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THE

HOMŒOPATHIC PHYSICIAN.

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

“IF OUR SCHOOL EVER GIVES UP THE STRICT INDUCTIVE METHOD OF HAHNEMANN, WE ARE LOST, AND DESERVE TO BE MENTIONED ONLY AS A CARICATURE IN THE HISTORY OF MEDICINE.”—*Constantine Hering.*

EDITED BY

EDMUND J. LEE, M. D.

VOL. V.

PHILADELPHIA :
No. 129 SOUTH THIRTEENTH STREET.
1885.

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INDEX

TO THE

HOMŒOPATHIC PHYSICIAN.

VOLUME V.

PAGE		PAGE	
Aconite.....40, 70, 134,	229	Clinical Duties. What they are and how they are to be Performed. P. P. Wells.....	333
Aconite. T. C. Hunter.....	322	Cocculus.....	40
" Lecture on. J. T. Kent, M. D.	69	Coffea.....	148
American Institute Homœopathy, Dis- cussion Present Status.....	46	Colchicum.....	12, 40
Arnica diadema.....	386	Colocynth.....	200
Æthusia, Lecture on. J. T. Kent.....	246	Comparison of Diarrhœic Stools and accompaniment of Bryonia, etc. G. H. Clark.....	326
Agaricus.....	40	Comparison of Heart Symptoms Aggra- vated by Motion.....	256
All. cep.....	40	Comparative Remarks.....	200
Ang.....	40	Conium.....	200, 201
Agnus.....	40	Cuprum.....	12, 41, 200, 241
Apis.....	40, 165	Condition of Stomach as Cause of Health and Disease. C. Pearson.....	286
Arg-n.....	40	Cyclopædia of Drug Pathogenesy. Ad. Lippe.....	211
Am.....	40, 166, 199	Daphne.....	134
Aloes, Remarks of Carroll Dunham on.....	352	Digitalis.....	41
Analysis, A Masterly.....	128	Diphtheria. J. V. Allen.....	153
Arsen.....	12, 30, 199, 200	Dose, Single or Second? R. R. Gregg.....	109
Arum. tri.....	164	Dudgeon, Dr. R. E. Dr. Lippe's New Evidence for Curantur.....	61
Aurum.....	41	Dunham, Carroll. Remarks on Aloes.	352
Baehr. Dr. Bernard.....	24	Equisetum.....	200
Berridge, E. W.....	149	Eclecticism vs. Homœopathy. Dr. A. Lippe.....	271
Belladonna, Lecture on. Dr. J. T. Kent.....	177	Fifth Annual Session Hahn. Associ- ation, Announcement of.....	134
Belladonna.....	36, 41, 134, 199, 229	Foot-sweats. E. Fornias.....	129
Baryta carb.....	40, 129	Foote, G. F., Address before I. H. A.....	14
Benz. ac.....	28, 40	Ferrum.....	41, 147
Bryonia.....	200, 228	Fluor. ac.....	41
Cadmia.....	40	Gregg, R. R., The Single or Second Dose.....	109
Caladium.....	40, 134	Hahnemann's Chronic Diseases. C. L. Swift.....	53
Calcarea phos.....	40, 200	Hahnemann's Homœopathic Formula. Thos. Skinner.....	64
Calc. ost.....	129	Honesty vs. Hypocrisy.....	75
Camphora.....	40	Hahnemann's Three Precautions. C. W. Boyce.....	170
Card.....	134	Hahnemann's Method of Individuali- zation.....	252
Cannabis sat.....	199	Hamamells.....	36
Cantharides.....	36, 130	Helleborus.....	42, 130
Capsicum.....	40	Helonius.....	134
Carbo. veg.....	12, 25, 139, 134	Hepar.....	42
Caries of Teeth.....	225	Hints to Specialists. J. T. Kent.....	253
Caruthers, R. E.....	109	High Potencies and Dr. Jousset. B. Fincke, M. D.....	316
Causticum.....	134	Homœopathic Medical Society of Pennsylvania.....	351
Central N. Y. Hom. Medical Society, Meeting of.....	166, 281	Ignatia.....	134
Chamomilla.....	169	I. H. A. Notice.....	223
Chilidonium.....	52		
China.....	12, 134		
Chronic Chills in Children. W. Stein- rauf.....	359		
Cholera. Are we to have, in U. S., in 1885? P. P. Wells.....	81		
Cholera Microbes, etc. P. P. Wells....	7		
Cinchona.....	40		
Cina in Spasmodic Cough. E. M. Hale.	115		
Clinical Cases. E. W. Berridge.....	402		
S. A. Kimball.....	258		
R. B. Johnstone.....	147		
E. Rushmore.....	149		
Clinical Reflections. Ad. Lippe.....	232		

OCT 27 1911

80361

PAGE	PAGE		
Imagination of Disease as Indication in Prescribing. W. J. Guernsey.....	247	Progressive Medicine, Review of.....	259
Involuntary Proving of Arnica. E. W. Berridge.....	386	Proving of Apiol. S. Swan.....	345
Iodine.....	42, 129	Pulsatilla, Lecture on. J. T. Kent.....	215
Important Question Answered. H. C. Suess.....	101	Physician's Duty.....	37
Immaterial vs. Material. R. B. John- stone.....	123	Query, A. O. W. Smith.....	139
Johnstone, R. B. Clinical Case.....	78	Remarks on Aloes. C. Dunham.....	352
J. T. Kent. Lecture on Aconite.....	69	Remedies as Timekeepers. C. C. Smith.....	385
Jatropha.....	12	Repetition of Dose in Treatment.....	184
Kali b.....	42, 164	Reflections.....	389
Kali carb.....	42, 129, 134, 150	Rushmore, Edward. Surgery or Medi- cine?.....	38
Kali iod.....	42	Ranunculus B.....	134
Kalmia.....	42	Rhus tox.....	43, 168
Lachesis, Proving by Induction of 7m, Fincke. B. Buchmann.....	394	Ruta.....	43
Lecture on Cactus grandiflorus. J. T. Kent.....	314	Sanguinaria nit. J. S. Smith.....	385
Lecture on Cholera. C. G. Raue.....	235	Sepia, Some Uses of. W. E. Leonard.....	245
" " Sulphur. J. T. Kent.....	140	Some Urinary Troubles. B. Ehrman.....	382
" " Abrotanum.....	76	Surgery or Medicine? E. Ru-hmore.....	38
Lachesis, Physiological Proving of. B. Fincke.....	90	Sabadilla.....	43
Lippe, Ad.....	10	Sabina.....	43
The Cholera.....	10	Sambucus.....	43
Law of Similars.....	356	Sar-aparilla.....	43
Lummis, M. D.....	107	Seneg.....	134
Lippe's New Evidence for "Curantur," K. E. Dudgeon.....	61	Sepia.....	129, 175, 182
Masterly Analysis, A.....	128	Silicia.....	39, 43, 129, 134, 166
Millsbaugh, American Medicinal Plants. B. & T.....	260	Spigella.....	166
Moses' Regulations as to Organs of Generation.....	398	Staphisagria.....	43, 200
Magnesia-carb.....	42, 134	Stramonium.....	200
Mercurius.....	42	Strontinum.....	43
Medor rhinum.....	149	Squilla.....	130
Mercurius-iod.....	165	Sulphur.....	12, 25, 39, 43, 129, 168, 360
Merc. cyan.....	164	Sulphuric acid.....	200
Murex.....	182	Tabac.....	200
Merc. Bin-iod.....	165	Tannic acid.....	42
Morphine.....	166	Theridium.....	43
Nephralgia. E. J. L.....	199	Therapeutics of Bone Diseases. L. B. Wells.....	40
New Repertory.....	163	Therapeutical Hints. C. Hering.....	112
Nut for Dr. Dudgeon to Crack.....	116	The Organon in our Colleges. M. D. Lummis.....	107
Natrum sulph.....	42	Therapeutics of Angina.....	396
Nicotin.....	13	Three Cases of Purpura Hæmorrhag- ica. G. W. Winterburn.....	306
Nitric acid.....	42, 129, 163	Thirst Symptoms.....	250
Nux vomica.....	168, 182, 200	Thrombidium.....	233
Ocular Surgery.....	285	Thuja.....	43, 129, 134
Obituaries.....	282	Triosteum.....	43
Obituary.....	325	Triolidium.....	149
Ocimum.....	290	Unkind Criticism.....	257
Organon in Homœopathic Colleges.....	13	Undeveloped Case. J. T. Kent.....	25
Ol. animale.....	134	Urinary Troubles, Some. B. Ehrman.....	382
Pareira.....	42, 200	Veratrum viride.....	12
Phos.....	42	Vinea.....	43
Phos. acid.....	43, 134, 168	Viols odorata.....	129
Phytolacca.....	43, 121, 164	Wells, P. P. Status of American Institute.....	46
Plumbum.....	130, 200	Cholera, Are We to Have it?.....	81
Podophyllum.....	130, 150, 182	Pursuit of Knowledge Under Diffi- culties.....	117
Psorinum.....	25, 43	In Whose Eye is the Mote?.....	131
Pulsatilla.....	43, 182	Differentiation of Remedies.....	189, 225, 297
Psora and Syphilis. Dr. Wolf.....	96	Medical Education and Accept- ance of Homœopathic Law.....	369
Peculiar Eye Symptoms.....	184	What is Homœopathy? J. T. Kent.....	346
Pursuit of Knowledge under Difficul- ties. P. P. Wells.....	117	Warts Cured. E. W. Berridge.....	113
Proceedings of Central New York Ho- mœopathic Society.....	166, 281	What I Know of Phytolacca. E. B. Nash.....	121
Proving of Convallaria Majalis. I. J. Lane.....	292	Who is Our Guide, and Where Shall We Find Him? Dr. Dunn.....	74
Polygonum Hydropiper.....	328	Wolf. Psora and Syphilis.....	90
Pneumonia.....	361	Women's Homœopathic Association of Pennsylvania.....	210
		Zinc.....	134, 139

In Memoriam.

CONSTANTINE LIPPE, A. M., M. D.

Dr. Constantine Lippe died suddenly January 1st, 1885, at his residence in New York.

We feel sure the announcement will cause universal regret among homœopathists generally that such an able and energetic worker should be so suddenly taken from the profession which he loved and so well adorned. Among patients and friends his loss will be grievously lamented, and his place will be long vacant. Universal sympathy will be extended to his father, Dr. Adolph Lippe, who loses, in two brief weeks, a cherished daughter and a valued son.

Dr. Constantine Lippe was in his forty-fifth year, was a conscientious and able practitioner, a pure homœopathist, a frequent contributor to this and other journals; also the author of a valued repertory, which he was just rewriting for a second edition.

Requiescat in Pace.



T H E

HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. V.

JANUARY, 1885.

No. 1.

CHOLERA MICROBES, HAHNEMANN, AND DR. DUDGEON.

"It is the easiest thing in the world to be mistaken."—*Old Proverb.*

On page 272 of Vol. IV. of HOMŒOPATHIC PHYSICIAN, I have said, speaking of the cure and prophylaxis of cholera as discovered and published by Hahnemann, "*and yet, be it remembered, with no thought of 'microbes' he discovered the cure.*" Commenting on this, Dr. Dudgeon says, "*But surely, for once he has made a mistake.*" No doubt we have made many, but we do not admit the statement that the discovery of the curatives and prophylaxis of cholera were made "with no thought of microbes" is to be rightfully added to the number. If it be, then we have only to thank Dr. D. for so kindly calling our attention to it, and to assure him that his kindness shall be no offense to us, but rather "an excellent oil to our head." Let us see, if we may, who "has made a mistake."

The idea that Hahnemann was led to these discoveries by the logical teaching of his already discovered universal law of healing has been so long in my mind as a part of my treasured traditional history that I have now no recollection of its origin—of how it came into my mind. It may have been told me by my late excellent friend Haynel, who, more than any man, would be likely to know the facts in the case. He told me many things, but I do not remember, positively, this as one of them. So if the statment be an error I cannot charge it on him. It

may be I gathered the fact from the *Archiv für Homœopathische Heilkunst*, Band. XI, Th. 1, p. 122 *et seq.*, from a paper entitled "*Heilung der Asiatische Cholera und Schutznng vor desselben*,"* by Samuel Hahnemann. This volume has been on my library shelf more than forty years, has been in my hands many times in these years, and it is now before me. It was in this article that the illustrious master first gave to the world his discovered cure and protection of and from this fearful pestilence. I am the more inclined to refer my long carried belief of the fact which Dr. D. thinks "a mistake" to this source, as while the volume now lies open before me, I fail to find in it any, even the slightest, allusion to "microbes" as a suggestion of either cure or protection. Indeed, there is no mention or allusion to "microbes" in the paper, not even the faintest. Could this have been the case if an idea of these had in any way aided the writer in his discovered cure and protection? Would it have been like him to have so utterly ignored so important a fact as that which had been the index pointing to his so invaluable conclusion? Not so. And this is confirmed to us by this paper, which starts with the fact which seems to have first called the attention of the master to camphor as a curative of the disease, and this fact was not a "microbe," but a recipe, that in Dünaburg was found so successful against Asiatic cholera that of ten sick treated by it only one died, and that the principal ingredient in this recipe was camphor. He says the success with camphor would have been greater if it had been given without mixture with other drugs, which no doubt is true.

"But," says Dr. D., "not only was Hahnemann a believer in an organized germ being the cause of cholera, his recommendation of camphor was partly, at least, founded on his belief that it was the true germicide of the cholera microbe."

We have said nothing of Hahnemann's *belief* one way or the other, and therefore have "made no mistake" in the matter, and therefore are not called on to correct the mistake of another, if he has made one. At the time he published his cure and prophylaxis he does not seem to have had any belief in these organized germs, at least he says nothing of such belief. He would hardly have been silent on so important a matter, and the more if it had been an efficient factor in leading to the discovery of protection from attacks of cholera. Whatever may have been his belief in "organized germs" when he wrote his cure and protection, it is certain he did not then regard camphor as

* Cure of Asiatic cholera and its prophylaxis.

"the true germicide of the cholera microbe." He has left us in no uncertainty as to his view of camphor as a prophylactic. On page 127 of *Archiv* [loc. cit.] he says expressly, "Camphor cannot protect the healthy from attacks of cholera." So it does not then appear that he was even "partly" led to recommend camphor by his confidence in it as a germicide.

How then are we to explain Hahnemann's expressed belief in "organized germs" as connected with the cause of cholera? He says nothing of these in his paper on cure and protection, but in a paper written *subsequently* to this, and published in pamphlet form, on *another subject*, viz.: "The Cause and Prevention of Asiatic Cholera," he no doubt expressed his belief in the germs as stated by Dr. D. He in this pamphlet took part in the discussion, at the time carried on in rather a lively manner, of the contagious or non-contagious nature of the epidemic then prevailing. Hahnemann took the affirmative as to its contagious character, and seems to have regarded his then hypothetical germs as somehow responsible for the production of the disease. Their existence then was only hypothetical, though he says of this it is undoubtedly true that they exist. This certainly is a strong expression to use as to these germs while as yet their existence had not been proved. Their supposed existence seems to have been wholly an idea subsequent to his paper on cure and protection, and to have been used by him to explain and enforce his idea of the contagious nature of the disease and the mode of its propagation. The hypothesis of the existence of the organized germs of Hahnemann's day may now be accepted as a proved fact, and that is all which has been proved. That these *cause* the cholera is another fact not yet proved. If the idea of their causation be not negated by the failure of all attempts to arrest the present epidemic by acting on these microbes with agents supposed to be destructive of their life, then add the other fact which we have mentioned before, that the epidemic of 1829 crossed the Indian peninsula against the constant blowing of the southwest monsoon, its progress being there and then only and always from northeast to southwest,* and their acceptance as a cause of the disease, in the excretions of which they are found and abundant, becomes impossible.

In conclusion, we think we are justified in saying, if Dr. D. will look at the facts here given and compare them

* Copeland's *Cyclopedia of Practical Medicine*, Vol. II, Article "Cholera," p. 318.

with our statement, that microbes had no part in directing Hahnemann's attention to his discovered cure and protection, he will admit, as we claim, that we have made no mistake. But how of his statement, that Hahnemann believed camphor to be "the true germicide," when he says, *Archiv*, p. 127 [loc. cit.], "Camphor kann noch Gesunde vor der Cholera im voraus nicht Schützen, Sondern bloss jenes Kupferpräparat," etc.* Now, in whose eye is the mote? P. P. WELLS.

BROOKLYN, November 18th, 1884.

THE CHOLERA.

AD. LIPPE, M. D., PHILADELPHIA.

The sanitary officials and the medical profession at large are now preparing for an epidemic, which the celebrated cholera investigator, Dr. Koch, predicts will arrive in this country the coming summer. The sanitary officials devise plans to keep the cholera microbe of Koch out of the country, and the great majority of medical men are looking for a "germicide" for the cholera microbe. So far, all of Dr. Koch's scientific speculations have not hindered the progress of the cholera; and what of the cure of it? Have these microbe hunters found a microbe killer? The mortality has been, under the treatment of microbe investigators, as great as it was, before Dr. Koch presented us with his microbe. And now comes a learned medical man† who pronounces Hahnemann the original finder of the cholera microbe! We are told that in his *Lesser Writings* is to be found (p. 851) the declaration that the cause of cholera is undoubtedly an invisible cloud, "composed of, probably, millions of these miasmatic animated beings, which at first developed on the broad, marshy banks of the tepid Ganges," and "the cholera-miasm grows into an enormously increased brood of the extraordinary minute, invisible, living creatures, so inimical to human life, of which the contagious matter of the cholera must probably consist."

The deductions drawn from these declarations, our learned homœopath says, "Show that Hahnemann was a thorough believer in the cholera 'microbe,' though he had never seen it—microscopic research not having been so far advanced in 1831 as it is to-day."

* Still, camphor cannot protect the healthy from cholera, but only some preparation of copper.

† Vide HOMŒOPATHIC PHYSICIAN, Vol. IV, p. 335.

Query: Did Dr. Koch or anybody else find or expect to find the cholera microbe to be one of the miasmatic animated beings in that invisible cloud? Did any one see that invisible cloud under the microscope and in that invisible cloud a cholera microbe? What Dr. Koch investigated were not invisible clouds at all, and his discovered microbes are by no means accepted by a united microbe-hunting fraternity as exclusively belonging to cholera productions.

There are two things positively certain: 1st. Hahnemann found the curative remedies for Asiatic cholera without a microscope. He found them under the unerring law of the similars (*Similia Similibus Curantur*). 2d. Koch has blustered about the cholera microbe and found *no remedy* for the disease.

The only deduction we can draw from these two historical facts is, that we, as homœopaths, can safely drop the cholera microbe, as well as the whole germ theory, as only misleading. The true healer, who fully believes in and applies understandingly the never-erring law of the similars, will cure his patients without any such theories, as did the old homœopaths.

What will be the leading homœopathic remedies in the next cholera epidemic in this country we cannot know in advance. What we do know with positive certainty are the characteristic cholera-curing symptoms of a considerable number of remedies, which by clinical experiment are verified symptoms collected in our materia medica. Unfortunately, the rising generation of so-called homœopaths have not added anything in that direction since that correct observer, Dr. Buchner, late of Munich, gave us the characteristic symptoms of Nicotin, as indicated even when collapse was imminent. Having collected all that is reliably known of the characteristic symptoms of remedies applicable for the cure of cholera, we publish them.

The patient has to be put to bed, and should be well covered with woollen blankets; he should not be permitted to rise or exert himself; mind and body should be kept in full repose and quietude.

The symptoms being fully ascertained, one or the other of the medicines best corresponding with the symptoms of the case should be administered *singly* till an improvement is perceptible, and then no more medicine should be given till the patient is worse again; if the same symptoms reappear, give the same remedy again; if the symptoms change, select another corresponding medicine. If no improvement follow, select another more appropriate remedy. *Give but one remedy at a time.* The best mode to administer the remedies is to dissolve ten pellets in

half a tumblerful of clear, cold water, and to administer a teaspoonful every half hour, or if the attack be very acute, every quarter of an hour.

Camphor may be given in drop-doses of the tincture, one drop on a lump of sugar dissolved in a spoonful of water; this can be repeated every five minutes, until there is a decided mitigation of the symptoms.

A potency, the thirtieth or even a much higher one, will act quicker and more inflexibly curative than the crude tincture.

Camphor.—*Icy coldness of the skin.* Faintness, with pressure in the pit of the stomach; vertigo, colicky pain in the stomach; nausea, vomiting, with cold perspiration, especially in the face; burning in the œsophagus and stomach; cramps, especially in the calves; the upper lip is drawn up, exposing the upper teeth; eyes sunken and fixed.

Veratrum.—Vertigo. Violent and profuse discharge of rice-water-like fluids upward and downward; vomiting of FROTHY substances; great anguish, oppression, and spasmodic constriction of the chest; extreme thirst for cold water in large quantities with nausea. Vomiting after drinking, with great lassitude or diarrhœa at the same time. Distorted countenance; cold, pale, or bluish face and lips; eyes sunken and fixed, blue under the eyes, pupils contracted. Cramps in the calves, fingers, and toes; hoarse feeble, voice, with coldness of the mouth and tongue, dry or yellow-coated tongue. Cold perspiration on the forehead during the evacuations. Urinary secretions suppressed.

Cuprum.—Ineffectual pressure to urinate, the bladder being empty. The evacuations less copious, the spasms and cramps in the stomach and chest more painful, with extreme sensitiveness to touch. Face and lips blue and cold, voice hoarse, respiration labored, urinary secretions suppressed.

Arsenic.—Sudden sinking of strength; burning pain in the stomach and intestines, restlessness, anguish in the chest, great thirst for cold water, with drinking but little at a time, vomiting as soon as he drinks. Blueness around the sunken eyes. Face and lips blue and cold.

Jatropha curcas.—Large watery evacuations coming away in a gush like a torrent, with excessive vomiting of a watery substance resembling the white of an egg. Gurgling noise in the intestines, sounding as if a bottle were emptied. Cramps in the calves, drawing them flat.

Secale cornutum.—Cramps in the chest, hands, and toes; blue, cold, shriveled skin. Aversion to heat and being covered.

Phosphor.—If the thirst be excessive, the vomiting does not

take place till the cold water becomes warm in the stomach, and then the thirst is again intense. The rice-watery evacuations contain grains like tallow. Tongue coated white.

Sulphur.—Probably the most important remedy in this disease, both as prophylactic and curative medicine. The diarrhœa commences between midnight and morning, with or without pain, with or without vomiting, ineffectual desire to evacuate, diarrhœa and vomiting at the same time, numbness of the limbs, cramps in the soles of the feet and calves. Blueness under the eyes.

Colchicum.—If the least movement cause a return of vomiting, and if the nausea be accompanied by a great flow of saliva.

Carbo veg.—Cold breath and tongue, great exhaustion, voice lost. Collapse without diarrhœa, vomiting, or spasms. Cold perspiration on the face.

Nicotin.—Perfect collapse without diarrhœa or vomiting, without thirst; icy, cold perspiration on the forehead.

China will often restore the patient suffering from great exhaustion caused by loss of fluids.

"THE ORGANON" IN HOMŒOPATHIC MEDICAL COLLEGES.

A graduate of last spring of one of our colleges, not "one of the best," recently when questioned as to acquaintance with the contents of the *Organon*, had never seen the book; had heard there was such a book, but as to its contents or purposes had never heard, and as to these confessed utter ignorance. Yet this graduate had the certificate of this college to fitness and ability to practice in this community a system of practical medicine the philosophy of which had never been seen or heard of. Is any condemnation too sharp for neglect and knavery like this? Can we but say—How long shall our patience be abused?

We receive with great pleasure and thankfulness the statement that there is one college in the country where the *Organon* is taught, and that this is found in St. Louis. Is there another? If there be, its whereabouts is unknown.—P. P. WELLS.

The above extract does great injustice to at least two, and probably more than two, of our prominent medical colleges. St. Louis is not entitled to the honor of being the only city where the *Organon* of Hahnemann is respected and taught in its medical schools. Professor Mitchell, when shown the above quotation, assured us that there had not been a year since the

organization of the Chicago Homœopathic Medical College when the *Organon* had not been the special subject of *one or more* lectures, and that references thereto are frequently made. The same can be said of the Hahnemann Medical College of this city.—*Medical Era*.

“One or more lectures !” “References thereto are frequently made !” Are these few lectures and occasional references sufficient to teach thoroughly the philosophy of Homœopathy ? Not much ! If this be all the instruction given upon the *Organon* in “our prominent colleges,” we fail to see any injustice to “our prominent colleges” in Dr. Wells’ article.

THE ADDRESS BEFORE THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION, JUNE, 1884.

GEORGE F. FOOTE, M. D., PRESIDENT.

GENTLEMEN OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION : We are now entering upon the fifth year of our existence as a body politic, and our success seems assured ; allow me, therefore, to congratulate you, and with you rejoice at the success that is crowning our efforts to sustain pure Homœopathy. The need for this organization had become a necessity with those who regarded association as a means of mutual improvement by an interchange of thought, the relation of experiences, and the promulgation of the truths, as taught us by that great and good man, Samuel Hahnemann.

The existence of this necessity was to many of the older members of the American Institute, who believed in the fundamental laws of Homœopathy, a painful fact. When the Institute departed from its first love and began to worship with those who acknowledge no law in medicine ; when a new generation of members, tinctured with the follies of allopathy, sought to ignore the *law* as given to us through the instrumentality of Hahnemann, there was a rising to defend this law and to do honor to the man through whom it was made manifest.

We are here to-day, gentlemen, to sustain the cause of our early faith. We are homœopaths, and, like all others who follow in the footsteps of our great teacher, we can assume the name without pretense or simulation. We are the disciples of Hahnemann, not ashamed of our calling, but proud of the profession through which we have been led into a calling that adds to the blessings of our fellow-beings.

In the name of the International Hahnemannian Association, I give you all a cordial greeting and a hearty welcome, and I commend each and all to the work in hand. Let each one feel a responsibility resting upon his own shoulders, and let each do his duty. Be vigilant and brave. Success will crown our efforts, as it ever does where truth prevails, though often at the expense of time.

The great question before you is, How can we, as an association, best promote the object of this combination? viz.: the promotion of our individual attainments as physicians under the great law of cure, *Similia, Similibus, Curantur*, together with the best means of promulgating these truths as to effect the greatest good to the greatest number.

There are many good men yet to be added to our fold; many good physicians, who are anxious for the true light, but who have lacked the opportunity and experimental tests that we have enjoyed. To reach all such, with what we have to give, will be a good work and should become a part of the duties we impose upon ourselves.

The divisibility of matter and its development of potency as a source from which we obtain curative agencies, becomes a matter of interest, and though an old story to many of us, it is a subject that we may further investigate with profit.

Let us explain by a simple illustration. We will suppose I have here a cube of lead with its six surfaces, each with an area of just one square inch, in all six square inches. By cutting through each of these surfaces I shall have divided it into eight cubes, each of which will contain six superficial surfaces of one-half inch square, which, multiplied by the number of pieces, gives twelve square inches of surface.

Dividing these again as before, and we have sixty-four cubes, each surface of which measures three-eighths of a square inch, with a combined surface of twenty-four square inches.

Another division, and we have five hundred and twelve pieces, with a superficial area of forty-eight square inches. The next division makes ninety-six square inches, and the fifth division makes one hundred and ninety-two square inches; and if continued to the tenth division, it gives to us nine hundred and two million one hundred and seventy-seven thousand two hundred and eighty minute cubes, with fifteen thousand three hundred and sixty square inches, or sixteen and six-tenths square feet of surface, which is two thousand five hundred and sixty times as many inches of surface as we had in the original cube.

Now, if we accept the theory that the toxic power of the

lead, aside from its mechanical effect, depends upon the extent of the surface exposed, we have increased this toxic force by division two thousand five hundred and sixty times.

