington Avenue to 163 East 116th Street.

Dr. Clarence C. Howard, 57 West 51st Street, who since early July has been seriously ill with typhoid fever, is now convalescent and has taken a trip to London to remain away about six weeks. During Dr. Howard's absence his practice will be cared for by Dr. Rudolph F. Rabe.

Dr. J. M. Schley, of 1 East 42d Street, who has been very ill, though considerably improved, is still unable to resume his practice. With his family the Doctor has been summering at Clifton Springs, N. Y., and will remain there until the advent of cold weather. Dr. William H. Vandenburg continues to take care of Dr. Schley's practice.

Dr. Francis E. Doughty, 512 Madison Ave., has entirely recovered from his very serious illness of last spring. The Doctor has been away all summer and is now back at his old post and in the finest physical condition. Miss Doughty, the Doctor's daughter, who too was quite ill, has likewise fully recovered her health.

A serious driving accident occurred to Dr. Joseph Hasbrouck, of Dobbs Ferry, in consequence of which the Doctor is confined to his bed with a series of bruises and fractures which will keep him confined for perhaps two months.

Dr. Edwin G. Ogden, Demonstrator of Internal Medicine at the Metropolitan Hospital, Blackwell's Island, who has been residing for the past year at Sing Sing, N. Y., will soon return to the city, where he will occupy his house, 451 West End Ave. The Doctor reports great improvements in all departments of the hospital during the past year and looks forward to still greater advancement during the coming winter. Among the internes of the hospital are a number of very bright young men, most of them graduates from the N. Y. Hom. Medical College and the Hahnemann College of Philadelphia.

Dr. E. A. Gayde, of the N. Y. Hom. Med. College, has been during the summer filling the office of Superintendent of the Industrial Colony Association at their colony for boys, at Gardiner, Ulster county, N. Y. As his duties there brought him closely in contact with many boys of many sorts the Doctor was able to enjoy a kind of clinical experience scarcely to be found elsewhere.

Dr. C. M. Wintsch has accepted the position of physician to the Chatelain African expedition, for which he resigned his position on the staff of the Flower Hospital.

The New York Homœopathic Medical College was officially opened at a meeting of the faculty, students and their friends on Tuesday, October 5th. Addresses were made by Drs Wm. Tod. Helmuth, Dean, and by Dr. Francis E. Doughty and Dr. Timothy Field Allen. The studies began on the 6th instant with a large representation in each of the four grades. Many improvements

are noticeable in the buildings on the college property, notably the Flower Hospital, which has just undergone a thorough overhauling and now looks as cheerful and refreshing as anyone could desire, and far more so than any other hospital here. Great improvements have been made in the curriculum of the College, particularly in the senior classes, where close attention to studies will be more carefully required and everything done to turn out the most perfect graduating class in the history of the institution. The new class is particularly large and shows the happy condition of prosperity the College enjoys.

The very sad death of Dr. Robert N. Flagg, of Yonkers, caused much surprise and sorrow on the part of his many friends here; the tragic character of his death and the unfortunate circumstances connected with it made it all the more sad. Dr. Flagg had for some time past been in poor health, and with the hope of getting benefit through rest and change of scene recently spent some weeks in Europe. He was so much better upon his return that he again resumed his practice. The doctor was engaged to be married to the head nurse of the Yonkers hospital, with which institution he was connected. It was thought to be a very favorable match, and his family pressed him to hasten the ceremony. On the last day of September the wedding party came to New York, where the doctor and his bride were united in marriage, after which they went to the Murray Hill Hotel, engaging a room on the second floor. They seemed cheerful and happy, Dr. Flagg particularly displaying better spirits than he had shown for months. At the breakfast table next morning, October 1st, when Dr. and Mrs. Flagg came down for their meal, it was noticed that he was nervous and excited, and that his wife vainly endeavored to calm him. Shortly after their return to their room, and without any warning, the doctor suddenly rushed to the window, jumped out, and landed heavily on the pavement of the street below. A Flower Hospital ambulance was hastily summoned and the doctor taken to the hospital, where it was found that his skull had been fractured, and, though the operation of trepanning was performed, it was impossible to save his life. Mrs. Flagg fainted when she realized what her husband had done, and was herself in a critical condition for several days. Dr. Flagg was well known and well liked here in New York, while in Yonkers he was extremely popular, and is said to have had the largest practice of any physician there. He graduated from the N. Y. Hom. Med. College of this city in 1880.

# PERSONAL.

Dr. A. E. Darby has removed from Canyon City to Pueblo, Col.

They have been proving the *X-ray*. "Misanthropy during renal colic" was a symptom; we have known profuse cussing developed by the colic without the *X-ray*.

"Diarrhœa without pains in the abdomen," *Nitrum*. *Chronic Diseases Preface*.

"Did ever the vindication of a man go farther than the vindication of Hahneman by the universal testimony of modern science." *Heysinger, Scientific Basis*.

How many of the Homœopathic editors who are whooping up the new pharmacopœia, simply because of its title, know what is involved in the change they are shouting for?

If the profession wants *Aconite* made by the new process of the new pharmacopœia they can have it, but it is *not* the *Acouite* of Homœopathy, and no committee can alter that flinty fact.

Lawson Tait truly says that the only just estimation of an operation is made by ascertaining its remote results.

Dr. G. S. Schurecht has removed to 1027 St. Ange avenue, St. Louis.

The late *Materia Medica Journal* has evolved into the once familiar *Medical Advance*, Drs. Allen and Hawkes, editors.

If everyone would advertise freely everyone would get rich—so they say.

Dr. F. Mortimer Lawrence has removed to 1601 Girard avenue, Philadelphia.

"Medical etiquette is surely the strangest wild-fowl in the whole menagerie of conventions"—*Glasgow Herald*.

"Even a pig will not smoke tobacco," said Reformer. "I smoke—you don't," contemplatively replied the unregenerate one.

Dr. Hugh Pitcairn, Member of the Homœopathic Medical Examining Board of Pennsylvania, is now American Consul at Hamburg, Germany.

Dr. D. A. MacLachlan has moved his office to rooms 1301-4 Majestic Building, Detroit, Mich.

And after all these years it is asked if there be such a thing as "fatty degeneration?"

Dr. C. W. Moffatt has removed to Boston.

Dr. T. F. Allen has removed to 3 East 48th street, New York.

And now they say that the pneumococcus, bacillus tuberculose, and all the rest of 'em are bred from a simple micro-organism yclept "leptothrix." What a jolly old world it is!

Dr. M. E. Douglass (diseases of women), author of *Repertory of Tongue Symptoms*, has located at 7 W. North avenue, Baltimore.

Dr. L. F. Chamberlayne has removed to 84 Plymouth avenue, Rochester, N. Y.

Dr. C. McV. Toby has removed to Jay, Essex Co., N. Y.

Dr. A. Preuss has removed from Milwaukee to Kansas City, Mo.

Be careful before throwing physic to the dogs that there are no prize dogs about.

What is "high thinking" to one man is "bosh" to another.

"Sleep ten hours a day" is good advice to one who is troubled with insomnia.

When the old doctor was asked his opinion of phenyldemethylpyrazolon he said he had none.

Why not subscribe for the RECORDER?

# THE HOMŒOPATHIC RECORDER.

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## THE USE OF THE OPHTHALMOSCOPE.\*

By A. B. Norton, M. D., New York.

Professor Ophthalmology, College of the New York Ophthalmic Hospital.

In all the realm of modern medicine there has probably been no one discovery of greater beneficence to humanity than the invention of the ophthalmoscope by Helmholtz in 1851. Through its use the mysteries of the interior of the eye stand revealed and many conditions that previously resulted in blindness are now made remediable. With it we are able to study changes in the circulatory system, as exhibited in the retinal vessels; and in the optic nerve and retina we have, under the eye of the surgeon, direct communication with the brain and spinal system. The ophthalmoscope, therefore, has become of the greatest value in general medicine as an aid to diagnosis, for in the fundus of the eye are found many characteristic changes of disorder of the various organs. Helmholtz's discovery was not a matter of chance, but resulted from a careful study of the laws of optics, one of which is that light follows the same lines in returning through a lens (in case it can return) as when entering. The rays of light returning from the eye must go direct to the luminous source from which they emanated, and in order to fall upon the retina of the observer his eye must be in the path formed by the source of the illumination and the eye under examination. The device used by Helmholtz consisted of a transparent mirror formed of three slips of plain glass. The present principle of a perforated metallic mirror was first proposed by Ruete, in 1852. In examining the interior of an eye, light is thrown into the eye by the mirror, and in order to see the fundus we must receive in our own eye the light reflected from

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\* Read before the Connecticut State Homœopathic Medical Society, October 12th, 1897.

the fundus and unite its rays to form a sharp image. The mirrors used may be either plane or concave. The concave mirror by converging the rays from the source of light gives a stronger illumination and is therefore generally used. The modern ophthalmoscope, of which Loring's is one of the best, consists then of a concave mirror, silvered on the back, for illuminating the eye and a series of lenses for measuring the refraction, and for diagnosing pathological changes by the direct method.

The art of using the ophthalmoscope is one much more difficult to acquire than that of any other instrument of precision and is only accomplished after long and persistent practice. Every physician realizes the months or years of practice required to detect with the stethoscope the finer shades of sounds due to varying diseases of the heart and lungs. In one case the ear and in the other the eye has to be trained by long experience before the examiner can become expert. The beginner is apt to think that after he has acquired a few details of the nerve and vessels that he can see all that is to be seen. At this stage we have often told our students that they have as yet not crossed the threshold of that vast storehouse of beautiful pictures formed by diseases within the eye. Even after years of daily use this little instrument reveals significant and often important variations of pathological states not heretofore seen, the meaning of which the observer is often at a loss to understand.

The first and most essential point in order to become a skilled ophthalmoscopist, and which is often neglected, is familiarity with the healthy fundus. The student should first practice over and over again upon every healthy eye-ground he can before attempting to study diseased states. This necessity becomes apparent from the fact that the normal fundus in health varies with the age, condition and complexion. What a large range of physiological pigmentation may be found from the negro to the albino! The *skilled* use of the ophthalmoscope is in the determination of the very slightest changes from normal as the detection of gross pathological conditions does not present the importance that does the recognition of the incipient stages of disease.

In making an ophthalmoscopic examination artificial light is generally used and is preferable to daylight. We therefore darken the room and use a single light, the best being that from an Argand burner or a student's lamp. The eye is first illumi-

nated from a distance of about eighteen inches, and as the light plays over the cornea we note any opacities that may be present in the cornea or lens. Occasionally when there is a marked error of the refraction the retinal blood-vessels will be seen. If the eye is highly far-sighted the vessels will move in the same direction as the head of the observer, while if it is a very near-sighted eye the vessels will move in an opposite direction. There are two methods of examining the fundus of the eye: First, the *direct* method, so called because the eye ground is studied by rays coming directly from it, and by this method we have an upright image; and second, the *indirect*, because the rays are received from an aerial image, or indirectly from the observed eye, and the image seen is inverted. The latter method will first be considered because it is more frequently employed and because it is the more natural order after the preliminary examination of the cornea and lens.

*The indirect method*, or the method of examination by the *inverted image* is made as follows: The patient is seated in a darkened room with the light from an Argand burner about eighteen inches behind, on the same side, and level with the eye to be examined. He should be instructed to fixate the unused eye upon some distant object. The observer sits about eighteen inches in front of the patient and holds the ophthalmoscope in the hand corresponding to the eye to be examined. A convex lens, about thirteen to eighteen diopters, is held between the thumb and forefinger of the unused hand, before the eye of the patient. By resting the middle, third and little fingers upon the outer part of the supra-orbital ridge of the patient's eye the lens is held steadily and focused upon any part of the fundus desired, and the middle finger may also be used if necessary to raise the upper lid for a better view. In all ophthalmoscopic work the student should learn to keep both eyes open, as the effort to close one eye tires the eye and prevents the complete relaxing of the accommodation. He should also accustom himself to using the right eye and holding the ophthalmoscope in the right hand when examining the right eye of the patient, and the left eye and hand when examining the left eye. The first objective point is the optic nerve head, and this is brought into view by having the patient look at the right ear of the observer, and *vice versa*, when examining the left eye, the patient should be told to look at the left ear of the surgeon. From this point he may be told to look directly at the center of the observer's forehead,

which gives a view of the macula lutea, and then, up and down, to the right and left, in order to examine all parts of the fundus. If the image of the disc when first brought into view appears dim and ill-defined, the lens and the ophthalmoscope should be moved slightly forward or backward until the image is as clear and distinct as possible. The student must always remember that by the indirect method he sees the ærial picture of the fundus and that it is inverted and reversed. The image by the indirect method is magnified about four or five times, while by the direct method we get a picture magnified about fourteen times. The extent of the field of vision on the contrary is about four times greater in the indirect than it is by the direct method. The intensity of the illumination is also greater with the indirect than with the direct, hence a view of the fundus can often be had by the indirect method when, owing to haziness of the refracting media, it is no longer visible by the direct. The indirect method gives then a larger view and better general relation of the fundus, while the direct method is particularly adapted for the recognition of the finer details.

*The direct method*, or the examination with the *erect image*, is conducted as follows: The patient and light are placed in the same positions as in the indirect examination. The surgeon seats himself by the side of the patient and again uses his right eye in examining the right eye of the patient, and *vice versa*. The ophthalmoscope is held in the same hand as the eye to be examined and brought up to about one inch from the eye of the patient. Both eyes are to be kept open so as to avoid as much as possible the impulse to accommodate. As the field is enlarged, and the examination by this method greatly facilitated by a dilatation of the patient's pupil, the use of a mydriatic is to be recommended to the student when first learning to use the direct method. The dilatation of the pupil can be increased also by having the room as dark as possible, by closing the other eye, and lowering the light from which the illumination is received. If a still larger pupil be required for an examination of the fundus a 4 per cent. solution of cocaine should be used, as it will give the necessary dilatation in from twenty to thirty minutes and its effect passes away in a few hours.

By the direct method, if both the eye of the observer and of the patient be normal in refraction, and the accommodation at rest in both, the details of the fundus are readily seen. If, however, either the surgeon or the patient be myopic, or if hyper-

metropic in excess of the power of accommodation to overcome, the refractive error must first be corrected. The power of relaxing one's accommodation comes by practice. The primary objective point in the examination is, as by the indirect method, the optic disc, and this is brought into view by having the patient look straight forward while the surgeon looks into the eye slightly from the temporal side.

*The fundus of the eye as seen by the ophthalmoscope.* As already mentioned, the first objective point in all examinations of the interior of the eyeball is the *optic disc*, or *papilla*. The optic nerve appears usually as a circular or slightly oval shaped disc, but may be quite irregular in outline. Its color varies from a pinkish white to a deep red, and may vary in different parts of the disc, often paler at the centre than at the circumference, or the nasal side a more decided red than the temporal. The tint also varies with the age and complexion of the patient, and the contrast with the color of the surrounding fundus. The white appearance of some portion of the disc is due to a depression at that point, the floor of which is composed of an interlacing opaque fibrous tissue called the *lamina cribrosa*, through which the nerve fibres pass, and it is here they lose their neurilemma and become transparent axis cylinders. This white spot, varying in size, is seen usually at the centre of the papilla, or rarely, more at the temporal side is called the physiological cupe or excavation. Care must always be taken to differentiate this physiological cupping from the excavation found in glaucoma and in optic nerve atrophy. The border of the optic disc is well defined, being sharply outlined by a double ring. The inner or *scleral ring* appears as a faint white stripe especially distinct in elderly people and indicates the opening of the sclerotic coat through which the optic nerve enters the eyeball. Jaeger has called this the connective tissue ring, formed by the junction of the connective tissue elements of the inner sheath of the nerve with the layers of the sclera. The outer, or *choroidal ring*, usually seen as a slight black crescent upon one side of the disc and often wholly absent, bounds the opening in the choroid.

The next most noticeable feature in the examination of the fundus is the blood-vessels. The arterial trunk usually divides, just before emanating from the bottom of the disc, into an upward and downward branch, each of these branches generally dividing again as they pass off from the optic disc. These arteries as they spread out above and below continue to divide

dichotomously into numerous branches, supplying all parts of the fundus excepting a small area at the temporal side of the optic nerve! This area is called the *macula lutea*, or yellow spot, and at its centre is the point of most distinct vision, the *fovea centralis*. The temporal half of the retina is more freely supplied with blood-vessels than is the nasal side. The retinal veins follow the same general course and parallel to the arteries, and empty by two large branches into the centre of the disc. From this general arrangement of the retinal vessels we may have many variations in the normal fundus. The arteries and veins are distinguishable by their size and color, the veins being larger in proportion of about three to two and of a dark red as contrasted with the bright color of the arteries. The veins are also more tortuous in their course and spontaneous pulsation is not infrequently seen in the veins. The so-called *reflex* or *light streak*, which runs along the crest of the vessels, covering about one third of its diameter, is of a pale straw color, and is more brilliant, broader and more sharply defined upon the arteries than veins and may be entirely absent in the veins. The cause of this reflex is still unsettled, some claiming it to be a reflex from the vessel wall, others from the blood column.

The appearance of the *macula lutea* is as difficult to describe as it is to the student to see. No two observers seem to illustrate or describe it in the same coloring. In many cases while we examine the macular region we see nothing, and often we are but conscious of a luminous oval ring, the centre of which is marked by a small spot of a darker color. This phantom-like reflex, or, as it is sometimes called, halo, varies in size, though usually of an oval or circular shape. The inclosed space seems to be more of a grayish or brown color than the yellow we should naturally expect from the *macula lutea* being commonly spoken of as the yellow spot. The examination of the region of the *macula lutea* should always be practiced, for while in the normal eye the halo is often absent and the coloration of this spot variable, in diseased states an accurate picture of the *macula* is often of the utmost importance. The location of the yellow spot is about one and one-half optic nerve diameters to the outer side of the disc and is usually best seen by the indirect method.

The *retina*, being a transparent membrane, is practically invisible and reveals nothing of its delicate structure excepting the retinal vessels, which are readily seen ramifying within its inner

layers. Some, however, have claimed to have seen, especially in the deeply pigmented eye of the negro, with a weak illumination, the presence of the retina as a very faint grayish tinge in the neighborhood of the disc. To the observer, especially when inexperienced, the retinal vessels seem to course over and form a part of the background of the eye. They should, however, always remember that they lie some little distance in front of the underlying choroid. This can be more easily appreciated in the slightly pigmented eye, especially the albino, where they are readily seen passing over the choroidal vessels. Recognition of the *choroid* varies with the pigmentation of the eye. The bright red color from the pupil when the eye is illuminated with the ophthalmoscopic mirror arises from the choroid. The choroidal vessels appear as flat curvilinear stripes of a light pink hue interlacing in distinct meshes. The pigment stroma shows as irregular patches within the meshes of the choroidal vessels. The pigmentation is often more dense around the optic nerve and posterior part of the fundus. The visible choroidal vessels are always broader than the retinal trunks, and no distinction can be made between the arteries and veins.

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### SOME OF DR. AD. LIPPE'S KEY-NOTES.

By Thomas Lindsley Bradford, M. D.

*Niccolum.* Cracking in the neck when moving the head (forward or backward).

*Nitrum.* The affected parts feel numb, as if they were made of wood.

*Nitric acid.* Sadness, despondency. (Patient is tired of life.)

*Nitric acid.* Anxiety about his disease, with fear of death. (*Acon.* Anxiety about future condition.—*Calc. c.*)

*Nitric acid.* Attacks of rage, despair, with cursing and maledictions. (See *Anacardium.*)

*Nitric acid.* Great sensitiveness of the head to the rattling of wagons, especially over the paved streets, and against stepping hard. (In fevers and in brain troubles.)

*Nitric acid.* The hair falls off, with humid eruptions, paining as if splinters were thrust in skin, or when touched; also on genitals, after abuse of *Mercury*; with nervous headaches, great debility, emaciation. (Sensation of splinters sticking in diseased part is very characteristic.)

*Nitric acid.* Inflammation of eyes, especially after suppressed syphilis or after abuse of *Mercury*. (In syphilo mercurial treatment *Nit. ac.* is very important.)

*Nitric acid.* Stitch in nose as if from splinters when touching it.

*Nitric acid.* Coryza with dry cough, headache, hoarseness and stitches in the throat (as from a splinter). (See *Am. Hom. Review*, V. 5. p. 553. Dr. Dunham.—Br.)

*Nitric acid.* Yellow complexion or yellowness around the eyes, with red cheeks.

*Nitric acid.* Ulcers on red part of the lips. (This ulcer always begins on the lower part of the lips.)

*Nitric acid.* Teeth become yellow or loose. (From abuse of *Mercury*.)

*Nitric acid.* Ptyalism; also with ulcers on the fauces, or in attacks of fever. (Bloody ptyalism, *Phos.*)

*Nitric acid.* Tongue very sensitive; even mild food causes a smarting sensation (*Natr. mur.*). Tongue is coated green; with ptyalism. (Face green, *Carbo veg.*)

*Nitric acid.* Longing for fat food, herring, chalk, lime, earth. (In scrofulous children. Child picks plaster from the wall and eats it.)

*Nitric acid.* Colic from cold. (All the colds settle in the abdomen, causing colic and often diarrhœa.)

*Nitric acid.* Before stool, colic; after stool, nervousness and debility (with *stitches* and pinching in rectum and sensation as if he had to pass more yet. Relief of symptoms after stool, *Rhus t.*)

*Nitric acid.* Itching, burning or stinging at anus and rectum. (Smarting and tetter at anus, *Natr. mur.*)

*Nitric acid.* Varices of the anus, swollen, burning, and bleeding after every evacuation. (Bleeding during passage, *Sulph., Lyc.*)

*Nitric acid.* Humid moisture at the anus. (See *Thuja*. Look out for syphilis.)

*Nitric acid.* Ulcers in urethra. (In gonorrhœa.)

*Nitric acid.* Chancre-like ulcers on the prepuce and on the corona glandis, with *pricking, stinging* pains.

*Nitric acid.* Sycotic condylomata. (*Thuja.*) Red, scurfy spots on corona glandis. (See *Corallium rubrum.*)

*Nitric acid.* Deep ulcer on glans, with elevated, lead-colored, extremely sensitive edges. (Deep-eating ulcer, *Kali bich.*)

*Nitric acid.* Inflammatory swelling of the testicles, with pain-

ful drawing in spermatic cords, extending into the abdomen. (In gonorrhœa.) (Or where testicles hang too low.)

*Nitric acid.* Small, itching vesicles and prepuce, bursting soon and forming a scurf.

*Nitric acid.* Great falling off of the hair on genital organs. (On account of syphilis and *Mercury*.)

*Nitric acid.* Pulse very irregular; one normal beat is often followed by two small, rapid beats—the fourth entirely intermits; alternate hard, rapid and small beats. (Every third beat intermits, *Mur. acid.*—*Keystone*.)

*Nitric acid.* Foot sweat offensive or suppressed. (Acid, corroding. Profuse perspiration of soles of feet, causing soreness and *binching* pains. See, also, *Sil.*)

*Nitric acid.* Violent bleeding u'cers or wounds, with stinging pain, as from splinters or with burning, especially when they are touched.

*Nitric acid.* Warts, with *stinging*, *pricking* pains. (This sensation of a splinter runs through the symptoms of this remedy, and Dr. Lippe impressed its great importance most emphatically.—Br.)

*Nitric acid.* Especially suitable after alkalies, for lean persons with dark complexion, black hair and eyes. (Keystone of Hahnemann; *Calc. c.* is just the reverse.)

*Nitric acid.* The pains are felt during sleep (which is not sound.)

*Nitric acid.* (Abuse of *Mercury*; secondary and tertiary syphilis; scurfy eruptions; stinging ulcers; all the train of symptoms following syphilitic poison—even if hereditary. Br.)

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## INDICATIONS.

C. E. Walters, M. D., Cedar Rapids, Iowa.

The purport of this paper is not so much to present something new and novel as to emphasize already familiar truths, and to encourage us, as disciples of Hahnemann, to pursue the even tenor of our way, holding fast the good things we have and continuing to make use of them; also to stimulate us to discover what may be to us the *new glories* of the *law of similars* and make application of the same in our ministrations to earth's afflicted mortals.