With this simple illustration we have a perception of what the division would have attained to had we made it with the centesimal instead of the octant scale, and we also have an apt illustration of the increased value of the toxic force by divisibility.

If the original cube of lead could have been taken into the stomach before its first division, there would have been but slight symptoms of lead poison, for the reason that only six square inches of its surface is exposed to contact with the surfaces of the alimentary canal. But with the tenth division by the octant scale, we have fifteen thousand three hundred and sixty square inches to be brought in contact with the surfaces of this canal, which, as before stated, is two thousand five hundred and sixty times greater than the surface exposed by the original cube of one inch, and, of course, must produce a corresponding increase of toxic effect.

But though we have from this single cube made over nine hundred millions of smaller cubes, all of them are too gross to be taken up by any of the vessels leading out of the alimentary canal. So we will now put it into a mortar and with the pestle crush each of these minute cubes into other millions of particles, or into an impalpable powder, with a corresponding increase of surface, and, of course, with a corresponding increase of toxic effect. And in this state of divisibility it can now be taken up and distributed to other parts of the system, dealing out a destructive force which in the original cube would be but slight, but now has accumulated to an agency sufficient to sicken and destroy the health, and perhaps the lives, of several people.

The questions now presenting themselves are: How is this effect produced by this agency? and, What becomes of this original lead when taken into the system? and also, What is its present relation to the system upon which it is operating with such destructive force?

The effects producible by the first divisions aside from what was physical would be scarcely perceptible. But with the tenth and beyond it is all powerful. A destructive poison and yet the original cube of lead, though not in tact as to its particles, is still in existence. It has not changed into any other substance, or rather, it has in no way changed its elementary character. It is still a metal. It may combine with other substances, but it is never annihilated. And after all its effects

wrought upon the animal body it is still lead, and after its great work, could all its particles be aggregated, they would have a definite existence, as the metal lead corresponding in weight exactly to that of the original cube.

Here, then, is an effect without the loss of or change of substance, toxical, though indestructive to the material used. What, then, is the force developed? It is not mechanical; it is not physical; nor is it chemical. Therefore it must be something superinduced upon vitality by the mere presence of the lead. There is a force treated of in chemistry as applied to certain bodies that has a corresponding relation. This has been called catalysis. "A body having a force catalytique resolves other bodies into new compounds by mere contact or presence without itself experiencing any modification." But so far it has been a material presence of a tangible substance that has elicited force, and this is measured with a quantitative expression regarding the amount of material used. But experience teaches us that there is a higher power beyond this simple toxic effect obtainable through greater comminution. But we can no longer, after the few first divisions, carry it any higher without an intermediate, as the particles beyond a limited attenuation coalesce, and by the law of cohesion reunite so as to prevent further division. It is that attraction which takes place at insensible distances between homogeneous particles of bodies to form masses. So, as we advance in this division, we must insert some inert substance, as sugar of milk, by which we obtain a more diffusive and greater subdivision with a corresponding increase of potency. From this a much greater corresponding force is obtained in proportion to the amount of the original quantity of the lead used, as the intermediate substance also becomes imbued with this same power, which in itself becomes enlarged as we continue the subdivision. Hahnemann taught us that after the third centesimal trituration with the sugar of milk as a medium the metallic or mineral drug became soluble in alcohol or water, and he advised that further divisions should be made with these media.

Some of our eminent microscopists of to-day, failing to find particles of the metal visible with their highest objective glasses in the higher divisions, have cast a shadow of doubt upon this theory of Hahnemann. But so long as experience teaches us that this dynamic principle is communicated to the sugar of milk or to the liquid used, it is of little consequence whether any of the original particles of drug or metal used remain or not. We have gotten the force or potency sought for, which is sufficient.

Then, again, on the other hand, all crystallizable bodies are capable of a subdivision way beyond any development of the highest powers of the microscope.

In watching the crystallization of a solution of camphor, as seen by the higher objectives of the microscope, the invisible particles first unite to form the visible ones, and these again to each other and to others of a little larger size, and they to still larger, so that these doubtful criticisms, based upon microscopic observations, have but little weight in counterbalancing the solid facts obtained by many years of successful practice. Those of us who have ventured beyond the crudities of a toxic effect, those of us who acknowledge a higher law as taught by Hahnemann, know full well that there is an inner deep and lasting curative force that accompanies the potentialized medicines—a force visible only in its effects, an imponderable something that as a curative agent finds no parallel with that obtained from and by the administration of the crude drug.

Our successes in the cure of the sick depend, as a *sine qua non*, upon the quality of our medicines, and the importance of having these absolutely pure is a matter pregnant with vital interest to every practitioner. In using the higher attenuated preparations, the question is often raised, Can the menstruum used in diluting affect in any way the purity of the drug when it contains within itself other foreign matter?

This subject was discussed with some manifest interest at the last meeting of the American Institute.

Our late Dr. Joslin has left us as a legacy an analysis of this question that would seem to solve the whole matter and relieve us of all anxiety or doubt in reference to it.

His mathematical mind, with the aid of the microscope, enabled him to fathom this question and place it within the comprehension of every one.

He tells us that all bodies in a state of solution are converted into solid masses by the invisible particles first uniting to form visible solids, and that when these were developed and brought in contact with the same substance in a still less divided state, they unite with the latter and become more crude and unattenuated, and that this union by cohesion always takes place when one portion of the substance is only a hundredth part more diluted than the other. Thus a substance which happens to adulterate the menstruum used for attenuating a medicine is continually combining with its cruder particles and practically nullifying itself, while the higher potentized medicine remains practically pure.

He further tells us that these conditions of this reunion is not a mere hypothesis, but are in accordance with observed facts in crystallization.

The aggregation was never by the attachment of the infinitesimal to large masses, but to those within the sphere of the centesimal sizes, as when one solid joins itself to a solid not more than one hundred times larger than itself.

It is a singular coincidence, and almost more than an accidental fact, that Hahnemann should have selected this same centesimal scale in the attenuation of medicines to develop their potential powers as curative agents. And the idea is at least suggestive of a valid reason for confining our attenuating scale while developing these powers to this same multiple.

By the division of solids throughout a liquid there are two forces brought into activity—first, the affinity existing between the liquid and the solid masses, by which the latter are divisible into invisible solids or molecules; second, the cohesive force that tends to unite molecular solids of a homogeneous nature into massive proportions. These are antagonizing powers, and are both in the constant effort to establish an equilibrium by which these infinitesimal solids are held at equal distances from each other, of equal size and in a state of rest.

These forces play an important part in the attenuation of medicines while we are developing their potential capacities. Upon these activities we are largely indebted for their purity.

By the process for attenuating with liquids, should the original drug in the first dilution, be it in the form of a tincture, infusion, or a decoction, have been prepared with a menstruum free from all impurities, and the same kind of menstruum be used in the succeeding dilutions, properly manipulated in clean vials, the presumption is that our medicine is pure, with its potency duly developed.

Should the original drug or the first dilution thereof contain any impurities, and the subsequent attenuations be made with a menstruum that is pure, the impurities of the drug therein will be attenuated with the drug, and our medicine will be impure and unreliable.

Should the drug be originally prepared by the same impure menstruum that is used in its subsequent dilutions, and should these impurities be not homogeneous to the drug, therefore without that attractive force tending to molecular union, the drug alone will be attenuated. The impurities being alike in the liquid holding the medicine and the menstruum used, the equilibrium of their molecules are not disturbed by the intermixture, therefore they are not attenuated.

Should the original pure drug be prepared with a menstruum that is pure, and the succeeding dilutions with a menstruum that is impure, then, in the first dilution, the original solids of the drug will be divided and diffused throughout the ninety-nine drops of the added menstruum, while the impurities of the menstruum will be but slightly divided by the addition of the one one-hundredth part more of the pure menstruum in the drop containing the drug.

In the next dilution, the molecules of the slightly attenuated impurities, induced by the pure solvent accompanying the medicated drop used, will, by the force of cohesion that unites homogeneous solids, join the cruder molecules of the menstruum and become unattenuated. In the further dilutions of this same drug, while it continues to be attenuated with its potency developed, there will be no attenuation of the impurities, on account of the equality of the sizes and proportions of their molecules held in solution by the medicated liquid and the menstruum used.

Again, the question of purity, when medicines are attenuated by water containing foreign matter, as all waters do, is simplified, when that used in diluting is all from the same source. If the original medicine is pure and but one kind of menstruum is used, the process of diluting will affect only the medicine, for the reason that the impurities in the menstruum are already divided to the full capacity of the water. Adding from the same fountain water to water does not change the relation of their impurities, while the medicine continues to be divided with each addition of water and it alone becomes attenuated, and therefore potentized to a discreet degree above the contaminating influences of the impurities in the menstruum used.

Should the three first attenuations of a drug be made with sugar of milk originally impure, or made so by detritus from the mortar used, and thereafter attenuated with a liquid that is pure, the impurities of the sugar of the milk, being homogeneous to each other, coalesce as in the case of liquids, and in the third attenuation they are still crude and insoluble in the menstruum used. The drug, being pure and attenuated to the third centesimal degree, is soluble, and the succeeding attenuations, *ceteris paribus*, will be pure.

Should the attenuations made with the sugar of milk be further attenuated with a liquid containing impurities, the soluble drug alone will be attenuated pure and its potency developed, for reasons heretofore explained.

A very reprehensible system is that practiced by some physi-

cians and others preparing the medicines, viz.: the pouring of a diluting liquid, be it alcohol or water, from a bottle into a vial that has been medicated, or that contains medicine. For the reason, that as the diluent is poured from the bottle, there is a tendency to a vacuum within, into which the air readily flows as it is forced from the vial by the inflowing liquid. This transmitted air is impregnated with the aura vitalis of the medicine, which is communicated to the liquid within the bottle. To use this same liquid as a diluent to other potencies or for other medicines, is simply mixing our drugs, and in the end producing a conglomerated mass of different medicines, thereby nullifying the best endeavors to prescribe *secundum artem*.

In accordance with these facts, the following rules should be strictly adhered to while manipulating drugs to develop their potencies by attenuations.

First. The drug to be attenuated must be pure.

Second. But one kind of menstruum, and all from the same source, should be used for one drug throughout the entire process.

Third. The menstruum used, be it alcohol or water, should never be poured from a bottle into a vial or other bottle containing medicine, or that has contained it and not thereafter purified, but always into clean vials, pouring the menstruum in first and the medicine afterward.

Fourth. After being used, all vessels should be exposed to a moderate red heat before using again, which is easily done with the aid of an alcohol lamp.

Before the days of Hahnemann the profession had been dealing with the toxic power of the drug, an effect still sought for by the allopathic physician. But as homœopathists, we seek for a higher law of effect and its application to cure. We learn by a simple illustration that potency is developed by a comminution of the drug. And as we continue the division by the addition of an intermediate, experience has taught us that we add, by the greater attenuation, to this potency a force hitherto unknown, or, at least, unused, until discovered and applied to use by Hahnemann. By this dynamic operation, we come under the domain of this higher law. Step by step, we pass from the crude toxic to an exalted force, from the material to the imponderable.

Hahnemann, in obtaining his thirtieth potency, filled thirty clean vials with alcohol: placing his drop of the crude tincture in the first vial, he gave it two sharp, concussive shakes, and thus obtained his first attenuation. One drop of this, placed in the second vial, with two similar shakes, makes the

second attenuation, thus repeating the same from vial to vial, up to the thirtieth. Before using any of these vials for other medicines, they were exposed to a temperature nearly that of a red heat, to destroy any drug impression left upon or within them.

The consequence was, that Hahnemann used only absolutely pure medicines, prepared by his own hands; and the successes attending his cures of the sick, with his thirtieth potencies, have no parallel in the general practice of the present day.

The fluxion potencies have been used in what was supposed to be a highly attenuated form. By this process a stream of running water with agitating force is allowed to pass into and out of a vial or capsule, into which a drop of the medicine had been placed. When a quantity of water equaling the amount used by Hahnemann to produce any desired attenuation has been thus used, the final vialful receives the corresponding number given to Hahnemann's centesimal dilutions, and this process is continued to the fancied numbers of millions, billions, trillions, etc. By this process, with due care, the medicines must be pure; and of their efficacy we can bear witness in many cases. But the uncertainty of the scale with which they are enumerated renders them unsatisfactory.

After a careful investigation of all that has been made public, both of the pros and cons, of this question, I am satisfied that there has been a grave mistake in the numerical estimates by the originators, and that the enumeration by millions, billions, trillions, quadrillions, and quintillions are but flights of the imagination, based upon this error.

As they add the first ninety-nine drops of the diluting liquid to the one drop of the tincture, it is plain that they have produced the first centesimal attenuation. Now, instead of using one drop of this to another ninety-nine drops of the liquid, they use the whole one hundred drops, adding only another one hundred to these, and this they call the second attenuation, and so on continuously. As a mathematical problem the absurdity has no parallel in figures; it is simply one to one, or equal to equals, instead of one hundred to one.

The plea that the water escaping from the vial as fast as it runs in modifies the results, only adds confusion, as it precludes any basis for a calculation and renders the subject more obscure.

While we have witnessed the grand curative effects of these medicines, we are conscious of the desire to know what number of the centesimal scale we are using, and the uncertainty is not

pleasant. Of one thing we may be positive, and that is that we are not using medicines prepared by the centesimal scale, but by one that is far below it—indeed, quite low in the scale of potencies.

The introduction of new and varied systems of enumerating our attenuations adds confusion to an already well-established and satisfactory system designed and given to us by our great teacher, Hahnemann, and this without a possible benefit to the profession by a change.

Cui bono? Why all this labor and care in preparing our medicines? The ready answer is, Observation and experience teaches that this is the plan *par excellence*.

But there is another answer, that to some of us, at least, has a significance commensurate with this important question. As we call to mind the best appointed process of manipulation to develop the most efficient power for combating disease, our attention is arrested to the fact that there must be something within and above what we see as an ultimate, and this something is the possibility of a link in the great chain between cause and effect, between spirit and matter, operating through the higher plane of life.

In conclusion, gentlemen, while in no instance will this Association as a body be held responsible for the individual opinions of its members, for principles advocated or theories advanced at its stated meetings or at other times, unless through adoption by resolution and vote, yet upon all subjects of interest to the profession, so far as the Chair has a voice, perfect freedom and the utmost liberty will be allowed consistent with parliamentary usages and the object of the Association.

It is to be expected that we may differ in many points, and that the plane of thought where truth alone presides may be found at varying distances between us, to be reached from opposite points step by step through a free interchange of thought and polemic discussion.

Obedience to law in every particular leads to the most perfect freedom. We have but the one law of cure, with its three attributes, the similar remedy, the single remedy, and the potentialized remedy.

As a body of co-workers, we have entered into a solemn compact to advocate, revere, and conform to this law. We may view it from different standpoints, but it is the beacon light upon which we fix our gaze that leads to a common centre and a haven of deliverance and rest for the burden of our cares.

As an Association, we have been criticised by enemies without

and by friends within. We may profit by all this, regardless of the incentives that prompt to complain. Let each charge be carefully weighed in the scale at the tribunal of conscience, and in the future strike the balance by amending all deficiencies.

Unkind shots from without are spent upon the bulwarks of our defenses and do us no harm, and if a battery is found to be unmasked from within, we scarcely need anticipate danger if in patience we possess our souls. To be criticised by the pen of an able writer from this same within, is not necessarily an indication of exterminating belligerency. We have only to peer into the distance, made dim by reason of the mists created from shot and shell that are thrown with an unsparing hand so thickly about us, and we may find pictured upon the mind's eye the simile of a venerable war-horse, with dilating eyes and expanding nostrils, pawing the very turf beneath his feet with impatient mien. The danger seems lessened as we are made conscious that an active life spent in defending the true faith from its numerous enemies, by an incessant warfare, has made the ear sensitive to the first approach of an enemy, and even to the tread of an imaginary foe. Let us remember that often our best friend is he who tries to tell us of our faults.

DR. BERNARD BAEHR.

There died at Gmunden, on the 21st of October, 1884, at the residence of his host, the Duke of Cumberland, a very notable homœopathic physician—Dr. Bernard Baehr, of Hanover.

Baehr was born at Hanover on the 17th of April, 1828, and studied at the Universities of Göttingen and Vienna. He already became acquainted with Homœopathy while in Vienna, and in 1855 he brought himself prominently to the fore by the publication of his monograph on Digitalis, to which the Homœopathische Central Verein of Germany awarded its prize; and then he brought out in 1862 his well-known work on therapeutics, *Therapie nach den Grundsätzen der Homœopathie*, which procured him a considerable reputation in this country and in America. Our lamented colleague died of tuberculosis consecutive to diabetes.

We quite agree with Dr. Metz, from whose obituary notice in the *Allgemeine Homœopathische Zeitung* we borrow these particulars, that Homœopathy loses an able and faithful representative in Dr. Baehr. May the many blessings he has conferred on others now return to those of his own house who survive and bemoan him.—*Homœopathic World*.

THE UNDEVELOPED CASE.

PROFESSOR J. T. KENT, A. M., M. D.

In paragraph 173, Hahnemann's *Organon*, it is strongly intimated that the "*partial* (one-sided)" case is often a hard thing to manage. It is often quite impossible to find a curative remedy where there is but one expression of the disease and that one a pathological or objective symptom. Previous symptoms have been suppressed and the only expression now in sight or obtainable is the so-called "local disease." I am asked almost every day what to do when there is a local disease and no symptoms. As a matter of fact, I seldom see such a state. But such a state may and does exist wherein there is nothing peculiar to prescribe on and there are no concomitants guiding to a remedy. The expert will nearly always see some peculiar thing in the patient to prescribe on, which prescription will generally be followed by the development of the prehistoric symptoms. If the patient can be taught to relate in his own way some old symptoms of years ago, or some symptoms that existed previous to some attack of acute disease, this may furnish a guide to a prescription that will cure or develop the latent disease. When a patient tells me that he has suffered from the present undefined "one-sided" ailment ever since he had an acute attack of any given disease, Carbo-v., very high, a single dose, will be followed after a month or two with the cure of the present disease or a development of the original true expression. Where a peculiar "one-sided" expression presents in a single symptom which is peculiar to no proved drug, it becomes necessary to develop the disease before it can be cured. Sulph. may develop symptoms that correctly express the demand for the simillimum, if not Calc. c. should follow, and in turn Lye., always giving ample time for the last remedy to exhaust its action. Psorinum should be given on a similar absence of clear indications. This is what experience teaches in the management of latent *psora*. I have prescribed in this manner and restored many a sickly dwarf to health without ever being able to measure the obscure pathology or effect a diagnosis of his complaint. The pathological state contains very little to guide to a remedy. To prescribe Silica for *fistula in ano* is an insult to Homœopathy as much as to prescribe for pain in the stomach, diarrhœa, or headache. Who dares to say that a carcinoma could not be permanently cured with Chamomilla. When the malignant growth has come, the symptoms necessary

to make a correct prescription have gone, and very little is now seen but the mass of morbid anatomy, and the *damnable* local treatment has so changed the totality that the individuality of the disease is lost, and the disease becomes masked by the pathology. The time necessary to work this case back to the prehistoric symptoms cannot be had, as the pathological evolutions are too rapid. In this case, the patient's life can only be saved when the keynote of the prehistoric identity is expressed in some two or three symptoms manifested in the morbid mass that are too persistent to be suppressed by the meddling. Such has been the case in a few instances of reported cases of cancer.

There are a few deep-acting remedies which experience has demonstrated to be useful in developing these "one-sided" cases and bringing back the original symptoms in non-malignant diseases. *Sepia* will often bring back the original symptoms of an intermittent fever when the case has been spoiled and the symptoms are not the true expression of the disease, because of the various remedies prescribed inappropriately. These "one-sided" cases seldom occur primarily. By this I mean that when a disease has not been treated inappropriately, it will express itself in the features of a perfect and natural picture, generally known and recognized by every hard-working prescriber.

It is commonly spoken by the superficial observer that a localized inflammation is a local disease *per se*, because there are no symptoms of a constitutional disease. It is a very common thing to see this so-called local disease alternate with cough, pain in the back, and other circumscribed evidence of *psora*; and still this superficial observer learns no lesson and continues in his deception, for such it is, and a double one, as he deceives both himself and his patient. To treat these "one-sided" diseases, it is necessary to take the symptoms of each separate manifestation in perfect expressions, and the totality will express the individuality of the disease. These separate and distinct localizations may be years apart and there exist a long period of so-called health. So far apart are these one-sided expressions that they are not supposed to be connected unless the physician is conversant with all the peculiar habits of *psora*. In an artificial way we have an example of a one-sided disease in the seton. I have seen a host of symptoms depart soon after the issue began to suppurate. I might as well prescribe for that seton as to prescribe for the disease in the absence of its own natural expressions. Would any sane man call this a issue local disease? Not long ago I was treating a man for stomach symptoms. He had always been treated in the old way and it was with difficulty that I could

urge him to express his symptoms. Finally I gave him entire relief from his so-called dyspepsia, and behold! he got conjunctivitis with paralysis of the lid of the left eye, with dimness of vision as though looking through a gauze. Causticum corresponds to the eye symptoms and the stomach symptoms which I supposed I had cured, and cured permanently. One of our St. Louis oculists had suppressed this conjunctivitis four times, believing that it was a local disease. The importance of including the cured symptoms in the last remedy is quite visible. If this is not done the old symptoms may return. One fortunate thing is, that the new symptoms usually correspond to a remedy having the old ones. However, if the choice is difficult the old symptoms are a great help.

Over a year ago a gentleman consulted me, saying that he was rapidly losing his eyesight. He had changed glasses several times and the oculist had failed to benefit him, and he feared blindness. He had been forced to give up his business, which was bookkeeping. Nothing about the eye revealed the cause of weak sight. The rest, therefore, had not helped him. He complained of no symptoms at present, but ten years previously he suppressed a chill by quinine.

The symptoms of that attack seemed to me like Carbo-v. and I had nothing else to base a prescription on, as there was no guiding symptoms in the threatened blindness. He got Carbo-v., 76m Finke, one dose, and immediate improvement followed in his vision. He took a violent cold that developed Phosphorus symptoms in the chest, and one dose of that remedy, 5m, restored him to health and also finished the case as to his sight. Another evidence of the complementary relations of Carbo-v. and Phos. in undeveloped cases.

Disease of psoric nature may present alternating manifestations where any one of the manifestations may be considered by the superficial observer as a distinct acute disease. Diarrhœa may exist for several days and stop suddenly and a rheumatism come on. While the characteristics are not indications of the remedy in either of these expressions, this peculiar order of expression will nearly always find its remedy in *Abrotanum*. It is often a difficult matter to prescribe correctly on the one or two symptoms found in the localized expression, but by an appropriate prescription for the "one-sided" expression, the other side may develop, and the new, necessarily changed, prescription, including the old symptoms, will most likely change the alternation habit and cure or develop simpler expressions of the disease.

Thus we trace back to the original or primary simple disease

a complexity of symptoms that none but the experienced should attempt to treat. Incautious prescribing, repeating medicine in inappropriate potencies, can never unravel such cases. Every dose must be permitted to finish its action, as very often it is necessary to secure the effect of the secondary action of a given remedy in the finest detail of its tapering-off properties. It will often be observed with Calc., Sulph., Graph., and all of that class of remedies, that the highest order of curative effect is secured in the fourth, fifth, and sixth weeks, and even much later.

To understand these "one-sided" disease expressions and be successful in their management, the physician must accept as truth that they are all constitutional and of psoric origin. He who looks upon them as local disease is a curse to such patients as he is permitted to treat. Every time a so-called local disease is driven back, it is that much harder to reach with correct prescribing.

It is a sorry fact that many such men claim to be homœopathsists, and do untold injury to the system of medicine they so poorly comprehend and so imperfectly follow.

ACIDUM BENZOICUM.

General Characteristics.—These are generally found in the urine, which is scanty, of a dark brown color, and the *urinous odor being highly intensified*. In relation to the strong smell of the urine, care must be taken not to fall into error by a strong smell emanating from urine which has been kept covered for a long time (or over night), or which has remained on sheets which have not been changed recently. The urine must have this characteristic smell when *freshly voided*. The color of the urine is not of so much importance as the smell; for the color may be different.

Nocturnal enuresis, with the above characteristic odor, sheets usually stained brown.

Rheumatism, quinsy, dropsy, diarrhœa, headache, all when accompanied by this *highly intensified odor of the urine*. Menstrual difficulties, when accompanied by the characteristic smell of the urine.

Sides.—Most of the symptoms appear on the left side, but may frequently come on the right side.

Aggravations.—Headache worse when at rest; toothache when lying down; eye and ear symptoms worse in open air; on uncovering head.

Amelioration.—From heat.—G.

LECTURE ON SECALE CORNUTUM.

PROFESSOR J. T. KENT, M. D., ST. LOUIS.

The Ergot is a drug that acts very powerfully on the human system.

When given in very large doses, sufficiently to impress the whole system with its power, one of the first influences wrought is a peculiar constricting feeling throughout the whole body.

You will not practice surgery long before you will discover a demand for Ergot in cases of aneurisms; then you will have an opportunity of making a partial proving of it in large doses. But your patient will come back after taking a drachm of the fluid extract of Ergot for surgical purposes, telling you that he feels as if the muscular fibres of his body were contracted; his eyes seem to be pulling; the unstriped fibres of the body undergo spasmodic action or contraction; if carried on to great violence, would amount to spasms; if carried only to a moderate degree of contraction, it simply produces a peculiar drawing effect that is felt in various parts of the body.

The first effect noticed is upon the brain—the blood-vessels of the brain—because, perhaps, this is the most sensitive part of the body; next upon the uterus.

Of course, we can't say but that the same is true of all the unstriped fibres throughout the body, that they are all acted on in this way, but there is a more sensitive condition in the brain, and hence the more noticeable effect.

Now, if you have already an irritated state, that irritable part will be sought out first for action; hence we see in the gravid uterus, which is thoroughly prepared for the action of Ergot by virtue of this peculiar irritability, this state. Now, Secale in this case will act primarily on the uterus. In the state of parturition large doses will act primarily upon the uterus, and the brain will seem to entirely escape. But in the non-gravid uterus, or in the male, for instance, in an irritable brain, you will find that Secale will seek out the cause of the irritability, the brain first, primarily, and will exhaust itself.

Now, primarily, what does Ergot do on the venules and arterioles, in all parts of the body? Simply to contract the calibre, producing anemia; hence it is that the old school physician resorts to large doses of Secale in hyperæmia. If he has a congestion of the brain, or an irritation of the brain attended with dilated blood-vessels, dilated arterioles, he will resort to Ergot to contract those blood-vessels, to force them within their proper

calibre, and thereby affecting, primarily, the circulation of the blood. But whether the blood-vessel was dilated or not, Ergot will contract the calibre of the blood-vessel when used in large doses. It will do that same thing in the circular organs, I mean in the cavernous organs. It will do it in the uterus, also in the heart and blood-vessels.

This comes from the early effect of the drug.

Although we have gone through a review of this primary effect, it is of no value to the homœopathist.

Now we pass to the secondary effect, which is the result of anemia, and from which we get the symptoms that guide us particularly to the homœopathic use. The secondary effect of the drug is that of anemia.

The parts become shriveled, and particularly in the extremities. The parts are numb, particularly in the extremities. The hands and feet become shriveled and bluish; become dusky, mottled, and petecchiæ form. We have tingling and numbness of the hands and feet.

And finally, if this goes on, as it has done in the Indian-bread eaters, we find gangrenous states very similar to senile gangrene of old people. Hence it has been useful in the shriveled condition of the limbs and the emaciation belonging to old people.

So there is anemia of the brain and childishness; and the shriveled condition of the skin—the skin appearing as if the hand had been plunged a long time in hot water, then withdrawn and dried, the shriveling remaining; then it becomes dusky, and is covered with petecchiæ.

These are among the very marked features as the result of anemia. The gangrenous states are those which come on from anemia—a gangrenous state that is dry. Secale doesn't correspond to the rapid gangrene which you will find under Lachesis and peculiar to other remedies; it comes on slower from a gradual closure of the blood-vessels of the affected parts.

There is another general anemic condition of the body that is very peculiar. Secale is grandly in contrast with a remedy that is similar to it in every other way—Arsenicum.

Secale is grandly in contrast with that remedy. Why?

Because all of these symptoms and states are better from cold in Secale.

And all these conditions are better by heat in Arsenic patients.

In Secale we have great prostration and anxiety and thirst, and these are all peculiar to Arsenicum; great restlessness, anxiety, and thirst.

We have unquenchable thirst, as in *Arsenicum*; no satisfaction from drinking.

There are many other states in harmony with *Arsenicum* that I shall mention as we go.

Secale produces another grand general effect, and that is a weakness of the coatings of blood-vessels; relaxation of the coatings of the blood-vessels.

When this drug is taken in great quantities and then stopped suddenly, you get a peculiar and marked effect, that is, the relaxation of the blood-vessels, and oozing from the capillaries.

There is hemorrhage from the nose, hemorrhage from the mouth of an oozing character, oozing from the gums, vomiting of blood, oozing from the bowels and the rectum, uterine hemorrhage, and hemorrhage from the kidneys, all of a capillary character. This hemorrhage is the secondary action of *Ergot*, and is the oozing of uncoagulated thin, dark, and black blood. You seldom have the clots in *Ergot* that you have in *Belladonna* and in *Sabina* and in *Ipecac*. Fluids are thin and watery.

It is in this secondary state of *Ergot* that we find the most characteristic peculiarities and the main strength of the remedy.

It produces upon the body, as a part of this peculiarity, destruction of the red corpuscles, and in that way producing another form of anemia.

The contraction of calibres produces only local anemia; the part acted upon will become anemic, but after a little while this destruction of blood corpuscles begins, and we have a general anemia.

This goes on in a progressive way until a gangrenous state sets in; petechiæ and blisters form upon the body that are filled with thin fluid—serum—as we have in *Lachesis*, and something like we have in *Cantharis*.

We have now, in a general way, a modification of all the inflammatory states and irritability of the body. There is a general loss of irritability. But there are some features of marked irritability that appear like an inflammatory state because of the passive burning.

Now, there is burning in cavities. There is burning in the tissues. There is burning in the gangrenous state. There is burning in the abdomen. There is burning all throughout this remedy, and is characteristic, as in *Arsenicum*. But the burning of *Arsenicum* is ameliorated by heat, while burning of *Secale* is ameliorated by cold. There is another grand feature of this remedy that makes it again similar to *Arsenicum*—the

cold, clammy sweat all over the body, particularly the limbs. We have restless anxiety, prostration, burning, and cold sweat and clamminess in Arsenicum. Both of these remedies have that state. Now, there are conditions wherein you cannot distinguish these remedies excepting by the aggravations or ameliorations.

In peritonitis, in a state commonly called inflammation of the bowels, Arsenicum and Secale both result in gangrenous conditions. You have a threatened gangrene. You have a horrible burning pain in the abdomen. There is generally the history of a chill and a fever, and the feeble pulse, which are no guides to the remedy at all.

The great pains in the bowels; the restlessness, anxiety, and thirst; vomiting of flakes of blood; bloody mucus discharges from the bowels, thin and watery, and so offensive that it is called cadaverous.

Arsenic has all this state. Secale has all this state.

Both remedies run through with anxiety and prostration and the horrible thirst, and vomiting everything that goes into the stomach, with blood. Hemorrhage from the cavities.

Here you see the individualization. All you have to do is to observe the aggravation from heat or cold. If it is ameliorated by warmth it cannot be Secale. If it is ameliorated by cold, it cannot be Arsenic.

Even in a cold room the Secale patient wants to be uncovered. Though he is covered with a cold sweat, and is clammy, he wants to be uncovered.

And, although he is burning in Arsenic, he wants to be covered up. Heat actually relieves or ameliorates the burning in Arsenic. That is a peculiar symptom of Arsenic.

Now, we often have in the various hemorrhages this burning and this prostration, as a general thing, and Arsenic-hemorrhage is only marked when we have this threatened gangrenous state, and in the typhoid condition of the bowels.

But when it comes to uterine hemorrhages and the passive and protracted hemorrhages of Secale, there we have no relation to Arsenic. It has in this what Arsenic has not.

But it is in this acute condition, such as we find in the gangrenous state, when the patient is right on the line of passing over, if you don't do something quick, he is going to die.

In those complaints in which you have several days to consult your books, we have no similarity to Secale and Arsenic.

In cases where there are uterine complications, where the lady has a continual oozing—a general anemic state—better

from cold ; shriveled condition, anxiety, restlessness, and thirst—oozing and hemorrhages—shriveled condition and numbness of the limbs ; where the hemorrhage has been so marked at first, dwindling away into oozing ; that is, protracted ; that is, troublesome, thin, watery, black blood that won't coagulate, then we have *Secale* and no other remedy. There is no other remedy having all those states like *Secale*.

We have the low hippocratic countenance, as in *Arsenic*.

Secale doesn't possess the power like *China* to restore the body to its normal condition. It seems to overcome this shriveled condition. It seems to begin the case where there has been a protracted and tedious hemorrhage.

Where there is a hemorrhage of this kind with all these symptoms, *Secale* stops it ; but the patient doesn't react.

Secale has no tendency to build one up. Now comes the time for *China*, which is complementary to *Secale*.

When *Secale* has stopped the hemorrhage, then follow with *China* to restore the patient.

Hemorrhage comparisons :

The main symptoms, as we see, show a relation to *Arsenic*.

Fear of death and anxiety, prostration from anemia of the brain.

It is not related to *Aconite* in any particular, so we will not compare it with that remedy.

Great nausea, and with the nausea, anxiety, sadness, and melancholy.

Feeling of lightness of the head, mostly in the occiput. This is the result of anemia.

In many ways this brings about a state peculiar to the decline of old age.

You will find many of the complaints of these *Secale* or smut rye-bread eaters that correspond, coming on in middle life, that correspond to the complaints of old age.

Senile catalepsy has been produced by it in these people who eat this bread containing the smut rye ; it is common.

In the nose bleed, blood dark ; runs continuously ; an oozing—a gradual oozing of thin blood from the nose. In old people or in drinkers, in young women ; nose stopped up, yet watery discharges running from it.

Face pale ; pinched, pale, earthy looking.

Sunken eyes ; blue rings around the eyes. This goes on until hippocratic countenance appears. That we see in very few remedies ; like *Arsenic*, *Secale* has tingling in the face.

There is a drawing sensation, as if all the tissues of the body were drawing.

In relation to the teeth, bleeding of the gums. The slightest wounds bleed—ooze a long time from a little break of the gum. After tooth is extracted will ooze a long time; not profusely, but a gradual oozing. There seems to be no tendency for it to stop.

Looseness of the teeth. This is a very peculiar and common feature of those who who have eaten this bread containing smut rye—the teeth fall out—that is, within a few months; sinking away of the gums.

Spasm of the tongue, by which the tongue is projected violently forward against the teeth, and if the mouth is open it will thrust out like the tongue of a snake.

Thirst. Unquenchable thirst, burning in all stages of the fever.

Dryness of the soft palate and œsophagus. Thirst.

Burning is characteristic of the remedy in general, and violent thirst.

Painful tingling in the throat and tongue. Tingling of the limbs and fingers. Formications throughout the body from the spinal anemia perhaps. That is produced by the taking of Secale.

Vomiting of black blood, which is very characteristic of Secale.

The continuous nausea is like that of Arsenic.

In Asiatic cholera with collapse—a crawling sensation as from ants; that is the formication in the extremities and in the skin and beneath the skin.

Discharges from the bowels are dark-colored, very fœtid, sometimes an olive-green. They are involuntary and very exhausting, likely to be composed largely of blood.

In the advanced state, when the disease resembles this remedy, if you have suppression of urine, it is perfectly in harmony with Secale.

It has retention of the urine, and it has suppression in most all of these low forms of disease—these forms that correspond with this picture of disease—diseases in which you will see this picture of Secale may have retention, and may have suppression of urine, commonly suppression. There is no urine in the bladder.

Urine is pale, watery, and the characteristic is bloody—bloody in old people, bloody in young people.

Black blood from the bladder, thick; still it does not coagulate.

Particularly does Secale act upon the kidneys, as much so as Belladonna.

There is great similarity between *Secale* and *Belladonna*.

Belladonna acts more violently. It produces contraction of the calibre of the blood-vessels—turgescence.

Secale produces a continued anemia that lasts much longer, and the relaxation following it occurs at about the time of the breaking down of the blood corpuscles, hence we have an anemia of an organic kind, as well as the anemia common to both of these remedies.

Female sexual organs. Very important and characteristic.

Menses too profuse and last too long, with tearing and cutting colic; cold extremities.

Menstrual blood thin and black—very peculiar; don't forget that.

Uterine hemorrhage from the slightest motion. That is not peculiar to this remedy; it is thin fluid of a disgusting smell. Menstrual flow is very foetid; it is strong and pungent, and the hemorrhage has that peculiar odor of atonic hemorrhage during the critical age.

Uterine ulcer feels as if burnt.

Discharges putrid, and fluid blood; burning after the flow; thin fluid blood with exhaustion; restlessness; anxiety; thirst; continued passive hemorrhage.

The leucorrhœa has this peculiar smell; it is brownish and offensive looking. Very offensive smell.

You don't see anything like rapidly flowing or bright red blood, and very little gush of blood, attended with faintness. No overpowering nausea; that is *Ipecac*, and *Ipecac* only.

The contracted uterus fills up with clots of blood coming away as large as a fist, followed by a profuse hemorrhage, with lancinating pains going backward; you dam it up, or by some means or other it stops; the uterus fills up with a clot of blood; finally contraction comes on and it gives way and the pains run from before backward. You don't see that in *Ergot*, for it is not there. That is *Sabina*.

You have perhaps an enormously distended uterus, not so much as in pregnancy. There seems to be general weakness, because of this exhaustion; because of this burning; because of this thirst; but there is simply inertia of the uterus; it does not contract at all; it simply fills up with blood. You can stick your three fingers into the uterus, but even then there is no contraction; she has been tamponed, perhaps, and the uterus fills up with blood; finally, the clot breaks loose, and it is followed by a painless state, but not by the burning, by the anxiety, nor by the horrible prostration and thirst that you find in *Ergot*.

This inertia, this general state of relaxation of the uterus, is peculiar to *Caulophyllum*.

Suppose you have another picture of this kind—a continuous protracted oozing of blood, bright arterial blood; uterus is contracting, but still there is an oozing of bright red blood. With the continued oozing you have no thirst; no fever; the patient says if this oozing of blood would only stop, she would be perfectly well. You have no symptoms for *Secale*. You think you will have to give a big dose to control that, because you haven't any symptoms to go on, and the patient would be well if it was not for this oozing hemorrhage. But that doesn't relieve this bright, red blood that is oozing continuously. The remedy is *Millefolium*.

A very celebrated man in the United States had an oozing from the rectum, caused by a fall; local applications had failed to stop it. He was apparently well. There seemed very little the matter with him, except that continuous oozing from the rectum. After months of this annoying oozing of bright red blood from the rectum, his good wife wrote to Dr. Lippe at Philadelphia, and the good Lippe sent him one dose of *Millefolium*, because he couldn't send anything else. That was enough, and the oozing stopped very promptly.

Suppose you had a continuous oozing of dark blood without any symptoms, without any burning, without this restlessness, without this exhaustion, without these terrible shriveling symptoms, without this aggravation from heat and amelioration from cold, just simply an oozing; that would be *Hamamelis*, which has also a flow of bright blood.

Suppose you have this relaxed condition again; you introduce a finger into the vagina, and as you bring it out it is covered with a thick coating, like New Orleans molasses, only not so sticky, that is so peculiar that I am hardly able to describe it; in addition, too, there is the burning of *Secale*; there is not that nausea, but there is that thirstlessness. Now *Ustilago* has that state, that peculiar slimy, dark, uncoagulable blood. It is thick.

In *Belladonna* the blood feels hot and the flow is passive. It comes away in gushes and feels hot to the parts—intensely hot. She is worse from the least jar. If a lady tells you that her discharges have this hot feeling, either her menstrual flow or the hemorrhage, as you step up to the bed, it is a very convenient thing to do, to give your hand or leg a jar against it; if it is a *Belladonna* case it will be aggravated by the least jar; it is aggravated from the jar, she is annoyed, it is painful, she is sore, there is some congestion and tenderness in the uterus. That peculiar jar of

the bed, she don't want you to do it again, and her countenance is very threatening. When I see from the general symptoms and the condition of the patient that Belladonna is indicated, I then give the bed a rap; if she doesn't pay any attention to it, there is no Belladonna case.

Suppose there is oozing of blood, which does not coagulate, and the remedy seems clearly indicated, but it doesn't act. You will be apt to say, I have tried Homœopathy for the symptoms and it doesn't act. I will give a big dose of Ergot and stop it that way. But a big dose won't always stop it, no matter how big the dose.

You must give Sulphur if Secale fails to act. It is an intercurrent.

If your hemorrhage stops, as it often does under the Sulphur itself, you needn't feel that Sulphur has cured. The Sulphur has simply permitted the indicated remedy to act—the cure by Ergot has been hastened by Sulphur. You sometimes have to change from Ergot to Sulphur; after having given Sulphur you sometimes have to change, and then in about twenty-four hours you can give the indicated remedy again.

THE PHYSICIAN'S DUTY.

In a press notice of the recent death of a distinguished member of the medical profession, the following is told:

A friend once remarked to him, "Doctor, what necessity is there for this ceaseless labor and study at your time of life?" With a look of astonishment, never to be forgotten, he replied: "My dear sir, I am under bonds to do it. When I offered my professional services to this community, there was an implied covenant on my part that, so far as God gave me strength and ability, I would use them for gathering up and digesting all that has been said or written in regard to the diseases to which human flesh is heir, and if I should lose a patient because of my ignorance of the latest and best experience of others in the treatment of a given case, a just God would hold me responsible for the loss, through inexcusable ignorance, of a precious human life; * * * and whenever I get my consent to be content with present professional attainments and trust my own personal experience for success, I will withdraw from practice and step from under a weight of honorable obligations which, with my best endeavors to meet them honestly and conscientiously, still sometimes is almost heavier than I can bear."

CLINICAL BUREAU.

SURGERY OR MEDICINE?*

EDWARD RUSHMORE, M. D., PLAINFIELD, N. J.

CASE I.—Late last summer I was summoned to the bedside of a man of about fifty years, who could pass no urine, except a very few drops by the hardest straining. He was in the last stage of phthisis and near the close of life. No information could be elicited as to the probable cause of this retention. There was a sense of fullness and actual fullness in the hypogastrium, with frequent effectual urging. This condition had lasted from the previous day, an old school physician having vainly attempted to relieve him.

The use of the catheter suggested itself as the speediest means of relief, and it was attempted, but I could not introduce the instrument. Failing in this, I did what I ought to have done at first, looked for and administered the most homœopathic remedy. Cantharides was selected, and a few globules of Dr. Skinner's *Fluxion*, centesimal potency 20m, were dissolved in half a tumbler of water, and the patient directed to take a teaspoonful of the solution every twenty minutes until relieved, but to send for me if not relieved in two hours. I got no message from him, but on visiting him the next day I learned that he had passed his urine freely before the two hours had elapsed. He was never again troubled in that way.

CASE II.—*A Chronic Ulcer Cured.*—While on a short journey from home in the latter part of September, 1881, I met a gentleman from Brooklyn, who, on learning that I was a physician, asked me to look at an ulcer of more than two years' duration on his left leg. It was situated a little above the outer malleolus; was about as large as a quarter-dollar, with the areola much swelled, very hard, and of a dull, purplish red color. It was the seat of occasional stinging pains, and of a scanty, watery discharge. He had dressed it for a long time with what he called green ointment. I told him I thought it could be cured, but meeting him only transiently at the house of a mutual friend, had neither the time nor facilities for a full examination of the case and its related remedies. I gave him a high potency of

* Read before International Hahnemannian Association.

Silicea, requested him to remove all ointments from the sore, and if not better in a week or two, to come to see me if he should want me to do anything for him.

On November 2d, five weeks later, he visited me for the first time. The ulcer had not changed in appearance, but the stinging had given way to drawing sensations. Before the appearance of the ulcer he had much rheumatism, but none since the ulcer came. He feels generally better in winter and worse before a storm. The feet are hot at night; he keeps them out of bed and feels better with cold feet.

He received one dose of *Sulph.*^{em} (Fincke).

November 14th.—Has scarcely any pain in ulcer; the edges look contracting; less discharge; less heat in feet at night. No medicine.

November 23d.—No pain; the ulcer looks smaller, the pus scanty and thin. Less swelling, but some itching around the ulcer; can keep the feet in bed. No medicine.

December 5th.—Less swelling; edges less raised; healing apparent at lower edge. He has no heat in the feet and no pain in the ulcer. The itching continues. No medicine.

December 15th.—The healing at the lower edge continues; the edges look a little higher; discharge unchanged; no itching; no heat in feet. He has slight numb pain around the ulcer. He received *Silicea* (Fincke) one dose. This prescription I judge to have been a mistake; it arose from following an objective symptom, viz.: scanty discharge, against a higher, because more interior subjective indication, viz.: numbness, which would have led me to leave him under the continued action of Sulphur.

Two weeks later, on December 28th, he was no better, and felt a little short smarting in the sore, but less numbness.

I then gave him *Sulph.*^{em} (Skinner), three doses, to be taken twelve hours apart.

January 9th, 1882.—Healing advanced; scarcely at all numb; less soreness than for a long time; the pus less watery; he feels better than ever. No medicine.

January 31st.—Ulcer filled and healing much advanced; the swelling nearly gone; only a little itching; no pain; he feels better than for two years. No medicine.

February 27th.—Ulcer entirely closed; occasionally a little itching around it. No medicine.

March 23d.—Still closed; no pain; less swelling; no itching. No medicine.

April 20th.—Still healed. No symptoms. He volunteers

the statement that slight wounds which formerly ulcerated now heal readily. He is discharged.

This case is one of many which illustrates the durable character of an impression by a similar drug in a high attenuation, the temporarily arrested improvement going on continuously to perfect cure for two months after the last dose of medicine.

It is an illustration of the restrictions which Homœopathy is happily placing around the art of surgery, demonstrating that many local appearances are expressions of general disorder; hence, indicating that they are by no means to be violently repelled, but cherished as signs that the organism is doing its utmost to save its most vital parts. It is an illustration of the needlessness, to say the least, of topical treatment in an inveterate skin disease, of the truth of the law of similars, and of the activity and potency of the infinitesimal.

THERAPEUTICS OF BONE DISEASES.*

L. B. WELLS, M. D., UTICA, NEW YORK.

Bones, in their process of formation, although not endowed with the same degree of vitality of other organs of the body, are subject to the same laws of waste and supply peculiar to their own organization, as other parts of the animal organism.

Hence, when diseased, they are subject to structural changes peculiar to themselves. Being subject to established laws in their formation, they are not less so in a morbid condition.

We may therefore be assured that morbid changes will be made subservient to a correct application of therapeutic agencies.

Aconite.—Inflammation of the bones and periosteum, with swelling and dull aching. Restlessness.

Agaricus.—Pains in the long bones, as if bruised, after motion. Pains in left tibia. Pains in the spine between the vertebrae.

Agnus castus.—Inflammatory swelling of the joints. Gouty nodosities.

Angustura.—Caries, or very painful ulcers, deep seated in the bony structure.

Apis mel.—Periosteum inflamed.

Asafœtida.—Inflammation and caries of the bones involving the soft parts with ulcers with hardened edges. Softening of the bones with easy bleeding. Caries after the abuse of Mercury.

*Read before International Hahnemannian Association.

Aurum.—Secondary syphilis after abuse of Mercury. Looseness of the teeth, and ulcers of the gums and fetid breath. Caries of the palate and nasal bones. Bone pains at night, so severe that they cannot be borne.

Argent. met.—Acts on the cartilages and joints. Arthritic bruised pains in the joints.

Arnica.—Aching in the bones and periosteum.

Baryta carb.—Tearing and tension in the long bones. Boring in the bones.

Berberis.—Sensation of scraping at the bones. Cold sensation in the bones.

Belladonna.—Red shining swelling of the joints. Pains along the periosteum.

Benzoic acid.—Swelling of the knee-joints. Cracking in the knee-joint.

Boletus laricis.—Aching distress in all the joints.

Bothrops lanceolatus.—Caries of the bones.

Cadmium sulph.—Cutting pains of the joints. Caries of the bones of the nose.

Calcarea carb.—Curvature of the spine and long bones. Swelling and softening of the bones with curvature. Exostosis and caries of the bones of the extremities. Rachitis.

Calcarea phos.—Pains along the sutures and symphyses. Non-union of fractured bones. Curvature of the spine. Swelling of the condyles and arms and spina bifida. Rachitis. Open fontanelles.

Camphora.—Cracking of the joints.

Capsicum.—Joints crack; are stiff and painful.

Carduus benedictus.—Aching of all the bones after stretching the limbs.

Cepa.—Aching of the joints.

Cinchona.—Caries with profuse sweat.

Cocculus.—Gouty pains and cracking of the joints.

Colchicum.—Acts on the periosteum. Painful flexion of the joints.

Cuprum met.—Pains in the bones as if they would break.

Curare.—Periostitis.

Cyclamen.—Tearing pains in parts where the bones are near the surface.

Digitalis.—Piercing pains in the joints.

Dulcamara.—Exostosis. Scrofula.

Ferrum.—Cracking in the joints. Bones disposed to soften, or bend. Fractures unite slowly.

Fluoric acid.—Diseases of the long bones.

Guarea.—Stiffness of the trunk. Constriction of the back. Cutting pain in the sacrum. Caries of the bones. Swelling of the affected parts. Cracking in the joints. Nocturnal pain in the bones. Cutting pain in the joints. Bruised pain in the bones. Pain in the periosteum of the arm bones.

Guaiacum.—Rheumatic swelling of the joints. Aching of the bones with swelling. Syphilis. Caries and spongy affection of the bones. Pressing pains in the bones.

Helleborus.—Stinging boring in the periosteum in cool air.

Hepar sulph.—Caries. Hard burning nodosities.

Iodium.—Nightly bone pains. Arthritic affection of the joints.

Kali bich.—Scrofula. Secondary syphilis, with diseases of the bones. Necrosis. Exostosis. Pains worse at night.

Kali carb.—Caries. Bones feel bruised. Cracking in the joints on motion. Rheumatic pains in the joints.

Kali iodatum.—Diseases of the periosteum and capsular ligaments of the joints.

Kalmia latifolia.—Acute rheumatism from joint to joint, frequently changing.

Kreosotum.—Rheumatic pains in the joints.

Lactic acid.—Rheumatic pains in the bones, worse on motion.

Lithium carb.—Arthritis. Bones, joints, and muscles sore as if beaten.

Lycopodium.—Bones inflamed, mostly the ends with nocturnal pains. Softening of the bones.

Manganum aceticum.—Inflammation of the bones with nightly insupportable digging pains. Inflammation of the joints with digging pains at night.

Mercurius.—Bone diseases, worse at night.

Mercurius corros. sub.—Necrosis of upper jaw. Inflammation of periosteum.

Mezereum.—Bones inflamed, swollen, especially shafts of cylindrical bones. Caries after the abuse of Mercury. Bones feel distended.

Natrum sulph.—Cracking of the joints, knees stiff. Pain in the bones. Sycosis.

Nitric acid.—Caries. Cracking in the joints.

Nitri spi. dul.—Striking boring in the bones of the face, back, and various parts of the body, tips of the toes, knees, and cranial bones soon after taking the dose. Drawing in the cranial bones, ankles, and toes.

Phosphorus.—Swelling of the bones. Necrosis, especially lower jaw. Exostosis, especially of the skull. Tearing boring pains. Disease of the hip joint.

Phosphoric acid.—Interstitial inflammation of the bones, scrofulous, syphilitic, or mercurial. Caries with smarting pains. Inflammation of the periosteum with gnawing and burning pains. Pains in the bones at night.

Phytolacca.—Bones inflamed, swollen; joints red and swollen. Periosteum affected in mercurialism and syphilis.

Psorinum.—Caries.

Pulsatilla.—Jerking tearing in the bowels. Scraping or tingling in the periosteum.

Rhus tox.—Inflammation and swelling of the long bones. Pains, as if the flesh were torn loose from the bones, or as if the bones were being scraped.

Raphanus.—Pain in bones when touched, the bones of the left orbit, the nasal and maxillary bones on the left side. Numbness of the part near the painful bones. Pain in the vertebral column as if a foreign body passed through it from top to bottom.

Ruta grav.—Bruises and other mechanical injuries of the periosteum and bones. Periostitis.

Sabadilla.—Boring cutting in the bones. Intense pains in all the bones, especially in the joints, as if the interior of the bones were cut or scraped with a knife.

Sabina.—Drawing pains through the long bones. Tearing and stinging in the joints after they become swollen, worse in the heated room, better in cool air or cool room.

Sarsaparilla.—Scrofulous diseases in general.

Silicea.—Inflammation, swelling, ulceration and necrosis of bones.

Solanum.—Pains in all the bones.

Strontiana-carb.—Pains in the long bones and in the marrow.

Staphisagria.—Swelling and suppuration of the bones, also of the periosteum. Arthritic nodosities of the joints.

Sulphur.—Scrofulous and rickety complaints.

Theridion.—Scrofula, when other remedies fail. Rachitis, caries, necrosis. Bones pain as if they would fall asunder.

Thuja.—Flesh feels as if beaten off the bones.

Triosteum.—Aching in all the bones. Stiffness of all the joints of the upper as well as the lower extremities.

Vinca.—Arthritic tearing in the bones.

THE MEDICAL ADVANCE.—With its January issue the *Advance* will commence the publication of a thirty-two paged addition, devoted to diseases of women and children, etc., under the able editorship of Dr. Phil. Porter.

NOTES AND NOTICES.

SUPPLEMENT No. 6.—Joslin's Therapeutics of Cholera, with Repertory, will be ready for mailing January 15th.

ERRATUM.—In our December ('84) issue, bottom of page 360 and top of page 361, for *chronic* spasms of cheek, read *clonic* spasms, etc.

PARTNERSHIP.—Dr. C. W. Breyfogle, San Jose, California, has associated with himself Dr. R. E. Pierce, late of Boston.

FOR SALE.—A copy of Teste's *Materia Medica*. Good as new. Price, \$3.00.

BEWARE OF TOBACCO.—Lieutenant Greely says that of his nineteen men who perished all but one were smokers, and that one was the last to die. The seven survivors were non-smoking men.

A CONSOLATION.—“The world all praise the philosophers, but toss their pennys into the caps of the monkeys.”—JOSH BILLINGS. All doctors who fail to secure the “pennies” can take this wise saying to heart!

DR. W. H. ROMIG.—Dr. William H. Romig, one of the leading physicians in the Lehigh Valley, died December 10th, 1884, of an affection of the heart, after an illness of nearly six weeks. He was a graduate of the University of Pennsylvania and Hahnemann Medical College. After graduation he began practice with his father, Dr. John Romig, in this city, and achieved marked success. His father, who is eighty-one years old, was one of the pioneer homœopaths and retired from active practice about eight years ago. His sons, Dr. W. H. and George, succeeded him.