Our journals are filled with the remarkable provings of new

and hitherto unknown remedies, and the temptation is great to experiment with them disregarding our standbys, which never fail us when we study them as carefully as we should. The words of our old teacher of *Materia Medica* come back to us with renewed force, that "a dozen remedies well understood are of more value than fifty with which we are not familiar." Doubtless all of us have felt the satisfaction that comes from finding "*the remedy*" as expressed by the *indication or similimum*, and witnessing its rapid and marvelous work, especially when the case has been one of perplexity and anxious thought to us.

Our Master has said that "the first and sole duty of the physician is to restore health to the sick." He also says that "the physician should search after what is to be cured in disease and be acquainted with the curative virtues of medicines, in order to adapt the medicine to the disease." Also, "when the physician clearly perceives the *curative indication* in each particular case of disease, where he is acquainted with the therapeutic effects of medicines individually, when, guided by evident reasons, he knows how to make such an application of that which is curative in medicine to that which is indubitably diseased in the patient that a cure may necessarily follow, and, finally, when he knows what are the obstacles to cure, and can render the latter permanent by removing them, then only can he accomplish his purpose in a rational manner; then only can he merit the title of a genuine physician, or a man skilled in the art of healing."

In paragraph 145 of the "*Organon*" Hahnemann says: "We ought certainly to be acquainted with the pure action of a vast number of medicines upon the healthy body, to be able to find remedies against each of the innumerable forms of disease that besiege mankind"

Paragraph 147 says: "*Of all these* medicines, that one whose symptoms bear the greatest resemblance to the totality of those which characterize any particular natural disease ought to be the most appropriate and certain homœopathic remedy that can be employed; it is the specific remedy in this case of disease."

We must examine our patients, not that we may invent new systems by stringing together empty ideas and hypotheses upon the immediate essence of life and the origin of disease in the interior of the human economy; nor, yet, that we may endeavor to account for the morbid phenomena with their nearest cause, which must forever remain concealed, and confounding the

whole in unintelligible words and pompous observations, strive to make a deep impression on the minds of the ignorant, but rather that we may diagnose our cases, using the symptoms for a diagnostic purpose.

“Individualization in the *investigation of a case of disease* demands, on the part of the physician principally, unbiased judgment and sound sense, attentive observation and fidelity in noting down the image of the disease.” *We are to refute the popular idea that we, as homœopathists, do not closely look into our cases nor take into account pathological conditions.* Pulse and temperature are landmarks not to be disregarded. Learn the meaning of every symptom and sign a patient may present, and apply them to the drug under whose indication they are found. Read the journals as well as the text books. To us the journals are of inestimable value, as they bring the varied experiences of the profession at large, and we have oft times been greatly helped by suggestions therein found.

The pharmacists tell us, and to our shame as followers of Hahnemann, that the rank and file of the profession are every day using more and more compounds and mixtures and less and less of the remedies expressed by the *homœopathic indication*. *Seventy five per cent.*, so we were recently told by a representative of a homœopathic pharmacy situated within the confines of this association, of homœopathic medicines are now made up in this form. Other pharmacists deny this allegation, but *do tell* us that a large per cent. is freely used by professed homœopathists and by those who “cry aloud” for the *C. M.* and the single dose. Even disciples of Hering College the *exponent of pure and undefiled Homœopathy*, sometimes stoop so low as to be guilty of such immoral and un-Hahnemannian practices. And why, forsooth? Simply that it is easier to prescribe. A sort of shotgun policy, expecting to hit the case with some one or more of the different ingredients. Small wonder is that our friends of the regular school dub us as *irregular and unscientific*.

We are often told by some patron who comes to us from another town or place, “My doctor is a *liberal*; he uses both schools, just as *we prefer*.” In the words of the venerable Dr. Bowen, of Fort Wayne, Ind., “a *liberal* is an *obstructor*.” In our own words, he is neither the one nor the other, and like the man in “Holy Writ” being “neither hot nor cold should be *spewed out of the mouth*,” of all *Homœopathic Associations*. We are glad to know that there are not only a *small* number who have not bowed

down to this Baal of unscientific and unhomœopathic prescribing, but many, very many, conscientious and careful men and women who are true exponents of the homœopathic indication as expressed by the law of similars and who are daily, thrice blessed by suffering humanity as they skillfully alleviate its many ills. "By their works ye shall know them." All cases of disease that "*are curable*" can be cured by the *homœopathically indicated remedy*. There is no mixture under the sun yet invented and labelled by a scheming pharmacist that can take the place of the remedy pointed out by the *homœopathic indication*, or to do its *work one-half so well*.

How then shall we attain the end "*for which so many sigh in vain*;" that is, the knowledge necessary to find our "*indication*." The answer is plain: Open the long closed bookcases; study more; dig and delve deeper. Search the *Materia Medica* scripture, for in them we have the words of *indicated medical life*. What we need is *closer application* and *better understanding* of not only the principles laid down by Hahnemann, but of the agents to be used in carrying out the same.

Any system or method that can be devised that will enable us to choose the *Homœopathic Indication* or remedy will enable us to become more proficient in the work "*whereunto we are called, that of curing disease and thereby blessing mankind*."

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## MALARIA OFFICINALIS.

By W. A. Yingling, M. D., Emporia, Kansas.

On the day I received from the old reliable "B. & T." *Malaria off.* 30, I was foolishly led to try Hahnemann's inhalation. The thought just occurred to me on the spur of the moment, and without stopping to think I took three strong inhalations, with both sorrow and a proving resulting. None of the symptoms were distressing, yet marked and clear cut. The remedy commenced its work very promptly and in the order following:

Aching in both elbows.

A kind of slight concentration of feeling at root of nose, and just above, as though I should have a severe cold, similar to that often complained of by hay-fever patients.

Aching in the wrists.

A tired ache in the hands.

A tired ache in the knees, and for a distance above and below.

A feeling as though I should become dizzy.

Pain in top of left instep.

A tired feeling in wrists.

Aching in an old (cured) bunion on left foot.

Sensation on point of tongue as though a few specks of spice or pepper were there.

Itching on right cheek over molar bone; ameliorated by slight rubbing or scratching.

When leaning face on left hand, elbow on the table, perceptible feeling of the heart beats through upper body and neck.

Slight itching on various parts of face and extremities; ameliorated by slight rubbing.

Sense of heat in the abdomen.

Chilly sensation in left forearm. Soon followed by chilly feeling in hands and fingers; feet are cold with sensation as if chilliness was about to creep up the legs. A few moments later knees feel cold. A sense of coldness ascending over body from the legs.

Arms feel tired.

Belching several times, easy; no taste.

A drawing pain in right external ear.

Lumbar back feels tired as though it would ache.

Neck feels tired, with slight cracking in upper part on moving the head.

Shallow breathing which seems from languor, with a desire to take a deep inspiration occasionally.

A kind of tired feeling through abdomen and chest.

A general sense of weariness.

A feeling about head as though I would become dizzy.

Pain in upper left teeth.

A sensation as though I would have a very loose stool (passed away without a stool).

Feeling rather stupid and sleepy.

A sensation in the spleen as though it would ache.

Saliva more profuse than usual; keeps me swallowing often.

Pain in abdomen to right of navel.

Dull aching through forehead.

Face feels warm as if flushed, also head; becomes general over body, as if feverish.

Aching across upper sacral region.

Legs very weary from a short walk.

Pain at upper part of right ilium.

General sense of weariness from a very short walk, especially through pelvis, sacral region and upper thighs. I feel strongly inclined to lie down and rest.

Qualmishness at stomach, as though I should become nauseated.

General sense of malaise and weariness becoming quite marked.

Aching above inner angle of right eye.

A kind of simmering all through the body.

Felt impelled to lie down, and on falling to sleep a sense of waving dizziness passes all over me, preventing sleep.

At times I feel as though I should become cold or have a chill, then I feel as though I should become feverish or hot, though neither is very marked.

Eyes feel heavy and sleepy.

Uneasiness in lower abdomen.

Gaping, yawning and desire to stretch.

Legs are restless; feel like stretching and moving them.

I feel very much as I did one time before having the ague, twenty-five years ago.

Odor from cooking is pleasing, but I have no desire for dinner. Yet when I sit down I eat a good dinner with relish.

Dizziness on rising from a reclining position.

Feel generally better after eating dinner.

Aching in the occiput.

During the afternoon leg weary.

Unusual hearty appetite for supper (the good appetite keeps with me for some days).

A good night's rest following, and have felt much brighter and generally better ever since the first day. (Healing.)

I have no doubt had I repeated the inhalations several times I should have been very sick. It is not necessary to push a proving to extremes. I think Hahnemann did not as a rule. If I were strong I should push this proving, but I dare not. Who will take it up?

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### “NOTES ON MAINE TOWNS.”

Editor of HOMŒOPATHIC RECORDER.

What is the matter with *Camden*? Camden is all right,—true, but there is three or four young “regulars” yet no Homœopath!

And *Brunswick*,—of course Brunswick, the home of the ——— did you say wonderful ——— Bowdoin College! Plenty of doctors and perhaps a few physicians, but it has between 6,000 and 7,000 inhabitants and no Homœopath.

Houlton in hustling Aroostook county is in the same shape, Caribou in same county ditto, Fort Fairfield likewise ditto, and these towns have more than doubled their number of inhabitants each ten years!

Lewiston has only one practitioner of our school, a grand old man at that. Graduated at old Hahneman here at '56. Plenty of room for young blood and Lewiston has 22,000 or more inhabitants.

Oldtown and Orono together with Milford across the river ought to keep one follower of Hahnemann, but none is here to catch the Pulp mill sheckles!

Of about 1,200 practicing physicians in Maine only 90 or 100 sails under the homœopathic flag, and why? To be sure there is no homœopathic college in the State, but the State examination which admits to practice is very fair, just and not very hard; can't be, because most of the candidates are Bowdoin graduates.

Never, mind Klondike, the old Pine Tree State isn't overcrowded yet.

The next time you come in to see us, don't stop on the outside, but simply come in.

“THE CRANKOPATH.”

### PROVING OF SCUTELLARIA LATERIFOLIA.

The following proving of *Scutellaria lat.*, from *University Bulletin*, was made, under the auspices of Dr. Geo. Royal, by nine provers:

“No symptom as been recorded unless experienced by two provers. When experienced by two provers, and not often repeated, the symptom is recorded in common type. When often repeated in two provings is found in italics. When often repeated in three provings, or found in four or more, the symptoms appear in black type.”

MIND.—Inability to study or fix the attention on one's work.  
*Confusion of mind. Apathy. Irritability.*

HEAD.—A full or throbbing sensation in head. A dull heavy

headache mostly in the forehead and temples. Sharp shooting pain in the head. Pain in the occiput. Headache relieved in the open air. Headache relieved by eating. Headache aggravated by motion.

EYES.—*Aching in the eyeballs.* Eyeballs painful to touch. Eyeballs feel too large.

FACE.—Flushed.

MOUTH.—*Bad taste; sour; bitter.*

THROAT.—Sensation of a lump in throat which could not be swallowed.

STOMACH.—Nausea. Sour eructations. *Poor appetite.* Vomiting of sour ingesta, hiccoughs, pain and distress in stomach.

ABDOMEN.—Gas in bowels. *Colicky pain in abdomen. Fullness or distension of abdomen. Uneasiness in abdomen.* Pain in the abdomen.

STOOLS.—Diarrhœa. *Light colored.* Stools preceded by colicky pain in abdomen.

URINARY ORGANS.—Quantity of urine diminished. Biliary salts increased. Frequent micturition but quantity small.

CHEST.—Pain in chest.

HEART AND PULSE.—Pulse rate irregular.

BACK.—Pain in back.

UPPER EXTREMITIES.—*Sharp stinging pains.* Aching.

LOWER EXTREMITIES.—Weakness. Aching. *Uneasiness.*

SLEEP.—Restless. Unrefreshing. *Disturbed.*

GENERAL SYMPTOMS.—Restlessness. Tired weak feeling. *Uneasiness. Languor.*

The remedy seems most suitable to persons of a nervobilious temperament. All the symptoms seem to be aggravated by work or excitement and ameliorated by sleep.

## THE USE OF SENECIO IN DISORDERS OF MENSTRUATION.

In the September number of the *Medical Chronicle* Dr. Fothergill reports the results of his personal observations during experiments with this drug. The cases in which he employed the preparations of *Senecio* he divides into four groups, as follows: 1. In pregnant women. 2. In amenorrhœa without pregnancy. 3. In persons menstruating regularly. 4. In dysmenorrhœa.

In the first group seven cases are cited by the author, which show, he thinks, that *Senecio* will not cause abortion or in any way influence the course of pregnancy. In the second group, comprising ten cases which were all true functional amenorrhœa, the *Senecio* acted very well. No general disease, such as anæmia or phthisis, was present, and there was no deficiency, congenital or other, of the reproductive organs. The nervous mechanism which initiates the menstrual flow was, however, inactive in each case; *Senecio* appeared to be effective in stimulating it into action. In cases of anæmia, however, and other conditions of exhaustion due to disease, he says, he has found *Senecio* quite inactive in restoring menstruation. In such cases the cause of amenorrhœa is, of course, that the patient has no blood to spare, and treatment by a direct emmenagogue can not be expected to have any effect, while indirect treatment by food, iron, etc., is indicated.

Concerning the third group, the author goes on to say, certain minor gynæcological operations should be done soon after a menstrual period, and both patient and operator are often put to inconvenience by having to postpone the date of operation while waiting for menstruation to occur. In several cases of this kind it was interesting, he says, to find that the administration of *Senecio* was followed by the appearance of the menstrual flow earlier than it was expected. The results, he remarks, are of value only in cases of women who menstruate with perfect regularity, and six experiments were made in cases of this nature. They show that *Senecio* hastens the flow, but that it does not increase it in quantity. On the contrary, a period thus brought on prematurely appears to be of shorter duration than one occurring at the natural time.

Regarding the fourth group, *Senecio* was given in four cases of dysmenorrhœa, with no organic disease of the reproductive

organs, in which numerous remedies had previously been tried with varying results.

The results of these experiments have led the author to agree with Murrell that *Senecio* is not an ecbohic, also that the drug will not provoke menstruation in cases of marked anæmia or advanced phthisis, but that it will do so in cases of functional amenorrhœa. Murrell, however, he continues, thinks that *Senecio* increases the quantity of the discharge, but the author's cases point to the opposite conclusion. He states that the views of Bardet and Bolognesi are identical with his own on these points, though he dissents from their views as to the mode of action of the drug. As to dysmenorrhœa, he continues, Murrell, Dalché, and Heim found the drug useful in certain cases, while he is inclined to agree with Bardet and Bolognesi that it will not be found of much use for the relief of pain.

Finally, he is of the opinion that the pharmacology and chemistry of the plants of this genus should be worked out by competent hands, and that those interested in disorders of menstruation will find the drug worthy of a clinical trial—*N. Y. Medical Journal*.

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## THE NEW AMERICAN HOMŒOPATHIC PHARMACOPŒIA.

By William Steinmetz.

Translated from the *Allgem. Hom. Zeit.*, September, 1897, for the HOMŒOPATHIC RECORDER.

We have before us a new homœopathic Pharmacopœia. The Commission selected by the American Homœopathic Institute for this purpose has been engaged on this work for eight years. This probably affords a most conclusive proof of the immense difficulty of presenting a book which will satisfy all the parties interested. We shall probably find the same difficulty in the elaboration of the new German Homœopathic Pharmacopœia. Also, we have differing tendencies, and these are also represented in our Commission, and each one would like to carry through his views so as to render them definitive. Each one, however, will be obliged to make concessions.

The American Commission has been guided by the principle which is certainly deserving of recognition, that, as far as possible, there should be international uniformity. To attain this

end it has omitted the original or mother-tincture ( $\theta$ ) and has taken in all remedies as the first preparation from the fresh plant or the dry drug or the chemical preparation, a first decimal potency (1:10); from this start it continues its potentizing, for which it recommends the decimal system.

We cannot deny that this fundamental thought is a felicitous one, but by this striving for uniformity a number of great sacrifices are demanded which in great part are out of all proportion to the end to be gained. To carry through this fundamental potency of 1:10 if we may so call it, we must, e. g., subject many fresh plants to manipulations quite different from those formerly in vogue, as to which we have particular directions with respect to every remedy employed; in consequence we shall certainly receive preparations totally different from those formerly used, which were the preparations that had been made for the purpose of proving. It is impossible for us to recommend such a total relinquishment of the good, old original directions given by Hahnemann, etc., merely for the sake of convenience and for the purpose of uniformity. Might they not as well have united on the basis of the original directions and merely have made alterations where it was necessary? What would have been the objection to the establishment of certain rules, deviations from which being permitted in the cases where the peculiarities of certain plants or of the fundamental substances require it, rather than exposing us to the danger of receiving, under the old name, preparations altogether differing from the ones to which we have become accustomed to use at the sick bed?

We hope that the German Commission will, as far as possible, keep to the original directions, while in order to accommodate itself to the wishes of all it may adopt a different mode of potentizing which will secure on the one side a more simple and convenient process of preparation and on the other side may give satisfaction and effect a reconciliation with those who hitherto have been adherents of Gruner's system and have opposed the system of Schwabe. If we know how the 1 D. or the 2 D. or the 3 D. are prepared from the original tincture then it does not matter whether these potencies are a little stronger or weaker than those formerly used under the same name. All that is then needed is to take a higher or lower potency than formerly used in order to attain the same end as before. But the main object will then be secured: We shall then have as before the same fundamental preparations as those first proved,

and the physician can as before select his remedies on the basis of the established results of the provings; this great good would be lost if we entirely depart from the original directions and accept, e. g., the system of Gruner.

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## ACCOUNT OF THE SIXTY-FIFTH GENERAL MEETING OF THE HOMŒOPATHISCHE CENTRAL-VEREIN DEUTSCHLANDS.

### II

Scientific Session on the 10th of August in Potsdam.

“Early to horse and late in starting” frequently goes together. I here mention this proverb to indicate that 8:30 a. m., the time set for the beginning of the session, was probably too early in view of the cosmopolitan circumstances and the hot season, in which the hours of night are the most pleasant for recreation and for social meetings. When finally a sufficient number had collected the honorary president, Dr. Gisevius, Sr., of Berlin, opened the session. He first called attention to the circumstances which had called him to the chair, the decease of Dr. Sorge, the man with white hair, but full of youthful fire for the homœopathic cause and everything relating thereto. Then he gave a general summary of the events touching Homœopathy in the past year, among which this year Prussia, and specifically Berlin, had been most prominent. He recalled the decree of the Prussian *Cultus-Ministerium*, which strongly threatened the right of homœopathic physicians to dispense their own medicines, so that a society of homœopathic physicians who dispense their own medicines was formed in Prussia to guard and protect with all energy this privilege. Their efforts were crowned with success. The privilege of dispensing their medicines has been confirmed anew and the re opening of the pharmacy conducted by the homœopathic Policlinique is probable. The conduct of the minister during the debate concerning Homœopathy in the Prussian diet, where Virchow hurled his condemnatory vote at us, was friendly and kind, so that we may even hope for official co-operation in founding a homœopathic hospital in Berlin. But before proceeding to this it was thought best to seize the opportunity offered of establishing a homœopathic division in a hospital already in existence. The negotiations for this are

still being conducted. By a numerously signed petition of workingmen, who complained of the medical compulsion caused by the sick-funds, and asked for the admission both of homœopathic physicians and for those practicing the natural method, our cause has also been advanced. We may also call it an important gain, that in future there is a prospect, that when homœopathic relations are discussed in court homœopathic experts are to be consulted. With respect to science, the therapy of the curative serum, which Prof. Duering has expressly acknowledged as belonging to Homœopathy, has somewhat thinned the dividing partition between the two schools. Prof. Oswald's treatise on the other hand has experimentally proved in a manifest manner the usefulness of our Pharmacotechnique, and the creation of a *Homœopathic Pharmacopœia for the universal German Empire*, for which purpose a commission of pharmacutists, physicians and of professors acquainted with the homœopathic materia medica has just been convoked, will surely contribute to give a sure foundation to our position. On our own side the speaker mentioned the propaganda to be organized by the Berlin society of homœopathic physicians by means of the pamphlet discussed at yesterday's session and by means of a printing bureau, and, what is to be valued still more highly, the further development of our materia medica as now contemplated.

In concluding his address the speaker exhorted all the members of the Central Society to co-operate according to their ability in this work, and especially to preserve an entire harmony, so that we may be prepared to energetically meet all attacks and assaults from without.

### The Provings of *Strophantus*.

After the address of the honorary president had been applauded the subject of the *Proving of Strophantus* was next considered. Dr. Groos, of Magdeburg, who was the "*Referent*" for this subject, was absent, to the general regret. The *Co-rreferent*, Dr. Mattes, had at least sent in a brief Journal of Provings at the last hour; this is found below. The active Dr. Gisevius, Jr, stepped first into the breach with a five days' proving of the remedy by himself, which has this characteristic feature that the pulse was measured by means of the sphygmograph and graphically presented in curves.

Dr. Gisevius, on the first day, took five drops of the tincture

and quickly increased the daily dose even to 80 drops a day. The effect showed itself in a violent, tumultuary action of the heart, with concussive impulses of its tip which became at last even visible through the clothes worn. Correspondingly with this, the curve of the sphygmograph showed a rapidly ascending apex of the systole, with strongly developed elevations both of elastic and of reciprocal impulse on the diastolic apex. At the same time the pulse was retarded from 64 to 72. On the 3d day there already appeared a diminution of the heart's activity; the pulse became irregular, small; the curve showed a mingling of the several constituents; the strong doses caused the systolic elevation to sink below the normal, while the decreasing portion of the curve ran off, falling indistinctly but quickly; the whole curves showed an undulating transitional course. \* \* \*

In the beginning the prover felt a *pulsation* in the *head* and in the *heart*, which soon passed over into a lively perception of the action of the heart, then a *pressive sensation of anguish, tendency to deep respiration, an irritable humor, heavy dreams, pressure in the hepatic region.* *Spontaneously*, and also in answer to *external pressure*, there was perceived a constant *pressive pain in the middle of the third rib on the right side, on its anterior half*; then, also, *itching and stitches* in both of the feet. During his noon nap, a sensation as if he was being lifted up from his couch. There were *frequent diarrhœas, with violent colic pains*, but still a *good appetite.* *The intense palpitation of the heart*, after comparatively slight exertions, remained for several days afterward. In spite of the meagreness of this results, Dr. Gisevius thinks that he can draw his conclusion, that by large doses of *Strophantus* we may cause a weakening of the heart's action in sound persons, while this same state may be successfully combatted in patients by small but still substantial doses, *i. e.*, 1st decimal dilution.

The reporter would remark that the retardation of the pulse through *Strophantus* has been also experienced by other provers on healthy persons; but the reports disagree as to its effect on the pressure of the blood. One author asserts that it has little or but slight effect on the blood vessels, while *Digitalis* effects a contraction of the blood-vessels with increased pressure. Dr. Moir, physician in the homœopathic hospital in London, has seen good effects from *Strophantus* in stenosis and insufficiency of the aorta, when the compensation is lacking or disturbed; so,

also, in fatty degeneration of the heart, where it frequently relieves the palpitation and the dyspnœa; so, also, in dilatation of the heart, in consequence of senile degeneration, with irregular action of the heart. While in the latter case he considers small doses, 3 times a day 2 drops, when given for some time, as sufficient, in more acute cases with those suffering from heart troubles he thinks that 5-10 drops are called for. [? Reporter]—We are of the opinion that our colleague, Gisevius, through the prolonged use of such enormous doses as he took, would very probably have artificially produced a heart trouble in himself.

Sulzer advises that in weakness of the heart *Strophantus* should be given for some time in small doses.

Schlegel has been able to cure, even with the 30 dilution, the gastric symptoms appearing in adynamic heart troubles, as well as the attendant diarrhœa.

Schnuetgen has perceived in his own case, after taking 15 drops of the mother tincture daily, a dulling of the sense of taste, as well as a constrictive sensation in the œsophagus; he thinks that the remedy acts upon the glosso pharyngens.

Schlegel observes, that also in other heart remedies, like *Veratrum* and *Spigelia*, a dulling of the senses of smell and taste are found, and these remedies have proved of practical use where such symptoms were present.

Gisevius, Jr., could not notice any change in the sense of taste in himself, his appetite remained good; he gives as much value to the subjective symptoms as to the objective; thus the repeated sensation of pressure in the third rib on the right side, as well as the pressure in the cardiac region, is significant. That these symptoms are connected with changes in the circulation was clearly apparent from the sphygmograms.

Von Sick has seen good results from *Strophantus*, giving several drops a day in cases of the advanced stage of heart-trouble when the action of the heart is threatened with paralysis and asthmatic troubles do not permit the patient to sleep, especially when there is also catarrh of the stomach, diarrhœic evacuations with irritation of the rectum.

Schnuetgen is of opinion that *Strophantus* acts especially on the muscles of the heart, with increased pressure of the blood, in retarded action, with hard pulse.

Kroener called attention to the fact that in *Strophantus*, as in other heart remedies, we have to heed Hale's law—namely, that if we desire to make use of the stimulating effects of the remedy,

thus with patients afflicted with heart-trouble with debilitated heart-action, small, intermittent pulse, sclerosis of the arteries—stronger doses are indicated; but if the depressive action is desired, in increased motion of the heart, slow pulse, then doses in higher potencies are called for.

Mossa is of opinion that since in so many remedies it is difficult to establish what are the primary and what the secondary effects (effects and after-effects), and they frequently pass over into each other (Hahnemann's alternating effects), it is best to view the total medicinal effect of a remedy as one peculiar artificial disease, and thence to make therapeutic use of this disease. If, therefore, doses of medium strength be selected, effects in both directions of the action of the remedy (on the primary as well as the secondary side of its action) may be secured.

Von Sick agreed with this and pointed to *Opium*, which in small doses acts as a stimulant, but in large doses is able to produce a deep depression even from the beginning. What can be signified by the alternate action of and the same remedy, but that the same irritation may produce in different individuals different reactions?

Kranz, in addition, pointed to the effects of *Baryta* and its salts in heart-affections, as deduced by English physicians, as well from experiments as from its use in diseases.

Schlegel emphasized the fact that also in affections of the heart we must allow ourselves to be guided by the complex of the symptoms; Mossa gives as proof of this the fact that patients who get palpitation of the heart when lying on the left side had frequently been benefited by *Baryta carb.*, when the constitution of the patient agrees also in other points with the genius of this remedy. That symptom comes out plainly in Hahnemann's proving.

This concluded the discussion concerning *Strophantus*, and Dr. Schwarz, of Baden-Baden, now delivered his address on renal gravel. Since the speaker had himself suffered for years from this severely painful *crux ægrotorum et medicorum*, and has endeavored his best to study and, if possible, to heal this ailment in all its forms and varieties, his opinion is entitled to much weight. We shall present his communication, rich in the stores of experience, at some other times to the readers of this paper, in the words of the author himself, and will here merely report the discussion which followed the reading of the paper.

Schlegel remarked that the waters and wines from the River Neckar seem to have an action in opposing the formation of uric acid. He adduced as a popular remedy, of good repute in the formation of uric acid gravel, *Polygonum aviculare*.

Leeser thought that the therapy given by the reader of the address, which mostly refers to dietetic measures, seemed to him more palliative than curative. In renal colic he had had the best success from *Belladonna* in high potencies; this remedy might even cut short an attack and would prevent an early recurrence of it; while *Morphine* in a recent case might, indeed, alleviate the pain, but there would usually be seen an early recurrence of the disease.

Schwarz (Baden-Baden) replied to this that if the cause of the morbid formation of uric acid should, as he supposed, be found in faulty nutrition, then the ordering of the diet, which took hold of the root of the disease, would surely be more than palliative, yea, it was bound to be really curative.

Mossa called the attention of his colleagues to the successful treatment, not only by homœopaths, but also by practitioners of the old school, of lithiasis from uric acid, oxalic acid, and phosphoric acid and the ailments consequent thereon, by means of *acids*. There is here a violation of Galen's law of curing opposites by opposites; though this law is still, indeed, followed by the plurality of physicians who even to this day treat those conditions with alkalis. By this latter treatment a temporary palliative alleviation of lithiasis and its symptoms may, indeed, be effected, but the use of alkalies prolonged too far ceases altogether to be curative, since *e. g.* the uric acid diathesis may be changed into diathesis of phosphoric acid.

Dr. Kidd reports in his interesting work on "The Laws of Therapeutics" that he, guided by the law of *similia similibus*, had had excellent results in gravel consisting of uric acid by using nitric acid (*Acid nitricum* dilutum, 5-10 drops in half a tumberful of water, three times a day). Not only the pains and the gastric disturbances had yielded to this remedy, but the formation of uric acid was checked. The physiological effect of  $\text{NO}^5$  shows, indeed, in its primary effect and increase in the quantity of urine, which later on gives way to a diminution of the same and a more copious excretion of the urates, the phosphates and the uroxanthias. In the proving of *Nitric acid*, published in this journal, there was manifestly an excretion of oxalates, and the symptoms observed with it also correspond, generally, to the total image presented

by oxaluria. Benecke even a long time ago applied mineral acids in this ailment, and it was an observation most interesting to him that one of the symptoms which quite frequently accompanies the abnormal production of oxalic acid, namely a *sour taste* and *sour eructations*, finds no better remedy than mineral acids; while on the other hand the prolonged use of alkalies, especially in the forms of carbonates, manifestly produces those very symptoms. But acids have also been found effective in phosphaturia. The speaker thought that if the effect of acids, especially of  $\text{NO}^5$ , in this severely afflicting disease of lithiasis, should be authenticated by experiments perhaps also in minimal doses, this would prove a great triumph for the law of similars.

Gœhrum mentioned on the other-hand that also the triturations of renal stones of uric acid [*Renal calculi*] had been successful in curing the uric diathesis and uric renal sand, thus by means of isopathy.

Windelband had experienced the best effects so far from *Magnesia boracitica*.

That temporary rinsing of the urinary organs is useful was granted by several parties, and in this respect the mineral springs at Baden-Baden, Wissbaden and the Kronenquelle (or Wildungen) at Salzbrum were acknowledged as being of nearly equal value.

Veit made mention in this respect also of *Glycerin*, and remarked that Dr. Sauer, in Breslan, had found *Argentum nitricum* useful in his own case in renal colic. It could not be determined whether the water of Lindhorst, containing *Piperacin* and *Lithium carbonicum*, thereby deserves any preference. With respect to the Mineral Springs, Dr. Schwarz gives the preference in the case of patients sick from renal stones to the *warm* springs. But Dr. von Sick, in concluding the debate, emphasized, that clinic experience teaches us to individualize as much as possible and also to use remedies which seem to be contra-indicated *cum grano salis* to the benefit of our patients. So it is correct to say that cold baths do not in general seem to be indicated in patients with renal stones and gout; nevertheless, it would be advisable in many cases to recommend cold baths to patients not too severely afflicted with gout, in order to liberate them from their frequently very pronounced tendency to catch colds.

After this the themes for next year's congress of the Central Society were settled upon. No theme from the *Materia Medica*

was however fixed upon, but *Strophantus* was still left on the list. In pathology, however, the gallstone disease was selected, and Dr. Kranz announced himself as ready to prepare a paper on it. Interesting as Dr. Schwarz's paper proved, he had not given us, as we had expected, some well-rounded clinical cases. It is these which really give us for our practice the most important points. But we are also much obliged to the readers of the addresses for what they have given us.

The scientific part of the programme was followed by the social part—the finely decorated tables in the great hall of the Railroad Restauration at Potsdam, were duly appreciated; the ladies here formed a gladsome adornment, rejoicing both eyes and heart. The reporter had here the additional pleasure of seeing two homœopathic colleagues from his earlier days in Bromberg in close proximity. "When cheerful talk accompanies it, then work proceeds right cheerily." These words of our great poet also applies to the truly enjoyable activities of the banqueting hall. Dr. Windelband began the series of speeches with a toast to our Emperor Wilhelm II., whose reign, preserving peace with a firm hand, permits us to devote ourselves to the culture and development of our healing art. Then our Supreme Medical Counselor Von Sick praised our Master Hahnemann, the man who, by applying pure experiments to the healthy, has given to our healing art a safe and sure foundation. Dr. Mossa offered a friendly greeting to his colleagues in Berlin who are endeavoring to give an impulse to Homœopathy through their energetic activity, and have caused a flood tide which is destined to spread its blessed influences all over Germany.

Dr. Gisevius, Sr., gave a toast to the prosperity of Homœopathy that it may overcome all obstacles. Dr. Gisevius, Jr., followed with a toast to the Executive Committee of the Central Union.

Dr. Schnuetgen in a humorous toast addressed the ladies, in whose name Dr. Kranz replied. Steinmetz expressed the thanks of the society to Dr. Kroener, as resident physician and arranger of the festival in Potsdam, and to the two honored cantatrices who accompanied by Dr. Kroener had delighted the company with glorious songs and had thus joined the beauties of art with the other enjoyments.

Dr. Kroener, who had proved himself a virtuoso in accompanying the lady singers on the piano, gave to these ladies in

poetic form the thanks of the company for their performances and made also grateful mention of the merits of our treasurer.

Dr. Weidner gave a toast to Commercial Counselor Dr. Willmar Schwabe, whose merits he duly extolled. Dr. Schwabe replied that he rejoiced over the prevailing harmony, and hoped that our era of storm and trouble was now past

The collection taken up as usually by several ladies in favor of the Widows' Fund showed a total of 256 marks, and we herewith renew our thanks to the honored collectors and donors.

The reporter is sorry to say that the sterling speeches made lose their fresh fragrance in his brief objective report.

We are sorry that we cannot give a report of the pleasant excursion on the Havel, as we were prevented from joining in it. But from our youth we well remember the glories there diffused over land and river, and we feel impelled to give our hearty thanks to our colleagues in Berlin for all the trouble and care expended to beautify our meeting.

While on entering the meeting we still felt saddened over the loss through death of a number of our distinguished men, among whom we would make especial mention of Dr. Kunkel, a master in knowledge and in art, we left Berlin with the comforting assurance that the old stock of our beloved Homœopathy is sending forth vigorous and prosperous shoots which promise good things in the time to come. Besides the task of spreading our therapy its deeper culture and development must never be forgotten. Work, earnest, self sacrificing work should ever be our glorious motto.

DR. MOSSA.

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## PROVINGS OF STROPHANTUS.

By Dr. Matthes, Ravensburg.

Translated for the HOMŒOPATHIC RECORDER from the *Leipz. Pop. Z. fuer Hom.*, Sept., 1897.

### I PROVING.

*Mother tincture 10, drops*: Taken one hour after breakfast. A quarter of an hour later burning in the throat and the œsophagus, down into the stomach, compelling him to empty swallowing; some vertigo. One half hour after taking the medicine a distinct stitching and restlessness toward the apex of the heart, increase in the impulse of the apex, with a peculiar pulsation

and twitching throughout the whole of the body. One hour after taking the medicine, rumbling in the abdomen, and pinching about the umbilicus, as if precursors to an evacuation. One and a half hours after the dose, stitches in the left temple, and later on, in the right, as well as stitches in the right nipple. Two hours after the dose hiccough, hand hot, twitches through the whole of the head and stitches in the right renal and hepatic regions. The wave of the pulse is weak, less full (than in the normal condition), quicker, and again retarded, alternately, fluctuating between 75 and 84; in  $\frac{1}{6}$  of a minute 10, then again 16 beats, later, after  $\frac{1}{2}$  hour the pulse is regular, quick 80-84, less full. Three hours after the dose stool with some tenesmus and burning in the anus; shooting pains in the right hypochondrium, the pulse becomes slower, 54-60 beats, very full and tense. The pulsation in the body diminishes.

## II PROVING.

In the morning, fasting, 10 drops of the 2 dilution. One hour after the dose the pulse is 60-66 instead of 72, which is the normal; dryness of the tongue and the fauces; heaviness and the forearm and the fingers, then the same pains in the left hip joint extending into drawing twitches in the top of the left shoulder, extending into the joints of the foot, which is quite painful when moved; the dorsum of the foot is painful and tense; waving and twitching in the whole of the head, stitches in the left temple, later in the right.

Slight stitches and twitches in the region of the impulse of the apex of the heart, though the impulse is not particularly stronger. Two hours after the dose the pulse is 80-84, but not particularly full. Stitches in the right hypochondrium, extending into the renal region, eructation and hiccough, restlessness and twitches in the stomach, an undulating sensation in the head and in the whole of the body, griping in the abdomen, stitches in the left side of the abdomen, corresponding to the *Flexura sigmoidea*; burning in the anus, also burning in the stomach and the throat, down through the œsophagus. Two and a half hours after the dose the impulse of the apex is somewhat increased. Three and a half hours after the dose the pulse is again 72 pretty full; twitching pains in the occiput.

Large doses in the beginning quicken the pulse, and they depress it later on; small doses act in the opposite manner. *Strophantus* manifestly acts on the left side of the heart, on the

arterial vascular system, on the ganglia of the heart, and on the sympatheticus.

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## WAIT FOR THE AFTER-EFFECTS.

A. Paasch in Hamburg.

Translated for the HOMŒOPATHIC RECORDER from "Willst du gesund werden?" August, 1897.

Being called on October 1, 1894, to a severe case in W. in Mecklenburg I found there a woman 46 years old and found out the following: Formerly she had been corpulent and quite healthy, but about a year before she had the jaundice and had remained an invalid ever since. Gradually the case kept getting worse, in spite of medical (allopathic) treatment. Lately a Privy Counselor had yet been called from the nearest country town, who after a close examination advised the husband in the following manner: "This is a case of cancer of the liver and pulmonic consumption, the case is quite hopeless! Quietly keep your present physician, for the patient cannot hold out much longer."

This was a very comfortable statement for the husband, was it not? but it was also a good thing for me, if Homœopathy as the last sheet anchor should succeed in disproving this oracular dictum. An examination showed a severe swelling of the liver. I could not discover any knots on its surface, and there was mucous rattling in the left lung. Besides this a *severe* emaciation of the whole body, a dirty yellowish complexion and a similiar color in the sclerotic coat of the eye, a short, dry cough, by which during the day with much effort a little mucous was expectorated, but this was impossible at night. The sleep was very restless and often disturbed by the cough, and by stitching pressive pains in the left side of the chest, causing dyspnœa, improved by change of position. She lay on her back; *the bed was too hot, she had too seek cooler places for her body, often turned the pillow over because it was too hot, and put out her hot feet from the cover.* Stool too light in color, hard and dry. Extraordinary excitement of mind. In the evening, fever; *first a dry heat, then a chill with thirst* and sensation as of swooning. The appetite was quite gone, a bitter taste, especial distaste to sweets and to fat food, with a desire for sour food. It was reported that of late there had been a number of attacks of gall-

stone colic, but this could not be determined with certainty. The patient feels worst in the evening and at night.

When I looked at the patient after having learned all these symptoms, although *Sulphur* seemed to correspond to the image as a whole, I was still in doubt whether a high potency (the only thing that could here be thought of) might yet be of any use; for the patient made the impression as if her end could not be far distant, and if the Privy Counselor was correct as to the cancer of the liver all medicine would probably be in vain. In any case I would have to be very sure before doing anything that the medicine I should give would be the similimum. I therefore departed without giving a prescription and promised to send medicine from home, in order to have time for meditation and have a chance to look over my Bœnninghausen before prescribing.

I found that for the present *Sulphur* was alone indicated, and I sent on the same day *Sulphur* 30, three powders of the medicine and three with sugar of milk, directing that one should be given every day, dissolved in water, a teaspoonful at a time.

On the 9th of October the appetite and stool had improved. Prescription: Sugar of milk. On the 22d of October the general state was somewhat improved, but the cough rather worse than better. Prescription: *Kali carb.* 30, one powder, then sugar of milk. On the 31st of October also the cough seems to improve. Besides the improved state of mind, the general state of health seems to be gradually mending. Prescription: Sugar of milk. On the 11th of November the patient again complains of lack of appetite and pain in the region of the liver, but I did not change but continued the sugar of milk. On the 24th of November I gave a dose of *Carbo veg.*, D. 6, on account of retention of flatus; then on the 13th of December, as no progress was shown, I prescribed for several days *Carduus marianus*, D. 6, twice a day, and then another dose of *Sulphur* 30, after which the general improvement proceeded again more quickly.

As the cough still continued, which other things were almost normal, I gave her, on January 5, three powders of *Chamomilla* 30, then again sugar of milk. In 8 days the cough also disappeared and her state of mind was again cheerful, as the patient had been before her disease. On account of the feeling of weariness which still remained I gave her, on January 23d, a few doses of *China* 30, and could dismiss the patient as cured.

Our grand curative method had triumphed!

Can the honored reader sympathize with my joy caused by this victory? And should we believe in the diagnosis of the Privy Counselor? *By no means.* The liver and the lungs were, indeed, both diseased, and the double disease had reduced the patient to such a low state; but there was probably no question of cancer, and as to the lungs, we might say there was a severe catarrh but no formation of tubercles or cavities, as I could not find any such despite of my most careful investigations. I hardly believe, however, that this great oracle of science could have been mistaken, but he gave merely a diagnosis of perplexity, since there seemed to be no effective remedy the worst had to be given out to the relatives.

That *Sulphur* was the chief remedy in this case I have no doubt, and if I had given *Chamomilla* at first beside the *Sulphur* the cough would surely not have lasted so long. Be this as it may, a life had been saved and the lady is now in perfect health, as I could see last year on the occasion of a second journey there.

This case converted many inhabitants of this small town to Homœopathy, for it was too striking a proof for our glorious curative method. At the time when I made my first visit with the patient, four of her relatives accompanied me to the depot to hear my opinion, *and to reprove (!) me that I had not saved the man the expense, as every one could see that the woman could not recover.* Now these people are the most zealous defenders of Homœopathy, for they thought that in this case it had performed almost a miracle. The miracle consisted in this case, in my opinion, only in a close imitation of our great master, who advised us to wait for aftereffects.

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## CALCAREÆ—CHILDREN.

By Dr. Kiefer, in Nuremberg.

Translated for the HOMŒOPATHIC RECORDER from *Hom. Monatsblätter*, August, 1897.

Who does not know these unfortunate children with pale, waxy appearance, light-blond hair or with rich, shining dark hair, distended abdomen and a morbid relaxed deposit of fat, or again, much emaciated, the hands always moist with perspiration or burning with a dry heat; tired, sensitive, inclined to cry, ill-humored, desirous of going to bed, or with the face turned aside

on the arm of the mother ; children who never show the never-resting, sportive mobility, the bright, joyous shout, which coming from the mouth of fresh, blooming, rosy children delights parents and the lovers of children. All such children, whether scrofulous, rhachitic, dyscratic or dyspeptic, those that teeth hard, children with convulsions, and even epileptic children come into the sphere of carbonate of lime. All *Calcareæ* children have in common the lack of exuberant full strength, all suffer from a faulty composition of the blood and the juices and thence a deficient development of the tissues. In the most pronounced cases this deficiency is so decided that the consciousness of their weakness and decrepitude in comparison with their more fortunate companions causes the prick of discontent to descend even on their childish minds, and impresses upon them the stamp of melancholy.

“Mamma, when I shall be well again won't I be as pretty as Robert, and have red cheeks like his ?” was the touching question asked of his mother by one of my three-year-old patients who has had but few gladsome hours owing to suppurations of the bones and glands and the much dreaded surgical bandages. This question afforded an insight into the mind of the child in which sickness and misery had only too early awakened and nourished a jealous scrutiny of the fact that the pleasures of life are but unequally apportioned among the fleeting race of men.

But we need not despair at the sight of such poor mortals ; we can succeed in wresting full many a one from the grasp of invalidism and of death by a mild, patient treatment, steadily giving an attentive consideration to their changing requirements. Many a one is indebted to a rightly selected remedy for the recovery of his health. Such remedies are plentifully provided in our *materia medica*, and *Calcareæ carbonica* approves itself in such cases as a potent medicine.

Hahnemann prepared his efficacious remedy from oyster-shells ; later on, preparations from corals, mother-of-pearl, egg-shells, etc , have been used ; but at the present time chemically pure *Calcareæ carbonica* is used in preference. I do not, however, ever now use the latter preparation, *but only the Hahnemannian oyster shells, Testæ ostreæ edulis* ; these contain besides the carbonate of lime also phosphate of lime, silica and organic substances in minute quantities, and besides this this lime shows different magnetic properties, which of themselves, according to my conviction, may cause a different therapeutic effect, as may be con-

cluded sufficiently from the curative effects of certain mineral waters (Wildwasser) as contrasted with that of common water.

Concerning the action of *Calcarea carbonica*, a few cases from actual practice will best illustrate.

K. E., a boy of three years, with light hair, came under my treatment, complaining of diarrhoea and cough, which have continued for over a year. The stool comes daily from eight to ten times, pappy, ill-smelling and containing remains of undigested food. The child complains of constant crawling in the rectum. The urine is turbid and diminished in quantity. Before the child fell sick he was bright, wide awake, always running about, now he can hardly stand up. Since a year his parents have not dared to give him milk as nourishment, but have relied on gruel, Children's Foods, wine (the inevitable tokay), etc. With the exception of some transitory periods of amelioration, the child has steadily declined, and the whole of his body is now much emaciated. His lungs show bronchial catarrh. His skin is hot and dry; there is violent thirst. In the evening, after a previous increase of heat, there is usually a copious perspiration, mostly on the head, but sometimes also on the legs; but hardly ever all over the body. The face is pale, the muscles show deficient development. The child is tired, nervous, inclined to cry, will not touch its toys; any strange face at once excites weeping and great restlessness.

The patient was given the 6th trituration of *Calcarea carbonica*, dry, every day, early in the morning before breakfast, as much as will lie on the point of a knife. If a burning heat appears in the course of the day over the body he is to have a quick, cold ablution. His only food is milk, mixed with Lahmann's Vegetable Milk; this, despite of the protest of the parents, who cannot conceive that a child with diarrhoea should be able to stand milk. The result was manifest. The milk agrees with the child, the diarrhoea is at once diminished, and after three days a normal stool appears instead of it. Only the bronchial catarrh is stubborn; for two or three weeks the child now and then has days in which he coughs violently; on such days some perspiration appears in the evening. All this time, however, the improvement in the general health is manifest. The child desires much food, it can now also eat wheat-bread and even meat that is easily digested. His skin has a fresh appearance, the muscles are more solid, after five weeks the patient plays with

his playmates in the yard, and also the bronchial catarrh diminishes slowly but surely.

E. M., a little girl, one year old, fat, bloated, with fair hair; the child has much trouble teething. When it is in good health, the child is quiet and good and rarely cries. The formation of the bones is very defective, the ends of the joints are thickened, the large fontanel is wide open as yet. The child is pale, very anæmic; when it is taken on the arm, her heart beats violently; it has had various attacks of spasm of the glottis. Just now the first four molars are about to come through; the infant has fever, is restless and ill-humored. Eight days later a catarrhal pneumonia on the right side appears and a fatal issue is threatened. This is immediately followed by suppuration of the right middle ear, which passes off quickly. Finally a tooth has come through, the child is now free from fever, but is very weak.

*Calcareæ carb.* 6 trituration, as much as will lie on the point of a knife, is given at first daily, later on every two or three days, with careful nursing and dieting. Every additional tooth brings, indeed, some fever and indisposition, but no severer symptoms, and the child, now  $2\frac{1}{2}$  years old, has become a relatively bright and strong little girl.

Miss M., fourteen years old, has been under my treatment for eight years. When she came under my treatment the physician had left her, saying that nothing more could be done for her, she was bound to die in a few days. I found the child excessively emaciated, with fever, and, as to its disposition, a real calcareæ child. Her hair was dark, the face pale, emaciated, with a feverish lustre in her eyes. On the neck, the throat, the chest, the back and under the arms, everywhere numerous glandular suppurations, extending copious, thin matter; an image of wretchedness.