DR. BERNARD died at Mons, Belgium, 8th of October, 1884. He is said to have died “practically of a broken heart,” due to the rapid loss of father, wife, and children—losses sufficient to kill any one. Dr. Bernard was an able man, a frequent writer for the *Revue Homœopathique Belge*, and the author of several works. His book on the treatment of *Constipation* has been translated and reprinted in this country.

THE SANITARY CONFERENCE.—At the session of the National Conference of Health Boards the delegates from the various cities presented reports showing the sanitary condition of the cities and gave their views as to the best means of preventing the introduction of the cholera. Dr. Carson, of Kentucky, made a special report upon the peculiar contagion in West Virginia. He went where the disease was most prevalent in Eastern Kentucky and procured samples of the drinking water. The geological formation forbade the assumption of mineral poison in the water. The streams and ponds had dried down to mere beds of malarial poison. The disease was really epidemic dysentery, caused by malarial poison, and many patients died because the people did not believe in doctors, and called them, if at all, too late. The total number of deaths did not exceed two hundred and twenty-five in Kentucky. The people were deeply aggrieved by the publication of the exaggerated reports of the disease.

The committees on State and municipal action reported upon the best modes of resisting infection. That of the latter recommended, as municipal regulations, that all surface wells be closed, privy vaults abolished, stagnant pools disinfected, receivers kept clear, accumulations of filth prevented in tenements, the food supply inspected, garbage promptly removed, and that the attention of authorities of all institutions, public and private, and of individuals as well, be drawn to the great importance of maintaining habits of personal cleanliness as one of the most efficient means of warding off an attack of cholera or reducing its virulence.

The unanimous opinion of these sanitarians seemed to be that there is every reason to fear that cholera will invade our shores next summer.

THE
HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. V.

FEBRUARY, 1885.

No. 2.

DISCUSSION OF PRESENT STATUS OF THE
AMERICAN INSTITUTE.

DEAR HOMŒOPATHIC PHYSICIAN:—The following is *part* of a correspondence of a recent date between a leading member of the American Institute and myself. I regret that my correspondent makes giving it entire impossible, by refusing his consent to publishing his letter of December 1st, in connection with my reply to it. I can only give brief extracts from it, which have served as basis for my reply, and may be useful as stepping-stones to a standpoint from which the views of the writer, and presumably those of the American Institute, may be clearly seen. Thus arranged, the correspondence will explain itself.

BROOKLYN, December 2d, 1884.

DEAR DOCTOR:—I have yours of the 1st inst. In some of the matters it treats we differ in knowledge or judgment, or perhaps both. If, as you say, you have read my articles in THE HOMŒOPATHIC PHYSICIAN, you may remember that some portions of your letter are in these answered before its reception. If you will turn to the number for December inst., you will find in it as plain a statement as I can make of my views of the present character of the American Institute of Homœopathy, and also of the character of its work, and you may there find a small part of the evidence it has given to the world that it has ceased to be an institute of *Homœopathy* at all. You say of me that I "have abandoned the American Institute of Homœ-

opathy." This is a mistake. It is the other way, as you may learn from the paper referred to: It is the Institute which has abandoned Homœopathy. Beyond retaining its name, I fail to find aught in its doings or opinions expressed the last few years belonging to Homœopathy at all. And this is all the difficulty I have with it. I have elsewhere spoken plainly on this subject. There can be no need of repeating this to you. You have read it. If there be any answer to this, disproving what I have said, or any showing that I am mistaken, it will be a pleasure to me to see it. If I have spoken the truth, let the Institute mend its manners and its ways; let it return to labors in the interest of true Homœopathy, and I am content; let it cease its efforts to destroy, and return to such as will build this up, and it shall have from me only my best wishes.

"The I. H. A. is doing no good, nor will it do any, so long as irrational and unscientific posology is encouraged.

In regard to the I. H. A. and its usefulness, I may say I never favored its organization, never entertained any very exalted expectations of its usefulness. But I cannot shut my eyes to the fact that its existence is a protest against the abandonment of homœopathic law and philosophy by the American Institute of no small significance. Its existence is a rebuke of this abandonment of no mean power. The I. H. A. had its origin in a deep, indignant sense of this abandonment. It was from this, and not from any peculiar views of posology, that the I. H. A. had its origin.

"Fluxion potencies are a laughing stock to all right-minded men."

You are mistaken. There are not a few men who seem right-minded, who, after practical experience of these potencies, hold them in high esteem, and this because of witnessing their successful use in clinical cases after the failure of other preparations to relieve in the same cases. There are many such men, who have come to their general use because they have found them more potent curatives than other preparations. What other possible motive could they have for adopting them into their practice? And are not "right-minded men" called on to accept their testimony, that of these men who have tried them and know, rather than to heed the silly laughter of the American Institute of Homœopathy, the laughter of those who have *not* tried and do *not* know? Doctor, I have no doubt I *know* more of these potencies than you do. If you had *known* them as I *know* them, you could never have spoken of them as you have, if you are but half as honest minded as you ought to be, and as

I have given you credit for being. It is only because you don't know that you call them "irrational," and because the silly Institute doesn't know that it laughs. Fluxion potencies are not going to "ruin our school"—be at perfect ease on this head. I wish I could say as much as to abandonment of homœopathic law and philosophy. If our school is to be ruined, you and I, if we live to see it and see clearly the cause of the "ruin," will surely find this abandonment the most efficient cause in bringing about this result, and the American Institute its most active agent.

"It is not successful [practice with fluxion potencies] as compared with sound and moderate posology," etc.

What is "sound" and what is "moderate" in posology? Define these words, and then we may be able to see how far the statement is correct. That is most "sound" in posology, we take it, which cures sickness in greatest proportion, in shortest time, with greatest certainty and safety. And it is affirmed of these potencies by those *who know* that, as compared with other preparations, this is just what they do. If their testimony be true, it is not easy to see just how they are to bring about the foreboded "ruin." It is not difficult to see how abandonment of principles may do this. Indeed, there are those who think they see just how this is *now* doing it.

"Pure Homœopathy is bound to survive, and that on a sound and scientific basis."

It is to be hoped that it will, but here again we need definitions. "Pure," "sound," "scientific." If by "pure" be meant law without mixture of men's fancies, good. "Sound"—well, we don't quite so easily come at that. But if it means that which an enlightened experience has established as best, good again. "Scientific." This is easy. It is predicated of *Homœopathy*. This, as we know, is the *science* of therapeutics, and there is no other. This, then, can only mean a practical therapeutics founded on law. So, and so only, can its foundation be "scientific." A therapeutics founded on something else, in whole or in part, can never be a "scientific" therapeutics. So founded, and a practice based on it is ever and only a practice in the dark.

If this be so, dear Doctor, then does it throw no light on the duty of those who have accepted the responsibility of teaching a therapeutics based on God's law? And does it not present in dark shadow the just judgment those incur who neglect so to teach?

"It has been laughed out of the American Institute," etc.

That is, cures by fluxion potencies have been so treated. And this reminds me that there is a man somewhere out West, known as "Bob Ingersoll," who has been trying these many years to laugh the God of Heaven from His throne. I do not think he has had much success in his folly, though perhaps he is satisfied with his endeavor. Suppose he had succeeded? It would only have been the worse for poor Bob as well as the rest of mankind. Just so with this truth the Institute is said to have laughed out of their sight. It does not hurt the truth at all, and I cannot help thinking it would have been better for them if they had permitted themselves to be instructed by this truth instead of indulging in untimely laughter. Truth is truth, after all their laughter, the same as before, great as this may have been. Truth, dear Doctor, is stronger than laughter, and don't forget it.

P. P. WELLS.

No. II.

BROOKLYN, December 6th, 1884.

DEAR DOCTOR:—I have yours of the present date, withholding your assent to the publication of yours of the 1st inst. with my reply to it. I regret this a little, as it expresses so much of what I regard as characteristic of the present status of the American Institute, and coming from a representative member of the Institute, it seemed to me more of a declaration of that status than a mere private communication from one individual to another. Its chief interest was rather of a public than of a private nature, and as my reply was as clear a statement as I could make of my views of this matter of public interest, good might result from their going together before the public, who have the chief concern in the matter. I have read both to a few judicious friends, who have expressed a decided opinion that I have a perfect right to publish both without your consent, but I should greatly have preferred to do it with. If I conclude to print, I will withhold your name, so you shall not be held before the public as in any way connected with, or responsible for, the writing or printing of either. It seems to me well that the two sides should go together to the public, and that now is as good a time as any for these utterances.

Your letter of this morning reads like a plea of guilty on behalf of the American Institute to my indictment of that body for having abandoned Homœopathy. You say :

"I think I know the temper of a large majority of the Institute, and it is materialistic in medicine."

Just so. And this is my difficulty with the Institute. Here is just where the *abandonment* is found. The Institute is materialistic. This is just what Homœopathy is not. Homœopathy is dynamic in its nature, in its philosophy of its objectives—the cures of sicknesses—and of the means it employs for these cures. It is dynamic in whole and in part. And hence the folly of those who would pursue investigations in this field by methods and means employed in experiments and investigations in physics. They are looking for fruits in one field which only grow in another, and it may be in one far away. The materialist, dear Doctor, has nothing to do with God's Homœopathy, nor can he have, except—and sad it is to say it—he sometimes most unjustifiably usurps its honorable name.

To attempt investigations of homœopathic philosophy and practice by the means and methods employed in researches in physical science is as absurd as to attempt research in astronomy by the means and processes of the chemical laboratory, or researches in mental philosophy by the same means. The science of therapeutics (Homœopathy) is a science *sui generis*, and not dependent on other or physical sciences for its existence or for means necessary to its right understanding or investigation. It can only be investigated by means adapted to its own nature—*i. e.*, to a science of dynamics. To attempt this by the microscope, crucible, or test-tube is only a braying of the animal who attempts to act the part of the lion, having only his skin.

"Homœopathy is a reform, * * * * and must establish and fortify its position."

Homœopathy, dear Doctor, is not on trial before the American Institute or before any man. It had its trial before you were born. The judicature was sick humanity, and the verdict was in its favor. There is no call, that I know of, for a new trial, either on the part of Homœopathy or sick mankind, and these are the parties chiefly interested. The call for the new trial is altogether from those who have abandoned God's science of therapeutics, and therefore have no interest in the matter which can give them a standing in court. They are only interested and busy in endeavors to set aside this honorable world's verdict, and in efforts to replace in the professional mind the dynamic nature of homœopathic philosophy and means with the musty, foggy materialism of old-school physic. Not a very honorable employment, and not likely to succeed in the end. There will be no new trial, for

none is needed. There may be a trial of these abandoners, and then a better state of mind and knowledge may possibly be attained by them.

“* * * * I am sure Homœopathy never needed defense more than now.”

Homœopathy is suffering chiefly from the misdoings and utterances of the American Institute. It is to be hoped it will survive these by reason of the truth which is in it. It only needs “*defense*” from attacks of those who bear its name and pretend to be its friends. Is this “*defense*” too much to ask and expect from yourself and other “*right-minded men*” who are really desirous of the best interests of Homœopathy?

“While the strong men of our school adhered to the *Organon* and used and reported cures with Hahnemann’s potencies, the school advanced; but it seems to me that the change has come about with the introduction of Fineke’s fluxions and their adoption by Hering, Lippe, Guernsey, etc. Dunham was too wise to indorse them.”

Dunham was wise enough to purchase and use them. It is altogether too common just now, here and elsewhere, to call the name of this honored and lamented colleague to the support of all kinds of error or opinions to which, not unfrequently, he had never given his sanction. This is a safe dodge for the advocate of whatever is untenable in opinion or an error in practice, as Dunham can no longer speak for himself. But who were “*the strong men of our school*” if we are to class Hering with the *weak*? Surely this is putting Fineke’s fluxions into good company; and we may be permitted to remark right here, that it might have been better if those of our school not so “*strong*” as Hering had permitted themselves to be instructed by the example of this “*noblest Roman of them all*,” instead of posing as sneerers at an experience they seem so incapable of comprehending or imitating. Doctor, allow me to speak plainly to you my judgment as to that which to you seems to need defense.

It is not, I think, Homœopathy. That needs none. It is only the feebleness, ignorance, and short-comings of men who claim to be of our school, and honestly think they are, while there is little of it in or of them except its honored and abused name. How comes it that these are now so numerous that you judge them to constitute a majority of the membership of the American Institute? The cause, I think, is not far to seek. If you will turn to a recent number of THE HOMŒOPATHIC PHYSICIAN (August, Vol. IV), you will find a paper on “*Medical Education, and Our Colleges as Contributors Thereto*,” in which these colleges

are held responsible for the materialism of the younger members of our school. These have come out of the schools, not having been taught dynamism, but with so full a charge of materialism as to seem to have no consciousness that there is, or can be, anything besides matter with which they, as professed practitioners of *specific* medicine, have, or are to have, anything to do. Where have these young members learned this materialism, which is so far away from all of Homœopathy, except in these colleges? And are we wrong if we charge on these the origin, through these juniors, of all that which you say needs "defense," and of all that part of the history of the American Institute which has so greatly disgraced itself and the school it is claimed to represent? The "change" you deprecate has "come about"—not from "*fluxion potencies*," but from *these colleges* and the wrongly educated men whom they have sent out to practice a system of specific medicine, the philosophy of which they have never heard, and of which most of them are so profoundly ignorant.

"What earnest seeker after truth, with a desire to convince the skeptical, would undertake to use such methods?" * * * [*i. e.*, the methods of preparing and using fluxion potencies.] "They are so improbable to a student of physics, and so infinitely transcendental, that to be adopted they should support their claims by overpowering and unmistakable results."

This may be so to a "student of physics," but how to a student of dynamics, with which alone these potencies have to do? The "student of physics" has no concern with them. They are not of his domain, and are not amenable to his methods and processes—not even to the microscope, crucible, or test-tube.

"They should support this claim (that for these potencies of curing power) by overpowering and unmistakable results. These have not been forthcoming."

That these potencies cure is proved by the same evidence in kind and amount as proves the same fact of the third or the thirtieth or any other number of a potentized drug, or of any amount of any crude drug. They are given in a case of sickness, with a given group of phenomena, accompanied by certain sufferings, and these phenomena and these sufferings cease. This is all the proof of curing power these or any other form of medicine *can* give. And, we submit, no other is or can be needed. He who demands more, or more for these potencies because they are not of the domain of physics, has himself gone beyond the domain of reason. These potencies have been given to the sick, and the sick have been cured by them, with a uniformity at least equal to that which follows the use of any other form of drug administration, for *more than twenty years*. They

have been given to innumerable cases, many of which have been reported and published, and as fairly and plainly as have cures by any form of drug agency. This has been done just as other reports of cures have been given from other drug agencies which have been attested as evidence of curing power in these agencies. Then, why not accept the same kind of evidence of curing power in these fluxion potencies? Is not the "overpowering" and "unmistakable" found in these experiences? If not, why not? Is the claimant for the "overpowering" demanding some kind of an argumentative earthquake power? Well, we admit fluxion potencies do not deal in this.

And now, Doctor, one word as to skeptics and skepticism. There are two kinds of this in the world, one of the reason and one of the will. Defect of knowledge may be cured by bringing before reason evidence of facts logically related to the matter in hand. By acceptance of this evidence reasonable skepticism is cured, and there is the end of it. Not so the skepticism which is of the will. Neither evidence, logic, nor truth, of any amount or of any character, have power to overcome this. These are rejected by a perverse will, which persists in unbelief in spite of these. Nothing short of the power which created will can carry light and truth into a human mind so guarded against them. There is much of this kind of skepticism in the world, more than of that which comes from want of evidence of truth. It would seem that skepticism as to the curing power of fluxion potencies after these twenty years of accumulated evidence of the fact, which is now daily added to, must be of this incurable kind—that of the *will*, and not of the *intellect*. There is only *one* "crucial test" of this claimed fact, and that is in the affirmative or negative of the question—*Do they cure?* We have no hesitation in saying, because we have *seen* it, they both cure and *make sick*.

P. P. WELLS.

THERAPEUTIC HINTS.—LOBELIA.—Extreme *tenderness* over the sacrum. She cannot bear even the pressure of a soft pillow. She cries out if any attempt is made to touch the part. She sits up in bed, leaning forward to avoid contact with bed.

LOBELIA.—After each vomiting spell, she breaks out all over with *sweat*, followed by a sensation as if *thousands of needles* were piercing her skin from within outward.

CHELIDONIUM.—Dry cough through the day, with pain and stitches in *right* side, with severe *hoarseness* each evening at five o'clock, so that her voice could scarcely be heard.—C. CARLETON SMITH, M. D.

HAHNEMANN'S "CHRONIC DISEASES."

C. L. SWIFT, M. D.

[Read before the Central New York Homœopathic Medical Society.]

To-day our subject for discussion is Hahnemann's *Chronic Diseases*—whether his theory or views with regard to the causes of chronic diseases be true or not.

In order to discuss any subject intelligently, we must know all we can about it, so that we may arrive at the proper understanding of the subject.

Diseases are divided into two classes: acute and chronic. Chronic diseases are those which continue on and on, even to the death of the patient.

The causes of chronic diseases are undoubtedly various.

Different persons have different views with regard to this *something* within the organism which seems to pervade and deteriorate the life-giving principle, and which, without the aid of remedies, continues to increase to the end of life.

Hahnemann's views of the nature of chronic diseases were these. "All chronic diseases originate from three distinct miasms, viz. : syphilis, sycosis, and psora, and that seven-eighths of all chronic diseases arise from psora."

Hahnemann found in the treatment of this class of chronic diseases that many of his patients were not cured by the remedy selected according to the symptoms of the patient, and that some he even failed to relieve.

In comparing the treatment of acute and chronic diseases, the wonderful results in the former class of diseases with the failures in the latter, he asks himself these questions: "What, then, was the reason why the continued homœopathic treatment of the non-venereal chronic diseases should have been so unsuccessful? Why should Homœopathy have failed in thousands of cases to cure such chronic ailments thoroughly and forever?"

He also says, "Ever since the years 1816 and 1817 I have been employed day and night to discover the reason why the homœopathic remedies which were then known did not effect a true cure of the above-named chronic diseases. I tried to obtain a more correct, and, if possible, a completely correct idea of the true nature of those thousands of chronic ailments which remained uncured, in spite of the incontrovertible truth of the homœopathic doctrine, when, behold! the Giver of all good per-

mitted me about that time to solve the sublime problem for the benefit of mankind after unceasing meditation, indefatigable research, careful observation, and the most accurate experiments. * * * * I had reached this point when my investigations and observations upon non-venereal chronic patients led me at once to perceive that a previously existing itch, which they often confessed to have had, was the cause why many diseases that appeared to be separate and coherent maladies should not be cured by homœopathic treatment.

"All the subsequent sufferings were dated from the time when the psoric eruption had manifested itself. In many of these chronic patients who were unwilling to confess having had the itch, or had been too careless to heed it, or had no recollections of it, I often discovered by careful inquiries that vestiges of the itch had shown themselves upon their bodies from time to time in the shape of small pustules or herpes, etc., as so many infallible symptoms of the chronic contagion.

"These circumstances, coupled with the fact that psoric eruptions which had been removed by evil practices, or by some other cause, were evidently followed in otherwise healthy persons by chronic ailments, having the like or similar symptoms, as had been observed both by other physicians and myself in an infinite number of cases, left me no doubt about the internal enemy which I had to combat in my medical treatment.

"This internal enemy I shall designate by the general term *psora*. It is an internal disease, a sort of internal itch, and may exist either with or without an eruption upon the skin. Little by little I discovered more adequate remedies against this internal disease from which sprang so many sufferings. From the relief which I obtained by their employment in cases where the patient had no recollection of the itch, I inferred that they resulted from a psora, which had been communicated to the patient in the cradle, or in some other way of which he had no recollection. By carefully inquiring of the parents or relatives I discovered that my suspicions were well founded."

Hartmann says in the introduction to his *Chronic Diseases*, in 1817 and 1818: "I had frequent opportunities of hearing patients examined by Hahnemann, who generally asked them whether they had had the itch. Since then I have never omitted asking a similar question, and frequently cured a chronic malady with Sulphur or Hepar. s., even before Hahnemann's *Chronic Diseases* had made its appearance."

Quoting again from Hahnemann's *Chronic Diseases*: "Though this *psora* is the oldest, most universal, and most pernicious

chronic miasmatic disease, yet it has been misapprehended more than any other.

"For thousands of years it has disfigured and tortured mankind; and during the last centuries it has become the cause of those thousands of incredibly different acute as well as chronic non-venereal diseases with which the civilized portion of mankind becomes more and more infected upon the whole inhabited globe.

"Psora is the oldest miasmatic chronic disease known. The oldest history of the oldest nations does not reach its origin.

"According to the most ancient historical writings which we possess, *psora* existed already, almost fully developed, in the earliest ages of mankind. Several varieties of *psora* have been already delineated by Moses three thousand four hundred years ago. At that time, however, and always afterward, among the Israelites *psora* appears to have especially infected the external parts of the body. This was also the case among the Greek barbarians, then among the Arabs, and finally in the uncivilized Europe of the Middle Ages.

"In the Middle Ages Europe was revisited for several centuries by the frightful *psora* of the Occidental countries, in the shape of a malignant erysipelas, called St. Anthony's fire. In the thirteenth century it assumed again the form of leprosy. * * * Toward the end of the fifteenth century it assumed the ordinary eruption of the itch."

Having given a brief résumé of Hahnemann's views on the nature and causes of chronic non-venereal diseases, we are better able to discuss them.

There are those in our ranks who reject this theory of Hahnemann and deny its truth in toto. Others think it is overdrawn, while others believe it as thoroughly as did Hahnemann.

Dr. Lillenthal, in the transactions of the Homœopathic Medical Society of the State of New York, 1870, page 450, says: "Looking at the etymology of the word *psora*, or even of the word scabies, we find in the works of Erasmus Willson, certainly an acknowledged authority in skin diseases, that the words *eczema* and *psora* mean one and the same thing—itch, itchiness—because of the necessity which is induced by its itchiness to rub or to scratch, the word (*psocire*) meaning to rub. This is the language of Hippocrates, and we all know how deeply the works of the sage of Kos were studied by Hahnemann."

Celsus designates the same diseased state by the Latin name scabies, from *scabere*, to scratch, or *impetigo*, from *ab impetu*

agens, a breaking out of impetus, an involuntary scratching, and all the four terms, eczema, psora, scabies, impetigo, have originally been applied to one and the same disease. * * * Studying again the word psoriasis, from psora, we find it by different authors restricted to different chronic skin diseases, to the lepra alphas of the Greeks, to the lepra vulgaris, etc., and it would be unjust to confine the meaning of the word psora according to the teachings of Hahnemann to such narrow limits. That great and good man understood by the word psora and psoric dyscrasia that undefinable contamination of the blood so often found in our days that a healthy offspring is a *rara avis* in our civilized age.

Dunglison divides psora into "psora, the itch; psora agria, psoriasis inveterata; psora ebriorum, drunkard's itch; and psora leprosa, psoriasis, of which Dr. Willan has given names to eleven varieties."

That the name *itch*, which we apply to the disease scabies, was used by Hahnemann and others in a much broader sense cannot be doubted. That it not only included with itch eczema, but also the majority of skin diseases described by Dr. Willan.

In the *American Journal of Homœopathy*, June, 1854, Professor Henderson, in a reply to Dr. Simpson, shows that the psoric doctrine of Hahnemann means more than the scabies of to-day, and also that it antedates Hahnemann's time. He says: "Psora was an ancient term, used almost indiscriminately for every diversity of chronic and almost every kind of acute cutaneous disease."

Frederick Hoffman (an allopath), who laid "the basis of the pathology at present taught in the schools of medicine," after adverting to the occurrence of pains in the joints on the cessation of ulcers in the legs, also adds: "We have known likewise atrocious pains of the joints suddenly removed on the occurrence of psora or itch (psora vel scabie) having the character of white lepra." He adds: "Experience itself teaches this truth; for innumerable observations of the most credible authors exist which record that spasmodic asthma, inflammation of the joints, gout, and many other diseases have been removed on the appearance of the itch (scabies), and, on the other hand, have arisen on the itch being suppressed."

Autenreith (an allopath) says: "The most formidable, and in our country the most frequent, source of the chronic diseases of the adult are the itch eruptions badly treated by sulphur ointments, or by other active greasy applications."

Is there one who doubts the truth of this assertion? There

are no skin diseases which can be treated lightly. Call them itch, psora, eczema, or what not, their suppression will always result disastrously to the patient.

In the year 1834, six years after Hahnemann had published his *Chronic Diseases*, M. Renucci, a young Corsican in Paris, proved to the world that the itch was caused by a parasite called *acarus scabiei seu sarcoptes hominis*. The old school considered this a great triumph, and that Hahnemann's psora theory was exploded.

Dr. Hering says in his preface to Hahnemann's *Chronic Diseases*: "The shallow opponents of Homœopathy, and we never had any other, pounced upon the theory of the psoric miasm with a view of attacking it with hollow and unmeaning sarcasms. Making psora identical with itch, they sneeringly pretended that according to Hahnemann's doctrine the itch was the primitive evil, and that this doctrine was akin to the doctrine of the original sin recognized by the Christian faith."

Dr. Hempel says in a foot-note: "As it would be absurd for a philosophical Christian to reject the doctrine of original sin, so it is absurd for any one who professes to have a clear perception of Homœopathy to reject the doctrine of an hereditary morbid miasm. * * * It is this principle which Hahnemann calls psora."

Dr. Wilkinson (member of the Royal College of Surgeons in England) says: "It is, however, in the eradication of chronic diseases and hereditary taints that Homœopathy promises, perhaps, the greatest of its benefits. On this subject the views of Hahnemann deserve the attention of philanthropists of every degree, while at the same time, they are highly interesting to the medical philosopher. Nay, there is a touch of the sublime about them such as only comes into the scientific spirit in its happiest moods.

"As Hahnemann teaches us of the true contagions that have come down with men from early days, we seem to hear the echoes of every myth that has struck us with significance before, from the Parsee dualism of Ahriman and Ormuzd to the blue-white Hela of Scandinavian faith.

"Nay, also, we are let into the under strata of that evil which throws out sulphurs and geysers in the human and inhuman worlds, and we cease to wonder that no cure comes when the pit of disease is so deep. What a chasteness of genius, too, in Hahnemann that, instead of swerving to speculations, he forced these corruptions through the outlets of his method of cure and thought nothing sacred enough for his attention but the recovery of the body from its ancient pests."

Raue says in his *Pathology*: "If we now take a glance over Hahnemann's masterly picture of what he calls psora, we shall at once perceive that under psora he did not understand acarus-itch solely, but gave a *tout ensemble* of chronic cutaneous affections in general. The child had to have a name, and psora was as good as eezema, impetigo, prurigo, or any other. It is just as true to-day that a suppression of cutaneous eruptions of various kinds will be followed by disastrous consequences upon the general system as it was true when Hahnemann and others observed it. Instead, then, of desiring to have Hahnemann's psora theory wiped out of the pages of Homœopathy as a disgraceful spot, we ought to be proud of our old master's keen observation."

Dr. Hering asks: "Why has a great number of homœopathic physicians neither recognized Hahnemann's theory of *psora* nor the specific character of the anti-psoric remedies? Why have some gone so far as to set the theory sneeringly aside and to decry the anti-psorics as less trustworthy than the other remedies?"

For the same reason that the astronomical discoveries of our Herschel are doubted by people who have no faith in the discoverer and are not able to verify his discoveries. To do this knowledge, instruments, talent, care, perseverance, opportunities and many other things are required. Not one of all these requisites can be found with those who are mere dabblers in practice, scribbling authors, opposing their own opinions and imaginations to facts and observations.