*Calcareæ carbonica* 3 trit. every morning and evening, as much as would lie on the point of a knife; painstaking cleanliness, the best possible nutrition, but a diet without stimulants of any kind. The child recovered in a few weeks to the astonishment of her relatives. She still receives *Calcareæ* 30 at intervals. The glands are mostly cured, one or another still suppurates but not as much. During the eight years I have noticed every spring an aggravation of the symptoms; various scrofulous inflammations of the eyes, suppuration of the right tibia; scrofulous cutaneous eruptions of great extension, all of these afflicted her in succession. These changing symptoms also frequently

called for change of the remedies. Nevertheless the violence and extent of the disease gradually decreased more and more under the influence of high potencies, and now, having arrived at the age of fourteen years, the girl is not, indeed, as healthy and blooming as her companions, but her health is satisfactory and her intellect active; she rarely needs a physician, and is about to extend the knowledge acquired in school, and she will doubtless be able to fill her position in a mercantile house to satisfaction.

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## BOOK NOTICES AND GOSSIP.

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**A Text-Book of the Practice of Medicine.** By James M. Anders, M. D., Ph. D., LL. D. Professor of the Practice of Medicine and of Clinical Medicine in the Medico-Chirurgical College, Philadelphia. Illustrated. 1287 pages, 8vo. Cloth, \$5.50; half morocco or sheep, \$6.50. Philadelphia: W. B. Saunders. 1898.

This new candidate for favor among "practices" is gotten up in the usual good style that characterizes all of Mr. Saunders, works. As for the text we quote from the author's Preface: "This work is meant to introduce the student to the present state of our knowledge of the practice of medicine in general and of the diagnosis, differential diagnosis, and treatment of disease in particular. \* \* \* The differential diagnosis has in many instances been tabulated—an ear mark that I confidently believe will be found especially helpful. It may be stated that not less than fifty-six diagnostic tables are scattered throughout the work, and that by far the greater number of these are my own." Ten pages are devoted to scarlet fever; Acetanelid is recommended for younger and phenacetin, combined with quinin, in capsules, for older children; if bowels are torpid the foregoing remedies with small doses of calomel and soda. Of anti-toxin the author says: "This has now passed beyond the stage of uncertainty and experimentation, and must be regarded as one of the most positive advances made in practical medicine." "Internal medication (in diphtheria) should be avoided until absolutely necessary." In penumonia practically no internal remedy is recommended, "fortunately internal antipyretics for the purpose of combatting high temperature are not so largely used at the present day as formerly." In gripe: "In all cases

of influenza I prescribe moderate doses of quinin;" in severe forms "especially must quinin be given in full doses." These few specimens will give the reader an idea of the medical treatment recommended in this the latest work on the practice of modern medicine; and from what we can glean from a hasty run through its pages "modern" medicine and Homœopathy are more widely apart than at any time in history. In all that pertains to practice they may go hand in hand but when it comes to therapeutics they take opposite directions. Here and there it seems as though Dr. Anders looks to serum for the therapeutics of the future, but never, so far as we have seen, to old fashioned medicine, and the drugs that are the mainstays of the physician prescribing homœopathically are conspicuous by their absence from his pages. There is certainly no meeting of the "schools" evidence in this book, and the optimistic homœopath who thinks it is coming about might as well make up his mind that the only way it can ever happen is by the extinction of one or the other. They cannot mix--though that indisputable fact is no reason why they should fight.

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**A Repertory to the Cyclopædia of Drug Pathogenesis**, compiled by Richard Hughes, M. D. Part I. Introduction, Nervous System, Head. 96 pages, 8vo. Paper cover. London. E. Gould & Son. New York: Boericke & Tafel. 1897.

Dr. Hughes has worked on this repertory since 1892, and the medical profession should be grateful to the student and scholar who has contributed his time and labor for their benefit. We cannot undertake to give the plan of the repertory beyond the general statement that it is a clear and compact *index* to the homœopathic materia medica. It will probably be completed in three more numbers, making four in all.

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**Principles of Medicine.** Designed for use as a Text-book in Medical Colleges and for consideration by practitioners generally. By Charles S. Mack, M. D. 133 pages, 12mo. Cloth. \$1.00. Chicago: W. T. Keener Co. 1897.

"I am careful," writes the author (page 16) "to call *similia similibus curantur* a *law* and not a *rule*. Men make rules, but a law of nature is not man-made and exists in the very nature of

things; such a law I believe *similia similibus curantur* to be." Taken as a whole, the book is sound and clear, but there is one paragraph that seems to mar it on page 85; "I do not use the *Organon* as a text-book. I think one can better teach Homœopathy without the *Organon* as a text-book than with it."

Which reminds one of a clergyman asserting that he can teach Christianity better without the New Testament than with it. It may be that Dr. Mack does not intend to condemn the book that has always been regarded as the corner-stone of Homœopathy, but that he seems to be shown by the fact that one of the old school journals in its notice of the book mentions this *apparent* condemnation of the *Organon* as a sign of the times, which is doubtless an injustice to Dr. Mack.

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**Essentials of Bacteriology.** Being a Concise and Systematic Introduction to the Study of Micro-organisms for the Use of Students and Practitioners. With eighty-one illustrations, some in colors, and five plates. Third edition, revised. By M. V. Ball, M. D., Bacteriologist to St. Agnes' Hospital, Philadelphia. 218 pages. Cloth, \$1.00. Philadelphia: W. B. Saunders. 1897.

A compact, complete and up to date book on bacteriology and the latest.

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**Pathological Technique.** A Practical Manual for the Pathological Laboratory. By Frank Burr Mallory, A. M., M. D., of Harvard University Medical School, and James Homer Wright, A. M., M. D., of the Massachusetts General Hospital. With 105 Illustrations. 397 pages. 8vo. Cloth, \$2.50. Philadelphia: W. B. Saunders. 1897.

A text-book for the pathological laboratory for beginners and for old practitioners, well printed, well illustrated and the latest out; any one wanting a book on the subject will probably find this one the most satisfactory.

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**True to Themselves.** A Physiological Study by Alexander J. C. Skene, M. D., LL. D. F. Tennison Neely, publisher, New York. 1897. Price, \$1.25.

We should be very glad to be able to commend this story or novel, but cannot.

IN the *Medical Summary* of October, 1897, under the heading "What Next," a Tennessee doctor tells of a case under his care. The case is of fifteen years' standing and has "run the gauntlet;" the doctor who has her now has put her through pessaries, tents, "swabbing" the uterine cavity, has "turned loose with electricity" on her, to say nothing of alteratives, nervines, tonics, diuretics, purgatives, sedatives and stimulants, and now asks "what next." We would prescribe a careful reading of Burnett's "Organ Diseases of Women" for the doctor. It was written for such cases and such doctors and will benefit both.

ANOTHER of our journals almost simultaneously with the *Southern* has changed its name, the erstwhile *Denver Journal of Homœopathy* is now *The Critique*, having assumed the latter title in its October issue. This is what editor Smythe has to say of the change:

"What's in a name?" Little more than the letters which compose it.

With this issue we abandon the old name and adopt a new one, not because the latter is any better than the former, but simply because the old name was so nearly identical with that of several other journals in our school that the new management thought it wise to use one as little like any other as possible. "*Critique*" has no other significance to us than as a name which shall be distinctly our own.

Although no longer to be known as "*The Denver Journal of Homœopathy*," it will not be any the less a homœopathic Journal. It shall be our aim now, as heretofore, to chronicle the doings and sayings of the Western and Inter-Mountain profession. During the last four years great things have occurred in this territory. Homœopathy has had a boom, and this Journal modestly assumes that it has been a leading factor in advancing the good work. The change of title involves no change of policy or purpose. We are for Homœopathy and all that the name implies. Fearless and candid in criticism, we shall endeavor to be just and fair to all.

DR. BIDDLE'S recently published little missionary, *Answers to Questions Concerning Homœopathy* seems to be just what was needed. The *Medical Visitor* says of it:

"In the forceful form of questions and answers this pamphlet seeks to teach, expound and spread around the principles of homœopathy. Every homœopathic physician, who practices his art faithfully and who has confidence in it, is more or less of a missionary. It is right that he should be. Pamphlets like this furnish such with useful literature to spread among his patients and among his acquaintances who are not his patients.

It spreads the truth, it makes proselytes, it helps business, it downs the allopath. You can get a hundred of them for \$4.00. Do it and let your neighbors share them, a certain per cent. will experience a change of heart and become favorable to our school."

The third thousand has already been published, but to help to still further widen the circle of readers the publishers announce that they will hereafter sell the pamphlet at the following reduced rates :

100 Copies	\$3.00.
200     "	\$4.00.

It is a 24 page pamphlet printed on fine paper and it will do good work among the people wherever it is circulated. Such words as "Presented with compliments of—— —," or "With compliments of—— —," can be printed on the title page for about 75 cents extra, if it is desired.

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DR. FRANK KRAFT, commenting on Hurndall's recently published *Veterinary Homœopathy*, interweaves a little personal reminiscence that contains a good hint for the young practitioner :

"It is really an interesting book, and a chapter read here and there at random proves instructive, not alone, as to the horse but in its intimate relation to the human kind. Mr. Hurndall has given an elegantly prepared book to the profession. We are much pleased with his excellent homœopathic prescriptions, and his faithful adherence to the one remedy. Many a young man going into the country to learn his profession in a practical way, after having seen it done theoretically at the college and surgical hospital for three years, can take no better book with him into this seclusion and grub-period of his existence than this book. He will find that his farmer patients will regard him the more for his knowledge to help out a favorite horse or other animal when the regular D. V. S. is not to be had. A knowledge of so simple a thing (to any medical student) as tying the surgeon's knot may give him a whole family of good patients and their connections, as was the case with this writer. A colt was bleeding profusely at the navel, as we were driving by. On viewing the case we took some strong twine, tied the surgeon's knot, and quickly stilled the hæmorrhage. We got a good chicken dinner at once, and later the whole family and its connections for patients. Mr. Hurndall's book is well-written and partakes in no way of the much horseness of this class of litera-

ture. It is a clean and instructive book, couched in good plain English, and, what is more to the point, is homœopathic to the backbone."

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"Under this somewhat peculiar title (*Organ Diseases of Women*), which might be paraphrased into diseases of the peculiar organs of women, Dr. Compton Burnett has given us one of his interesting and instructive books. He writes always so clearly and so interestingly that if what he has to say were much less worth the saying than what it is we should still read it with pleasure. The keynote of the present work is the amenability of the commoner diseases of women to successful treatment by medicines administered in the ordinary way by the mouth."

"Dr. Burnett has been somewhat severely criticized on account of his falling away from homœopathy toward organopathy (the treatment of organ disease by remedies having specific action upon such organs), which he claims to be a crude kind of homœopathy, and vigorously defends himself in his own inimitable style. We do not intend to try to paint the lily by commending this book, for it requires no commendation. The practitioner who cannot gain something of value from it has no need of books."—*Homœopathic Journal of Obstetrics*.

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"This little book, little in size only, not in importance, comes to us as an old friend in a new dress, having renewed the juvenescence of its youth and gone back to the convenient size of the earlier editions. It is not necessary to commend this book to homœopathic physicians, for not to know "Bell on Diarrhœa" is to admit but scant acquaintance with the best of homœopathic literature, and this book, known wherever Homœopathy has made its way, has been an invaluable aid in the treatment of diarrhœal diseases and become a classic work. To say of a book that it is as good as "Bell on Diarrhœa" is to accord it praise indeed. The present edition has been thoroughly and completely revised, but revision has revealed but few changes to make and no remedies to add or omit, so that it is now as complete as it can well be made, for at least some time to come. What was true in Homœopathy yesterday is true to day and will be to-morrow and for all time, and although fads may come and fads may go, the great principles of Homœopathy are unchanged."—*Hom. Jour. of Obstetrics*.

# Homœopathic Recorder.

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

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NEW subscribers to the HOMŒOPATHIC RECORDER sending in their names before the first of next year will receive the November and December numbers free. Compare the numbers of the RECORDER issued so far in 1897 with the files of any other homœopathic journal of this year and, we think, an impartial critic will admit that it ranks with the best published for broadness and practical value. All papers, free from personalities and of general interest, are welcome to the RECORDER and its readers who equal in number, perhaps, those of any other homœopathic journal. The legend on the title page gives the key to the kind of papers that are especially welcomed, those "devoted to the introduction of new remedies and to advancing our knowledge of the older ones," though others, such as the able paper by Dr. A. B. Norton, on the use of the ophthalmoscope; Dr. Walter's study, "Indications;" Yingling's curious proving, etc., found in this November number, are also equally at home. If the Association has no journal having a prior claim, send your papers to the hospitable pages of the HOMŒOPATHIC RECORDER and thus give the profession in all parts of this country and other countries the benefit of them.

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ATTENTION is called to the review of the new pharmacopœia that appeared in the *Allgemeine Homöopathische Zeitung*, a translation of which is published in this number of the RECORDER. The review very courteously, but very positively, refuses to accept the new work for the reason that it sacrifices essentials for non essentials. Fortunately the book was published so late in the season that no pharmacist could prepare his fresh plant tinctures according to its formulæ this year, so there is time to calmly discuss the matter between now and next spring and,

let us hope, the decision will be for the welfare of Homœopathy.

The *Zeitung* makes the same objection to the new work that the RECORDER made, namely, that those who follow its methods "shall certainly receive preparations *totally different* from those formerly used, which were the preparations that had been made for the purpose of proving;" also, (again in the words of the *Zeitung*), its supporters are "exposing us to the danger of receiving, under the old name, preparations altogether differing from the ones to which we have become accustomed to use at the sick bed." In opposing the adoption of this work the RECORDER is solely influenced by the consideration of the good of Homœopathy, and we have yet to see a single valid or sound reason advanced in defence of the threatened revolution in any journal; indeed, we have yet to see a review of the book which evidences that the reviewer comprehends the book he reviews. They all seem to assume that the American Institute of Homœopathy is back of the revolution (which they *do not* realize) and so they support it. But is the Institute back of the work? When its tendency is fully comprehended by the members of that honorable body we doubt if it will receive much support from them, if any. Without its materia medica and without medicines similar to those by which that materia medica was made Homœopathy is but a word, nothing more.

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THE following letter from our old friend, Dr. Thos. Wildes, late of Kingston, Jamaica, and Nicaragua, but now located at 610 Lexington Ave., New York City, corrects a possible wrong impression that may have been conveyed by the letter from Jamaica, published in the June RECORDER. Those who know Dr. Wildes know that he is the last one to run away from any man.

NEW YORK. October 11, 1897.

Editor of HOMŒOPATHIC RECORDER.

SIR: In your edition of June 15, 1897, is a letter from Jamaica, West Indies, asking for a Homœopathic physician, and adding that "A homœopathic doctor with a New York degree had a large practice in Kingston, but owing to some professional and other indiscretions on his part had to leave the country."

My attention has recently been called to that item by a Canadian who persisted in believing that your correspondent re-

ferred to me, in spite of my statement that I had resigned a Deputy Consulship and other lucrative appointments, together with a fine practice in Jamaica, to go to Nicaragua and accept similar and better appointments, only to find upon arriving there that the alluring offers of the new United States Consul at that point were a delusion and a snare—in other words, that he had lied to me; and also in spite of the fact that I told him I had a host of friends in Jamaica who would gladly welcome me back.

The fact of my residence and practice in Jamaica for five years is well known to the medical profession, *and many* others, hence this explanation. It appears that Dr.———, who is a British subject, and a former Baptist missionary in Jamaica, graduated in New York City in 1894 as a homœopathic physician and went to Jamaica to practice, but left there abruptly about nine months ago.

There is room in Jamaica for five good homœopathic physicians, and I wish they would go. The people will welcome them and they will be a boon to the country, but on account of the selfish and “conservative” attitude of the government they should be Britons and not Americans and thus escape the insidious efforts at prejudiced influence and actions against Americans.

I firmly established Homœopathy throughout the island and made it popular, and through my efforts the Jamaica government passed a law on the 12th of May, 1896, permitting homœopathic physicians with legitimate diplomas to practice in Jamaica without undergoing medical examination.

THOS. WILDES, M. D.

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THE following letter from Dr. A. Bindler, of Davenport, Iowa, to Boericke & Tafel, Chicago, is not without interest:

\* \* \*

MESSRS. BOERICKE & TAFEL, Chicago, Ill.

*Gentlemen:* I have treated two hundred and eighteen cases of diphtheria with your medicines, *Merc. cyan.* 2x and *Merc. biniod* 2x, without the loss of a single case. I have found that the medicines I get from your house give far better results than those I get from others; I think it is on account of the longer trituration it receives. In the treatment of my cases I never use sprays, painting or any other external remedy. I give the

medicines at very short intervals, in serious cases every ten or fifteen minutes. It is a pleasure to me to have such reliable medicines at hand, and I hope you will always keep them at their present high standard. One case that had been treated with antitoxin, and was in a horrible condition, came under my treatment recently. The patient was unconcious and had been for twenty-four hours, tho' starting now and then and very restless. For three days the patient had received injections of antitoxin but without any benefit; he had also received two prescriptions of allopathic medicine and two different gargles, but all in vain, the child steadily growing worse. When I saw the patient about five o'clock in the afternoon I thought there was no hope for the little sufferer and was not inclined to touch the case, but finally consented to do so. I gave the two medicines mentioned above, as I usually do, and in about six hours the child became quiet and recognized his mother again and the next morning he was doing finely; it was a bad, a very bad, case, but the improvement was marked and in two days he was out of danger. Final recovery, however, was very slow and it took three weeks to overcome the heart weakness. Three of this boy's brothers were taken with the same disease, but I treated them from the start with your medicine, which acted splendidly, and they made complete recoveries in about ten days.

My patients and myself are satisfied to do without antitoxin as long as I have such success.

Very truly yours,

A. BINDLER, M. D.

*Davenport, Ia., Oct. 26, 1897.*

The Ladies' Hahnemann Monument Association have sent out the following address, to which we hope the constituency of the RECORDER will give due attention and accord to them an inward vote of thanks (with their remittances), for when the ladies take hold of anything of this nature they always succeed.

TO THE HOMŒOPATHIC PHYSICIANS OF THE UNITED STATES.

BUFFALO, N. Y., 1897.

*Dear Doctor:* The Ladies' Hahnemann Monument Association was formed immediately after the meeting of the American Institution of Homœopathy in this city, at the request of several members.

Our reason for existing is, to raise money wherever Homœopathy is recognized in this country for the completion and erection of the artistic monument to the memory of Samuel Hahnemann, now in the sculptor's hands.

The committee fully realize the responsibility and the immense amount of work devolving upon them to make the movement a success. In addition to the enthusiasm felt for a cause which involves a principle as sacred as it is scientific, the women of Buffalo have been induced to supplement the work already inaugurated by the Homœopathic physicians of our land by the earnest hope that every practitioner of this school of medicine will give his or her hearty support for the speedy accomplishment of this great work. You are cordially requested to assist, especially in three ways :

1st. To send us the name of one or more competent and influential ladies in your city, one of whom will be appointed chairman of a local committee, to raise money in said city or town.

2d. To encourage your patrons to contribute money, however small the amount may be, to this fund.

3d. To contribute without delay to your local fund, if you have not already given to this object, thus setting the example of prompt giving, which will prove beyond a doubt that you appreciate the value and importance of the efforts put forth by the women of the United States for the glory of Homœopathy.

We beg that you will consider favorably these suggestions, for in no other way can we succeed.

We beg to remain,

Yours very truly,

MRS. JOSEPH T. COOK, *President*,  
636 Delaware Ave.

MRS. A. R. WRIGHT, *Treasurer*,  
415 Elmwood Ave.

MRS. WM. C. LETCHWORTH, *Secretary*,  
98 Anderson Place.

MISS ANNA H. FROST, *Asst. Sec'y*.  
157 North Pearl St.

THE following whimsical letter from Dr. Roberts, one of our strong men in Homœopathy, needs no comment:

Editor of HOMŒOPATHIC RECORDER:

I enclose a letter for Dr. —, regarding *Thuja* in sexual emissions, which please forward. I receive so many letters of inquiry from all over the world, I can hardly find time to answer them. The RECORDER must reach out wonderfully. All this came from a short article a few months ago published in the RECORDER, and it has made me a martyr to inquirers. I shall be careful hereafter what I say to your RECORDER man. Yours truly,

CHAS. W. ROBERTS, M. D.

Scranton, Pa., Oct. 21, 1897.

ONE of the curiosities of medical journal clipping is the following: Collinsonia is a plant indigenous to the United States; a New Zealand man wrote a short paper concerning its uses; the

paper was published in a London medical journal; a medical journal in the United States, one of the breed that pilfers all of any value that it publishes, reprinted the paper in question as original matter, and now another London journal copies it from the pilferer, and, being honest, though in error, gives the latter credit. And such is the world of scissordom.

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FROM a copy of the *Topeka Daily Capital*, of September 30, we learn that members of "three great medicine schools" "join hands at last." The report in the *Capital* says:

"The three medical schools are to quit fighting. At any rate that was the sentiment expressed at a meeting of the leading doctors of the three societies—Allopathy, Homœopathy and Eclectic—Tuesday afternoon at the State house. Secretary H. Z. Gill, of the State Board of Health, called a meeting of the three societies at the rooms of the Board for Tuesday afternoon, and a great many of the doctors of the State responded by their presence. They had no idea of the purpose of the meeting, except that the call stated it was for the sole purpose of establishing a more fraternal spirit between the three great schools and aid in some plans for legislation. It is a known fact that this is the first gathering of these schools in the history of Kansas. It is also a known fact that any legislation proposed by one school had been thwarted by another. If the three schools in joint session could unite on some good plan to secure the best medical legislation, much good might be accomplished."

The reporter adds: "The discussion was not allowed to drift into the scientific differences of the three schools, for there would have been no end of discussion if such a thing should be allowed to take place." Medical legislation was the subject the meeting was allowed to discuss. The homœopaths present were Dr. A. M. Hutchinson, Hutchinson; Drs. L. A. Ryder, C. F. Menninger, C. H. Lowry, Topeka; Dr. J. N. Jenney, Salina.

We may hope that good will come of this meeting, but it is a hope with a background of doubt, for the "regulars" and eclectics are hard men to move when assembled in a body; taken individually they are more amenable to "sweetness and light."

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THE Hahnemann Association will hold its Annual Meeting and Banquet, on Thursday evening, November 18, at Delmonico's, New York. The interest of the members, as manifested by the attendance at these meetings is steadily increasing.

The Association invites to its membership all adults, ladies and gentlemen, who are disposed to accord their influence to the advancement of homœopathy. The post-prandial position of the banquet will be under the direction of John C. Coleman, Esq., who will introduce Hon. Lemuel E. Quigg, John Proctor Clark and other eminent speakers.

S. H. VEHS�AGE, M. D., *Cor. Sec.*

## PERSONAL.

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The evolutionary doctrine of the 'survival of the fittest' is rather flattering to those living.

But when we see some who "survive" we gravely doubt the "fittest" theory.

And sometimes arises the pensive thought: What will happen when all in man has been evolved?

For nothing can be evolved from anything that was not previously involuted.

From nothing, nothing can be created, ditto evolved.

Dr. Oscar L. Gumbrecht has removed from Cramer Hill to 139 High street, Mount Holly, N. J.

Dr. C. S. Middleton has succeeded Dr. Grumbrecht at Cramer Hill, N. J.

Dr. S. C. Whitcomb has removed from Galesburg to Farmington, Ill.

If the microscope is to be the limit of Homœopathy, we may as well pull down the flag and relegate our whole literature to the junk shop.

Dr. Chas. W. Stiles has removed from Newburyport to Ashmont, Mass.

The Des Moines Homœopathic Medical Society has passed resolutions strongly condemnatory of the report of Inter-collegiate Committee in the matter of Dunham College.

Speaking is easier than thinking.

Sanitarians say consumption prevails only where cows' milk is used; to which we would add, and where clothing and houses are the style.

An object lesson of the possibilities in the "germ theory" is seen in the stoppage of nearly all the railroads in the Gulf States.

It is always safe to laugh at the Judge's jokes.

If the people can be worked up to regard consumption "germs" in the same light as those of yellow fever, railroads might as well go out of business. Great thing, that germ theory.

Gratitude is a more marked symptom during the disease than when health is restored and the bill is in the mail.