Or for the same reason that Ehrenberg's discoveries cannot be appreciated by those who have either no microscope or who have one which is not good, or who have one without understanding the difficult art of using it, or else who know how to use it but do not use it with the same exactness and carefulness as Ehrenberg, who discovered in the chalk-dust of visiting cards the shells of a new species of animals by simply making the cards transparent by means of the oil of turpentine.

Or lastly, for the simple reason that physicians find it more easy to write something for print than to observe nature, that it is more easy to impose upon people than to cure the sick, and because the greater number of physicians are affected with the delusion that things which they do not see do not exist.

Dr. James Chapman says in the *Homœopathic Times*, 1850: "We have, as medical men, to do with a sin-poisoned race; the sins of the fathers are reproduced in their offspring, diseases are transmitted, and a loathsome taint pervades the fountain of life. This taint Hahnemann calls the psoric.

"Psora is a general term for skin diseases; it is applied generally to what is commonly called the itch. But in Hahnemann's view of the subject it is traced back to the leprosy of the Hebrews, recorded in the Old Testament, to that of the Arabians, and to that once prevalent form of disease for which lazarus-houses were erected in almost every town and city of Christendom.

"The lazarus-houses have disappeared; the worst forms of leprosy are no longer seen in Christendom. Have we therefore escaped the pollution? We trow we have not escaped it. In another form it vitiates the blood of all the descendants of Japhet, and no doubt influences the health of the families of Shem and Ham.

"But we speak of Japhet—of Europeans and their offshoots. This is the psoric taint of which Hahnemann speaks.

"It is no small merit of that most wonderful man that he traced with patient industry this unseen, unnoticed taint to its old forms; that he marked it in the chronic diseases of the moderns; that he saw its plague-spot and tracked it in the snow of the ancients.

"Little do the Sybarites dream of the misery of the psoric-tainted when exposed to temptation.

"General Bonaparte had a skin-disease, contracted in his first Italian campaign; this was repelled by unguents. The feverish excitement and the occasional madness of the Emperor were due to this repelled skin-disease. After its repulsion he had epilepsy, and he died, when not old, of cancer of the stomach. Instances might be multiplied without end.

"We might speak of scrofula, the disease of England; of consumption and rickets, and its other various forms; of gout and rheumatism; of mania, epilepsy, catalepsy, and a list of nervous diseases. The psoric taint is the root of all."

Ever since the fall of our first parents in the Garden of Eden and the death of Abel by the hand of his brother Cain, through jealousy, sin and death have been the history of our race.

Disease had been transmitted from father to son, mother to daughter, families to families, friends and foes alike.

At times disease would rage with such fierceness that there were scarcely enough well persons to bury the dead. The stillness of the night was broken by the dead-cart and its echo, "Bring out your dead."

Medical men looked on utterly helpless to relieve. Years passed by, leaving increased science more perfected, but how was it with the art of healing? What a condition of things when

one of the leading men of its ranks must say, "We must mend or end"!

During this time, when medical men seemed to fail, when disease and death were claiming their victims on every hand, "there was a cloud the size of a man's hand" appeared above the horizon. Slowly it grew. It was driven by the wind of oppression to other places, but still it grew. The sick that rested under its shadow were revived. New health and vigor returned. The balmy breezes of healing were wafted across the oceans, over the mountains, and through the valleys, and we to-day are enjoying the fruitage of Homœopathy. Its founder is gone, but, not like many of us, he still lives in his works. The truths that he gave to the world will live whether they be accepted or not.

In that wonderful work, the *Organon*, he carefully leads us from the visionary fields of the ancients into the clear light of the true art of healing.

In his *Chronic Diseases* he clears away the labyrinths of pathological hypothesis, shows us the nature of those diseases, whose name is *legion*, whose cause is due to a morbid taint he calls *psora*, and then, lastly, how to apply the true art of healing to cure and relieve this class of suffering.

This *psora*, this *mote* which so many have been trying to pluck out as a stain on the pages of Homœopathy, as they try to pick out the itch-bug, and claim that they hold it all on the point of their needle, if they would understand its wonderful revelation they must first pluck the beam of hypocrisy, superstition, and prejudice from their own minds, and then they will see clearly the wonderful comprehension of our Hahnemann.

"SYSTEM OF MEDICINE."

The Hahnemann Publishing House has in press the first volume of their *System of Medicine*. Of the scope of this work they speak as follows:

"The general object in view is to present to the homœopathic practitioner a work on Practice which will embody not only sound homœopathic therapeutics, but shall give reliable and extensive chapters on ætiology, pathology, etc., and shall discuss, in a pointed and practical way, the various means of physical diagnosis, *auxiliary* measures in the treatment of the sick, preventive medicine—in short, shall, with homœopathic treatment as presented in former works of our school, give to the homœopathic student and practitioner that special information which has been rather meagrely furnished heretofore in our literature."

DR. LIPPE'S NEW EVIDENCE FOR CURANTUR.

R. E. DUDGEON, M. D., LONDON.

All readers of THE HOMŒOPATHIC PHYSICIAN who have the slightest sense of humor must feel grateful to Dr. Lippe for the exquisite treat he affords them in his contribution to the Curantur *versus* Curentur controversy in the December number.

Dr. Lippe seriously assumes the judicial function, and, adopting the magniloquent "we," proceeds to "sum up the case" without apparently the slightest misgiving as to the propriety of an avowed partisan setting himself up as the judge in a cause in which he has all along so eagerly taken up one side. But not only does he commit this solecism, he performs the still more unprecedented feat of importing into his quasi-judicial summing up some altogether fresh evidence, never so much as hinted at in any previous phase of the discussion, in support of the side he favors. He says: "It had been found that the curentur *once* found in Hahnemann's writings was owing to the oversight of the proof-reader." On reading this, I felt very much disposed to employ the favorite expression of the charming American young ladies who deign to enliven the gloom of our befogged island and to exclaim, "Oh! my." Is not Dr. Lippe's statement just a trifle too strong, or, perhaps I should say, just a little bit too weak, to go down with the "intelligent reader"? For Dr. Lippe knows, or, being a first-chop Hahnemannian, ought to know, that it is not *once* only that Hahnemann uses the formula, "similia similibus curentur," but no less than *six* times—to wit: in the introduction of all the five editions of the *Organon*, several of which are rewritten from beginning to end, and all of which are very much altered; but the fatal "curentur" stands out conspicuously in all five, as I have ascertained by examining all the editions, three of which, viz.: the first, second, and fifth, are in my own library, where they can be seen by any one who will honor my modest abode with a visit. The sixth instance of "curentur" is in the letter Hahnemann wrote to the French Minister of Public Instruction, which may be read in the *British Journal of Homœopathy*, Vol. XXXVII, pp. 64-66.

So that *one* careless proof-reader is not enough. Dr. Lippe will have to find *six* careless proof-readers, whose operations range from 1810, the year of the publication of the first edition of the *Organon*, to 1835, the date of the letter above named. Really, his *one* oversighting proof-reader does but little credit to

Dr. Lippe's inventive faculty. While he was inventing proof-readers he might as well have supplied them in sufficient numbers. Why could he not just as well have summoned "from the vasty deep" half a dozen proof-readers to his aid, given their names and addresses, and mentioned the sums paid to them by those arch-traitors, "Drs. Hughes, Dudgeon & Co.," for the purpose of suborning them to corrupt Hahnemann's text? We know how Falstaff multiplied his "men in buckram" to meet the exigencies of his story. What was to hinder Dr. Lippe from following this classical example? When once you begin drawing on your imagination for your facts, it is surely worth while giving your imaginary facts in sufficient numbers to meet the requirements of the case. But probably Hahnemann, like Dr. Lippe and myself and other distinguished authors, was his own proof-reader, and if so, then no doubt he wrote "*similia similibus curentur*" just in order to spite his devoted disciple, Dr. Lippe.

Would Dr. Lippe desire any further evidence in favor of my contention that Hahnemann wrote "*curentur*" and not "*curantur*"? Well, here is a little bit at his service. Mr. Everest, a learned clergyman and enthusiastic advocate of Homœopathy, the author of several excellent popular works on Homœopathy, who prided himself on his pure Hahnemannism and enjoyed the friendship and intimacy of the illustrious founder of Homœopathy during the last few years of his life, in the prefatory remarks to a sermon preached by him in 1851 in aid of the Hahnemann Hospital of London, and published by him in the same year, says: "The great master has placed on that rock this beacon: *Similia similibus curentur*—let like be treated by like. His disciples have translated 'curo' by our word 'to cure,' and changed his advice into the law—'like cures like.'" And again: "Hahnemann knew all this, and instead of saying '*similia similibus sanantur*,' he said '*similia similibus curentur*,'—let like be treated by like."

Of course, we all know that behind the therapeutic rule, "let likes be treated by likes," there lies the natural law, "likes are cured by likes," for if we did not believe this, we should not think of treating likes by likes. What I assert is, that Hahnemann's formula is "*similia similibus curentur*," which is not the statement of a natural law, but a rule for the treatment of disease, as he himself expressly says when he interprets this formula in the first editions of the *Organon* in this way: "In order to effect a mild, rapid, certain, and permanent cure, choose, in every case of disease, a medicine which can of itself produce an affec-

tion similar to that it is meant to cure—*similia similibus curentur!*” That this is a therapeutic rule, and not the expression of a natural law, no one—unless it be Dr. Lippe—can doubt, and that it is *mandatory* in the sense of “containing a command” (as Webster defines the word) surely no one—unless it be Dr. Lippe—would deny. The natural law: like cures like—“*similia similibus curantur,*” like all other natural laws, is, of course, affirmative, and not mandatory at all.

Dr. Lippe, with a naïveté one would hardly look for in such a well-seasoned and experienced controversialist, tries to divert the controversy between us into a different channel by abusing the *British Journal of Homœopathy*, expecting, I suppose, that I should rush to the defense of that defunct periodical. But I am not to be caught by this old trick, which resembles that known in the hunting field as trailing a red herring across the scent. I do not attach sufficient importance to Dr. Lippe's opinions on that or any other subject to care for engaging with him in any controversy of that sort. I only entered the lists against him in defense of the text of Hahnemann's writings. Having done this, I leave him in undisturbed enjoyment of his favorite amusement of denouncing all who differ from him in the peculiar form of courtesy for which he is distinguished, and of which I trust he may long have a monopoly.

As Dr. Lippe is fond of admonishing his colleagues about their “fatal errors,” I would recommend to his consideration a few that are conspicuous in his contributions to this discussion: 1st. It is a “fatal error” to hazard a statement respecting an author's words, without referring to the original source. 2d. It is a “fatal error” to employ words in a sense different to that generally received, as in his use of “mandatory.” 3d. It is a “fatal error” to affect to assume judicial functions while a declared partisan of one side. 4th. It is a “fatal error” to draw on the imagination for facts, as Dr. Lippe has done in regard to his careless proof-reader. 5th. It is a “fatal error” to attempt to shunt the controversy on to another line by launching out into abuse—say of the *British Journal of Homœopathy*—when the subject under discussion is the correct text of Hahnemann's writings.

These are all “fatal errors” in a disputant, and in future Dr. Lippe would do well to avoid them if he is desirous of acquiring a reputation in this field. In the meantime, I wish him a Merry Christmas, a Happy New Year, a good appetite, and sound sleep, undisturbed by haunting visions of phantom proof-readers.

LONDON, December 16th, 1884.

HAHNEMANN'S HOMŒOPATHIC FORMULA.

SIR :—I have been a silent but not an uninterested reader of “the passage at arms” between Drs. Lippe and Dudgeon, and although I have no desire to extend the debate, or to lift the cudgels on either side, I offer the following facts and observations for what they are worth :

Dr. Dudgeon has stated that Hahnemann “always” expressed the formula as *similia similibus curentur*. If there is one translation of the *Organon of Medicine* which I prize more than another, it is Dr. Dudgeon’s translation, which was published by Headland, of London, in 1849. This “immortal work”—*vide* translator’s preface—is my constant companion in study. I have gone over the entire introduction and the *Organon* itself, purposely to see *how often* Hahnemann used the word *curentur*, or *curantur*. From beginning to end *curentur* never occurs, and on page 55 of “the introduction” only does the term *curentur* appear. It occurs twice in the same page, and is used by Hahnemann, or is wrongly translated by Dudgeon, to express a rule of practice in one instance, where *contraria contrariis curentur* is used, and in another *curentur* is the term used to express “the only therapeutic law conformable to nature—*similia similibus curentur*.”

It does appear to me strange that Dr. Dudgeon should use the term “always,” and yet in his own translation of Hahnemann’s “immortal work,” the term *curentur* should only appear once in connection with the law of *similia*, and that once not in the *Organon* itself but in “the introduction” only. In the second place, Dr. Dudgeon has still to prove that Hahnemann actually wrote *similia similibus curentur* as expressing the only law of therapeutics, and not as a mere rule of practice. So far as I am concerned, unless this is found to be the case by an examination of Hahnemann’s own manuscripts, I feel in no way bound to believe it. A rule of practice and a law of nature are two very different things, and while *curentur* suits the rule, *curantur* is demanded by an infallible, immutable law.

There may be any number of rules of practice ; there can be only *one law* of cure or of anything else.

Dr. Dudgeon seems to think that it is a matter of no moment which term is used. *Curentur* he used in his translation of “the introduction to the *Organon*,” and in his now defunct journal, *The British Journal of Homœopathy*, Dr. Dudgeon has used the

universally acknowledged expression of the only therapeutic law, *similia similibus curantur*, and this has for the last forty years been emblazoned on the first page and on the wrapper. Dr. D. may treat this matter with indifference, but where fact and truth are concerned, indifference is criminal—and he must not forget that he is only a translator, though a good one. His translation, nevertheless, is not from the original MS., but only from the fifth German edition of the *Organon*. Let us have it from the original MS. and let it decide.

Nothing was heard of this different reading or rendering of the law until Dr. Carroll Dunham took it up, and he cooked it and offered it as a sop to the “liberty of action” men.

It appeared in the pages of the London *Monthly Homœopathic Review* of February, 1862, and was republished (?) in Dunham's own journal, *The American Homœopathic Review*, of August, 1862. It may be difficult to reconcile these dates, but it is fact nevertheless. As I do not possess the *Monthly Homœopathic Review* for 1862, I think your readers will be interested to know what Dr. Dunham's views in this matter were from the pages of his own journal. They were as follows:

“To think is to *thing*; a thought is a thing (I always believed and do still believe that a thought was a thing thought, and not a thing); words are the exponent of the thoughts of speech, articulate man. Those who do not know the value of words can have but a very imperfect notion of things. Men, not thinkers, are governed by the words of those who do think [Good! hence the numbers who are led astray], and in most of the quarrels about matters dogmatically treated the differences result from the misapprehensions of the meaning of words.

“A dispute about a diphthong once caused disastrous wars and still influences theology. * * * * *

“Some grand truths are instinctively held, or perceived instinctively, as it were; others loom on the mind gradually and are brought nearer and nearer, as the peak of Teneriffé first looks like a cloud as big as a hand, then gradually grows as the voyager approaches.

“‘A thing of beauty is a joy forever,’ and there is no beauty like that of naked truth, stripped of all fig-leaves and pigment, simple, sincere, severe in God-like purity and majesty.

“We homœopaths hold that our law, *similia similibus curantur*, is such a truth. The nearer you approach it, the more beautiful it is; touch it, grasp it, cherish it. The mistakes about things from mistakes about the words used to signify those things has been adverted to. The very law of Homœ-

opathy has been subjected to false and vicious interpretations *by substituting one letter, one vowel, for another, a for e.* [The italics are mine.—Tho. S.] Hahnemann was a good though, in a critical sense, not a profound scholar. The old hero knew very well the value of the words he employed. He was incapable of the ridiculous solecism, of the *ignorance* which is perpetuated on the title-page of *The British Journal of Homœopathy*. His expression for this law of drug-healing was and is *similia similibus curentur*, not *curantur*.

“His best beloved friend and his reverend pupil, the late Rev. T. R. Everest, told us how much Hahnemann was annoyed at the employment of the word *curantur*.

“In the medical sense the Latin verb *curo* means to take care of, to treat, to *doctor*.” (According to Ainsworth, it also signifies “*to cure or heal*,” hence our word *cure*—and Ainsworth quotes Cicero in proof of this—“*Adolescentes gravius egrotant, tristius CURANTUR*.”—Tho. S.)

Dr. Dunham continues to state: “Hahnemann was too much of a philosopher to arrogate the cure; he proposed the *treatment*. ‘Let likes be *treated* by likes’ [the italics in treated are mine.—Tho. S.], that is the formula or expression for the law of drug-healing. In that formula he expresses *one* of Nature’s laws of healing—that is, a law of God; the expression foisted on him is an impertinence. Let this formula be adopted: *Similia similibus curentur*.” (The word “one” is italicized by myself.—Tho. S.)

Dr. Dunham further adds: “In the second edition of the *Organon*, in Dresden, 1819, the formula is given *similia similibus curentur*, Introduction, p. 29. In the British translation of the fourth German edition of the *Organon*, and which was reprinted in New York, 1843, with a preface by Dr. Hering, the same reading is given.

“In the *British Journal of Homœopathy*, Vol. I, Introduction, and subsequently it is written *similia similibus curantur*.

“In *The Homœopathic Examiner*, Vol. I, p. 25, it is given by Dr. Hull *similia similibus curantur*.” “DUNHAM.”

(From *The American Homœopathic Review*, August, 1862, pp. 36, 87, edited by Drs. P. P. Wells, Carroll Dunham, and Henry M. Smith.)

I may be wrong, and no one knows better than myself that when I first joined the ranks of Homœopathy I was fairly taken in by the above plausible special pleading of Dr. Dunham. I was one of those who, from insufficiency of thought, “are governed by the words of those who do think,” and in my jour-

nal, the *Organon*, I acknowledge to have been misled by this very article of the shrewd and calculating Dr. Dunham. Only fancy! the difference between the use of the letter *e* for *a* reduces the only law of therapeutics into a rule of practice in drug-treatment. *Curentur* and *curantur* have no relation to the cure of disease by one fixed law of nature, or the healing of the sick. The Latin verb *curo*, Dr. Dunham tells us, signifies "to take care of, to treat, to doctor"—not to cure or heal.

The Latin word *curo*, besides signifying "to take care of, to treat, to doctor," undoubtedly signifies to "*cure or heal*," vide Ainsworth's large quarto Latin Dictionary, the best authority in existence. I do not know, nor do I care to know, where Dr. Dunham got the signification, "to treat, to doctor," certain it is that among the fourteen or fifteen different significations of the verb *curo* he will not find these in Ainsworth; and to "doctor" he has given in italics. Our word *cure* comes direct from *curo*, and from no other source, and so does our term *curate* and *cure*, in French, signifying the carer, or curer of souls. No, the true signification of the verb *curo*, to cure or heal, of Ainsworth and of all who know anything of Latin, and, like Hahnemann, not "profound scholars," did not suit Dr. D.'s purpose, so he purposely left them out, at least, so it appears.

Let us not forget that while he, Dr. D., admits *the law* of drug-healing to be expressed by the formula, "Let likes be treated by likes," he contradicts himself in the next breath by stating that the formula "expresses *one* of Nature's laws of healing, that is, a law of God." Then God has more *laws* than one of therapeutics, that is, of healing the sick! I wonder how many He has of gravitation? "Let likes be treated by likes" is the expression or formula of no law; it can amount to no more than "a rule of the road," but, that diseases are cured and can only be cured by drugs capable of inducing in the healthy the most similar diseased conditions that are found in the sick, which is clearly and succinctly expressed by the formula, *similia similibus curantur*, no honest man who has faithfully and honestly practiced medicine as Hahnemann directs will ever doubt, Drs. Dunham, Dudgeon, Drysdale, and Hughes to the contrary notwithstanding.

We want no more quotations from print; let us have the manuscript of Hahnemann, and no more of his second-hand translators. Even supposing Hahnemann to have written *curentur* instead of *curantur*, nothing short of *curantur*—likes are cured by likes—would make it *a law of cure*, *curentur* going no further than *may be a mere rule of practice*.

In conclusion, let me make the following quotation from Dr. Mayne's Medical Lexicon, two volumes, Churchill, 1860. Dr. Mayne is our highest authority as a medical lexicographer, and he gives the formula of Hahnemann (Vol. II) as *similia similibus curantur*, and at page 281 of Vol. I, under the rubric *Doctrine of Signatures*, he has the following interesting historical record: "Certain plants and medicinal agents were believed to be so marked or stamped that they presented outwardly or visibly the indications of the diseases or diseased organs for which they were specifics; these were their *signature*. Hence, anciently, the proper specific for a disease was learned and determined by ascertaining what plants in their usual properties were *similar or analogous to the predominating symptoms of disease* or to the organs diseased; *similia similibus curantur*. To this doctrine we owe some popular names of plants, as eye-bright, liver-wort, spleen-wort, etc."

In the new edition of *Mayne's Medical Lexicon*, now in course of publication by the "New Sydenham Society," the *Doctrine of Signatures* is considerably altered, if not mangled, all reference to "similar or analogous symptoms," etc., and the law of *similia similibus curantur* being *non est inventus*. Of course, this is no fault of Dr. Mayne's, but of the Society and the present editors, who all belong to the old school. Instead of *altering a vowel* they prefer to *expunge the whole law*.

I repeat, I send you these cursory remarks for what they are worth, and if they only lead some one to examine Hahnemann's manuscript, I shall not have written them in vain.

THOS. SKINNER, M. D.

BUREAU OF CLINICAL MEDICINE: I. H. A.

Meeting to be held at Syracuse, June 23d, 1885.

P. P. Wells, M. D., Brooklyn, paper on "Clinical Duties;"

John F. Miller, M. D., three cases of Diabetes cured;

E. Rushmore, M. D., Plainfield, N. J., Clinical cases;

Frederick Ehrman, M. D., Cincinnati, cases of Arthritis;

Samuel Swan, M. D., New York, three cases of Headache;

Mahlon Preston, M. D., cases of Phthisis pulmo.;

J. F. Bigler, M. D., Rochester, Clinical cases;

C. Pearson, M. D., the "Care of the Stomach in Clinical Cases."

Papers may also be expected from E. W. Berridge, M. D., of England; A. Charge, M. D., Toulon, France; Dr. Alvarez, Madrid, Spain, and others.

C. PEARSON, Chairman.

LECTURE ON ACONITE.

PROFESSOR J. T. KENT, M. D., ST. LOUIS.

Aconite is markedly in contrast with Acetic acid. The Aconite condition comes on *suddenly* and *violently*. This is grandly in contrast with Acetic acid. The action of Aconite is first on the brain and spinal cord, and affects most violently the heart and circulatory system. The "red string" that runs through Aconite is its *mental* and *nervous state*. You will hardly cure a case with Aconite unless there are present, viz.: *anxiety* and *fear* of *death*; patient even predicts the *time* he will *die*. Aconite does not correspond to typhoid or puerperal fevers. In typhoid fever the patient has been feeling badly from *four to six weeks*, while the fever of Aconite comes on *suddenly*, with great *thirst* and *anxiety*. Aconite is never indicated in typhoid fever because it cannot produce changes in the blood; it can only produce marked nervous changes. In remittent fever, that comes on *suddenly* in the fore part of the night, from taking cold in cold weather, with *anguish* and *great fear*. In plethoric individuals this condition often occurs during pregnancy. (The weakly, careworn individual is *never* taken *suddenly*.) Rhus is easily distinguished from Aconite. The Rhus patient will tell you it is no use to prescribe for him—he is going to die any way; while the Aconite patient is distressed, and predicts the day or hour.

It is a very bad practice to give Aconite in *every* case of fever. It is not useful in *every* case of inflammation or congestion of the lungs. It is characteristic of Aconite to congest the upper half of the left lung. Because Aconite causes a fever, it does not follow that it will cure *every* case of *fever*. The landmarks must be present. Symptoms and keynotes may lead you to find a remedy, but if you prescribe on keynotes alone, you will often fail in practice. You may have a quick, throbbing pulse, thirst, and a septacæmic condition of the blood, which cannot be produced by Aconite. You may treat milk-fever sometimes with Aconite, because you may have in such cases a dry, hot skin, backache, restless anxiety, and anguish. If you have the *mental* state of Aconite *without inflammation*, it is indicated. There is no remedy in the *materia medica* that has inflammation of the trachea more prominently if you have the mental symptoms, throbbing of the pulse, heat, *fear*, and *anguish* (or no matter where the inflammation is, in trachea, lung, liver, or bladder),

than this remedy. If there is inflammation of the neck of the bladder, attended with *great fear*, trembling, anxiety, extreme restlessness, and soreness (Ars. and Rhus have these also), and the patient *predicts the day of death*, it is Aconite. The delirium of Aconite is rarely attended with unconsciousness. Aconite is a child's remedy; is useful in brain affections of children with violent pain in the head and over-sensitiveness of the eyes; it lies stupid, with vomiting and constipation. You can see the *fear* depicted in the child's countenance, and it has hot skin. Aconite does not affect the parenchyma of the lungs. The pneumonia of children is usually capillary. You need not make physical examination. The objective appearances would lead you to select Aconite—*i. e.*, hot skin, throbbing pulse, *fear* and *anxiety*, thirst. There is no fullness and heaviness in the forehead, as if the brain would start out of the eyes. (Bell. and Bry.; Mere. has it in the winter right in the centre of the forehead; great pressure, as if the brain would be forced out. Throbbing would make you think of Bell. Bry. has a purple face. Mere. patient thinks the pain is in the bone; there is soreness in the bone. *The more sweat the more pain.* Mere. is aggravated by *sweating*.) Think of Aconite in all rapid congestions of the brain and other parts of the body, especially where there is anguish and fear. A farmer, lying asleep in the sun, wakes up and has a hot face and *fear depicted in his countenance*. (Bell., Cact.-gr., and Glonoine are more commonly used remedies for sunstroke. The patient is delirious and has *no perspiration*—Bell. or Glon. If *head is intensely hot* and the *body cold* it calls for Glon. *Glon.* and *Bell.* have an unconsciousness that is not found in Aconite.)

The child takes cold, and convulsions follow as a result. Remember that the onset is *sudden* and with *great violence*. A teething child has convulsions brought on by taking cold. In spasms you would not think of Aconite. You must select a deeper-acting remedy (Ars., Lach., or Sulph., etc.). It would be pardonable to give Aconite if you have its *mental state*. I never found that state of mind present in spasms, however. This anguish comes on *suddenly*. Where there is inflammation of the left lung, the heart is likely to be affected, and it sympathizes with the brain; hence the *mental state*. *Fear* only attends that which is closely connected with the heart.

Aconite produces no formation of pus; this is a negative feature. You may give Aconite where is redness of the mucous membrane, but when pus forms it is not indicated. Aconite produces no gonorrhœa, but some of our wiseacres give it. A

prominent feature of Aconite is *cold sweat* on the *forehead*. Ophthalmia (*without pus*), scalding tears, and general irritability; a flickering before the eyes; pupils contracted and then dilated; eyes red, inflamed, and *burning*; pressing, shooting pains, especially on moving the ball; *no discharge*—if these conditions are brought on by sudden change in the weather, or by *dry, cold winds*, lids are red and swollen; *no purulent formation* nor *exudation*. (*Bry.*, *Sulph.*, and the *Kali* salts produce exudation.) *Cold water* relieves the *dry heat*. (*Merc.* is a great remedy for this condition of the eye, but it has a purulent exudation and *dry, scaly* appearance around the eyelashes.) The ear symptoms of Aconite belong to brain disturbances; there is aching, tearing, roaring in the ears. You would never think of Aconite for *local* affections of the ear. Nosebleed from fright. (The *fear* of the fright remains—*Opium*.) Dry or fluent coryza, with violent sneezing; fever, thirst, and restlessness. Coryza with headache. Teeth sensitive to *cold air* in toothache; toothache in sound teeth. The child grinds its teeth during sleep. (*Cina* and *Ars.* *Cina* is indicated in children affected with worms. In brain disturbances it would be Aconite; in stomach disturbances, *Cina*, and in low remittant fevers, *Ars.*)

Everything tastes *bitter*, *except water*. The thirst in Aconite is burning and as prominent as in any other remedy, such as *Phos.*, *Acetic acid*, and *Ars.* The taste is bitter and sweetish, or like rotten eggs, flat and nauseous; compels hawking of tough mucus. Dryness of mouth, tongue, and lips. Child while teething will hold cold glass to the gums. (When a toothache is made better by cold think of *Ferrum*, *Phos.*, *Bry.*, and *Magnesia phos.*) *Numbness of mouth* and *tongue*. Aconite has also this “red string” running through it—*tingling* of *face*, *fauces*, and *fingers*; *numbness* of *face*, *fauces*, and *tongue*. *Aconite Feror* has a greater numbness in fingers than any other remedy; patient feels as if *he had on gloves*. (*Phos.* also has a *numb* feeling.) *Burning, tingling* sensation along the spine.

STOOL very prominent; watery, black, green, like chopped spinach; corrosive and slimy; small, frequent, and involuntary; stool when passing flatus; before stool *cutting pains*, *anguish*, and *sweat*; during stool cutting pains, trembling, tenesmus, and sweat; *after stool* relief, except from *anguish*. (*Nux vom.* is the best remedy where there is *relief from stool*. The *Merc.* patient has a “never-get-through” feeling, with aching tenesmus and tormina.) If you have in a child a quick, sharp pulse, dry skin, and bloody mucous discharges, perhaps green with *fear*, it is Aconite. Urging, slimy stool nightly. Bleeding piles—

pressing and stinging in the anus. (Dr. Bell says: "It is a valuable intercurrent in dysentery when *Merc. cor.*, although indicated, fails to relieve." He meant that *Merc. cor.* is *apparently* indicated, but the *mental state* of Aconite is present. Aconite should have been given in the beginning. You can follow with *Merc.*) Aconite very closely resembles *Calc.* in that the diarrhœa comes on from taking cold, but *Dulc.* has *less pain* and *no fear*. Diarrhœa with fear—Aconite. Diarrhœa from fear—Gels. A soldier loses his stool involuntarily in battle from fear. Gels. covers this psychical state (see also *Arg. nit.*). A new-born child has not wet its diaper up to the third day; give Aconite. "Perhaps the child was frightened on coming into the world!" (If a woman fail to micturate after parturition, think of Aconite or Causticum.) If in a patient, perfectly healthy, the menses fail to appear—Sepia. If they appear and stop without cause—Bell., one dose. Child cries violently at night from retention of urine. Frequent desire to urinate from taking cold. Aconite has a suppression of menses from *dry, cold winds*, attended with *fear of death* and *anguish*. Labor-like pressure in womb; patient bent double; thirst; great restlessness and irritability. (Suppression of menses from getting feet wet—Puls.) A woman, *without fever*, in the pregnant state, tells you earnestly that she will die during delivery; she is positive of it; one dose of Aconite will cause this mental condition to disappear. Suppression of menses from *fear* without *cold*. I believe Aconite stands at the head of the list for suppression of menses. Croup; waking in *first sleep* in agony; tosses about; loud breathing, every *exhalation* ending in cough. Laryngitis with inflammatory fever. In laryngismus stridulus, Aconite is not the best remedy. There is a rising and wheezing in the larynx; the patient sits up in bed and grasps the throat; the appearance is so frightful that the attendants think the woman will die. You can relieve this in fifteen minutes with either Ignatia, Gels., or Lauroceræus—the tincture will not cure it.

Marked oppression of the chest and short breathing. Angina pectoris, attended with short breathing, excitement, quick, sharp pulse, and especially the *great fear* and *anguish* depicted on the countenance. If patient does not have this *fear* and *anguish*, you may have this oppression with other remedies (*Bry.*, *Ars.*).

Dry cough, with a hoarse, rasping, rattling in the chest. This is not the rattling of mucus, but spasmodic; not gurgling, like *Ipec.* and *Ant-t.* In dry, ringing cough Aconite leads all other remedies. Expectoration scanty or bloody; also thick, white mucus. Great remedy for hæmoptysis. A hemorrhage

of *bright red blood*, attended with *fear* and *anxiety*. Burning in the lungs from inflammation of the pleuro-mucous membrane in pneumonia and pleurisy; compelled to lie on the back. When the left lung is involved with the pleura, partially suppressed, dry cough; the pains *aggravated at night*, brought on from *dry, cold winds*. The little sputa that comes up is tough, thick, and cherry-red, falls into a pan in a round lump—left-sided pneumonia; with these symptoms, in four hours Aconite will cure this condition. Stitches through the chest; can lie only on the back; burning, weight, and pressure under the sternum. Aconite has a very feeble pulse. (The *Stram.* pulse cannot be felt on the *right side*.) Violent stitches in the heart compel patient to rise in bed. (A casual stitch through the heart, *without the Aconite violence—Staph.*) Never forget Aconite in inflammation of the spinal cord in children. Important in spinal meningitis (*Opium, Bell.*, and also *Gels.*). Spasms of the back in children generally. Aconite, next to *Bell.*, is important in spasms in children. Spinal and heart complaints, with *tingling in left hand* and *fingers* (*Cactus grand*). A great remedy in acute rheumatism, when first taken down; there is shooting, stinging, and darting pains; they drive him to distraction; fornication in hand, arm, and fingers; tearing pain in shoulder-joint, with *fear*. (Rheumatism of the *left* shoulder—*Ferrum*. Rheumatism of the *right* shoulder—*Sang*. The pain is in the deltoid muscle in *Ferrum*. When he attempts to raise his arm the pain increases, like hot iron—this is myalgia. The sanguinaria pain is more in the *joint* than in the *muscle*; it is a dull, aching pain, sometimes tearing. Pain [neuralgia] from the back of neck down the right arm to the forefinger is *Kalmia*. Under *Calc.-phos.* every change of weather to *cold* brings on rheumatism, no matter where located.) Paralysis of wrist, hands icy cold, cold sweat on palms. Now you would not expect to cure this condition with Aconite unless the patient was a nervous one; you examined the spine and found sensitive spots, and the patient seemed frightened in a crowd; but you must follow it with Sulphur, which is the chronic form of Aconite, so to speak. Rheumatism of the *left* hip—Aconite. Rheumatism of the *right* hip—*Sepia*. *Hot hands* and *cold feet*—Aconite. *Cold hands* and *hot feet*—*Aloc*. *Icy cold, blue hands*—*Veratrum*. Legs and feet feel numb, *commencing in the feet* and spreading *upward*; restlessness and continued motion—but not the *relief* from motion we have in *Rhus*. (*Bry.* patient does not want to be moved. Rheumatism from checked diarrhœa—*Abrotanum*. Diarrhœa from rheumatism—*Kali-bich.*) Dreams, anxious and vivid;

profuse hot sweat *during sleep*. (*Merc.* has the same symptom, but also *during waking state*.) Aconite patient stops sweating when he wakes. (One will scarcely ever need any other remedies in measles than Aconite, Puls., Sulph., and Euphrasia—Euphrasia for the watery, acrid discharges from the eyes and nose; Puls. if the case was mild and the rash already out; duskiness of the skin. Aconite bright red; the *Aconite* rash is *rough*. Bright red and *smooth* is Bell.)

The Aconite fever begins in the head and goes down; the cold begins in the feet and comes up. Aconite is the remedy for scarlet rash. In worm-fever, with fear and anguish, after fever has passed off, select constitutional remedy, such as Sulph., Calc., or Cina; correct the condition of the stomach, and the worms will be expelled. Little itching spots like flea-bites; rash-like erythema coming on from being in the sun; dryness and burning of the skin. Little babies, who have jaundice soon after they are born, follow it with Sulph. (I always give a child a few days old one dose of *Sulph.*; it is an anti-psoric.) Persons leading sedentary lives; persons with tonicity of fibre; dark hair and eyes. Aconite antidotes Bell.; never alternate them. The abuse of Aconite calls for Sulphur. If you have given a patient Sulphur high, and he takes cold, the symptoms most likely will call for Aconite; give it in the third, because Aconite low will cure the acute symptoms, and at the same time will not antidote the Sulphur high. After he gets over the acute attack, don't interfere with the Sulphur. If you spoil a chronic case, you should let all the drug's effects pass off before prescribing again.

WHO IS OUR GUIDE, AND WHERE SHALL WE FIND HIM?

Each month as my journals come to hand I read them, with Allen, Lippe, Guernsey, and Burt at my side. But so often I find myself without a guide that I am almost lost.

Having a case this last week in which the patient complained of cold heels, which sweat offensively and profusely in summer, I looked in my guides in vain for the thread. Several years ago a journal issued under the auspices of the Cleveland Hospital College gave a case like the above (except the coldness) cured with Sep. I gave it to my patient, and lo! the same day I received my *Medical Advance* (October), which had been wandering in the mail, and Dr. H. N. Guernsey gave Bary c., Graph.,

Kali c., Nit. ac., Sep., Thuja, and Sel. with offensive and profuse sweat of feet; while Lippe gives Sil. only, and Allen Sil. and Graph.

Now it seems to me that it is not an eliminated materia medica that we want, but one containing just this class of symptoms, which enables such men as Guernsey, Lippe, Kent, Bayard, etc., to master their knotty cases. A repertory and materia medica with this class of information would be an acquisition.

Take the case of Dr. Kent's, in which he cured the spasms of the face. My armamentarium is silent upon such fine discriminations. If any one in the profession can put those who are novices in possession of just this class of information it will be a star in their crown. The work accepted by Drs. Dake and Hughes may be useful to some, but I cannot see how it would be useful in such cases as those referred to.

Dr. P. P. Wells is a writer I love to read after; and yet he so frequently leaves out the key to his case—as instance, Vol. III, p. 174. He wrote me it was cured with Hep. sulph.

Gentlemen, do not forget we need clear-cut work, showing out like Dr. Kent's reports.

HONESTY VERSUS HYPOCRISY.

The *New York Medical Times* is an able, honest journal. When its editors gave up Homœopathy they sensibly and honestly dropped the name. Now these able gentlemen would have the American Institute do likewise. Having ceased to represent Homœopathy, they should also cease to bear its name. The *Times*, in its January issue, says:

“One has only to look over the volume containing the Transactions of the Society, * * * * to be convinced of the appropriateness of the change. Nine-tenths of the articles in this volume * * * * might just as well have been read before an old school or an eclectic association as one bearing a homœopathic name. In fact, there is scarcely anything in the book, so far as the papers are concerned, which would mark this volume as the transactions of a homœopathic society.”

If this be true, one may well ask: Why does the Institute exist?

Well may Dr. Wood exclaim: “Little by little is creeping out that which the regular profession has long known, namely, that for a man to be a homœopathic physician at present necessitates that he be ignorant, foolish, or knavish—that is, if it be knavish ‘to live a lie.’”

LECTURE ON ABROTANUM.

PROFESSOR J. T. KENT, M. D., ST. LOUIS.

A very useful remedy in marasmus or wasting. The tissues of the body have been wasting away. The child is hungry, but still wasting (Baryta carb., IODINE, and Natrum Mur.). The child is cross, depressed, and very peevish (symptoms which are common to marasmus). The face is wrinkled, as if old (Arg-n., Baryta carb., Sulph.). You feel the face, and it is cold and dry. There is general emaciation. (If only around the neck, while the body remains fat and plump—Natrum mur. Abrotanum does not produce this state and cannot cure it.) Ravenous appetite, all the while emaciating (Iodine, Natrum mur.). Living well, but growing thin (Natrum mur. and Baryta carb.). We find hard lumps in different parts of the abdomen—this is in marasmus. (Another remedy is Calcarea, but it has a liquid stool of curdled milk, undigested. Baryta carb. has these lumps but produces this condition only as a secondary symptom.) We have a distended abdomen; belly stands away out (also Calcarea, but the belly is higher up and like an inverted saucer. Baryta carb. has a large belly, but looks old). This remedy has alternate diarrhœa and constipation. Great emaciation of legs is prominent. Among the sensations, which are applicable to a great many diseases, are burning, hanging and swinging, gnawing, darting, tearing, cutting, rawness and dryness. In neuralgia rheumatism it is a very prominent remedy. Some remedies we are able to distinguish from all others by their mental state, others by their symptoms upon other parts of the body. This remedy has no very important mental symptoms. Anxious and depressed (Ars., Aconite, and Rhus.). This symptom occurs in neuralgia of the heart and stomach which is of a rheumatic kind, and comes on from change of disease or metastasis; useful in chlorosis, skin yellowish-green. Darting and tearing in carious teeth. Gnawing hunger is characteristic when indicated in any disease. Pains—cutting, gnawing, and burning are the most characteristic. (Arsenic has great burning.) Now there is a symptom which belongs to this remedy, and to no other, which is, a suddenly checked diarrhœa is followed by rheumatism. Stitching in the muscles *Abrotanum* will cure in six to twenty-four hours. Again, when an ulcer has been dried up, or when a hemorrhage has been checked, or when piles have been suppressed and evil results follow, think of *Abrotanum*.

In metastasis of rheumatism from the knee to the heart; in connection with this rheumatism there is a dry cough, which is a prominent symptom. A patient had a diarrhœa, which was checked; then rheumatism and a troublesome cough came on. *Abrot.* cured the rheumatism; the cough remained, which, however, passed off with the pathogenetic effects of the drug. Nose-bleed in children—boys (also Ferrum-phos.). In girls fourteen or fifteen years of age, who have suppression of the menses followed by nosebleed, this is a remedy (also Bry.). If the pains fly all over the body, Puls.; but if the disease make one grand move, as from diarrhœa to rheumatism, *Abrotanum*. Eruptions come out on the face, are suppressed, and the skin becomes purplish. After scarlet fever, hydrocele (*Apis* and Puls.). After Aconite and Bryonia it has cured pleurisy—hence we see its action on the serous membranes. It prefers the left side. Burning, darting, and tearing pains in the left ovary were cured by *Abrotanum* after *Apis* had failed.

PRACTICAL REMARKS.

Cases spoiled by the use of Aconite may often be retrieved by use of Sulphur.

Arnica is more apt to spoil a case than Aconite. *Arnica* makes a much more profound impression upon the system than Aconite. Its real culminating action is similar to typhus fever. Brilliant results have frequently been obtained from it in the worst forms of typhus.

Physicians who wear spectacles, and who have to ride long distances in very cold weather, will find protection from freezing of the parts coming in contact with the metal by bathing the skin with Camphor.

Ranunculus bulb. is one of our most effective agents for the removal of bad effects of the abuse of intoxicating drinks.

“At least one-half of the chronic diseases of women and children are developed by using too much sugar.”

Aconite is one of the most frequently indicated remedies, when the development of the organic disease of the heart manifests itself by tingling in fingers, numbness and lameness of left arm.—*C. Hering.*

CLINICAL BUREAU.

CLINICAL CASE.

DR. R. B. JOHNSTONE, PITTSFORD, N. Y.

Miss M. K., aged forty-three; blue eyes, auburn hair, fair skin and freckles, lips rather thick and pouting; occupation, teaching and bookkeeping, in which business she had been engaged for some years, when I was called to see her on June 22d, 1881.

Found her in profound prostration and great nervousness. Could not remain in bed, but must get up and change her position often. Cannot walk, but she is inclined to fall one side or the other.

Memory weak; thinks with difficulty; unable to actively engage her mind; she is so tired after a little thinking.

Headache mostly in the left side. Dullness of sight; sees only part of an object, sometimes one half, at others the other half.

Prickling in the eyes when reading or looking at the light.

Very sensitive to odors of all kinds, which are very disagreeable to her; even pleasant odors of hay, clover, in which she used to delight, now literally "stink."

Appetite is gone; have no desire to eat; everything tastes like "old rags."

Stomach is sour and feels hot; has been in the habit of taking "soda" for this trouble, which relieves her.

Constipation. The desire for stool is great, but have not the power to expel it, only wind or a little slime passes. Urine is filled with a red, sandy sediment, while the top of the urine looks as though it was covered by a drop of coal oil; the urine has a putrid smell.

Walking makes her tired and out of breath; inclined to sudden anger without cause, followed by gasping and short breath; this passes off after exertion of will. At times it seems as though my heart would jump out of my mouth.

My feet are constantly cold, also my head, while my ears are hot and very red.

When a child was always sickly, and had all children's dis-

eases, but always got well quickly. Had swellings of the glands of the neck years ago; some of them opened.

About two months ago discovered a lump in the right side of abdomen, accompanied by sense of weight and dragging pain.

Menstruation too late and very scanty—often five or six days behind time, and last only a day or two.

Leucorrhœa is yellow greenish and excoriating.

On examination the tumor in the abdomen proved to be within the right ovary; it is hard, about the size of an orange, or three inches in diameter, without pain. The uterus is enlarged and cervix indurated.

R. Sepia 200 D, in water, to be given every three hours till morning.

June 23d.—About the same. Rested easier. R. Sach. lac.

June 25th.—Still improving. Continued the "s. l."

June 29th.—About the house. Most of the "bad" symptoms have gone, but the "lump" in the abdomen seems twice the size it was two weeks ago, it is so heavy. Sleeps well. Appetite is growing better. R. Sach. lac.

July 21st.—Called at the office. Am very weak, but improving. Am sure the tumor is growing at a rapid rate. Have a diarrhœa which begins about 3 A. M., and continues until noon. Eyes ache; can hardly see; itching of the lids. My feet and hands are very cold; cannot get them warm.

Melancholy. Hypochondriacal; cannot think.

R. Sulph. 81M, F., two doses, followed by "s. l."

September 10th.—Reports continued improvement since the first dose in every respect but the tumor, which continues to grow at an alarming rate; cannot now get my skirts together.

Gave at various time "s. l." until October 18th, when in consultation with Dr. Biegler, of Rochester, after much trouble and questioning, learned that when she is alone she becomes very *melancholic, with serious thoughts of suicide*, which she tries to banish.

An examination per vag. and rectum disclosed the tumor, hard and rather uneven surface, taking up the whole right ovary, or more than four times its size, when first discovered, and after only five months' growth. No pain, except drawing, dragging pains in right abdomen and thigh; feet are so cold they really seem as though they "smarted;" eyes protrude; drawing in the eyes. Things look mixed up, or sees only one-half of the body looked at, usually the left half; other half covered as by a dense cloud.

Still sensitive to odors; menses late and scanty.

White or yellowish leucorrhœa, with burning and smarting,
Dyspnœa; constant desire to take a long breath.

Remembers now that when a child she had trouble in breathing, accompanied with swelling of the cervical glands; general scrofulous swellings in various parts of the body, but had nothing of the kind since old Dr. — gave me what he called “gold pills.”

I took a great many of them, also other medicines, which I think were what he called “blood purifiers.”

This last decided beyond all doubt the proper remedy; so, on that day she received one dose of Aurum met.²⁰. Some two weeks after, Aurum met.^{10m} was given, one dose, followed by sach. lac. Saw her frequently from that time on, but she received no more medicine of any kind.

January 10th, 1883.—Made another examination; found the tumor reduced in size to less than when first discovered; no pain, no dragging or pressure—menses regular and natural in quantity, color, and time; mental condition all cleared up; never thinks of the tumor now, unless asked about it. Gave one dose of Aurum^{cm}.

August, 1884.—“The tumor continues to grow less and gives no trouble; mind clear and have no trouble with the eyes, and have had none for a year or more; discharge from the right ear offensive and swashing in the head; feet get cold once in a while, with hot, red face at times; appetite good; stool passes each day without trouble; urine seems to be in a healthy condition. Indeed, I have no trouble now but the discharge from the ear.”

Sulph.^{cm}, Swan, one dose.

Once since the above, was called upon again to prescribe for the ear, but thought best to wait for a while before giving another remedy.

Query. Did I cure a fibroid of the ovary or not?

Was it caused by the “gold pills” taken years ago?

Do high potencies contain any medicine? Do they act, or not?

GOOD NEWS.

Our good friend, Dr. Wells, writes us he is preparing a series of papers on the differentiation of remedies. The first will be on Aconite, Belladonna, and Bryonia. These papers will certainly be invaluable to the homœopathic prescriber, and with the lectures of Professor Kent, make this journal of yet greater usefulness.

T H E

HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. V.

MARCH, 1885.

No. 3.

ARE WE TO HAVE CHOLERA IN THE UNITED STATES IN 1885?

If this be answered in the affirmative (this is at least possible), then is it too early to ask another question: What, before this future possibility, is the present duty of doctors and men? The answer to this last, if we come to details of duty, will be determined by the views of the respondent as to the nature of the cause, of the disease itself, and of the agents employed for its cure. In general, it may be said, and all will agree to it, the duty is to prevent its approach in the first place. This is to be met by proper quarantine regulations (the duty of the Government), by proper sanitation (the duty of the municipal authorities), and by prophylaxis (to be discovered and administered by the doctors) when the disease is really present.

First, as to the nature of the cause? It is now more than half a century since cholera intruded itself on the attention of the physicians of the civilized world, and gave them opportunity to study its own nature and that of its cause. Repeated epidemics in this period have repeated these opportunities many times. And now, in the face of the possibility suggested at the head of this paper, what answer has so-called *scientific medicine* to give as to the nature of the *cause* of cholera? Why, microbes, of course. And is this all it has for answer? If so, and we believe it is, then, we submit, the history of the epidemic of 1884 in Southern Europe and of efforts to check its progress and limit its existence to points first invaded by proceedings based

on this assumed nature of the cause proves, by the utter failure to arrest or limit the epidemic by these proceedings, the utter falsehood of the claim set up for these organisms as the producing cause of cholera. They were found in the excreta of cholera patients, and that is just all that is known of their connection with the disease. What of importance attaches to them, if any, in connection with the disease, either as affecting causation or influencing its intensity, or that of any or either of its elements, nothing whatever has been learned from this latest opportunity for their study. But *this* has been learned, that those who have been most engaged in studying these organisms since their proclaimed discovery by Koch, and who have been most earnestly hopeful of a better success in dealing with the plague because of this discovery, have made no better record of dealing with it than has been that of their predecessors before Koch was born. Failure of success here, as elsewhere and heretofore, proves these "scientific" gentlemen to have been spending their industry on barren fields, fields only productive of disappointments, and the great wonder in this connection is that they have not been taught by their failures that they have been looking in a wrong direction for the desired and expected successes they have never realized. Have they been so taught? Not in the least. They still talk of microbes, germs, and disinfectants as glibly and as confidently as if they had once in their lives seen any practical good come to any interest of mankind from all this talk, or proceedings based on it, which, from our present point of observation, revealing only failures, seems to be only so much empty bosh! Why are these men not taught by their own experiences? Is there no lesson in this for us as to the power of pride and conceit to blind the minds even of the intelligent and well meaning? Because they are not instructed, is this any reason why others should not be?

But as to the essential nature of the cause of cholera? We believe we are warranted in saying that, aside from the *effects* of that cause, those who know most of it will readily acknowledge they know very little. But we believe enough is known to prove this cause to be no material thing. It is certain it does not obey the laws of matter.

Then the error which regarded the nature of the cause as material repeated itself by accepting certain suspended secretions and injected mucous surfaces as the disease itself—*i. e.*, consisting in a change of material entities, and before the problem of cure, after these two essential errors, it is not strange that the record of the results of the treatment made by those who have been so

misled should come to us as little else than a succession of failures.

The utility of quarantine has been a matter of dispute. Some have held this as useless as a means of arrest of the progress of this fearful scourge. Others claim that its practice has had an efficient and beneficent result, and give what seems to be proof of this. In the present state of our knowledge, there can hardly be a doubt as to the duty of any government where the community is threatened with a visitation of the plague to institute a rigid and careful quarantine. In the absence of any exact knowledge of the essential nature of the cause of that which it is the object of this quarantine to intercept, we may, and we think we ought to, be governed in this matter by what seems proof of the success of the resort in some instances in preserving threatened communities from the ravages of the plague. If this proof be reliable, it is of no material importance to us just what this cause really is, *i. e.*, in deciding this question of quarantine.

But if, notwithstanding the precautions of quarantine, the disease actually appears in a community, then there is present a two-fold duty of doctors and men of the greatest importance. First, to prevent its spread, chiefly pertaining to municipal authority—sanitation—and, second, to cure those who become its victims, and this is expected mainly to be effected by the doctors. In sanitation it is but natural that the authorities to which this more properly belongs should proceed under the advice and direction of doctors. These are supposed to know more as to the factors of the problem of prevention than other men. And here it is that the doctors who claim to be representatives, and exclusive representatives, of “*scientific medicine*” shine, if anywhere, in connection with malignant cholera. But, it is worthy of remark, they shine here as *scavengers*, not at all as doctors. It is not a little curious, nor a little instructive, when we see these men, before the cholera problem, leave, apparently, all thought of the cure of the sick and eagerly expend their energies on *filth*! We say apparently leave thoughts of cure, for the reason that in each succeeding epidemic, instead of having learned in the preceding ones that the means employed by them to this end were not curative at all, and sometimes even worse than useless,* they only continue to repeat these, while the

* In Russia, in 1831, of ninety-three cases treated allopathically, sixty-nine died, or seventy-four and one-fifth per cent. In the same country and epidemic, of forty-nine cases not treated at all, thirty-three died, or sixty-seven and one-fourth per cent. thus showing the probability, at least, that if the ninety-three cases treated allopathically had not been treated at all, seven of them might have recovered. To these seven, certainly, the treatment was worse than useless.

result repeats their failures in the last the same as in the first. It is as though, as to the cure, they had internally confessed judgment of imbecility against themselves, which only made them the more eager to show that there was something in this connection they can do, and hence the rush on filth, to show, if they may, its importance and that they are its masters. If this haste to abandon cure for a warfare on filth surprises us, let it not lead us into any low estimate of the importance of this factor in the cholera problem. And if the seeming imbecility of these doctors as healers be revealed by their abandonment, let us not therefore withhold from them their due meed of praise as the skillful scavengers they often are.

It cannot be denied that filth and squalor appear in some way, perhaps not very well understood, to favor the development of the cholera cause and also the intensity of its action. So that the beneficence of cleanliness is very apparent where this has been made a factor in the combat against this disease. For this reason it is that the advice and labors of these professional scavengers are to be treated as important and with respect. It is only when they cease their work as cleansers and take up the role of explainers that we are compelled to withhold this, and the more and utterly when this brings them to microbes and their belaboring of these as the chief cause of the object of their combat. Where cholera has recently prevailed there has been, under the direction of these professional advisers, much and confident talk of "stamping" these "out," and there has been, consequent on this, very much "stamping" done, but the cholera has been neither less nor less severe therefor. This should be remembered by everybody except doctors. It would seem the lesson is already forgotten by them, for they continue to talk just as confidently of microbes, germs, and disinfectants as matters to confide in as they did before their late signal failures to demonstrate the least benefit from a knowledge of these. They would seem to have gained as little of truth to their theories as of knowledge of better means of cure from their latest opportunity to amend both. They have not yet learned that the fighting of microbes as the cause of cholera is but a "beating of empty straw." Secure cleanliness, and let microbes take care of themselves and amuse the simple, if, indeed, they must still engage themselves with these.

Failing of protection from sanitation, then comes the duty of curing. And how shall this be met? The answer will be determined in great measure by the views of the respondent as to the requirements of the problem of cure, and as to directness or in-

directness of the action of the agents these requirements call for. There are two classes of professed healers to whom this question will present itself, and each, as a claim for confidence in his method, may be supposed to appeal to the record his method has made in dealing with past epidemics. Each has a method and record, and each, very likely, will be expecting general approval of his method, perhaps with equal confidence. Let us look at the record of each and see, if we may, which challenges our confidence with greater recorded successes.