The fellow who can sing but won't is better than the one who cannot but thinks he can.

You will generally find the greatest stress laid upon the "scientific" aspect of anything in the "reading notice."

Any medicine occupying full-page ad. commands editorial respect.

Dr. W. H. Chaffee has located at 883 Cortland avenue, Syracuse, N. Y.

Dr. Mereness (*Med. Rec.*, Oct. 16) says there "is a missing link in scientific medicine"

Evolution is accepted as a proved thing, even though its "missing link" is as much missing as ever.

Dr. J. S. Barnard has removed to 2112 N Charles street, Baltimore.

Dr. C. H. Thomas has removed to 1312 N, Charles street, Baltimore.

Dr. R. W. Miffin has removed to 1016 Madison avenue, Baltimore.

Dr. Irving Miller's Sanitarium for Surgical Diseases has removed to 224 Lafayette avenue, E. Baltimore, Md.

THE  
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SOME KEYNOTES OF DR. AD. LIPPE'S.

By Thomas Lindsley Bradford, M. D.

*Nux vom.* Inclined to find fault and scold; morose; stubborn. Oversensitiveness to external impressions, noise, smells; light and music are unbearable and affect him much; anxiety and restlessness in the evening. Anger, with malicious, spiteful disposition. Ugliness. (The *Nux. v.* patient never has a good word for anybody—gets up cross and only gets pleasant in the evening when the symptoms become better. *Br.*)

*Nux vom.* Delirium tremens with oversensitiveness, nervous excitability and malicious vehemence. (Tormenting fear, sees people asking questions.) (See *Calc. c.*, *Cann. indica.*)

*Nux vom.* Intoxication from the drunkenness on the previous day, with vanishing of sight and hearing; worse after dinner and in the sun. (From new, or bad wine, patient does not feel the effects until the next day.)

*Nux vom.* Reeling vertigo in the morning and after dinner; with vanishing of sight and loss of hearing. (Momentary unconsciousness.)

*Nux vom.* Head symptoms worse in morning, on moving head, and when walking in the open air, from mental exertion; better after rising in morning and during day, in the warm room, and from sitting quiet or when lying down. (For opposite condition, see *Puls.*)

*Nux vom.* Stunning headache in the morning, after eating, and in the sunshine. (*Glou.*, *Lach.*, *Natr. carb.*)

*Nux vom.* Pressing pain on vertex as if a nail were driven into it. (Nail in side of head, *Ignat.*)

*Nux vom.* Sensation as from a bruise in back part of the head. (Bruised pain over whole scalp, *Puls.*)

*Nux vom.* Periodical headache in the forehead, sore as from ulceration, with constipation. (See *Calc. c.*, *Phos.*) (Periodical constipation coming on every three or four weeks at the same day, *Kali bich.*)

*Nux vom.* Liability to take cold on head mostly from dry wind, draft of air. (From draft, see *Bell.* From getting head wet, *Puls.*)

*Nux vom.* Painless, circumscribed red spots, like extravasation of blood, in the white of the eye. Inflammation of sclerótica with stitches and aversion to the light of the sun. Streaks like lightning before the eyes. (Optical illusions in bright colors.)

*Nux vom.* Pains in ear worse after entering the room and in bed.

*Nux vom.* Bleeding from nose in the morning. (*Bry.*) (In a continuous nose bleed from left nostril lasting two hours, drop by drop of bright red blood, after other remedies, compression, cold water, etc., failed *Nux v.* at once stopped it. It returned next day when *Nux v.* again checked it. *Br.*)

*Nux vom.* Yellowness around the mouth and nose, or around the eyes. (*Sepia.*)

*Nux vom.* The gums are swollen, white, putrid, bleeding. (In drunkards, and often in malignant fevers.) (*See merc.*)

*Nux vom.* After dinner—some hours after—pressure in the stomach, dulness of the head, and hypochondriacal mood. (Dyspepsia.) (*Kali. bich.* pain immediately after eating.)

*Nux vom.* Bitter, sour eructations (which relieve). (See *Cham.*)

*Nux vom.* Empty vomituration; straining to vomit. In drunkards. (Great nausea with straining and retching, can only bring up water, and after many attempts the ingesta. The *Ipec.* patient throws up the food at once.) (Vomiting in *Puls.* from abuse of ice cream, fat food; in *Nux v.* from lobster salad, brandy, etc.)

*Nux vom.* Periodical attacks of vomiting food, of sour smelling mucus, of dark clotted blood; and during pregnancy. Bloatingness and pressure in the stomach and pit of the stomach, AS FROM A STONE, especially after eating.

*Nux vom.* Colic and pressure in stomach extending to the shoulders, in the morning, fasting and after eating. (Worse after a stool.) Colic of brandy and coffee drinkers. The colic of *Rhus.* and *Coloc.* is better after the stool.

*Nux vom.* Can not bear clothes tight around the hypochondria.

*Nux vom.* Labor-like spasms in the abdomen and in the uterus, extending into the legs. (False labor.)

*Nux vom.* Constipation, stool insufficient, black, hard, often streaked with blood, as from inactivity of the intestines; with painful ineffectual efforts to go to stool. (In infants.) (See *Alumina.*) (Discharge of blood with every stool. *Sulph.*)

*Nux vom.* Hernia; incarcerated hernia especially. (Umbilical or inguinal in children, apply truss and give *Nux vom.* Br.)

*Nux vom.* Painful, blind hæmorrhoidal tumors. (The characteristic of *Nux v.* tumors is that they do not bleed; if *Nux v.* starts them, let them bleed.)

*Nux vom.* Inflammation and swelling of the testicles, with stinging and spasmodic contraction, extending to the spermatic cords, the testicles being hard and drawn up.

*Nux vom.* Menses too early and too profuse, with dark, black blood. (*Puls.* Menses too late and too scanty. Any remedy with mental symptoms—crossness, inclination to find fault, scold, etc.—like *Nux*, must have menstrual discharge similar to that of *Nux*.) (For swelling of breasts, see *Nux v.* and *Calc. c.*)

*Nux vom.* During and after micturition, discharge of viscid, purulent mucus from the bladder. (Before urinating, pressure in bladder and pains in the neck of bladder; often found in drunkards.)

*Nux vom.* Congestion to and bearing down of the uterus. Inflammation of the uterus and the external parts. Prolapsus uteri. (*Nux vom.* and *Bell.* are two very important remedies for that disagreeable sensation of bearing down, as if everything would fall out, so often present in over-worked women. Br.)

*Nux vom.* False and inefficient labor pains (see *Puls.*) with frequent pressure to urinate and to pass stool. (Has to use chamber every few minutes, either with desire to urinate or defecate.)

*Nux vom.* After-pains too violent and of too long duration.

*Nux vom.* Catarrhal hoarseness, from scraping in the throat, with viscous mucus in the larynx and on the chest. (Patient cannot walk quickly on account of getting out of breath. Cannot endure the least jar, from palpitation.)

*Nux vom.* Heavy, pressing pain in the chest, as from a heavy load. (Look out for congestion.)

*Nux vom.* Anxious palpitation of the heart. (From intoxicating drinks.)

*Nux vom.* Pain as if bruised in the small of the back and back, so violent that he cannot move. (Cannot turn in bed on account of pain in back.) (I have often verified this symptom. Br.)

*Nux vom.* Drawing in the arms, extending from the shoulder to the fingers, with sensation as if the arm were asleep; loss of motion of the arm, especially at night. The hands go to sleep and feel dead. (See *Acon.*)

*Nux vom.* When he walks he drags his feet; he cannot lift them. (A sign of spinal irritation.)

*Nux vom.* Great inclination to lie down or to sit, with aversion to moving about and to the open air. (Desire for open air and for slow motion, *Puls.*)

*Nux vom.* Disposition to take cold and great sensitiveness to draft of air and aversion to open air.

*Nux vom.* Convulsions and spasms; epileptic attacks (with full consciousness.)

*Nux vom.* Goes to sleep late from crowding of thoughts on him. (See *Calc. c.*) Goes to sleep late; wakens at 3 A. M., and lies awake till break of day, when he falls into a dull sleep full of dreams, from which he is hard to rouse and wakens late, feeling tired. The morning sleep aggravates all the complaints. (Patient is afraid to fall asleep, fearing death if he does so. *Nux vom.* will always remove this symptom.)

*Nux vom.* Pulse small and rapid; every fourth or fifth beat intermits. (See *Natr. mur.*, *Merc. corr.*)

*Nux vom.* Chilliness and coldness, which is not relieved by external heat.

*Nux vom.* After the chill he sleeps till the hot stage sets in. (Hunger during chill. Chill and heat less during eating.) (Sleep during the hot stage, *Apis.*)

*Nux vom.* (Coldness of the skin after drinking. Old scars begin to ache, from cold, open air, in stormy weather, in winter.)

*Nux vom.* Perspiration smells sour or offensive. (Sour smell throughout the whole indication for the remedy.)

*Nux vom.* Perspiration only on one (right) side of the body, or only on the upper part of the body. (Or on the back part of the body. Perspiration on cheek on which patient lies, *Acon.* Perspiration on the side on which patient does not lie, *Sil.*)

*Nux vom.* Perspiration relieving pain in the limbs. (Perspiration increased during eating, better during sleep.)

*Nux vom.* Violent chill, with shaking, increased by drinking; afterwards heat, which is followed by perspiration.

*Nux vom.* Every mental exertion causes or aggravates the symptoms. Bad effects from coffee, tobacco, and spirituous liquors; from over-exertion of the mind, sedentary habits and loss of sleep; from over-eating. (Bad effects from coffee and tobacco. See also *Cham.*)

*Nux vom.* Aggravation from motion and slight touch, but strong pressure relieves.

*Nux vom.* Most symptoms are most severe on waking in the morning and after eating and drinking. The ailments which appear in the open air and from motion are relieved in the room and when at rest; but the reverse also takes place occasionally. (Amelioration from eructations.)

*Nux vom.* Is an antidote to almost all narcotic, drastic and vegetable remedies, especially against citrate of magnesia, and is often suitable to begin the treatment of cases after drugging (With *Arsen.*, *Sulp.*, *Plumb.*, *Calc.*, *Onions*, *Spices*, *Ginger.*) (*Thuja* is also an antidote to onions.)

*Nux vom.* (In drugging cases give *Nux v.* for the cure of the condition produced by the drug and then give the remedy for the primary disease.)

*Opium* Delirium tremens; with diminished sensitiveness of the senses; and stupor, with snoring. (In old, emaciated, reduced persons.) Stupor, must lie down; snoring sleep with half-open eyes.

*Opium.* Fright with fear; is followed by heat in head and convulsions. (Diarrhœa from fear, *Gels.*)

*Opium.* Apoplexy with vertigo, buzzing in ears, loss of consciousness, red, bloated, hot face, red, half closed eyes, dilated, insensible pupils, foam at the mouth, convulsive movements of the limbs, and slow, snoring breathing.

*Opium.* Lead colic. (During colic urging to stool and discharge of hard excrements.) Spasmodic retention of the fæces, especially in the small intestines. (Violent pain in rectum, as if it were pressed asunder.)

*Opium.* Suppression of urine, as from contraction or paralysis of the bladder. (Retention of urine from over-exertion in horses.)

*Opium.* Puerpural spasm, during and after parturition, with loss of consciousness, and drowsiness or coma between the paroxysms.

*Opium.* Want of sensitiveness against the effect of medicines, with want of vital reaction. (*Opium* or *Sulph.*)

*Opium.* During sleep, picking of bed clothes, groaning; voluptuous dreams. (Lies on back, usually.)

*Opium.* Painlessness of all ailments. Complains of nothing and asks for nothing. All ailments are accompanied by sopor. Reappearance and aggravation from becoming heated.

*Opium.* (Important in old topers especially with inflammation of the lungs.)

*Opium.* Suitable very often to persons addicted to drinking and aged persons. (In the vertigo, lightness of the head, so common in old people *Opium* will always relieve. Br.)

*Petroleum.* Delirium; imagination; thinks another person is lying with him in bed; or always and continuously delirious talk of the same distressing and unpleasant subject. (In typhus.)

*Petroleum.* Headache in the forehead, every mental exertion causes him to become stupid. (See *Calc c.* for headache from mental exertion.)

*Petroleum.* Ulcers on the inner cheek painful when closing the teeth.

*Petroleum.* Nausea from riding in a carriage. (*Cocculus.*)

*Petroleum.* Nausea and vomiting of pregnant women. (*Coccul.*, *Colchicum.*)

*Petroleum.* Diarrhœa, preceded by colic, present only during the day. (The only remedy having this symptom.)

*Petroleum.* Itching and mealy covering of the nipples. (Nipples cracked and itching. *Sulph.*)

*Petroleum.* Sleep with distressing dreams, as if somebody were lying alongside of him in bed. (The only remedy with this symptom.)

*Petroleum.* Violent chilliness and coldness of hands and face at ten A. M. (see *Natr. mur.*); half an hour latter, heat in the face, especially in the eyes, with thirst.

*Petroleum.* Shaking fits, seven P. M., followed by perspiration, first in the face, later all over, except in the legs, which are quite cold. (The only remedy with this symptom.)

*Petroleum.* Itching, sore, moist surfaces. Skin is hard to heal. (*Hep. s. c.*) Ulcers with stinging pain, or with proud flesh. Itching herpes. (Soreness behind the ears in children. See *Graph.*)

*Petroleum.* Ailments originate during a thunder storm. (*Phos.*)

*Petroleum.* Complaints from riding in a carriage or in a ship.

*Phosphorus.* Great excitability; becomes easily vexed and angry, which makes him exceedingly vehement (destructive rage), from which he suffers afterwards. (Feels sorry for it. The *Nux v.* patient never feels sorry.)

*Phosphorus.* Great anxiety and restlessness, especially when alone, or during a thunder storm. Zoomagnetic condition; clairvoyance. (Dreads to be alone; the *Puls.* patient wants to be alone.)

*Phosphorus.* (Fear of loss of reason or of apoplexy. Fear of cholera. *Lach.*)

*Phosphorus.* Ecstasy. (Amativeness, strong sexual desire; active memory.)

*Phosphorus.* Vertigo when rising from the bed in the morning; when rising from a seat, with fainting and falling to the floor; worse in the morning and after meals.

*Phos.* Sensation of coldness in the cerebellum, with sensation of stiffness of the brain (after sexual excesses).

*Phos.* Headache aggravated from music, laughing, and in the warm room (and from stooping. The *Bell.* headache is worse from lying down, that of *Phos.* is better.)

*Phos.* Burning in the eyes, with profuse lachrymation in the wind.

*Phos.* Pain in the bones of the orbit of the eye. Great aversion to light. Pupils contracted. (Dilated pupils, *Bell.*) Mistiness of sight; dim-sightedness, gauze before the eyes. Halo around candle. Black motes floating before the eyes, muscæ volitantes. (See *Calc. c.*, *Sulph.*) Momentary loss of sight, as from fainting. (*Puls.*)

*Phos.* Cataracta viridis.

*Phos.* Bleeding from nose during stool, blowing of blood from the nose. Polypus of nose bleeding easily. (*Calc. c.*, *Sanguin.*)

*Phos.* Bloated face; puffiness under the eyes (see *Apis*); eyes sunken, with a blue ring under them. (Puffiness over eyes and cough, *Kali carb.*)

*Phos.* Necrosis of the (left) lower jaw; swelling of the jaw bones. Swelled and easily bleeding gums; inflamed gums, with ulcers on them.

*Phos.* Toothache after washing clothes.

*Phos.* Tongue dry, white, coated with white mucus. (The coating is not thick.)

*Phos.* Burning in the œsophagus. Dryness of the throat day and night. (*Merc.*) Spasmodic constriction of the œsophagus. (*Bell.*)

*Phos.* Hunger soon after eating. (Desire for sour things. *Puls.* Patient has desire for salt fish and beer. *Nux v.* patient has desire for coffee.)

*Phos.* Throwing up the ingesta by mouthfuls.

*Phos.* Vomiting of bile; of what has been drunk as soon as it becomes warm in the stomach; of blood; sour. (When water can only be kept on the stomach until it becomes warm, and is then vomited, *Phos.* is very strongly indicated. The *Arsen.* patient vomits at once, after drinking.)

*Phos.* The cardiac opening of the stomach seems contracted, too narrow; the food scarcely swallowed comes up again. (*Bry., Alumina.*)

*Phos.* Pains in the stomach are relieved by cold food, ice cream, ice. (The *Arsen.* patient is worse from cold food.)

*Phos.* Large yellow spots on the abdomen. (On chest, *Sepia.* Around mouth, *Nux v.*)

*Phos.* Painless debilitating diarrhœa, worse in the morning. (No debility follows the *Phos. ac.* diarrhœa.)

*Phos.* Stool black or green; watery with flakes of mucus; bloody; involuntary; undigested. (Habitual looseness of the bowels. *Phos.* is rarely indicated in constipation.) (Dr. H. N. Guernsey characterized *Phos.* constipation: Tall thin man with a long slim stool. Br.)

*Phos.* Discharge of mucus out of the wide open anus. (After inflammation of lungs and in last stage of disease.)

*Phos.* Hemorrhoidal tumors easily bleeding. Discharge of blood from rectum, also during stool. (*Nux v.* hemorrhoids do not bleed.)

*Phos.* Urine whitish, like curdled milk, soon becoming turbid with brick dust sediment, with a variegated cuticle on the surface. (See *Lyc.*)

*Phos.* Sexual desire increased, with irresistible desire for coition. (This is a very important indication for *Phos.*)

*Phos.* Menstruation too early and too profuse (*Calc. c., Nux v.*) and of too long duration, or too early and too scanty (*Sil.*) and watery. (Menstruation suppressed and bleeding hæmorrhoidal tumors.)

*Phos.* Sterility on account of excessive voluptuousness, or if the menstruation comes on too late and is too profuse (*Sil.*).

*Phos.* Hoarseness, loss of voice. (Trembling voice and hissing.) Great painfulness of the larynx, preventing talking. (Acute bronchitis.)

*Phos.* Cough dry from tickling in throat and chest; from cold air (*Nux v.*); from reading aloud or from talking; from laughing; from eating and drinking; from a change in the weather, and from strong odors; from lying on the left side or on the back. (Cough worse from lying on left side or back is an important indication.) (Cough in warm room, *Natr. carb.* In cold air, *Phos.*)

*Phos.* Cough worse in the evening and at night. (At 11 P. M. The *Arsen.* cough is worse before, the *Phos.* cough after midnight.)

*Phos.* (Great soreness in the bronchia when coughing, patient feels as though he were raw—the cough sounds as though it hurt—children cry when they cough, from soreness. Br.)

*Phos.* Trembling of the limbs from every exertion. Trembling of hands if holding anything. (Veins of hands distended. Emaciation of hands. Emaciation of feet, *Caust.*)

*Phos.* Numbness and insensibility of the fingers.

*Phos.* Rheumatic pain extending from knee to foot. (From foot to knee, *Ledum.*) Pains in soles of feet as if bruised. (See also *Ledum.*) Corns and chilblains on toes. (Burning pains.)

*Phos.* Great emaciation, with debility. (Great debility in *Phos.* made better by food; the *Phos.* patient thinks himself weaker than he really is, and does not wish to move. The *Arsen.* patient desires to move, and thinks himself stronger than he really is.)

*Phos.* Sleeplessness before midnight; goes to sleep late. (The sleeplessness of *Bell.* is accompanied with drowsiness. The *Phos.* patient goes to sleep late—one A. M.—and wakens weak but refreshed; the *Nux v.* patient wakens unrefreshed. Sleeplessness after midnight, *Arsen.*)

## THE TREATMENT AND RADICAL CURE OF INGROWING TOE-NAIL.

By A. L. Marcy, M. D.

In the June number of *American Homœopath* appeared an article with the above heading. The writer went on to say at the beginning that his method of operating was a sure cure for this distressing malady, yet after fully describing the new operation he qualified his first statements by saying that his new operation

would not cure every case and was not to be advised in some cases. How many of us have looked and longed for a treatment or an operation that could be relied on as a certain cure for this very painful trouble. Those who have removed the nail and cauterized the tissues only to see their work without avail will no doubt be glad to learn of a sure and certain treatment that will cure every case they may be called on to treat, and when I say every case I make no qualifications or exceptions, as a practice of twenty-five years' treating and permanently curing many cases without one failure can attest. The treatment which I will fully describe is a very simple one, a bloodless operation, yet it will cure the very worst cases with as much ease and in nearly as short a time as light cases, and do it *radically*, thoroughly and quickly. The treatment is as follows: Get a .04 per cent. solution of *Cocaine*, one ounce of the *Perchloride of Iron*. Here let me add one word of caution, when you ask the chemist for the *Perchloride of Iron* more than likely they will tell you there is no such preparation and try and sell you the *Chloride of Iron*. Do not make the mistake and try to cure your suffering patient with the *Chloride*. If you do, you will make a sad failure.

The "*Perchloride of Iron*" is a sesqui-chloride, and comes in hard lumps of a reddish-brown color and looks quite like maple sugar. When you have a case of ingrowing toe-nail to treat wet a piece of cotton with the *Cocaine* and apply to the parts to be treated until the acute sensitiveness is reduced, then remove the *Cocaine* and apply evenly over all the parts to be reduced to normal conditions a good sprinkling of the finely-powdered *Perchloride of Iron*. Dress the toe with lint and bandage and allow this to remain twelve to twenty-four hours if it can be tolerated. Should the irritation become so great as to necessitate a removal of the dressing do so and wash off the *Iron* salt and apply some vaseline for a few hours, when the treatment can again be applied and retained without further trouble. In very severe cases, where there is intense inflammation and swelling of the parts with ulceration, three or even four treatments may be advisable before a cure is complete, but most cases will be permanently cured in two treatments. The action of the *Iron* salt is this: It tans and so hardens the tissues that the nail cannot cut it. All inflammation and sloughing of tissues is at once removed by the action of the salt of *Iron*, and the surrounding tissues shrink to their normal place in a very short time; then trim the nail right and no further trouble occurs. Try this treatment once and you will never remove nails and cauterize again.

*Richmond, Va.*

## A PECULIAR COUGH CURED WITH CORALLIUM RUBRUM.

By H. O. Rockafeller, M. D.

On May 31, 1897, Harry B., aged 10 years, called at my clinic at the dispensary afflicted with a cough just like the barking of a dog. His cough produced so much alarm in the waiting-room that several thought the boy had hydrophobia and kept watching him all the time he was there. He had a dog which had a similar cough and died on April 22, 1897, and on April 24th the boy began with this cough and continued coughing incessantly ever since, not giving him any rest during the day but at night while asleep he would be free from cough, only on the morrow to resume the cough again.

The boy had never been bitten by the dog, which was a large St. Bernard four years of age. Had never played much with the dog. The next day after the death of the dog the coop was cut up and the boy carried the wood in the house, and on the following day he began with this peculiar cough.

He had been treated by a fellow practitioner, who had given him *Santonine*  $\text{rx}$  and at another time *Atropine*. While under the physiological action of *Atropine* he did not cough, but just as soon as its action passed away the cough returned with the same severity. As he did not improve he came to my clinic, in which I had treated him for other troubles with good results.

At this time I gave him *Belladonna*  $\text{rx}$  and told him to call again in two days (my next clinic). On June 1st he called and said he was not any better, and after having looked up in several *materia medicas* on coughs I concluded to give *Corallium rub.*  $3x$  trit., and told him to call again when they were all gone.

On June 21st he called and was much improved, and said he was better each day than he was the day before. Had him to continue with the same medicine, but not to take it as often as before.

He did not call again until July 3d, when he informed me that he had been free from the cough for two days at a time, and as he was out of the medicine came for more. Gave him more of the same medicine and have heard good reports from him several times since, and his mother informed me on November 15th that he has been free from the cough since the middle of July.

152 Jerome street, Brooklyn, N. Y., Nov. 16, 1897.

## FRUITS FROM THE TREE OF THE HEALING ART.

By Hakim Ahtar.

Translated for THE HOMŒOPATHIC RECORDER from "*Leipziger Monatshefte fuer Homœopathie.*"

*Natrum phosphoricum* is an excellent remedy, acting on the glands, a polychrest in scrofula. Glandular swellings which have not yet become indurated are removed in a short time by taking every 2-4 hours as much of the 3-6 trituration of phosphate of soda as will lie on the point of a knife. The remedy resolves the glandular swellings that have been formed and eliminates the single lymphatic corpuscles. The lymphatic corpuscles or leucocytæ contain peptone, *i. e.*, altered albumen. This is mostly transmuted into fat and from it arise fatty acids which are saponified by *Natrum phosphoricum* and thus rendered harmless. By this is caused a motion among the molecules (the minute particles) there, which causes a liberation and freeing of the single leucocytæ, which are then removed by the circulation of the fluids. I have gained splendid results in glandular ailments through the use of phosphate of soda. No practitioner should leave it untried. I am inclined to call it a specific in scrofula.

*Chamomile* is my panacea for violent afterpains. *Arnica* has not done as much for me as *Chamomile*, which has never failed me. Dose: 20 drops in 20 grammes (309 grains) of diluted alcohol; of this, 5 drops should be taken every  $\frac{1}{2}$ -2 hours. I think, however, that the 1st or 2d decimal dilution would be of equal efficacy.

*Arnica* cures a particular kind of vertigo; where everything turns round in a circle; it is aggravated by walking in the open air, by raising up and by reading; it is combined with nausea. The patient receives 2 drops of the tincture of arnica-root in a spoonful of water 3 times a day, and the effect often follows very quickly.

*Calcarea fluorica*. In indurations of all kinds this medicine never fails. In scrofula, when the induration of glands refuses to yield even to the best selected remedies, fluoride of calcium is a real sheet anchor. This medicine softens the glandular knots as the sun warms butter, and makes all external applications unnecessary. The dose is 2 to 3 grains three or four times a day of the 3d-12th decimal trituration. This remedy should be used

much more frequently than it is; it causes the most stubborn indurations to become soft and to disappear. *Styes* that have grown old and other indurations in the eyelids are removed in an incredibly short time by fluoride of calcium. Even encysted tumors belong to the domain of this remedy; though very soft encysted tumors would have to be treated with *Kali muriaticum*.

*Natrum carbonicum* in the 2d decimal trituration is very effective in ailments caused by *the heat of the sun*. The various effects of the summer's heat are great debility and chronic headache, which is aggravated whenever the patient exposes himself to the heat of the sun; these are the chronic consequences of the sunstroke. Patients who some years before suffered sunstroke are afflicted with intolerable headache as soon as they expose themselves to hot weather. Such persons will receive great benefit by taking three to four times daily a dose of 3 grains of the 2d trituration of *Natrum carb.*

*Linaria* is an herb of hoary fame. The *Linaria salve* cannot be recommended too highly to those afflicted with piles. This remedy will relieve the painful inflammation of the hæmorrhoidal veins in a short time. *Linaria* grows everywhere, and when necessary anyone can compound the salve himself (as also that of *Calendula*). *Linaria* is also useful for inflamed eyes. A decoction of the herb is made (10 grammes of the herb to 100 grammes of the decoction), some drops are allowed to drop into the eye, and a compress moistened with the decoction is laid on the eye. So much concerning its external use. As to the internal use of *Linaria*, the old teachers of the healing art have much to say. We are somewhat more skeptical, but are ready to pay due honor to this excellent herb. There is no doubt that *Linaria* acts on the urinary organs. That was known long before the Hahnemannian doctrine arose. We know that *Linaria* causes and cures enuresis, with frequent and painful urging to urinate, which compels the patient to get up at night (Farrington). *Linaria* also causes *syncope* that has its origin in the heart. This is called by Farrington "syncope without any apparent cause." *Linaria* removes frequent attacks of this kind.

*Thlaspi bursa pastoris* (Shepherd's purse) is an herb to which all honor should be shown. The ancients well knew this; therefore this medicinal plant was highly esteemed by them. The essence of this herb frequently checks in a short time the *profuse menses* and other violent hæmorrhages of the female sexual parts.

From 5 to 10 drops are given every half to two hours, according to the urgency of the case. The same dose is used in *epistaxis*. The power of checking hæmorrhages displayed by *Bursa pastoris* is better known among the peasants in some districts than among the physicians. But it is encouraging to see that in the homœopathic camp there is lately more attention given to this noble herb. *Bursa pastoris* will also be found useful in *hæmoptysis*, *hematuria* and in *bloody dysentery*. Rademacher found this remedy useful in *abdominal dropsy* and *renal gravel*. In short, *Bursa pastoris* is a glorious herb!

*Carbo vegetabilis* in the third trituration is an indispensable remedy in the last stadia of *cirrhosis of the liver* (brandy-liver), when ascites has already set in. *Carbo* may justly be called the comfort of the drunkard and wine-bibber. It often restores the sorely abused stomach, and even when the consequences of whiskey-drinking have reached their highest degree and the abdomen is full of water this medicine brings a great alleviation. It especially also mitigates the splenic disorders connected with it (swelling and pains of the spleen); it also relieves the respiration and drives away flatulence.

*Natrum sulphuricum* in the third trituration is a good hepatic remedy. In jaundice, I always first prescribe *Natrum sulph*. It soon relieves the diarrhœa caused by liver-affections; this appears in the morning, and is of a watery bilious character. Combined with it there are besides troubles from flatulence and much flatus is discharged with the stool. Flatulent colic is quickly cured by *Natrum sulph*. All ailments cured by *Natrum sulph*. are worse in wet weather and appear especially in the so-called hydrogenoid constitution. A *foul, brownish-green coated tongue* always points to *Natrum sulph*. especially when a *bitter taste* in the mouth is combined with it.

*Verbascum thapsus* is very serviceable as a catarrhal remedy. The *hard and hoarse laryngeal and bronchial cough* with *hoarseness* and *deep bass voice* is soon driven away by the essence of mullein. In acute cases I give every two hours two drops, but in chronic cases three times a day three drops in a spoonful of water or on sugar. The chest is also rubbed with *Mullein oil* twice a day. *Pains in the face* arising after catching cold find an excellent remedy in *Verbascum*. The remedy may also in this case be used externally, either the oil or the undiluted essence.

*Digitalis salve* is one of the medicines of old Rademacher. Also homœopaths may make good use of it. There are many cases where patients entreat us to give them an external application, because they do not believe in internal medication or have no time for it. It may especially be used thus in old *indurations of the glands, swelling of the parotid glands, swelling of the mammæ* (mastitis), etc. Such patients are not easily satisfied with internal medication. Here the *Digitalis salve* is serviceable. It will in a short time cause suppuration and thus will scatter the swelling treated.

*Bellis perennis*. The tincture, taken in doses of five to ten drops a day, is excellent in chronic ailments of the chest and the lungs caused by drinking cold water in the heat of summer. This is a matter of long continued experience. The tincture is easy to take and reliable in its effects. I consider it an excellent remedy in emaciation after feverish chest-diseases, and a good cough remedy for young and old.

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#### A FERRUM PHOSPHORICUM AND A SYMPHYTUM CASE.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Monatshefte fuer Homœopathie*.

A lady, nearer eighty than seventy, had been suffering as she expressed it, as far back as she could remember, from costiveness, combined with much flatulence, escaping mostly by eructation; this caused a distension of the abdomen and much discomfort. These symptoms appeared especially after meals and lasted several hours, probably until digestion was complete. Though Mrs. A. only partook of light food in the evening, she seldom found any restful sleep before midnight, and even after that her sleep was frequently broken. *Nux vom.* and also *Graphites* had been given without effect. I now advised her to take *Ferrum phosphor.* four times a day, as much as would lie on the point of a penknife. She took this for six days, and then she came to tell me that the medicine had given out, but that it had not helped her and, in fact, nothing could help her. She refused my advice of continuing *Ferrum phosphor.* or to try another remedy. A week later she came to tell me that on the day after she had expressed to me her despondency the flatulence had diminished, the stool had come without much effort, and a general feeling of comfort had set in, and she had since enjoyed a far more healthy sleep than for a

long time previously. She had even become so bold in the last days that she had eaten sour krout and peas, and this had not caused her any trouble. On my warning that she might be doing too much of a good thing, she answered: "Oh, well, then I shall again take my refuge in *Ferrum phosphoricum.*"

2. Potter K. was busy with work in my house, and when he failed to come for several days I sent for him. Then he came, holding both hands on his chest, laboring with his respiration, and said: "Oh, I had an accident. As it began to be dark I fell down into the cellar through the outside door, which by carelessness had been left open. In falling, I struck with the upper part of the body against the woodwork on the other side with such an impetus that it knocked the breath out of me and I lost consciousness for a while. When I came to again I picked myself up, bruised all over, and at once went to bed, but could not get any sleep all night on account of violent pains chiefly in the left side of the chest. The least movement, especially of my arms, increased this pain; it was also aggravated by the hacking dry cough, which now appeared and which renders my breathing difficult. Since that time I am also troubled with tightness of the chest. It is perfectly impossible for me to undertake any work; I have been in bed most of the time since." I desired to help the poor man and gave him tincture of *Arnica* to be diluted with lukewarm water, fifteen to twenty drops in a quart for compresses, and intèrnally I directed him to take every two hours four drops *Arnica* 3 D. in a spoonful of water. In a few days there was an improvement, but not as decided as I had hoped. The patient was then carefully examined by a surgeon, who reported contusion of several ribs. Now Lutze as well as Fellenberg-Ziegler advise *Symphytum* not only in the fracture of bones, but also in lesions and contusions of the bones and the periosteum. So I prescribed *Symphytum*, applied both internally and externally like the former medicine. The effect was incomparably quicker. In a few days K. could again move about more freely, but he had to abstain from the severer part of his labors for another week. Then, however, he could again start with these, and today, several weeks after the fall, he is working again cheery and strenuous as ever.

## HYDROCELE.

Translated for the HOMŒOPATHIC RECORDER from the *Leipzig. Pop. Z. fuer Hom.*, February, 1897.

While visiting relatives about fifteen years ago one of them, a baker, told me confidentially that he was afflicted with hydrocele and he asked me whether the homœopaths had no remedy for this disease, as all allopathic modes of cure had with him proved ineffectual. Twice he had been tapped for water; the second time the physician made a very painful injection, and his scrotum was filling again, and this painful state caused him much grief.

The patient stated that his ailment arose from lifting and carrying heavy bags of flour. I answered that in homœopathic literature such cures are recorded and that it was well worth the small trouble to make the experiment. I gave him from my medicine-box *Rhus tox* 12, with the direction to take some dry pellets every morning and evening. When the supply was exhausted I received from him the glad news that the ailment had disappeared without leaving a trace. The man is now sixty years old and has not hitherto suffered a relapse.

In the last vacation a professor complained to me, that he had the same ailment; he could give no cause for it; I thought that though he was no baker he yet might have hurt himself by overlifting, and I gave him *Rhus tox.*, but it was ineffectual. In the first case the anamnesis plainly pointed to *Rhus* and it had its effect; but the professor could not be induced to make a second homœopathic attempt. If the happy result in the first case should be ascribed to suggestion, why was suggestion ineffectual in the second case?

M.

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 CONTRIBUTION TOWARD THE CURATIVE EFFECTS OF IGNATIA.

By Hillberger, M. D., in Triest.

Translated for the HOMŒOPATHIC RECORDER from *Neue Zeitschr. fuer hom. Klinik.*

IGNATIA is a remedy which finds its chief sphere of action in the nervous system. Most of the symptoms that are summarized under the name of HYSTERIA are not, indeed, immediately dangerous to life, but they are, nevertheless, a real torture, like that of Tantalus, for the patient, and they also at times cause threat-

ening phenomena, *e. g.*, cramps of various kinds, epilepsy, etc., disturbances of the menstrual functions, especially a *painful menstruation*, the rush of blood toward the uterus—these troubles find an excellent remedy in *Ignatia*, and we may place this remedy first among the medicines useful in hysteria. The following cases will demonstrate this claim:

1. A lady aged twenty-six years, black-haired, of very delicate build, very intellectual, especially devoted to the enjoyment of music, and married, without children, and, therefore, of a very excitable temperament, since the first appearance of her scanty menstruation had been suffering, whenever they appeared, with the most violent cramps and pains, lasting for several days, which, according to her statement, caused a sensation as if she was about to be delivered of a child. She would then for some time remain much enfeebled. As these scenes had been repeated every month for fifteen years, it may easily be imagined that her nervous system had come into a state of extremely morbid sensitiveness. An examination showed an otherwise normal state of all the parts, as also of the organs of generation. The most varying remedies had been tried on her for many years without the slightest alleviation. Although I expressed little hope of an immediate improvement, seeing the long duration of the ailment, the patient absolutely refused to try any more remedies except the homœopathic. I gave her *Ignatia* 6, three pellets to be taken twice a day. Greatly to my surprise the ensuing catamenia appeared without any pain, and greatly to my astonishment three years have passed and my patient has not had the least difficulty in her menstruation. Later on the patient suffered from a catarrhal cough, which assumed a convulsive form. As several remedies that I prescribed failed to help her she, of her own accord, took *Ignatia*, which also removed the cough quickly and permanently.

2. The sister of this lady some years ago suffered from a convulsive eructation and hiccough, which appeared periodically every afternoon and continued for hours. After trying various remedies she was at last freed from her troublesome ailment by animal magnetism, and for several years she remained unmolested. Owing to a violent mental emotion this winter, she was much alarmed to find that her ailment returned, and as she was afraid of the long duration required for a magnetic cure she resolved to try Homœopathy. In view of the similar ailment in her sister I gave her *Ignatia*, which completely cured her in a

few days, so that it gave rise to the joke that *Ignatia* was the family remedy. If these cases should not be acknowledged as cured by medicine, there will be few cures deserving to be so designated. The following case is no less interesting:

3 A girl from Dalmatia, eighteen years old, with a genuine Italian constitution, very vivacious, excitable, finely cultivated, formerly always in good health, for the last six years, ever since the commencement of her catamenia (in Italy this precocious maturity is not rare), had to suffer from *cramps and pains* as often as her monthly period set in. Four years ago, in consequence of a fright, she had a fit like tetanus, lasting several hours; this recurred almost regularly since every two months. These attacks resembling tetanus more and more took the form of epileptic fits with severe convulsions and syncope. The free intermissions became ever briefer, so that they finally recurred almost every month or immediately after the menstruation; and at last they appeared at every casual occasion, when the patient became strongly excited. According to the practice of the physicians in Dalmatia she had been treated with frequent venesections, which, of course, only aggravated her case. Later she received *Valeriana* and *Zincum*, and finally *Ferrum* and *Lapis infernalis* in pretty strong doses, but all in vain. For a year before I undertook her case, weary of the unsuccessful former treatments, she had not used anything. Immediately on taking her case I gave her *Ignatia* 6, three pellets every evening, and after using this remedy alone for two months she was perfectly cured and remained so until three years later, when she died of acute pulmonary tuberculosis lasting three months, the cause of which was unknown.

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## THE PATHOGENESIS OF CORROSIVE SUBLIMATE.

### I. Journal of the Provings of Dr. Buchner's Provers' Association.

Translated for the HOMŒOPATHIC RECORDER from *Leipz. Pop. Zeitschr. fuer Hom.*, September, 1897.

*Corrosive sublimate*, this mighty hero among the preparations of *Mercury* which has been long known and used as an anti-syphilitic remedy, and has in late times obtained as an anti-septic a sway often baleful, is well enough known as to its toxic qualities, although even in this respect many pathologico-anatomical and physiological questions are waiting an answer.

Little has, however, as yet been done in investigating the more delicate results of this remedy when given in small minimal doses. Hahnemann's provings of this remedy on healthy persons for a long time stood alone before the eyes of the physician, especially of the homœopath, as an uncompleted *torso*, nevertheless deserving of respect. As a completion and enlargement of this work there appeared in the year 1849 a very valuable Monograph: "Corrosive Sublimate in Its Physiological Effects, Investigated and Elaborated by Dr. J. Buchner, in Connection with a society of Homœopathic Physicians." This treatise appeared as a supplement to the *Allgemeine Zeitung fuer Homœopathie*, a journal called into life by Dr. Buchner and T. Musser in 1849 as a rival for our *Allgemeine homœopathische Zeitung*, but this journal was short lived. Like many other things which appeared in that stormy and revolutionary period, also these physiological provings of *Corrosive sublimate* seem to have been but little regarded and soon forgotten by their contemporaries. Nevertheless, they have an undeniable permanent value, and we feel ourselves obliged to communicate them anew to the medical profession in full, together with the journal of the provings.

## I.

A. Dr. Joseph Buchner, aged 34 years, of a dark complexion, above the middle stature, strongly built, drinking beer in moderation, took, on September 7, 1847, at 8 A. M., 10 drops of the 2d dilution of *Corrosive sublimate*.

About 10 o'clock a sensation of urging to urinate with a slight discharge. Later on no urging even while the bladder was full. After emptying it there was still a sensation of fulness in the bladder. Additional—at noon a dull pain in the right frontal protuberance. Sensitiveness of the left angle of the lower jaw when touching it. The night is interrupted by frequent awakening; two to three hours' sleep followed by awaking, change of position, tossing about, etc. In the morning he feels very tired and wretched, so after shaving he again went to bed and slept another hour. On rising, cold hands and feet, the pain on the lower jaw is increased; trouble in swallowing, so that at breakfast he would not eat any bread; copious gathering of viscid saliva, which could only be discharged with difficulty. He, nevertheless, went to his work, but about 10 o'clock he was obliged to go to bed again and wrap his feet in warm cloths, owing to an increase in the chilliness, the salivation and the

trouble in swallowing. But it did not come to a regular shaking chill; he slowly grew warmer while the whole head, excepting the temples, felt benumbed; attended with entire adypsia, a continuation of the salivation and the inflammation of the skin of the left lower jaw.

One hour later the head felt heavier and more confused. What he said had neither the necessary coherence, nor did it clearly express his sensations. There was also great restlessness of the whole of the body, which made it impossible to remain lying down and compelled him to rise. In the afternoon there is a sensation of *burrowing and lancements in the left ear*, so violent that he involuntarily *weeps and cries* for three minutes. Later on there were only traces of it.

At night his sleep only lasts for minutes. The urine is scanty, red with brick-colored sediment; there is ill-smelling perspiration toward morning; at the same time rheumatic pains *in the lower limbs as from pin pricks*.

Continuance of the totality of symptoms four days; the perspiration continued six days.

B. Three months later he took twenty drops of the 2d dilution in water. While during the first experiment the sensory part was chiefly affected, this time it was chiefly the abdomen. Burning and heat in the stomach soon appeared, with contractive pains, which communicated themselves along the intestinal canal, attended with congestions to the heart and distress, until soft stools resulted. This continued for sixteen hours.

### External Application.

On the 26th of December, 1846, Dr. Buchner rubbed into his left forearm  $\frac{1}{2}$  grain of sublimate dissolved in alcohol. It caused: Awaking about midnight, three hours tossing about in bed, so that he could not get to sleep despite of all his efforts, a benumbed\* feeling in the sinciput, with undulating wave like pains in both the hemispheres. Toward morning a sleep which is frequently interrupted.

One-half a grain of the same solution rubbed into the gums caused in the morning a slight bleeding of the gums and a drawing sensation in the gums. A clyster of the same dose, no symptom differing from those well known, except that the tenesmus was of longer continuance.

\* German: *Eingenommen*, dull, heavy or benumbed.

## II.

Time of provings from November 25 to December 5, 1847.

Dr. Forstner, healthy, robust, red cheeked. He used for his proving a solution of 1-50 grain of sublimate in 110 drops of alcohol. Of this he took, on November 25th, at 10 A. M., two drops, no effect. On the 26th of November, 10 A. M., four drops, no effect. On November 27th at 10 A. M., seven drops.

Next morning, on awaking, a peculiar *pressive* pain in the *inguinal glands* of the right side as if they were about to be swollen. The sensation only lasted one hour and became better on rising.

On November 28th at 10 A. M. he took ten drops.

The next day he had a frequent urging to stool and increased passage of flatus. (N. B.—He had been eating fruit.)

November 29th at 8 A. M., five drops. After dinner he felt generally decrepit and very weary. (N. B.—Very warm weather in November.)

November 30, at 10 A. M., he took twenty drops—no symptoms; so also in the evening, when he took twenty drops at 10 P. M.

December 1, no medicine.

There was a tensive-pressive pain in the left inguinal region, with a sensation of swelling of the glands at 5 o'clock on waking up. The night had been restless; the sleep frequently interrupted; vivid dreams, the pulse almost feverish; the skin dry. After rising, *transitory, fine stitches* through both sides of the chest, a peculiar sensation of bruisedness in the abdomen, especially in the *cæcal region* and along the course of the *colon transversum*. The left hypochondrium was without pains; the *cæcal region* and the *colon transversum* were painful on moderate pressure, as if they had been contused. The abdominal covering membranes are at the same time quite free from pain. The abdominal pain continued lively during the whole of the forenoon, toward evening it became duller, without altogether passing away.

December 2, at 10 A. M., he took ten drops.

At 1 P. M. his pulse was feverish, with headache, as it were *a drawing in the periosteum of the skull*—frequent *stitches through the thorax*. Sensation of contusion in the region of the *cæcum* and the *meso-colon*; *worse on moderate pressure*. Toward evening a great inclination to cough, starting from the larynx—the *œsophagus dry*—dry cough.

December 3, no medicine. Inclination to cough like yesterday. Abdominal pain less. Larynx very irritable.

December 4, at 9 A. M., took the rest, five drops. In the afternoon, a sensation in the left axillary glands as if they would swell up, with frequently repeated lancinations therein. The cough passes off.

December 5, he took no medicine, and there were no further symptoms.

### III.

Experiments of Dr. Gerster: of sanguine temperament, arterial constitution, and stout of build; age thirty-four, always healthy, only suffering at times of hemorrhoidal secretions, congestions to the head, and buzzing and roaring in the right ear.

August 1, 1847, he took early, before breakfast, five drops of the 2d dilution of the sublimate *without knowing what he took*.

August 2, early before breakfast, ten drops. For one hour afterwards he had a continued astringent, metallic taste in his mouth, as from lapis infernalis.

August 3, early before breakfast, twenty drops. No further effect.

August 4, he took thirty drops. Besides the taste before mentioned he, after three hours, felt a slight dizziness. The head, in the upper frontal region, feels benumbed. Inclination to yawn and actual yawning. Things seem to his eyes smaller and further from the eyes than usual. This affection of the sight continued for several hours. All the afternoon sleepiness. The head feels heavy and benumbed. Inclined to lie down. At night dreams of conflagration and murder. During the day the stool is firmer and more scanty than usual.

August 5, at 7 o'clock, before breakfast, forty drops.

Soon afterward slight burning and pressure in the stomach, then frequent eructations of air. After one hour the head feels benumbed; frequent yawning and he wants to stretch himself; slight sensation of burning and dryness in the eyes. The mucous membrane of both the eyelids red and strongly injected. Like as yesterday the objects of sight appear smaller and more distant than usual. The buzzing and roaring in the right ear is stronger and more pronounced than usual. Two hours after the medicine he took his ordinary breakfast (a pint of cold, unboiled milk and rye bread). Soon after this the symptoms diminished and his state of health remained undisturbed during the day; only there was *no* stool.

August 6, he took the rest of the medicine, forty drops. Besides a burning (in the stomach?), lasting for half an hour, no symptoms appeared. During the three days following his stool was harder, drier and scantier than usual, after which, for three days, it showed itself softer and more moist than usual; after which it again became normal.

### Second Experiment.

On the 16th of October Dr. Gerster took ten drops, in the morning before breakfast, of a solution of  $\frac{1}{4}$  grain of *Corrosive sublimate* in one drachm of alcohol.

He at once perceived an astringent metallic taste, and soon after a slight burning in the stomach; then slight congestions toward the head and face, with burning of the cheeks and an unusually copious passage of flatus. About two hours later all objects, especially the letters, appeared smaller for several hours. About four hours after the former burning of the eyes on the edges of the conjunctiva of the eyelids, as in the beginning of *Taraxis catarrhalis*. On walking in the sunshine, photophobia.

October 18, in the morning, fasting, fifteen drops in water.