One of these parties claims all of advantage which a greater antiquity can give, and this is presented with traditions and maxims with which the centuries have loaded it down, demanding first-class honors for these as well as for the more recent theories by which it has been brought to the use of the indirect means it has employed and in which it still trusts. It knows and trusts only means which it hopes by some indirect action will effect relief for its patients. So it has dealt with cholera through the successive epidemics it has treated, from that of 1831 to that of 1884. Let us look at the record of this indirect method and see how far it merits our confidence. It has employed substantially the same means in all the series of epidemics till this of 1884, when it added to these such as were supposed to be required for the destruction of microbes, now regarded as a new discovery of great importance.

This party of indirect or allopathic practice treated in Russia in 1831 ninety-three cases, of which seventy-four and one-fifth per cent. died. In 1832, of four hundred and fifty-seven thousand five hundred and thirty-six cases, forty-eight and one-half per cent. died. In 1855, in St. Petersburg, of nine hundred and one thousand four hundred and thirteen cases treated, fifty-one and one-half per cent. died. In Russia, in 1831, while seventy-four and one-fifth per cent. died under allopathic treatment, only sixty-seven and one-fourth per cent. died of those who were not treated at all. Of those treated homœopathically, only twenty-one per cent. died. The lowest rate of mortality under the indirect or allopathic treatment was at Canton Rive-de-Gier, 1854, and was thirty-three and one-third per cent. The greatest was as reported from Tischnowitz Berick, eighty-eight and one-half per cent, while the same report gives the deaths of those under the direct or homœopathic treatment as only five and two-fifths per cent. The reported deaths under allopathic treatment in the epidemics from 1831 to 1884 vary from eighty-eight and one-half per cent. to thirty-three and one-third per cent, the latest, that from

Naples, 1884, being fifty-three per cent., and this with all the aid the doctors could secure from a knowledge of Koch's microbes. It will be seen this is no perceptible improvement over the failures of this method in previous epidemics. It may be added that in reports from four localities a mortality in each of over sixty per cent. is given.

In contrast with these reports, and eloquent in advocacy of the direct method, are the results of its dealings with cholera. In 1854 Dr. Rocco Rubini, in Naples, where the disease has been so signally fatal under the indirect method, treated seven hundred and three cases, three hundred and ninety-one of which were in the Royal Poor-house and in the Third Swiss Regiment, with a loss of but two cases, or two-sevenths of one per cent. This is, so far as I know, the best success on record in treating cholera. In fourteen localities from which we have reports of results of homœopathic treatment of cholera we have the following percentages: Naples, two-sevenths of one per cent.; Munich, in 1836, two and two-ninths per cent.; Canton Rive, 1854, two and a half per cent.; Dr. Adler, two hundred and fifty-five cases, lost four per cent.; Dr. Tripi, in 1854, of six hundred and forty-one cases, lost three and five-sixths per cent. In Austria, in 1832, of twelve hundred and sixty-nine cases, six and two-thirds per cent. died. Dr. Chargé, in Marseilles, 1854, of one hundred and fifty-one cases, four per cent. died. In Champagne, in 1855, of four hundred cases, four and a half per cent. died. In Austria, in 1831, of twelve hundred and sixty-nine cases, six and two-thirds per cent. died. In Genoa, 1854, eight hundred and forty-one cases, eight and a half per cent. died. In 1843, Dr. Rosenberg, of fourteen thousand and twenty-four cases, lost nine per cent. The results of the two methods of treatment, as given above, are mostly from official published reports. These speak for themselves, and speak eloquently, and declare plainly that the indirect, self-styled "scientific medicine" is, in fact, only a therapeutic method *with the "science of therapeutics" left out.*

There is one other relation of the profession of healers to sicknesses, and men liable to be attacked by them, of the greatest importance, greater even than that of healers, by so much as *prevention* is admitted to be better than *cure*. To protect the healthy from attacks of pestilence is certainly better than the most perfect application of the most perfect science by the most perfect skill for its cure;—better, because all suffering of sickness is saved, as is also the chance of failure to cure, always incident to best science and skill, especially in so malignant

p'agues as is Asiatic cholera, as is seen in the death of two in the seven hundred and three cases treated by Rubini.

How is it, then, with those of this indirect method, who claim to be "scientific," and exclusively "scientific," before this question of prophylaxis? What has their antiquity, their "science," their exclusiveness, their pride, or their conceit to answer to the claims of humanity for protection against the ravages of this scourge? Alas for them! with all their boasting, they have no voice of response to this cry to them for help from the helpless. Before this question of prophylaxis, they are absolutely dumb. It is too true that their long antiquity, with its centuries of opportunities, has taught them nothing. Their boasted science, with the exclusiveness and arrogance of its claims, has taught them nothing. They can say nothing because they have nothing to say. Before this question of prophylaxis their science stands revealed—an empty pretense, and nothing more. Are they shamed by the revelation? They are evidently not at all ashamed. It has taught them neither modesty nor distrust of the method and means by which they have scored so fearful a succession of failures in the epidemics of the present century. Why is it that they have learned nothing of means of protecting humanity exposed to the action of the cause of this so fatal plague? In one word, it is because their boasted science is not science at all. There is in it neither light nor law to point these men to means which can, have, and do protect. They know no law of protection, and therefore are without light or guidance in any search they may make or may have made for the means of prophylaxis, and, therefore, the search, if any has been made, has been without fruit; and so it must ever be till the search is prosecuted in the light and under the guidance of law.

How has it been with the teachers and practitioners of the direct method? Are they equally dumb before this great need of help, which calls to all healers for protection from these so fatal attacks? We have seen the superiority of success which has resulted from the means it has used for cure. Can its practitioners and its means protect from attacks those who are exposed to the action of the cholera cause? No doubt it is within the province of these to protect men as well as to cure them, and herein is one of the brightest jewels in the diadem which history has placed on the head of him who discovered and proclaimed the means both of protection and cure, being guided to the means for both by the light of the universal law which underlies all there is of any "science of therapeutics" known to man. Without this law there is no such science, and without this

science there is no protection of men from attacks of pestilence. With adequate knowledge of this law and perfect obedience of its requirements, the superiority of this method to the indirect, before the question and duty of prophylaxis, is even greater and more apparent than we have found it to be before the problem of cure.

It was one of the most striking examples of the remarkable insight of Hahnemann which discovered the means of prophylaxis of the cholera pest before he had had opportunity for personal observation of the disease. His absolute confidence in the truth and authority of his discovered law of healing led him, by his logical application of it to the facts of the disease, to say, the most similar remedy will *cure* this so great terror, and the same insight, confidence, and logic enabled him to add, The same similar remedy will also be found to be its prophylaxis. History has abundantly justified both predictions. We have given some of the proofs of this as to the cure. It was our purpose to add statistics of the protection the similar remedy has given from attacks of the disease on the healthy, but we are extending our writing beyond the limits usually permitted to such papers. We will add, however, that in the European epidemic of 1831 the most similar remedies, which Hahnemann declared would both cure and protect, did preserve whole communities, and many of them, when the means were employed as directed, and innumerable individuals to whom the remedies were given were preserved from attacks. Of these last, very few were attacked, and with these the disease was always slight, and of such attacks no one, so far as we are informed, died.

Subsequent epidemics have continued to testify to the sagacity and truth in these prophecies, and to the verity and authority of the law which led to the discovery of this grandest of medical achievements, by continued successes in both cures and protection through the whole series till the present time. We will only add a few instances of the success of the similar remedy in protecting those from attack who were exposed to the cholera poison. The same medicine which in Naples, Italy, cured seven hundred and one of seven hundred and three patients (an unparalleled success, so far as we are informed) was given to near fifty thousand persons. Of these, few were attacked, though they nursed cholera patients or lived in infected houses. Four physicians, viz.: Cigliano, Rubini, Mucci, and Oriati, gave the same medicine to the families of their clientage, numbering about two thousand, and there was no case of cholera or cholerrine in them all. The same was true of the Central Home of the

Sisters of Charity and its six hundred inmates, and also of the Typographical Institute of De Angelis; of the workmen and their families, between five and six hundred, not one was attacked.

We have given in this paper but a small portion of the facts which have been given to the public, showing the fearful contrast between the results of the indirect or allopathic method, and the direct or homœopathic method of dealing with this most fatal destroyer of men. The contrast as to the ratio of cures to cases treated is not a little startling, the one *curing* seven hundred and one in seven hundred and three cases, the other *losing* eighty-eight and one-half of every hundred treated. These are the extreme figures of the reports here given. They are, beyond cavil, reports of experienced facts. Is there no duty as to reception of these facts and the instruction they bring us? Have they been known, these facts of the direct method, to the gentlemen of the indirect, who have lost, in the epidemic of 1831 and subsequent ones, more than fifty per cent. of all they have treated? No doubt they have been known. Then why have not these gentlemen been instructed into this truth of the better method, which there can be no doubt would have given to them, as it has to others, a better record? Because they *hated* this truth, and would only shut their minds against its reception. They had hated, opposed, and maligned it before the cholera came to testify to its truth by submission to its master, and now, before the record of its success and their own failures, shall they humble themselves to accept from this hated and maligned truth a knowledge of a way better than their own? How can they escape from this testimony, which stares them in the face from the records of every epidemic—their own and that of this hated truth? How can they bear the contrast history holds up to the world, of success on the one side and failure on the other, and the success not their own? They have one escape, and only one, which has ever been, and is, the resort of the weak and the wicked, when they have no other, in these two words: *non credo*. But is this an escape or only a delusion which so often follows hatred of the truth? Is not this rejection of the truth a proof of the unity of human character and nature in all time? Is it not true now of these as it was of old of those of whom it was said, “*Because I tell you the truth, ye believe not?*” Is it not the same hatred of truth in this province of it which, in another, crucified the Son of God to be rid of His presence on earth, which now would destroy it and its record by consigning both to the limbo which swallows up rejected truths here and now, and the rejectors of them hereafter?

But do these doctors really know the facts of the record? No doubt they do. The fact of the cure of seven hundred and one of the seven hundred and three cases, with a statement of the means by which this unparalleled success was attained, was sent in a circular to every doctor in the city of Naples. Did they regard this? Not at all! They went on, as others had before, and made a record of fifty-three per cent. of deaths of all treated. Are these men other than criminals before God and man, and when called to answer, as men will be, for what they have done and for what they have neglected to do, will their *non credo* be accepted as a plea of justification?

But there is other, and if possible stronger, evidence of a more aggravated wickedness in the expulsion from the pharmacy of one of the large cholera hospitals, in the late epidemic of 1884, of the very medicine which had cured those seven hundred and one sick. They would make it impossible that any patient there should have the hated drug—hated only because it cured, and because the hated Hahnemann had first pointed to it as the specific for cholera. While expelling this most efficient and beneficent remedy from their premises, were they not, remembering the origin of the proclaimed specific relation of the drug to the disease and him who proclaimed it, actuated by the same spirit as were those of old who spurned the healed of blindness with the proud and arrogant query—“*Dost thou teach us?*”

P. P. WELLS.

PHYSIOLOGICAL PROVING OF LACHESIS TRIG. SIX MILLION (FINCKE).

By DR. BUCHMANN, in *Alvensleben*, translated from the *Leipzig Allg. Hom. Zeitung*, Vol. 109, Nos. 18-22.

B. FINCKE, BROOKLYN, N. Y.

Mrs. F. B., æt. fifty four. May 16th, 1884, takes the vial with globules of Lachesis 6M (Fincke) in her right hand at 7.40 A. M. After four minutes, collection of water in mouth and nose; frequent yawning, with lacrymation; grumbling motion in the intestines in the umbilical region; urging to stool; continued drawing pain from both hypochondria toward the navel; frequent eructations; wound-like sensation in the anterior part of the nostrils; sensation of swelling in the pharynx, rendering the swallowing of saliva difficult; pain in the masticatory muscles, caused apparently by violent yawning. Twenty-five minutes

after holding the vial, the yawning becomes so spasmodic that she cannot bear it any more and must lay the vial aside. The above symptoms have been observed alternating till then.

At 8.05 A. M., the symptoms disappeared gradually after the removal of the vial, only the eructations last till 11.45 A. M. Then pressure in the pit of the stomach as of a great stone, not preventing her from eating; wound-like sensation in the cavity of the nose anteriorly; great lassitude for one hour after 8.05 A. M. Since February 27th a regular evacuation every morning and evening had taken place. After the evacuation this morning at the usual time, a solid evacuation followed; a second a few hours after the first, at 9 A. M., and a third one at 10.30 A. M., the last one moderate, with some burning in anus.

3.30 P. M.—Since noon, frequent pressure in the pit of the stomach and on the lower end of the breastbone, as of a heavy load. At the same time, on the same level, a pain in the back when taking a full breath, as large in circumference as a hand, a symptom never before noticed. At supper, increased appetite. The usual evacuation in the evening did not appear.

May 17th.—Morning. She has not slept at all in the night till 3.30 A. M., though she went to bed very tired. Toward 11 P. M., restlessness drove her out of bed. She could not keep her hands and feet still, and cannot stay in one place (similar symptoms as she once had when proving *Chelidonium*). This was repeated three times during the night. She had to walk about for fifteen to thirty minutes each time, with groaning, fear, and anxiety (otherwise she enjoys very good sleep). During the night several times attack of dry cough and drawing pain from both hypochondria toward the umbilicus. No evacuation this morning.

9 A. M.—Great lassitude since rising, then rush of blood to the head, with confusion. Margins of nostrils red, sore, and painful.

10.45 A. M.—She must lie down, being so weak; sensation of swelling in the vertex, with violent boring and digging pain in the brain with groaning for one hour, removed by laying on of hand and mesmeric passes from the vertex down to the ends of the fingers, as the fitting antidote of *Lachesis*.

7 P. M.—From 2 to 7 P. M., spasmodic drawing from both hypochondria toward the umbilicus, where it caused a sensation as if an evacuation would follow, alternating with stitches in the margin of the right lower ribs in the axillary line, and pain in the back as described above, forcing her to lie down several times; great lassitude and tiredness till going to bed at 10 P. M. No evacuation has taken place yet.

May 18th.—After midnight, good sleep till 5 A. M. On rising, weakness, with stitches in the right side from 5 to 6 P. M. Again no evacuation this morning.

12 M.—Till noon, rumbling about the umbilicus with urging to stool every half hour or forty-five minutes. Appetite good. No evacuation in the evening. Abdomen hard and much distended by accumulation of wind in the colon.

May 19th.—No evacuation neither in the morning nor in the evening. Abdomen hard, distended by flatus.

May 20th.—In the morning, scanty, hard stool, with painful sensation in the head and sensation of distention in the vertex, as if by enlargement of the brain the skull were driven asunder in an upward direction. Sensation as if the anus were firmly closed. Nostrils still sore, from May 17th till to-day.

May 21st.—Evacuation morning and evening.

May 22d.—Very copious pappy stool in the morning and evening.

All through the month of June, feeling well as before the proving.

EPICRISIS.

Even if we should expect ever so slight a practical use from the highest fluxion potency which so far has been made, yet no unbiased observer will lay aside the inductive provings of Lachesis with high potencies without satisfaction when he has given attention to my scientific investigations for the explanation of the law of Similitude. I, of course, reject the acknowledgment of those who subordinate their judgment unconditionally to the dicta of the scholastic guild in a territory which is entirely foreign to it. The latest history of Homœopathy, however, has furnished the proof that the descent to low attenuations, owing to the doubt in the efficacy of high potencies, has only damaged the respectability of Homœopathy. The sharper we place the contrasts, the more compact we will stand against our opponents, but with giving up our infinitesimal doses we would give up Homœopathy itself. I attach some value to these provings of Lachesis, because they are well suited to strengthen the confidence in high potencies and to stimulate experimentation. But where, as in the foregoing investigations, observations going against old-fashioned notions and apparently inexplicable facts are concerned, one wants to see with one's own eyes or to be able to trust to the observations of others unconditionally before forming a judgment about it. Our whole *Materia Medica Pura* is founded upon the trust we put in the truthfulness and con-

scientiousness of our provers, and I can warrant these qualities in my trusted prover.

Observations of cures with the highest potencies are not scarce, and I myself have had the good fortune to obtain one with striking rapidity by Phosphorus CM (Fincke). See HOMŒOPATHIC PHYSICIAN, August, 1884, p. 222. Though this cure strikes one by its object being a chronic disease, in which there was no reliance to be had upon the *vis medicatrix naturee*, yet the exact experimental method requires that we be not content with the general *post hoc ergo propter hoc* if the question to be decided is what a remedy has done. We, as homœopaths, in contrast to the allopathicians, are in the happy position to be able to base our radical healing method by removal of the morbid cause upon a natural law, in which the *similia similibus* forms a test for the rectitude of that decision, and that in such diseases which, experimentally, are not removed by the *vis medicatrix* of nature, and where the influence of other healing agents is excluded.

The two lastly observed symptoms, *soreness of the nostrils* and *closure of the anus*, alone would have already sufficed to recognize the proved remedy as *Lachesis* if it had been unknown, because both symptoms are also found in the provings of *Lachesis* by *Hering*, and no other remedy has these two symptoms. If now, in a disease (aside from the other symptoms) which shows these two symptoms, we obtain a cure after *Lachesis*, we have the sure proof of a healing with *Lachesis*, also with the six millionth potency, provided that a spontaneous recovery is excluded.

When, after an induction of twenty-five minutes' duration, the vial was removed and the yawning spasm immediately ceased, I thought that, as at the first proving, no further symptom would occur. I was also perfectly satisfied with my success so far, since this time even the symptoms of increased peristaltic action had appeared, and I had not expected that, probably by the longer time of induction, such a violent after-action, lasting for five days, would take place which the next day caused much anxiety on account of the brain-symptoms.

When comparing the first inductive proving of *Lachesis* 5M (Fincke)—see HOMŒOPATHIC PHYSICIAN, September, 1883, p. 260—with the preceding proving, the difference in the symptoms is at once apparent; then, after three minutes, stormy symptoms of short duration occurred, and a repetition of the proving the following day had no effect. The affinity for *Lachesis* was satisfied, or, as the senior of the conservative homœopaths in the United States, Dr. P. P. Wells, had expressed it, the

susceptibility for Lachesis was exhausted, and with it the affinity for morbid causes with *similar* weaker affinity (isopathic and preservative action; see HOMEOPATHIC PHYSICIAN, April, 1883, p. 115).

The affinity for Lachesis 6M was, after a year, not yet extant in the respiratory organs in that degree as before the induction of Lachesis 5M, where already, after a few minutes of induction, violent yawning spasms, with sensation of suffocating, occurred. We must not attribute this difference in the action to a weaker effect of the higher potency, since at the last proving it also extended to the abdominal organs, and became more energetic and enduring, probably on account of the longer time of induction.

We always have been in the habit of using infinitesimal doses, but we have never thought that it would be possible to obtain pathopoëtic symptoms, and even objective ones, with the six millionth potency of a remedy, and that, by induction from globules contained in a closed vial, a method which, however, succeeds only with sensitives who are especially predisposed, since non-sensitives can carry a vial with such a high potency in their hands all day long without being in the least affected.

In order to bring this effect of the present high potency nearer to our contemplation, we for once must ignore the notion of matter altogether and institute a comparison with the physical forces, which are potentiated by addition of other physical forces, even when thus far they had been latent; the magnetism inherent in the loadstone can, by passes in a certain direction, be permanently transmitted to steel bars, and successively from these again upon others *ad infinitum*, without losing the capability of attracting iron filings even through other solid bodies. Everybody accepts this property of magnetism as self-understood, though it is perfectly incomprehensible. Thus also it is with the increase of the affinity of a magnet for iron by the known methods. Now, it would be an analogous process in the potentiation of medicines if we imagine that through the attenuation, by annihilating the *cohesive* force, this force in a measure is changed into *medicinal* force, that the medicinal substance lastly is transmitted into mere medicinal force, a process in which, by addition of still other *physical* forces (heat, friction, succussion, electricity), the medicinal force, possibly, is reproduced in a similar manner as the pathogenetic force of certain morbid substances is reproduced according to experience by the *vegetative* forces of certain micro-organisms in their multiplication.*

* Thus far it was thought that after discovery of the micro-organisms for each infectious disease, also the cause of these diseases were discov-

Dr. Koch, in Philadelphia, has already (*Allg. Hom. Zeit.*, Vol. 96, No. 25,) developed his view, that motion, heat, electricity, and magnetism are disengaged as correlative forces in the potentiating process, and actually must show themselves while they saturate the atoms of the remedy with their own impenetrable forces. But this hypothesis would not explain the potentiation of the specific medicinal force, because it is wanting the basis of fact.

All observers who are not biased by prejudice, but, by studying extensive provings, have arrived at the point of being able to have a competent judgment, will agree with me that the symptoms detailed above can only be recognized as symptoms of Lachesis.

The prover had been quite well, and, since the cure by Phosphor. CM from the beginning of December, 1883, till May 16th, 1884, she had a regular evacuation every morning and evening. The same took place likewise May 16th, before 7 A. M. At 7.40 A. M. she took the vial of Lachesis 6M in her hand for twenty-five minutes. At 9 A. M. a second hard and at 10.30 A. M. a third watery evacuation, and then a constipation of four days' duration followed. *Nothing* besides has had any

ered in them, and means were sought for to kill those organisms, or at least to stem their development. I, in the beginning, have from the homœopathic standpoint, held on to the view that they are only the carriers of a special poison with specific affinity, such as the *Acarus scabiei* or the itch-poison. Now lately the discovery has been made in the Pathological Institute of Professor Semmer, in Dorpat, that the bacilli and micrococci of anthrax are the product of a special anthrax-virus. (*Allg. Med. Central Zeitung*, 1884, 47.) Rosenberger already had shown that by inoculation with boiled septic blood, free of micro-organisms, the symptom-complex of septicæmia was produced, and that in the animals experimented on, after perishing, the same micro-organisms had been found as in animals which had perished after injection of unboiled septic blood.

Animals inoculated with boiled anthrax-virus perished in three to six days, had the anthrax-bacilli in a quarter of the cases, in the rest the characteristic micrococci, and in all the first grades of development of the bacilli. The animals for control likewise inoculated and provided with protective inoculation, showed the next days no abnormality, except an increase of temperature by 1.5 C. Osol says about this: "This fact, by itself alone, even if no typical micro-organisms were found in the blood of the animals which perished in consequence of the injection of boiled anthrax-blood, would clearly indicate a chemical anthrax-poison. The bacilli do not represent the primary but the secondary condition, and receive their virulence only after the influence of an inorganic chemical poisonous substance."

My scientific explanation of the law of similitude, which is incompatible with the assumption of a primary contagium vivum, finds an unexpected confirmation by these discoveries, since here it is proved by experiment that by the stronger affinity for the attenuated latent simillimum induced in the same way, the affinity for the same poison, fatal by too massy an incorporation, is neutralized, and in this manner a safe preservative is gained against it.

influence, also no mental emotion, by which these irregularities could have been occasioned. After cessation of the symptoms, May 20th, the evacuation became as regular as before, and so it has been ever since. This action upon the peristaltic motion suffices for itself to remove every possible doubt as to the connection between cause and effect in this proving.

I may be excused from giving the further explanation of the physiological connection of the symptoms above enumerated, since they fit entirely into the pathopoëtic picture of *Hering* in supplying and completing it. Our pathopoëtic picture contains forty-two symptoms from the thirtieth potency.

In conclusion, I beg to present the symptoms obtained by induction of the highest fluxion potencies according to the usual schema, in the conviction that high-potency symptoms will mostly prove decisive in the therapy of chronic diseases.

Ceterum censeo macrodosiam esse delendam.

PSORA AND SYPHILIS.

DR. WOLF.

The greatest evil of psora is that it reproduces itself and descends to posterity. The children of psoric parents are very often born with *malformations*, among which tumors of the head and yellowish, sallow color of the skin, old face, head too large, phthisical conformation, hernia, clubfoot, etc., may be mentioned. The children are often born with *scabies*, which will infect the whole family: they soon get scald-head and other eruptions. It is, therefore, the duty of every family physician to begin the antipsoric treatment as early as possible in newly-married people, for during pregnancy the cure progresses but very unsatisfactorily. Psora has, in the course of time and under favorable circumstances, reached its culminating point, and produced a new form of disease toward the end of the fifteenth century—viz.: *sypphilis*.

The connection of psora and sypphilis is proved by the fact that since the appearance of sypphilis the lepra has become very scarce. The sypphilitic dyscrasia has three peculiar characteristics: First, want of flexibility of the limbs, which refuse to obey the impulse of the will—a painful crepitating noise in the joints when moved accompanies it; second, shuddering when going to stool, and, third, sleeplessness without apparent cause.

Primary sypphilis will, under favorable conditions, remain

stationary for twenty years, which has been observed by me in several cases. But if the chancre is interfered with, and if Mercury in large doses is used and the ulcer healed by force, the *slow chancreous dyscrasia* is the general result.

The outbreak of secondary symptoms is in most cases caused by taking a severe cold, often showing itself in an attack similar to acute gout. The combination of the syphilitic and the mercurial poisons greatly aggravates all pre-existing morbid dispositions; the liability to take cold is greatly augmented; the worst form of coryza, with stinking, corroding, secretion, is produced; the glands are affected, and a great disposition to parenchymatous inflammations, ulcerations, dissolution of the blood, etc., etc., is produced.

But all this suffering Mercury alone can produce without its combination with syphilitic poison. Mercury and Iodine are the *very worst poisons*, and should never be used but in syphilis. The affection of the mucous membrane, so often treated by Mercury, will also yield to *Apis*. Scrofula, tubercles, tumor, and goitre will yield to *Thuja*. Only against syphilis *Mercury* and *Iodine* are indispensable.

Pure syphilis requires *Mercurius*; the combination of syphilis and sycosis requires *Iodine*, only one single dose in the thirtieth potency. When a cure is not effected by it, it is a sure sign that one of the following three impediments hinders the cure:

1. Abuse of Mercury or Iodine; the first can be removed by one dose of Mercury 6,000, the second by one dose of Iodine 5,000 potency. Where both have been abused, it is necessary to give, first, Mercury 6,000, and afterward *Thuja* 1,000.

2. The second impediment is the predominating influence of the *psoric* poison. This requires one dose of *Sulphur*²⁰, or in case of abuse of Sulphur the 6,000th potency must be used (if the previous dose of *Mercurius*³⁰ has left the cure unfinished).

3. The third impediment is the predominating influence of the *sycotic* poison, the treatment of which will be given under Sycosis. Syphilitic ulcers require *Kali-bich.*³⁰, one dose, where the cure remains unfinished; after it, *Sanguinaria*³⁰.

*Sanguinaria*²⁰⁰ is the remedy for that severe one-sided headache extending into the sinus-frontalis which *Quinine* never cures. Corrosive sublimate will remove it quickly, but it generally returns after some time in an aggravated form.

Where the blood has already a great tendency to dissolution, with great want of strength, saggillation of the blood, bleeding from the nose, lungs, or intestines, with a scorbutic state of the

gums, *Nitric acid* is the proper remedy in chronic cases, one dose of the 30. In more acute cases, one dose 30 every twenty-four hours for three days, and in the worst cases the 30 in dilution every one to three hours till amelioration sets in.

Inflammation of the lungs on syphilitic ground is also to be treated by *Nitric acid*, and where this does not suffice, *Sanguinaria*²⁰⁰, every three hours. Nitric acid is also the principal remedy in that bad form of disease of the throat with swelling of the mucous membrane ending at last in "phthisis laryngea." Where this does not suffice, one dose of *Apis*³⁰, and afterward *Fluor-acid*. Fluor-acid³⁰ in the milder cases; in the most serious cases, the 2,000, one dose in *five days*.