No symptoms, except the metallic taste in the mouth and the burning of the eyes.

October 19, twenty drops. The same metallic taste, with gathering of saliva in the mouth, several attacks of shaking chills; then burning in the stomach for half an hour; during the day repeatedly attacks of convulsive cough.

October 20, two clayey stools, yellow, like clay.

October 22, early, at 7, he took the rest, fourteen drops, of the medicine to be proved. Metallic taste and shuddering at once on swallowing; slight burning in the stomach, continuing for about half an hour. At 11 o'clock, burning of the eyes, visual objects appearing smaller and more distant from the eyes. This symptom recurred several times during the day, especially after a more prolonged yawning, to which he felt much inclined and impelled all the day, though there was no sleepiness, and the sleep in the preceding night had been undisturbed. There was no stool at all to-day.

On the 23d of October everything was again in its normal state.

### IV.

Dr. Held, aged twenty-seven, of sanguine temperament and constantly enjoying good health; very sensitive to medicines.

On the 26th of July, 1847, at 7 A. M., he took two drops of the 2d attenuation of *Merc. corr. subl.* made in the proportion of 1:100; he was ignorant of the nature of the medicine. Toward evening he felt a slight chill, attended with quickly passing heat. His sleep during the night was not sound.

July 27th being a very stormy day, he again took two drops, on which followed lassitude without cause. In the afternoon there ensued colic and a slight drawing toward the bones of the legs. The leg felt asleep. At night again restless sleep, from which he frequently started up as if frightened.

July 28th, in the evening, two drops. After several hours toothache, which gradually increased and became tearing, extending from the infra orbital region down toward the upper jaw. The pain much resembled that caused by a stinging nettle (*urtica urens*) coming in contact with a mucous membrane. This pain continued all day and was joined by *chilliness on the head, lancinating pains in the muscles on the back of the hand*, especially in the abductor and extensor pollicis, as also in the extensors of the foot. In the afternoon several watery stools with colic. The humor during the day was peevish. Sleep during the night was bad on account of the increased toothache; when he went to sleep an anxious feeling distressed him.

July 29th, no medicine. The pains still continued violent, and were aggravated from 7 A. M. onward. In the forenoon, with distressing urging and violent colic, some yellowish stools.

On July 31st, again two drops. After some hours again toothache as before; the former attack he had attributed to the stormy weather; also some benumbed feeling in the head. At night he could not rest quite comfortable on either side, and remained sleepless most of the time.

August 1st, one drop. The toothache increased and the headache extended to the temple; he thought he perceived the pulsation of the interior arteries in the left ear, which was also painful. The throat became sore; the gums on the posterior molars began to swell with burning pains. In the evening drawing in the limbs, deep within, as if on the bones; at night sleeplessness till toward morning.

August 2d and 3d, no medicine. On the second toothache, a bruised feeling and swelling of the gums. On the 3d the toothache and the drawing pains in the bones of the legs were diminished. The head felt somewhat benumbed.

August 4th, again two drops.

He *moved about much, without trouble*; in the afternoon about 4 o'clock, with rumbling in the stomach, three pappy, brown evacuations. While *at rest* he noticed stitches in the hip joint, *disappearing again while in motion*. In the evening chilliness, especially about the head, lack of appetite, some thirst; at night sleepless, and when going to sleep he is frequently startled.

August 5th, two drops. The symptoms enumerated above in a higher degree; the chilliness in the head occurred already an hour after taking the dose. Also pains in the temples, shooting in the muscles of the lower limbs; in the ears, especially on the left side, strong pulsation; the eyes were painful: tearing, burning pain, extending from the teeth of the upper jaw up to the eyes; sore throat; in the stomach a troublesome pressure. In the afternoon several bilious stools with considerable urging. At night he could not sleep for anxiety; he also felt a burning at the orifice of the urethra.

August 6th, again two drops.

In the eyes a pressive, burning pain with a slight injection of the blood vessels of the conjunctiva; headache in the temple above the left eye, pressive. A tearing pain extended from the left eyes down to the molars; in the mouth a burning pain. The throat was sore and swallowing troublesome. Some stinging pains in the right lower half of the chest. In the stomach a very painful pressure. At the orifice of the urethra a violent itching, which during micturition passed over into smarting; so also some stitches throughout the urethra. The pressive stinging pain in the hip joint and in the knee continued equally, both during rest and motion. Also a moderate pain in the other limbs. No appetite; a violent thirst; the stomach very sensitive. In the evening the head was so weak that he several times looked at speaker without understanding him. Before going to sleep chilliness, merely about the head. Having fallen asleep late he started, owing to a concussion all through the body, and he could not go to sleep any more owing to heat and pressure in the chest, attended with an anxious feeling. At night the gums swelled up around the molars on the right side.

August 7th, no medicine. Still quite indisposed, no appetite, severe thirst, a burning pain extending from the mouth into the stomach, disappearing, however, after a drink of cold water. The soreness in the throat is increased, besides there is a coryza. In the afternoon ill-humored. The toothache and swelling of the gums continue. At night he could not sleep.

On the 8th of August he awoke feeling pretty well, but the burning in the throat, the toothache and coryza continued. In the afternoon some roaming stitches in the hip joint. The swelling of the gums and the soreness of the throat continued for two more days, after all the other symptoms had vanished.

## V.

Dr. Joh. Nusser, practicing physician in Augsburg, aged thirty six, married, of sanguine temperament, of a sound and vigorous constitution, dark hair, never had any particular disease. He observed during his experiments his usual diet, *i. e.*, moderate exercise, abstinence from spirituous liquors, coffee, spices and acids.

September 27, 1847, at 10 A. M., while in good health, he took ten drops of the second centesimal dilution of *Corrosive sublimatc.*

Itching in the left eye. Tension near the left scapula on the outer side. Itching between the right big toe and the next. Burning stitches in the middle of the right side of the chest, as if in the muscles. Slight stitches as if in the middle of the liver. Pinching stitches in the epigastrium, more as if in the muscles. Stitches in the head, on the left temple. Slight lancinating drawing in the left inguinal region. Scratching soreness in the back part of the throat, compelling frequent hawking. Painful stitches in the gastric region. Fine but painful lancinations in the middle of the left testicle, continuing even the next day. Painful tearing in the bone of the posterior phalanges of the index and the ring finger as well as of the thumb. Itching of the skin continuing even the next day on various parts of the body (the scalp, legs, etc.) often passing over into fine stinging and burning. On taking a deep breath lancinations in the left side of the chest at the top, within. Itching about the anus (while walking). Itching, passing over into fine stitches, in the middle of the back, as if on the skin. Tearing at the top of the left scapula on the inner side, as if on the bone. Tearing, shooting in a posterior molar, drawing even into the ear. Tearing as if in the bone, above the left eye, beside the root of the nose and on other parts of the bones.

After eating bread with good unsalted butter colic on and around the umbilicus. Simple pain in the lower part of the abdomen. Tearing in the left calf inward.

Burning tearing in the upper part of the left upper eyelid. When firmly resting the (left) arm while standing a moderate

trembling of the same and of the whole of the left half of the body. During the day frequent dull stitches in the upper part of the left side of the chest, within, especially on taking a deep breath. Frequent tearing pain in the cartilage of the lowest right rib. In the evening a quite unusual weariness of the feet and sleepiness.

September 28. Sleep pretty good till about three A. M. Vivid dreams about strange, ridiculous, but disagreeable situations in life, about journeys, etc. In the morning, after the customary breakfast, a soft fluid, yellow, painless evacuation, with frequent urging. After this there is a slight feeling in the abdomen, as if urging to stool. Stitches in the hepatic region. At noon, after taking some sugar, considerable pain in the abdomen on the right side, beside the umbilicus, a sort of pinching. Tearing behind in the right hip-joint, afterward more on the side and outside.

September 29. The sleep was good, till about three a. m. Voluptuous dreams. Very violent erection during sleep (without pollution), continuing after waking up. In coitus, retarded, slow issue of semen.

After midnight, tearing in the middle of the sternum. In the morning, fine stitches in the pit of the stomach, a natural stool. In the afternoon colic (after potatoes) with slight urging in the abdomen, as if for stool.

Both the 28th and 29th almost continuous sensation of dryness in the back part of the nose, as if on the surface of the soft palate; more in the open air.

Frequent tearing in the left shoulder.

Various complaints, worse while walking in the open air.

On the evening of the 29th stitches inside in the left ear. Stitches in the upper right part of the chest, hardly increased by deep respiration. Cutting around the umbilicus, after eating moderately of ripe somewhat acid apples, while walking in the open air; worse in the evening, with slight urging to stool. Since beginning the medicine (the 27th) till now sore throat, sometimes on the uvula, not increased by swallowing.

September 30. The sleep full of disagreeable dreams, many disagreeable items of business. On the 28th, 29th and 30th I only slept till three A. M.; but there was no weariness or sleepiness the next morning after awaking. In the morning again violent erection and still more frequently sexual desire. After coitus, burning stitches, anteriorly in the urethra, and sensation of vigor and lightness.

At nine A. M., after micturition a slight stinging, anteriorly in the urethra and at the same time in the sphincter ani.

From 8-10 A. M., stitches anteriorly in the urethra, while walking in the open air, then itching about the anus.

At noon, while eating, violent pain like lancinations in the chest, deep within and below, as if in the œsophagus, as if a morsel had lodged in the œsophagus and had expanded the œsophagus and could not get down. Nevertheless, he can swallow solids as well as liquids, although the pain is somewhat aggravated while swallowing, as well as during eructations of air. When this pain diminishes, there is cutting in the right epigastrium. In the evening, while walking, there is again lancination anteriorly in the urethra, with slight urging to urinate and very fine stitches in the left testicle. In the evening, while walking, fine, but very sharp stitches in the tip of the left thumb.

October 1. The sleep was somewhat restless, and again lasted only till three A. M. In the morning, a normal stool. Tearing in the left metacarpal bones (in the first days this was more anteriorly in the posterior phalanges of the fingers.)

In the *skin* there are sensations like a sort of *itching*, passing over into *stinging* and *burning*; in the *bones* (finger-joints, hip-joints, etc.), a sort of *tearing*; in the *parenchymas*, a sort of stitches, as in the lungs, liver, very fine in the testicles.

October 2d. Sleep again only till three A. M. During the day, at times, a stitching pain in the right testicle (before that in the left).

October 3d. This night for the first time since taking the sublimate he had slept the whole night.

After smelling of *Merc. corr. subl.* 3 stitches in the hepatic region.

October 4th, 5th, 9th, several of the symptoms observed above still continued. The sleep also in these days only continued six hours till three A. M., different from all his previous customs, but without any sensation of weariness during the day, he rather felt decidedly more vigorous and lighter. He almost daily had colic after fruit, especially after pears, also after potatoes, etc. The sexual impulse during these days was diminished (after-effect); he hardly ever had an erection; frequent stitches anteriorly in the urethra. The colic after eating, which was quite new to him, showed itself afterward occasionally, even for half a year. The evacuations, formerly almost

always normal, remained for a considerable time more firm (after-effect), although discharged daily. As to mind and disposition, no especial characteristics showed, except perhaps increased cheerfulness and lightness in mental exertions, unless this should have been a casual coincidence.

Dr. Nusser had purposely taken only one dose of corrosive sublimate (if we except the short olfaction of the 3d dil.), in order that he might not disturb the pure effects of a single dose. He had also carefully avoided dietetic influences.

## VI.

Time of proving from the 15th to 25th of August.

Dr. Med. Pernerl, disposed to catarrhal and slight rheumatic ailments on the shoulders and on the muscles of the chest; these still appear during a change of weather; he is also inclined to constipation. In his youth he twice suffered from angina; later on, twice from gastric fever; three years ago, from hæmoptoë. Since then he has not been sick.

The peculiar circumstances: He took the medicine which was unknown to him, *Merc. sublim.* 2d centesimal, half an hour before his breakfast coffee, after which he made a journey of three to eight miles on foot or on horseback. In the evening he drank Bavarian beer (2 to 2½ litres) and smoked tobacco.

August 15, 1847, Dr. Pernerl took five drops of *corrosive sublimate* 2nd in one tablespoonful of water. No effect.

August 16, twelve drops.

A fatty, scraping taste in the mouth. Two hours later, while walking, he felt anxious and uncomfortable below the umbilicus in the region of the bladder, as when an evacuation is coming on, but without any definite pain.

After three hours, in the umbilical region on the inner side of the abdominal rectus dexter muscle, a contractive, jerking pain of several muscular fascicles, passing away after three minutes; but frequently recurring later on, with the same duration.

After five hours, dryness in the mouth, fatty and disagreeable sensation in the mouth, but without loss of appetite—but little thirst—uncomfortable feeling in the umbilical region. No stool.

August 17, eighteen drops.

Some repugnance to taking the medicine; one hour later, loathing, nausea, the head feels benumbed, especially above the eyebrows. The same sensation in the umbilical region and the rectus abdominal muscles; weak and of brief duration.

After riding on horseback for one and a half hours, with at least 77°, remarkably little thirst. About noon, a soft stool. All the other symptoms disappeared during the day. Only about 5 P. M., the anxious feeling in the lower part of the abdomen returned and in a stronger degree; not relieved by passage of flatus.

August 18, twenty-five drops. The same anxious sensation, and the same pain in the lower part of the abdomen and the rectus abdominal muscles. Normal stool. After one and a half hours no further symptoms manifested themselves.

August 19, thirty drops.

After one hour, a sensation of relaxation on the delta muscles. He had perceived on the 16th and 17th a similar sensation in the muscles of the calves and thighs, without giving it any particular attention, because he had been making exertions previously. Twitching of single muscles of the calves (the inner side of the gastrocnemius) as also in the muscles of the right metacarpus.

August 20th and 21st, no medicine. On the 21st there was again muscular twitching in the abdominal rectus.

August 22d, thirty drops. No symptoms.

August 23d, no medicine; no symptoms.

August 24th, he took the remaining thirty drops.

On the right delta muscles there was, while walking, a rheumatic pain such as had been peculiar with him on windy days. In the morning, two soft stools. The urine is scalding.

August 25th. Itching, stinging pain on the muscles of the lower costal region on the right side. Itching stitches on the muscles of the right pupil. A similar sensation in the umbilical region.

The twitching contractive pains in single fascicles of the rectus abdominal dexter muscle continued to be felt for some days later in a diminished degree.

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### ALTERNATING REMEDIES.

Translated for the HOMŒOPATHIC RECORDER from "*Willst du Gesund werden?*"

There are in homœopathic practice states of disease, the symptoms of which viewed in their completeness point to a single remedy of the homœopathic treasury of medicines, so that when rightly applied the said disease can be thereby fully extinguished. But not less numerous are the cases in which a

single remedy carries us only to a certain point; then changes appear or symptoms still remain which point to another remedy; and the time for its application has come, when the improvement makes no further progress. In this case, however, it is by no means indifferent what remedy is elected to follow immediately after the other, for experience shows us that there are some remedies which are especially adapted to complement one another's action, while there are others which mutually repel each other. There is not at the present time any satisfactory explanation of this phenomenon which, however, rests on experience and observation.

We also frequently find in homœopathic practice that *simultaneously* two remedies are prescribed by some physicians to be used *in alternation*. This mode of treatment, which is especially frequent in acute diseases, but also used in chronic cases, is not, indeed, in agreement with the method of our master, Hahnemann, who directed that only *one* remedy should be used, yet the choice of two remedies may be perfectly justified even from the homœopathic standpoint; for there are states of disease which point to different remedies, not only by some of their secondary symptoms, but even by their fundamental character. The latter is, indeed, very rarely the case, and we find more frequent instances where alternating remedies are prescribed, not from necessity, but with a well-meant intention of hastening the cure. And this result may, indeed, be hastened by the use of alternating remedies, when these remedies are mutually concordant and supplementary. But the use of alternating remedies has also its drawbacks, which appear when one of the remedies is unsuitable and not adopted to the special case, so that its influence instead of furthering the cure only serves to obstruct the action of the other remedy. On this account we ought from principle to continue our observance of Hahnemann's doctrine, that only *one* remedy should be brought into action at one time. The image presented by the provings were obtained and continue to be so from the use of one *single* remedy at a time on a healthy person. But these results only obtain their full value when they are confirmed by practice, and for this it is necessary that the respective remedies should be prescribed singly. The more frequently a remedy has thus been "confirmed" under certain circumstances the greater will be the confidence of the practitioner in its virtue and the more easy will it then be possible for him to associate with it another remedy in consequence

of the experience he has gained. By this the practitioner also is led to see that there are remedies which serve specially to complement one another.

As an example of this I would here mention *Silicea* and *Calcarea fluor.*, which gives splendid results in caries of the bones. We may further refer to *Sulphur* and *Mercurius*, which, when used alternately, are very effective in the cure both in humid and in dry *herpetic* eruptions. I have had much experience in the latter disease, so that I may say that in the course of years these two remedies have been of the greatest service to me in many *herpetic cutaneous ailments*; I have used them in the 30, 12 and 6 potencies. Usually these remedies were given alternately, every 4 or 6 days, one dose of one or the other. In humid eruptions, with an inflamed basis with violent itching, of which we find especially many cases with children, I have found these two remedies effective with hardly an exception. When such eruptions come to suppurate *Hepar sulphuris* is to be preferred; still remedies like *Graphites* and *Juglans cinera*, etc., may still be considered, especially when the success of the former remedies has not been decisive and permanent; but *Sulphur* and *Mercurius* are always the chief remedies and will continue to be so. Of course the treatment of a chronic cutaneous disease will always require months.

Two additional remedies, which are mutually concordant and supplementary, are *Arsenicum* and *Carbo vegetabilis* in chronic *ulcers on the legs*. These remedies are indicated when *dilatation of the veins* lies at the bottom of the disease, and this is well known to be the case in most instances of this ailment. They are indicated in cases where the process is inert for a long time, and where the secretions from the ulcer is slight in quantity and perhaps occasionally sanguineous, and where there are burning pains, occasionally also stinging pains, while there is no intermission, even at night.

*Arsenicum* and *Carbo veg.* are given in herpes somewhat more frequently than *Sulphur* and *Mercurius*. We may also give for two days three doses a day of one remedy and then, after a pause of one or two days, give the other remedy in the same manner. It is certain that chronic ulcers on the legs are improved and cured in this manner without necessitating a cessation of the usual employment. The remedies mentioned last I have preferably used in the 12 potency, also in the 30, but rarely in the 6. Instead of *Carbo veg.* it may also become necessary to use

*Lachesis*, when the limb affected is much disfigured by considerable *swellings* and the parts around the ulcer have a *bluish-black* appearance.

Two other remedies which also supplement one another's action remarkably well are *Calcarea carb.* and *Nux vom.* when the catamenia appear too early and are too profuse. This ailment may also be caused by a certain weakness, and is not always due to change of position, ulcers, etc. In such cases, *Nux vom.* and *Calcarea carb.* in the 30 and 12 potencies, one dose every third day, prove very curative. Even in cases where female physicians had operated on the patient, and where the irregularity, according to their statement, was due to a thickening of the mucous membrane, I have been able to effect a cure through the two remedies, demonstrating that modern surgery is not always the last sheet-anchor for suffering patients. In these cases also it is, however, necessary to continue the treatment for several months.

I do not mean to be understood that in the above-mentioned diseases only the two remedies there mentioned ought to be used. I myself have, indeed, learned to know and value these remedies by very many observations, but another practitioner may also discover also other remedies which used together may not be less effective. I have only desired to make a small contribution to the doctrine of alternative medicines, and perhaps assist one or another practitioner to a certain success in similar cases.

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THE following from the *Medical Advance* gives a good idea of the nature of the recently published Gross' *Comparative Materia Medica*: "The first edition appeared in 1866, and for many years this splendid volume, upon which the author spent so many years of hard labor, has not been obtainable. If our practitioners will use this work in comparing the action of two remedies, the symptoms of which are opposite or more or less similar, they will have very little excuse for alternating remedies. Here are about 500 comparisons of 100 of our most frequently called for remedies, and a little work will yield an abundant harvest in the brilliant cures which follow the carefully selected simillimum. Never before has the student of *Materia Medica* had such an opportunity to become familiar with the essence of his armamentarium as is here offered. A study of these comparisons will speedily remove the erroneous impression of the student in the similarity of drug

pathogeneses, for the complaint is frequently made that the symptoms are nearly the same in every drug. On the contrary, after a study of Gross, the question more frequently asked will be, "Where is the similarity?" It would certainly be difficult to find the similarity in the following remedies so often given in alternation by those who believe in and practice polypharmacy:

## PULSATILLA.

## SEPIA.

Inclination for open air.	Aversion to open air.
Hot and painful swelling of glands.	Painless swelling of glands.
Eruptions more humid than dry.	Eruptions mostly dry.
Heat on suffering part.	Sweat on suffering part.
Taciturnity.	Loquacity.
Gentle mood, distrustful.	Irritable, rarely amorous.
Mania from suppressed menstruation.	Mania from profuse menstruation.
Catamenia too short and scanty.	Catamenia protracted and profuse.
Worse from warmth of bed.	Better from warmth of bed.
Better from pressure.	Worse from pressure.
Mostly worse after sleep.	Better after sleep; but worse when disturbed.

"Frequent reference to this work will not only save much valuable time in a sharp and clear-cut individualization of the remedy, but it will often demonstrate that our examination of the patient has from some cause been imperfect, something vital has been overlooked by the physician or patient, and a new and more complete examination must be made. Those who have used this book most consider it almost indispensable when a life depends upon the selection of the perfect remedy. A very trifling change may often decide a momentous question. Be sure you are right, then go ahead."

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**IS INFLUENZA COMING?**

For years past that most terrible of scourges, influenza, has swept through and through Great Britain. Gradually its victims have become fewer, and at times one had hoped that the venomous creature was scotched; but, alas! it has never really disappeared. One of the things about the malady that gives it such lingering vitality is that an attack, unlike most other zymotics

in this respect, fails to give immunity to the sufferer. When the epidemic wave first broke upon our own Islands, some seven years ago, it came from China by way of Russia. At the present moment, and for months past, influenza, in a severe form, has been raging in the district of Merv. It has claimed an immense number of victims, and although fewer deaths are now reported from the disease, yet, on the other hand, its virulence has increased rather than lessened. The latest reports state that it leaves severe results, such as heart affections, paralysis, and spastic affections of the limbs. Whilst hoping that, as a nation, we may be spared invasion by this mortal malady, against which sanitary measures seem useless, we must own to some disquietude at its presence in Russia, which has so often been its half-way house, so far as Great Britain is concerned.—*Medical Press and Circular.*

DR. S. F. ROGERS, of Troy, N. Y., writing to Boericke & Tafel and ordering an additional supply of *Malaria off.*, says of that new remedy: "Let me say there is nothing on the market, in the laboratories or among men equal to this. The greatest results have met the bottle you sent me. Make no delay in sending this order." We presume the results were obtained in old cases of rheumatism, for it was in such cases that Dr. Bowen, to whom the profession is indebted for this powerful new drug, prescribed it with the greatest success (see September Recorder, page 390). There is also the possibility that it may prove of great value in consumption; at least, Dr. Bowen arrested a case of that disease with it, and there is the old belief that consumption cannot exist where malaria is.

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## BOOK NOTICES AND GOSSIP.

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**An Epitome of the History of Medicine.** By Roswell Park, A. M., M. D., Professor of Surgery in the Medical Department of the University of Buffalo, etc. Illustrated with Portraits and other Engravings. One volume, Royal Octavo, pages xiv-348. Extra Cloth. Beveled Edges, \$2.00 net. The F. A. Davis Co., Publishers, Philadelphia.

Dr. Park's *Epitome* begins with Æsculapius and goes down the long historical ranks to Lister and his contemporaries; the book would be very useful as a work of reference for any one

who wanted to look up the record of any past medical worthy, and to obtain a bird's-eye view of the history of medicine. What will especially interest the homœopathic physician, however, is the part devoted to Hahnemann; it will be found on page 241, and a rather poor picture of the man on the following page. Rasori, in the order of the book, which is chronological, immediately precedes Hahnemann. This gentleman held that "bleeding was the best measure; if it did the patient good, the sthenic diathesis was assumed; if it made him worse, the asthenic was certain. He gave enormous doses of powerful drugs—sixty grains of gamboge, and from two to three ounces of saltpeter in a single day. Is it strange that Homœopathy or any other heterodox system sprang up in the midst of such measures?" Not at all, but it is strange that any one at this day should term a reaction from such brutal ignorance "heterodox."

The author continues: "As just intimated, Homœopathy was the natural reaction against such heroic measures; in the rebound the other extreme was reached, even to practical therapeutic nihilism." To the uninitiated this seems very plausible, and indeed it is the stereotyped method of getting around something that cannot be gotten over. In the first place, Homœopathy was not a "reaction" in any sense of the word, and Dr. Park, had he thought a moment, would have seen the absurdity of the assertion; a "reaction" that has steadily increased and, after the lapse of nearly a century, is stronger and more persistent than ever, is no reaction (which is, from its nature, but a temporary thing), but by this very permanence shows that it is a very big FACT. Better admit the FACT, gentlemen, and fight it, for the other tack is too plainly an absurdity; meet its science, or what is asserted by the men who believe in *Similia* to be science, and disprove it if you can, for the day of sneering or lofty ignoring is about passed. The statement, that Homœopathy is therapeutic nihilism is an assertion that neither Dr. Park nor any one else can prove, for the very simple reason that it is not true. After giving a few lines to the birth and parentage of Hahnemann, our author continues: "'*Similia similibus curantur*' was not original with him, as it long before had been formulated by Hippocrates, and later by Paracelsus." If Dr. Park had made but a superficial study of homœopathic literature he would find that this fact (which he inserts, as though Hahnemann had claimed Homœopathy as something original with him) advanced as one of the strong reasons why the great thera-

peutic law should be deeply studied; glimpses of it have been seen, dimly, by the wiser men in all ages, but to Hahnemann belongs the honor of fully formulating it and building a working materia medica in accordance with it. And is it not significantly peculiar that every man who has attempted to teach this Hippocratic formula should be assailed by the "regulars" in authority? Why is it? Look through the pages of Dr. Park's book and the reader will note that every conceivable absurdity in the way of treatment and theory of disease has been practiced or advanced, yet the professors of these too often barbarous cruelties are all admitted to be "regular"—no hint of "quackery." But when Hahnemann asserted the Hippocratic formula, that drugs will prove curative to symptoms similar to those they will cause, he was classed among the "rank and fraudulent outgrowths of medicine." Surely there must be a very peculiar wheel in the heads of men responsible for this. Isopathy is, with a certain semblance of truth, termed an offshoot of Homœopathy, and is said to be "perhaps the filthiest theory ever invented." Inasmuch as the 100,000th potency is a low one for those who use the so called "isopathic" remedies, the charge of "filthy" is altogether a sentimental one. Furthermore, it is a curious charge to come from those who to-day are deep in "serum therapy" which, if there be anything in it but carbolic acid, is nothing but a crude form of Isopathy in which the so called "filth" is run through a horse instead of a machine. Aside from these few points the book seems to be very fair and candid.

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**The Prescriber.** A Dictionary of the New Therapeutics.

By John H. Clarke, M. D., F. R. G. S., etc. American edition, revised and enlarged by the author from the fourth English edition. 258 pages, 16mo. Cloth, \$1.00; by mail, \$1.06. Philadelphia: Boericke & Tafel. 1898.

Clarke's famous *Prescriber* is so well known to the homœopathic medical profession that the mere announcement of the appearance of an American edition would be sufficient for all purposes. The work is a "dictionary of the new therapeutics," starting in the list of diseases at A and running through the alphabet. For every disease the treatment is given, together with strength and frequency of dose. It is a very handy and useful little pocket book for many purposes, a fact abundantly

demonstrated by the number of editions that have been printed. The *Prescriber* will be especially useful to homœopathic practitioners as a pocket companion.

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**The Principles of Bacteriology.** A Practical Manual for Students and Physicians. By A. C. Abbott, M. D., Professor of Hygiene and Director of the Laboratory of Hygiene, University of Pennsylvania, Philadelphia. Fourth edition, enlarged and thoroughly revised. Handsome 12mo. 542 pages. 106 illustrations, of which 19 are colored. Cloth, \$2.75. Philadelphia and New York: Lea Brothers & Co., Publishers.

“Probably most men think that bacteriology is a modern science, but after reading Dr. Abbott’s Introduction they will feel like exclaiming with the wise man of old “and there is nothing new under the sun.” The study of the science began, as may be learned from this concise and scholarly Introduction, in the year 1675, when Anthony van Leeuwenhoek, who had previously been a linen draper’s apprentice, learned the art of lens grinding, made himself a microscope and began seeing what he could see, paying especial attention to the evacuations and disease products of the human body. He discovered many “animalcules” and presented his discoveries to the various learned societies of that day. The result was, in the words of Dr. Abbott, “so universal became the belief in a casual relation between these ‘animalcules’ and disease that it amounted almost to a germ mania. It became the fashion to suspect the presence of these organisms in all forms and kinds of disease, simply because they had been demonstrated in the mouth, intestinal evacuations, and water.” But all this belief died out and germs were only fitfully considered until Koch started it all up again, and since then, as all the world knows, “germs” have come to the fore with a vengeance. Whether bacteriology deserves the high seat it has obtained in medical study is an open question, but certainly Dr. Abbott’s book deserves a high seat among the books on the subject.

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**A Text-Book of the Diseases of Women.** By Henry J. Garrigues, A. M., M. D., Professor of Gynecology and Obstetrics in the New York School of Clinical Medicine, etc. Containing three hundred and thirty-five engravings and colored

plates. Second edition, thoroughly revised. 728 pages. 8vo. Cloth, \$4 00; half-morocco, \$5.00. Philadelphia: W. B. Saunders. 1897.

The fact of a second edition inside of four years speaks well for Dr. Garrigues's work, who says: "If I have enjoyed the praise bestowed upon the book, I have paid no less attention to just criticisms, and have embraced the opportunity afforded by this revision to bring the work up to date."

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**The Right Side of the Car.** By John Uri Lloyd, author of "Etidorpha." 59 pages. \$1.00. Boston: Richard G. Badger & Co. 1897.

A delicate little bit of writing by the author of "Etidorpha" and a gem of printing by the Riverside press.

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THE Macmillan Company, of New York, announce that they have in press a translation of the last German edition (seventh) of Klemperer's *Clinical Diagnosis*. No book so complete, short of a text-book of medicine, is before the American medical public. It has passed through seven editions in its original language (German) in as many years. The German school leads in clinical diagnosis and this little work is an exquisite example of its methods. Dr. Klemperer is Professor at the University of Berlin.

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MESSRS. BOERICKE & TAFEL will publish the "History of Hahnemann College," of Philadelphia, for the alumni. This work was written by Dr. T. L. Bradford and will make a book of six or seven hundred octavo pages. It is published as part of the semi-centennial jubilee that will be celebrated next year, and will be a complete history of "old Hahnemann" in all particulars, containing also the names of every faculty and class from the first. The price of the book set by the alumni committee is \$3.50, plus postage. Subscribers are requested to send their subscriptions to Messrs. Boericke & Tafel, Philadelphia, Pa.

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AMONG the "Pioneers" whom Dr. Bradford tells us about in his recently published *Pioneers of Homœopathy* is one, Joseph Attomyr, whose life is a moral for those who smile in superior wisdom over Hahnemann's Chronic Diseases. This young

student was filled with zeal for smiting Homœopathy until he came to be acquainted with Dr. Mueller, and then he saw the error of his ways, but this is not the moral. In studying to pass his examinations he began to cough up blood. Fourteen days in the hospital did not benefit him, so he gave up and went to Dr. Mueller for homœopathic treatment. In two months he was materially benefited and returned to his studies, but in a short time again broke down, "his bloody cough returned, followed by purulent sputa and a consumptive fever." But in the meantime the *Chronic Diseases* had been published, and Atto-myrr in reading it was attracted to *Sepia*. "He took one dose, and this gradually effected his cure. Even his opponents could not deny the astonishing effect, for they had declared this case of pulmonary consumption as incurable and had given him up as surely lost." Frequently afterwards during his long life he was brought near to the grave by disease, only to be rescued by the homœopathic remedy, and generally it was one from the rich store house of Hahnemann's great work—the greatest medical work of the world.

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DR. E. M. HALE writes of Fernies's *Herbal Simples*: "The book of *Simples* is a mine of folk lore and herb lore. It is fascinating reading and I enjoy it very much. It is singular how often provings verify the claim of the old herbals."

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ALL the college journals come to us in their old dress—barring a few changes in covers—save the *Hahnemannian Institute*, which is out in a new dress and form, looking very much like the *Hahnemannian Monthly* before it changed to the present blue-gray cover. The *Institute* is also enlarged, having forty-eight octavo pages of reading matter. Some good illustrations are given in the first number.

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EVERYONE will welcome that expurgated, revised, scientific and brought-up-to-date homœopathic materia medica when it appears, but inasmuch as its plan has not yet been determined upon, and there is no telling when that will be settled, the practitioner of Homœopathy will be compelled to depend on Hahnemann's *Materia Medica Pura* and *Chronic Diseases*, or the books mostly derived from those two like "Hull's Jahr," Hering's *Condensed Materia Medica*, Allen's *Handbook* and *Primer*,

Dewey's *Essentials*, Farrington's *Clinical*, Gross's *Comparative*, Dunham's works and the like. And by the way, if you really comprehend these works you will not feel so pressing a need for the coming revised edition.

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THE *American Homœopathist* says of Dr. Biddle's work :

A splendid little pamphlet entitled "Answers to Questions Concerning Homœopathy," by Dr. J. T. Biddle of Monongahela City, Pa., has reached our table from the Boericke & Tafel printing house. We would suggest that the doctor who has settled in a new and, thereto'ore, unhomœopathic district, provide himself with a small satchel-full of these pamphlets for distribution "where they will do the most good;" and he will be surprised to note how they will smooth his way in his new field. It asks questions just like those tom-fool allopathic laymen do, and such as meet the homœopath at every turn in his professional walk—and, what is more to the point, it answers them most satisfactorily.

To help the good work the publishers have reduced the pamphlet to \$3.00 per hundred, or \$4.00 for two hundred copies.

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THE PIONEERS OF HOMŒOPATHY, a noble book of noble men—one which should be read by every man and woman engaged in the practice of homœopathic medicine and surgery. It is a brief history of the lives of the men who fought for the principles of Homœopathy when it required great courage to insist and persist in declaring them the only scientific basis of practice in opposition to the views of the vast majority of physicians. Mainly through their labors has Hahnemann's discovery and application of the law "Similia" become of world-wide fame and utility.

The volume opens with the story of the pioneers who assisted Hahnemann, and to obtain the information the author ransacked medical journals and biographical works in all languages. The labor was Herculean, but Bradford is used to that.

The second part of the book contains the biographies of all physicians who were practicing homœopathy previous to 1835, and many of the facts concerning some were obtained from Cleave's *Biography of Homœopathic Physicians and Surgeons*.

When all is said, it is a collection of facts and incidents, obtained by years of labor, which was needed to complete the history of homœopathy up to 1835. As the years roll by it is becoming more and more difficult to get at the early history of our beloved pioneers in the faith, as is evidenced by a perusal of this volume.—*The Medical Visitor*.

# Homœopathic Recorder.

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“WHO introduced *Nitro glycerine* or *Glonoïn*, into medicine?” was the question put to the RECORDER, who in turn passed it along to Dr. T. L. Bradford, who in his turn sent in a host of references that clearly settles the question. *Glonoïn* was proved by Dr. Constantine Hering in 1847-51, and the proving published in German and thence translated. He first experimented with a trituration of gun cotton and later with the *Nitro glycerine* being led to this by an account published by Sobrero in a chemical journal, in which the warning is given that if any one wants to taste the preparation he must do so very cautiously “for even a very small quantity placed upon the tongue causes a violent headache.” Hering had great difficulty in getting the preparation, for “not even glycerine was to be had.” At last, however, his friend, Morris Davis, chemist at Lovering’s sugar refinery, at Philadelphia, “triumphantly brought me the longed-for vial. There were scarcely twenty drops, but it held, besides, a world of expectation. Like a new born son, wrapped in his glass swaddling clothes, the child of pain was at last brought forth. I rejoiced greatly. Such a son death cannot sweep away just when he had become most dear to us; he remains with his father all his life, and yet traverses the wide world.” After more raptures over this *enfant terrible*, Father Hering continues:

“That same evening I brought Dr. Jeanes the long coveted treasure. Accepting it, he laughed at my warning, and took somewhat more than a man troubled with hæmorrhoids and predisposition to apoplexy ought to have taken. While he was still coolly dictating his first symptoms to me, he suddenly started up and exclaimed, ‘Indeed, you are right, here it is! Oh, how it seizes me!’ He paced the room with long steps, and said, ‘Surely, this acts on the spinal cord and brain.’ Visibly overcome, he continued his walk up and down the room—who could

tell whether in danger or not?—describing his sensations, while I took them down as vigorously as a shorthand reporter in Congress. Meanwhile I considered what would be the best antidote, and concluded in case of need to try coffee, because this acts downward, from above, and our new remedy upward, from below, etc. After a few minutes the threatening sensation diminished, and in twenty minutes we were already making further experiments on a few friends.”

Further on we read: “The first beneficial result we derived from this experience was a facetious one. We began to carry vials of pellets moistened with *Glonoïn* in our pocket medicine cases, which were coolly offered to such witty men as were wont to boast that they could eat a whole box of homœopathic pills without injury. If such a boaster be brought to a stand, he is made to take out his watch and count his pulse, whereupon the pellets are poured in considerable quantity upon his audacious tongue, when miracles will be seen and experienced.”

But even in these halcyon days there seems to have been envy, jealousy and heartburnings, as is shown when Hering considers the reception this “son” of his will meet, in the light of the reception accorded to “the snake poisons” he had previously proved; bitter words these: “If I afterwards quoted what I had printed more than *ten years before*, I was accused of theft, and what this one or that one wrote *five years before* quoted as proof. I would not waste one word on the subject were it not for the cause.”

Thus was *Glonoïn* brought into the medical world.

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In the December 1st number of the *American Homœopathist*, Dr. Frank Kraft says, under the head, “Materia Medica Distrust,” and anent the Materia Medica Conference:

“If DISTRUST, in large caps, has not been engendered by these two sessions of this Conference, in the hearts and minds of those who for so many years have believed not alone in Homœopathy as the Science of Therapeutics, but as well in the ofttime enthusiastically delivered public and class experiences of those selfsame but now condemnatory professors, may one ask, per contra, what good has come, or can come of this public smudging of the homœopathic ermine? That Shakespearean character who broke up the green-ey’d and brown-skinned Moorish general did not make one positive allegation of unchastity against the fair Desdemona; but when his machinations were completed

both Othella and Desdemona had been gathered unto the marble embrace of their fathers. \* \* \* There is not a more fearful wild fowl than your ill-advised but good-intentioned reformer, and, finally, that the most fatal weapon with which to slay a man or measure is that same capitalized DISTRUST."

Instead of indulging in mere generalities which breed distrust in Homœopathy, which in turn, to a greater or less extent, affects the influence of every man holding a diploma from a homœopathic college, why not select *one* remedy, a polychrest, and reform it; show the profession that it can be done; give the profession a better pathogenesis of the remedy selected than Hahnemann and his followers did, and this distrust of the conference as evidenced in the quotation from the *Homœopathist* will disappear. And, on the other hand, if those dissatisfied with the materia medica cannot improve on it after a full and fair trial, then it must be plain to the rest of the world, if not to the dissatisfied ones, that the fault does not lie in the materia medica but in their understanding of it. "Let us have peace."

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THE leading editorial of the *Medical Record* of Nov. 27th, based on a paper by Mr. Lawrence Iredell, read before the American Health Association, is on "Phthisis and Racial Degeneration." It is remarkable for two things: First, that nothing is said in it about the "germs" that are now popularly believed to be the cause of the disease; and, second, for the fact that it is practically but a reiteration of what Hahnemann taught in his wonderful but neglected book, the *Chronic Diseases*. The *Record* asserts that the "real and growing danger" is in marriage with those with the consumptive taint, "but the spread of consumption is not the sole danger to be dreaded in such marriages. It has been proved that marriage into a family tainted with tuberculosis is often productive, not only of phthisical, but also of mentally deficient offspring. Statistics collected in various parts of the world show that a phthisical family history is a preponderating factor in the etiology of idiocy and imbecility (being found in 28.31 per cent. of the cases tabulated by Shuttleworth and Beach.) Naturally an increase of suicide moves hand in hand with an increase of insanity." Not a word about the disease being spread among the otherwise healthy by the "sputa of consumptives!" Hahnemann recognized the fact that the taint of chronic diseases came from within and not from without, as so many have been proclaiming of late, many years

ago, and now the more far-seeing are beginning to dimly see what he saw.

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“COUNTRY DOCTOR,” in the November number of *Journal of Medicine and Science*, and writing of “Gall-stones,” has the following to say of *China* for *Cinchona*, as a preventive: “The administration of this remedy in very small doses, long continued, prevents the formation of gall stones; that is as much of a settled fact as any fact can be in the science of medicine. If there are any stones already formed in the gall bladder when the treatment is begun it will not redissolve them, but will make their passage very easy in comparison, and will then prevent others from forming. That is what I mean by affecting a real cure, and that is more than any operation can do. For the acute stage, during the passage of the stones, I use ether inhalation, *Morphine* hypodermically, and, if such should be needed, a pint of olive oil.” He does not know to whom credit is due for this treatment, but says he got it from Dr. J. Warren Hayward, “a prominent homœopathic physician of Massachusetts.” If anyone knowing the nature of gall-stones, the pains they excite, and the law of similars, will read the paper in Hahnemann’s *Materia Medica Pura on China* he will then probably learn the genesis of this old therapeutic measure.

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“EVERYONE knows that the public ear is easily tickled by the word ‘cheap,’ and that customers are attracted by the offer of a great deal of goods for a very little money, and that many people are very slow to learn that in many, if not most, cases ‘cheap’ things are apt to be ‘nasty,’ that price and quality are usually intimately related, notwithstanding all pretensions to the contrary. They congratulate themselves on saving money, while they are often really wasting it.”—*Druggists’ Circular*.

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THE following slight contribution to the pathogenesis of *Vespa crabro* is clipped from a letter from A. J. Provost, M. D., Merrill, Wis., to the *Medical Summary*, November: “Replying to Dr. J. H. Lewis, in last *Summary*, it is my opinion that death resulted from the wasp stings, which caused acute hepatitis. I had a case recently in a young man who was stung on the forearm, and within ten minutes alarming symptoms manifested themselves. The arm became swollen and red and the eyes very much injected, swollen and bulging, accelerated pulse; also some swelling of the nose and lips. I immediately injected  $\frac{1}{8}$  gr. of *Potass. permanganate* in region of the sting, and adminis-

tered the same drug in mild solution internally. Recovery was uneventful."

"E. J. S." asks the *Druggists' Circular* how to make "compressed tablets," and from the reply, which we publish below, it will be seen that practically all the compressed tablets contain drugs not calculated by the physician who prescribes them; in other words, every machine-made tablet is of necessity a compound tablet. The following is from the *Druggists' Circular*:

"The first requisite in the manufacture of compressed tablets is, of course, a good machine; and having obtained this, it is important to keep the working parts free from rust. Any roughness of dies may be fatal to good work, and in case of scratching they should be refinished or replaced. Adherent material should be removed by washing, aided if necessary by a bit of wood, not metal, and the dies then carefully dried and lightly coated with petrolatum to protect them again until used."

"Successful compression usually requires that the substance be in granular form. Some substances can be obtained in the market in this condition, as *Ammonium chloride*, for instance. Others not so obtainable are brought to this condition by finely powdering, mixing with about one-tenth of their weight of cane sugar and one-twentieth of *Acacia*, moistening with water or diluted alcohol, forcing through a No. 12 sieve, and subsequently, when nearly dry, through a No. 20 sieve, and then thoroughly drying."

"The mass so prepared is sprayed with a solution of liquid petrolatum in either (about ten drops of oil to 1 pound of the powder), or 1% or 2 per cent. of finely powdered *Talcum* is added; or both agents are used; and the mass is ready for compression. This operation prevents sticking to the moulds."

"When, from the insoluble nature of the body or other cause, rapid disintegration is desired, finely powdered starch is added; one-twentieth to one-tenth of the weight of the material, and the *Acacia* omitted."

"When a tablet is wanted which will yield a clear solution *Boric acid* is used as the lubricant. This substance, it is true, cannot be described as inert when employed in distinctly appreciable quantities, but in the very small amount required as a lubricant it is presumably practically so. The quantity used should not exceed 2 per cent. While the acid has the advantage of not interfering with the solubility of the tablet, it is said to give results less satisfactory otherwise than those obtained by the use of *Talcum*."

"Some substances, like charcoal, need no lubricant; it acts in that capacity itself. It is granulated, as are other things, the sugar and gum being especially necessary to give cohesion to the mass."

"A tablet granulation is easier to work when gum is present, but this is better omitted where possible, as it renders the tablet hard and more difficult of solution than one made of sugar alone."

"A study of different articles which the pharmacist is likely to be called on to compress will be of great service to him. Usually, however, no great trouble is experienced in preparing tablet prescriptions, and elaborate preparation of the ingredients is unnecessary. Dampening the powder with ether will often render the powder fit for compression, and wetting with alcohol and drying will exert a like effect. In compressing 10 or 20 tablets no lubricant may be required, especially where the operator understands well how to regulate the pressure."

"This is a point that requires attention; if insufficient force be used the tablet may be insufficiently cohesive; if too much, it will be too hard."

Tablets made according to Dr. Robert M. Fuller's method from good triturations cost a little more than the machine-made, but they are fully worth the difference.

## PERSONAL.

Married, Baltimore, October 26, Dr. Bartus Frew and Lillian Thompson. Willett W. Whitehead, M. D., has removed to 1039 Massachusetts avenue, Cambridge Mass.

Dr. F. E. Stoaks has removed from Harrison, Arkansas to Erie, Kansas

Dr. E. G. Morey has removed from Galesburg to Rock Island, Ill.

Lippe's is the least cumbersome of any of the complete repertoires published.

Dr. F. E. Raines, of Concordia, Kansas, writes B. & T., Chicago: "Mullein Oil never gave me anything but disappointment until I got hold of yours." The money "saved" in cheap drugs is lost on patients.

Dr. Francis M. Bennitt has removed from Chicopee Falls to Springfield, Mass.

When you go back to the original, you will find the *Thuja* symptom "sweats only on *uncovered* parts" should be "*covered* parts."

If the patient is of a hæmorrhoidal diathesis clear up the case with *Hypericum*, so says Dr. Reehrig, *especially* a pneumonia case.

Dr. J. I. C. Meade has removed from Warrens to Valley Junction, Wis.

It is said that *Rhus glabra* will render fæces and wind odorless.

"The English authority says that the average life of a *fact* in medicine is about four years."—*Medical World*.

Homœopathy, *then*, is above the average.

Biddle's little pamphlet, "*Questions and Answers Concerning Homœopathy*," is a success.

Some very curious things are to be found in Bradford's *Pioneers of Homœopathy*, that mine of things past, that affect us today, yet few know of them.

Hale's book on "Saw Palmetto" ought to be out by the end of the month.

Clarke's *Prescriber* is a good, honest work, and useful.

"My master hath appointed me to go to St. Luke's, to bid the priest be ready to come, against you come with your appendix."—*Taming of the Shrew*.

"The bacteriologists teach us that the tubercular bacillus is present everywhere, in every tissue of the body."—*Ex*.

Down at its root "dignity" means "worthy;" it is frequently "substituted."

The man who asserts that "good luck is the twin brother of hard work" never went a-fishing.

An editor warming towards his advertisers says that the subscriber who does not read the advertisements misses the best part of the journal.

"Sterilizing Paris Barbers" is a startling head line that recently was used.

"The manner in which the tea-habit has increased is alarming."—*Jour. Med. Ass.* Keep cool in the face of this imminent peril, else all is lost!

"Is there a typho malaria fever? Yes, in the brains of the doctor but not in the bodies of the patients."—*Osler*.