Where the syphilitic poison has concentrated itself on the liver and consensually affects the spleen, kidneys, and genital organs, *Lycopod.*²⁰⁰ is the proper remedy. Mag. mur. and *Natrum-mur.* only aggravate the symptoms in such cases, even where they seem to correspond with the symptoms, and this explains why the sea-bath is so injurious in syphilitic diseases. *Lycopod.* is also the best remedy in those dangerous hemorrhages of the womb in syphilitic and mercurial cachexia, the 200 potency every three hours, and the same remedy holds good in those cases of bloody urine and in hypochondriasis and hysteria originating in the above stated combination of the syphilitic and mercurial poisons.

Syphilitic affections of the nose require *Aurum*²⁰⁰, a dose every twenty-four hours for seven days. Exostosis and tophus are only produced by Mercury in large doses, therefore Mercury⁶⁰⁰⁰ must be given. Where caries has already set in, and the cure does not progress after that dose of Mercury, *Silicea*³⁰ is to be given, as neither higher nor lower potencies will succeed. Where, in the worst cases, *Silicea* cannot accomplish the cure, one dose of Sulphur³⁰ is yet required. Where the bone-pains do not quickly yield to Mercury, *Apis*³, in water, must be given.

Softening of the bones, swelling, and curvature yield to Fluor-acid²⁰⁰⁰, one single dose. Brittleness, desiccation, and breaking of the bones yield to Calc. carb.²⁰⁰, in water, one dose daily for five days.

The third impediment to the cure of syphilis is the predominating influence of sycosis. The sycotic poison is the result of a combination of psora and syphilis in their highest potency. It is a dyscrasia which has spread fearfully, and in a hitherto inexplicable manner, since the beginning of the present century, so much so, that if this progression should continue on at the same rate, the very existence of mankind is in jeopardy.

The sycotic poison greatly increases the disposition to all those every-day illnesses, and it renders all diseases more obstinate and pernicious.

Dr. Wolf then gives a minute description of the progress of the disease and of the manner in which by degrees the different organs are affected by the poison. Only a short list of the principal lesions can be given here.

Affections of the teeth, with loosening of the roots and falling out, with the most obstinate form of prosopalgia, alternating with the most insufferable cephalalgia. Affections of the mouth with cracked lower lip, peeling of the epithelium and small white, flat ulcers, etc.

Hypochondriasis; pains in the muscles; spasms; giddiness; deadness of the tips of the fingers and toes; constipation; breath smelling like carrion; affections of the mucous membrane and infectious character of its secretions; tubercles; warts; fungous excrescences; varicose veins; deposition of bacon-like fat; gout; chronic catarrh of the urinary organs; Bright's disease; diabetes, etc.

The small-pox is the efflorescence of the sycotic poison, and hence vaccination is the greatest aberration of the human mind. The most prominent symptoms of the sycotic dyscrasia, after clap and leucorrhœa, without any previous affection, are sometimes observed as the result of vaccination. Likewise we often find great disposition to self-pollution, affections of the testicles, ovaries, eyes, ears, teeth, and hair; weakness of the nerves and brain, giddiness, paralytic affections, spasms, asthma, chlorosis, anomalies of menstruation, diabetes, tuberculosis, etc., all appear as an immediate consequence of vaccination, and most of the above-named diseases are the standing and predominating diseases of the present age—influenza, typhus, and whooping cough, with great tendency to tuberculosis have also become standing diseases in a hitherto unheard-of manner.

Progressive paralysis is also a consequence of the continual poisoning of successive generations by the vaccine or sycotic poison. The so-called Egyptian ophthalmia has become a standing disease among the soldiery, and very often follows vaccination; and it is well known that gonorrhœal ophthalmia and the above-mentioned form bear the closest resemblance.

Dr. Wolf then gives a minute proving of Thuja instituted on himself and more than one hundred persons of every sex and age, which contains one thousand and fifty symptoms. The principal results of the proving are the following:

1. Irritation of the mucous membrane of the genital organs, extending itself over all organs.
2. Changing of the naturally mild secretion into an acid, corroding, infectious quality.
- 3.

Over irritation of all the nerves, with tendency to centripetal paralysis. 4. Disturbance of digestion and sanguification, tendency to destruction, dissolution of the fluids and of the whole organism. It will thus be seen that Thuja corresponds in every respect with the sycotic poison, and thus offers itself as a remedy against the following diseases, which are the consequence of the sycotic poison, viz. :

1. The genuine poisonous fig-wart-gonorrhœa, which is always cured by Thuja³⁰, one dose. In new cases, five, seven, and fourteen days are required for a cure; old cases, the longest time and the highest potencies, 300 or 1,000. The action of the drug when once given must be left to act undisturbed.

2. The sycotic poison also shows itself in symptoms of constriction of the urethra, with urging to urinate and irresistible desire to self-pollution. This is shown in young girls, especially after vaccination. Thuja is the remedy, one dose.

3. The extension of the poison upward from the mucous membrane of the genital organs produces long-lasting catarrhs of head and chest. These symptoms are all met by Thuja.

4. Progressive paralysis, with painful aching of the muscles and lightning-like lancinating pains, with trembling and want of control of the will over the muscles. Thuja heals all these.

5. Vertigo, with syncope even to falling, finds its true remedy in Thuja.

6. Sleeplessness, without any apparent cause, resists all remedies except Thuja, this cures.

7. Photophobia, amaurosis, partial paralysis of upper lids, squinting, these affections being the result of small-pox or sycotic gonorrhœa, are also cured by Thuja.

8. Deafness without organic lesion, often alternating with acute hearing, inherited by children. Thuja is the homœopathic remedy.

9. The medulla spinalis and ganglionic systems are affected by sycosis—lancinating pains in face, neck, and along the spine; deadness of single parts, inarticulate speech, and where the nerve raju and glotto pharyngeus are affected we find a want of sensibility and motion in the stomach and intestines, showing itself by absence of appetite and thirst, or else insatiable voracity, resulting from a want of feeling of repletion; tympanitis, hernia, prolapsus uteri, and also of the vagina and of the rectum; most obstinate constipation, paralysis of the urinary organs, impotence; varices, varicocele, hemorrhoidal tumors, black stools. These evils grow daily more and more prevalent, and the otherwise successful remedies, Sulphur, Pulsatilla, Lycopod., and Fluoric acid grow more and more inefficient, but Thuja cures them all.

AN IMPORTANT QUESTION ANSWERED.

HENRY C. SUSS, M. D., BURLINGTON, IOWA.

[Read before the Hahnemann Medical Association of Iowa, May 28th, 1884.]

In religion, much depends on what we believe; in medicine, more on what we know. This truth applies to us as homœopaths especially.

The question very naturally presents itself: What must we know in order to become successful practitioners of medicine?

I shall endeavor to answer this question under three heads, dwelling at some length on the last as being the most important one.

I. Every physician who subscribes to the homœopathic law of cure should possess a good education. In this respect Homœopathy need not be ashamed of her sons. Much of the progress she has made is in a great measure due to the excellent education of many of them. On the other hand, we are sorry to say that her onward march has been much impeded by the illiteracy of many others who claim recognition as homœopaths.

The action of our medical organizations here and there, but more that of some of our colleges, is very commendable and worthy of emulation, in that they admit to the study of medicine only such ladies and gentlemen that have given satisfactory evidence of possessing a good general education. It is very desirable that this movement become general all along the line of our colleges and societies.

Homœopathy should be first to elevate the standard. We live in a period marked by great discoveries and progress in the various branches of science. Ours is a time given to most critical investigation. Our most formidable opponents, the self-styled Regulars (?), exhibit great activity; their tactics have undergone great changes; they meet us less often in open hostility; they refrain from calling homœopaths knaves or fools. As an evidence of progress of our brethren of the Regular school (?) of medicine, this fact is especially worthy of mention.

Occasionally we even notice a desire on their part to consult with homœopaths. Undoubtedly, many of us will, ere long, have occasion to shake hands with them at the bedside. This will involve great responsibilities, and give us golden opportunities for the good of homœopathic medicine, the like of which we have never seen before.

When ignorant men become the champions of a cause, which in itself may be ever so true and right, they become its pallbearers, conducting it out of sight. Through some such men reproach has occasionally been brought upon Homœopathy. I myself have seen the sign of these men read "*Homœopathic Physician.*" Oh! how it vexed me! I felt ashamed for Homœopathy, that the man flung his ignorance to the breeze year in and out, into the face of allopathists of great learning and venerability.

But what shall we say in regard to the frequent display of ignorance on the part of correspondents in some of our medical journals? How long shall we bear it? The idea that men who, to put it mildly, do not even know the orthography of the terms used in their every way very ordinary writings, consider themselves foreordained to enlighten (?) others on subjects of which they know but little, if anything at all! Why such abortive productions are not consigned to the waste basket is a mystery to me. For one, I earnestly protest against this outrage perpetrated upon knowledge-seeking subscribers.

It seems to me there is but one way in which we can remedy this evil. Let us cancel our subscriptions to every such journal, giving our reasons for so doing, and ere long a marked improvement will be noticeable, and we shall no longer be held up to ridicule nor be forced to become laughing stock for our opponents through asinine would-be contributors.

II. Next we notice the necessity of proficiency in the various branches pertaining to the science and art of healing the sick. In the study of anatomy, physiology, pathology, etc., the physician lays the foundation for his therapeutic superstructure. It is of vital importance that this foundation be laid broad and deep.

He that has espoused the cause of ministering to suffering humanity in harmony with the divine law of cure, must make the structure of the tissues and organs of the human organism, physiologically and pathologically considered, also their functions as performed in health and modified by disease, a continuous study. But after all, while these reveal to the physician the nature of the disease, the course it naturally pursues, and the termination to be expected—in case therapeutic measures are not resorted to—the problem is not yet half solved. The great questions, What shall I do to save my patient? how shall I find the specific remedy for his complaint? still remain unanswered.

Pray, what does it benefit a patient that a man or a woman of great intelligence and brilliant attainments can give a correct diagnosis and prognosis of his case, if he or she is unable to

bring relief? It is not sufficient that the physician has qualified himself to verify his expressed opinion at the *post-mortem*. The one great desideratum is, the gentle, speedy, and permanent cure of the sick.

Dr. Killmequick may be a thorough-going pathologist and real expert with the scalpel, but he lacks the principal prerequisite, the essential quality, that gains the favor of those in need of a physician, which, last but not least, is:

III. *A thorough knowledge of materia medica.*

This is really the one thing needful above all others. It is the magic wand by means of which the homœopathic physician finds ready entrance to the palaces of wealth and the temple of honor and fame. With it, all hindrances and obstacles are easily overcome. Against it, all opposition, individual and organized, however formidable in appearance, will ever prove puerile.

Without a liberal knowledge of the pathogeneses of the substances used as remedial agents, the physician is utterly unqualified to apply the law of the similars at the bedside, and unless he has this knowledge, or at least is earnestly endeavoring to obtain it, he should make way for others.

I fear very, very many of the rank and file of homœopathic physicians lack this great prerequisite to success. There are not a few who not even deemed it necessary to read the *Organon of Hahnemann*, while a greater number have never studied this important work. They may boast of possessing a copy. Very well. Let a diligent search be instituted and it will be found, all covered with dust, lying upon one of the upper shelves, in precisely the same condition in which it was when obtained and placed there. But more surprising than all this is the fact that many homœopathic physicians have not even seen the *Organon*. What good will such men do for Homœopathy? The works on materia medica remain undisturbed in the bookcase, whereas the stories of Captain Marryat and books of that ilk are always within ready reach, having greater attractions for them than the beautiful provings of our remedies found in the *Materia Medica Pura* and other works.

Now mark you the inevitable and unfortunate result that follows. The remedies which they administer in a haphazard way fail to produce curative effects, by degrees they lose what little confidence they ever had in Homœopathy, then they become disgusted with it, and finally they even deny the existence of laws that are well known and have been verified continually by hundreds, yea, by thousands, who have listened to the voice of the experience of the master and have accurately followed

his precepts. They are like the storm-tossed vessel at sea, without mast and rudder, drifting hither and thither, falling, sooner or later, a prey to the wind and waves.

Such is the deplorable condition of the practitioners of medicine who neglect to make themselves acquainted with the drug provings and clinical verifications of Hahnemann, Hering, and others.

Show me a true homœopathic physician who does *not* study his *Materia Medica*; show him to me as being successful in the broadest sense of the word. Ah! you cannot do it. It is as impossible as it is to find a true Christian walking in the ways of truth without loving to study the Word of God daily.

Our day and generation seem to be given to gratification of self. Mental as well as physical labor is shunned. Many enter the profession with the erroneous idea that success must needs come to them if they but open an office, look wise as an owl, speak as a sage, wear the independence and air of a Gould or Vanderbilt, and—I came near adding—work like a beaver. But no. They are ease and pleasure-loving creatures, which, like butterflies, may be noticed here and there, but when you look for them they are nowhere to be found.

What does it benefit such physicians that Hahnemann and his collaborators, as also painstaking men since, have sunk the shaft and opened up a mine of wealth, leaving for us little else than to devise ways and means by which we may reach and secure the treasure? This they propose to do in an easy, go-as-you-please way. They recline on the sofa, attend the opera, and, if unmarried, they flirt with the girls, when they should labor to obtain that knowledge which is power, of which the late lamented Carroll Dunham wrote: "That a person earnestly applying himself to the study of materia medica required seven years time to master it sufficiently to be enabled to prescribe intelligently and successfully." They are unable and unwilling to perform this difficult work, so they remain in comparative ignorance, possessing of Homœopathy only the name, which they value at zero, and are ready to drop at any time lest the finely organized and highly cultivated auditory nerves of some would-be Mogul of the dominant school be shocked. Homœopathy loses nothing by their departure, and the Regulars (?) gain but very little, since these pseudo-homœopaths never give away anything that is of any value to themselves.

While at one time these men beat an inglorious retreat, at another we hear of their negotiations with the enemy, endeavoring to make a compromise. Let us stand unitedly in the defense of

the truth. Let us study our *Materia Medica* as if our eternal welfare depended on it. Let us not study pathology and kindred branches less, *but materia medica more.*

The result will be: We shall be able to follow Hahnemann's advice, "Follow my precepts, but follow them accurately." We shall individualize more closely every case that presents itself and requires therapeutic assistance. We shall be more enabled to select the homœopathic remedy and administer it in the smallest dose necessary to overcome disease, as many in the past have done and now are doing.

If the homœopathic physicians of the present will study the materia medica as did the master and his immediate pupils, they will, ere long, gain victory upon victory over the enemy. They will heal the curable sick, gently, speedily, and permanently, thereby step by step verifying the teachings of the master. They will become more and more convinced of the truth, the beautiful action, and universal applicability in non-surgical cases of our law of cure. They will spurn this idea of amalgamating light with darkness, truth with error.

They will not be ashamed of their good mother who gave them life, but be proud to be known as homœopathists. They will not care an iota whether the Regulars (?) retain the old code or adopt a new one. They consult *the unerring law of cure.* It would therefore be madness to ask counsel from men who ridicule and oppose this law.

Such men and such work will secure the full confidence of suffering humanity, add to our ranks the noblest and best educated of the profession, and usher in the day in which Regular Medicine (?), of which Sir John Forbes has said: "Medicine is founded on conjecture and improved by murder," shall have become a thing of the past, and *similia similibus curantur* shall have taken its place.

"We," the followers of the illustrious German, the immortal Samuel Hahnemann, whose honored name ornaments the escutcheon of our Society, in the words of Carroll Dunham, "have received from the generation of pupils and successors of Hahnemann the blazing torch which the Prometheus of our system lighted at the altar of Eternal Truth. Our honor depends on the care with which we cherish it, and the state in which we, in turn, transmit it to those who follow us." And further: "Hahnemann was not made of the stuff that could compromise, for personal ease and prosperity, the charter that God had given him for the benefit of the race. He refused to give up one particle of anything which he deemed essential to the purity and

perfectness of his system, and so he has left it to us pure and perfect."

We all have heard these noble words, uttered by one of America's most illustrious sons, a man of pure character, clear and transparent as the diamond; a man of broad culture and great literary attainments, of unswerving fidelity to principle, and untiring zeal in behalf of pure, unalloyed Homœopathy; one who does honor to the proud position accorded to him by common consent, which places him side by side with Samuel Hahnemann and Constantine Hering.

We also have seen some of the progress Homœopathy has made. We have borne our part of the brunt of battle so far. Are we becoming faint hearted in the hour of triumph? Will we yield one inch of the hard won-field? *Never!* Are we making the best possible preparation for new conquests? Shall the standard of our cause be carried victoriously onward? Are we determined to "fight it out on this line, if it takes all summer?" Shall we preserve Homœopathy for posterity, pure and perfect, as we have received it?

Then we must be up and doing. We must be true to ourselves, true to our principles, true to the great therapeutic law of our school. We must preserve our identity while the combat is raging, always rallying around the flag, steadily pressing onward. We must at all times face the enemy, never look back, but follow the chief. It will not be to death, *but to victory.*

I have nothing to say about the best methods of studying the materia medica. I merely desired, in plain words, to call your attention to the fact that the one thing needful above all others, in order to become successful in practice and further the cause of true progress in medicine, is a thorough knowledge of materia medica.

Homœopathy represents the advance guard in medicine. It is a child of Providence, Heaven's choicest blessing for the ills and woes of the human family. It being of Divine origin, it is in its nature *unchangeable and indestructible.* A wonderful future awaits it. If we are faithful, we shall, sooner or later, discover new truths in perfect harmony with those already known. There is no danger that we shall have to unlearn anything. Whatever of the pure drug effects on the healthy human organism is known to us of Acon., Ars., Bell., Bry., Cham., China, Nux vom., Puls., and Sulph., and a host of other tried and trusty friends remains invaluable knowledge forever. As we advance in years we grow in knowledge.

The very opposition we meet increases our confidence, for

Homœopathy, like other truth, is a mighty conqueror, overcoming all opposition; its glory is becoming more and more resplendent as time passes by.

Homœopathy, like prohibition in Iowa, has come to stay.
[Continued applause.]

He, therefore, that desires to practice medicine in coming time, will act wisely by preparing himself, through earnest and continuous study of the pathogenesis of drugs, to practice in accord with *the law of similars*, bearing in mind that the physician who has the best knowledge of materia medica is best qualified to heal the sick.

Before closing, I wish to say that if we possess all the knowledge the world can impart, and we have not a thorough knowledge of materia medica, we cannot do the work which is absolutely required that Homœopathy be made the medicine of the world.

Therefore, know thy Materia Medica.

THE ORGANON IN OUR COLLEGES.

EDITOR "HOMŒOPATHIC PHYSICIAN":—In an article in the HOMŒOPATHIC PHYSICIAN of November, 1884, Dr. P. P. Wells, in replying to Dr. McKibben in regard to the teachings of our medical colleges, makes this rash remark: "We receive with great pleasure and thankfulness the statement that there is *one* college in the country where the *Organon* is taught, and that this is in St. Louis. Is there another? If there be, its whereabouts is unknown." I cannot but think that Dr. Wells is in a similar situation to the old New Hampshire deacon, who appropriated a raft and all its supplies, and when asked if he could imagine where it came from, replied solemnly, "Bretherin, I never knowed!" Has Dr. Wells inquired of those who know as to the teaching or non-teaching of the *Organon*? If so, he surely would have found out that in the Boston University School of Medicine, the *Organon* is not only taught, and taught well, but that the undergraduates are "quizzed" upon its teachings, thus giving them a double chance to learn its strength and weakness, and to ventilate their own views and have them rectified or accepted. I hope this information will add to the "pleasure and thankfulness" of not only Dr. Wells, but of all good homœopaths.

M. D. LUMMIS, M. D.

LOS ANGELES, CAL.

CONSTANTINE LIPPE.

At a regular meeting of the Homœopathic Medical Society of the County of New York, held January 14th, 1885, the following resolutions were read and adopted :

“WHEREAS, It has pleased Almighty God in His mysterious providence to remove from his devoted family, from his large circle of trusting patients, and from his professional brethren, Dr. Constantine Lippe, of this city, a member of this Society, who was distinguished alike for his bravery as a soldier and for his skill as a physician ; and

“WHEREAS, It is due to the memory of the deceased that this Society shall bear testimony to his personal and professional worth, and mingle its sorrow on the occasion of his decease with those of his more intimate personal friends and those of his family ; therefore, be it

“*Resolved*, That while this Society bows in humble submission and reverence before its Heavenly Father, who hath thus taken from it one of its most respected members, it also bears willing testimony not only to the careful training which had so admirably fitted the lamented deceased for the arduous labors and the great responsibilities of his profession, and to the admirable result of that training, which was seen in his unusual knowledge of the delicate intricacies of the *materia medica* and in the great success which attended his professional labors, but also to the manliness of his manhood, on the field of battle, in the social circle, and in his profession, and to his great moral worth in all the relations of his life.

“*Resolved*, That this Society respectfully extends to the devoted widow, to the venerable father, and to the other members of the family of the deceased its earnest sympathy in their great sorrow, humbly trusting, at the same time, that He who hath taken from them a husband, a son, and a brother, will also graciously extend to each of them His heavenly support and comfort.

“*Resolved*, That copies of these resolutions, duly attested by the Secretary, be sent by him to the widow of the deceased and to his venerable and distinguished father, be spread on the minutes, and that they also be sent to the medical journals of New York and Philadelphia for publication.

“A. B. NORTON, M. D.,

“*Secretary.*”

I wish these words could be burned into the hearts and consciences of men so deeply as to leave a scar that would stand as a constant protest and warning against the frequent repetition of doses, excepting in "rare cases."

You say these words of Hahnemann were "from a note to the proving of Hyoscyamus." Let me give you a case in point. Fifteen or eighteen years ago I treated one of the worst cases of typhoid fever I ever saw—a pure Hyoscyamus case. The patient was a young lady in her seventeenth or eighteenth year, and of previously very delicate health all her life. The great characteristic feature of her case was a delirium, in which she was almost constantly talking when awake of going home, going away, etc., and almost as constantly making efforts to get out of bed. The only way anything could be done with her was to put on her skirts, stockings, and shoes, a sacque and sometimes a bonnet, and allow her to sit bolstered up upon the edge of the bed with her feet in a chair. This would partially pacify her, and she would sit for an hour or more in that way until completely exhausted; then she could be gotten into bed again for a time, a few hours at most, when the same process had to be repeated; and so on day after day for a week or more. Other symptoms were equally serious, and the case had in all its bearings such an ominous outlook that not one of many intelligent friends had the slightest hope of her recovery. In this want of hope I fully shared. Among the other bad symptoms, a firm cast of sordes formed upon the whole roof of her mouth, completely covering it from the teeth back to the palatine arches, where it was at least half an inch in thickness and interfered very seriously with deglutition. No ordinary efforts to dislodge this mass made the slightest impression upon it, so it was allowed to remain.

At the beginning of this case, and for a week or more, until the Hyoscyamus symptoms developed into such prominence, I gave Bryonia, Rhus tox., Belladonna, and one or two other remedies, a few doses each, but, of course, with no beneficial effect. Finally there could be no longer a doubt as to the remedy indicated, and one dose of Hyoscyamus¹⁰⁰⁰ (Jenichen) was given and results awaited. There was a decided amelioration in a day or two of the worst symptoms, from that dose; still at times there was yet such great severity in those symptoms as would have forced many to have given repeated doses. But I held on resolutely, seeing no hope in the case excepting through the greatest caution and no mistakes being made. After four or five days, and from an apparent increase in the symptoms, that

held on longer without intervals of relief, a second dose of the same remedy and potency was given. Following this, a more decided improvement was manifested, the patient quieted down and could be kept in bed, and from that on I had little further anxiety in the case. Within a few days after that second dose, the cast of sordes on the roof of the mouth loosened and was detached, but so large was it that the patient could not expel it. It came near strangling her to death when it became detached, and the nurse had to seize it and pull it out of her mouth. After that, convalescence was quite rapidly established, and no more medicine was required excepting a single dose each of *Pulsatilla* and *Nux vomica* for some symptoms that remained and were somewhat annoying, but in no way of serious import. Nor was this all. The young lady, who, as I have said, had been very delicate all her life, became strong and robust after her recovery from the fever without more medication; and, moreover, has never been sick since, excepting a very severe cough from a neglected cold a year ago last spring, but which one dose of *Phosphorus* cured completely in a week or ten days after she had allowed it to run three or four weeks.

Now, I have not the slightest doubt that this patient would have speedily died under repeated doses of *Hyoscyamus*. It was one of the worst cases of typhoid fever I ever saw, whether the patient lived or died. However, I know that severe cases are sometimes saved by repeated doses of medicine. But how do such get up? Almost invariably they are left with some chronic disease of a more or less serious nature, from which many of them ultimately die. A case in point just occurs to me.

Over thirty years ago my old preceptor was called to a young lady who had been violently ill of bilious fever ten days or a fortnight, and was given up to die by her attending allopathic physician. Some of her more prominent symptoms were attempts to get up, expressions of a desire to go home, picking at the bed-clothes, etc. The doctor gave her *Hyoscyamus*⁶ in alternation with some other remedy every two hours. He had the great satisfaction of raising his patient from her sick-bed in two or three weeks, but she then went into consumption and died in a year or so after of that disease.

I have seen not a few similar results, and from a great deal of observation in such matters, during these more than thirty years, I have little hesitation in saying that had no more than two doses in all of *Hyoscyamus* been given in that case, with a dose or two of any other remedy that might have been called for later, that patient would have been restored without lung disease

having been developed out of it, and been left as well or better than before taken down with the fever. A general application of these facts I would make in all acute diseases. Therefore, in conclusion, let Hahnemann's words be burned into the consciences of men, until they will heed them and *save* their patients, instead of killing them with too much medicine.

ROLLIN R. GREGG, M. D.

BUFFALO, January, 1885.

P. S.—An after thought comes up. If Hahnemann's warning and my experience in the treatment of most other violent diseases can be relied upon and extended to cholera, no more than two doses of any one medicine ought to, or can with entire safety, be given in any attack even of that disease, without a delay of twenty-four or more hours between the second and third doses of it, and a dose of one or more other remedies, if called for, between the second and third doses of the first remedy, if the third dose of the latter is absolutely required. Indeed, one of the most violent cases of disease I ever treated, and attended by as violent suffering as I ever saw, was a case of cholera. The attack had run on into the third day, rice-water discharges were pouring in floods at short intervals from both stomach and rectum, and such cramps and outcries from them as I never saw or heard before or since. The muscles of the abdomen, thighs, and calves would paroxysmally gather into knots as large as my fist, and not a rag of clothes could be kept on the patient to cover her nakedness in these paroxysms. She had torn her night-dress entirely from her before I was called and would not allow another to be put on. Well, this case was *wholly* relieved, discharges, cramps, and all, in six or eight hours by two doses of Cuprum met.⁴⁰⁰⁰, at three or four hours interval, and convalescence thereby fully established without more medicine.

R. R. G.

THERAPEUTIC HINTS.

If well chosen remedies do not act, give—

PSORINUM, when the patient shows a psoric taint.

OPIUM, when of a torpid nature.

CARBO VEG., when he is weak, emaciated, with feeble pulse.

LAUROCERASUS, when he is nervously agitated.

All women who are prone to abort should take Sepia or
Zincum. C. HERING.

CLINICAL BUREAU.

WARTS CURED.

E. W. BERRIDGE, M. D., LONDON.

Natrum Muriaticum in Warts.—February, 1884. A boy about eleven years old had had for three or four years a smooth, hard wart on the ball of left thumb near the first joint. For about six months he had also had one on base of metacarpal bone of left little finger, one on palmar surface of first phalanx of left thumb, and one or two on the base of right palm. He had received a single dose of *Thuja* CM (F.C.) about the end of 1881, which only temporarily reduced the size of the large wart, the only one he then had. A single dose of *Verrucinum* 10M (F.C.) was given in March, 1882, but without result; nor did a repetition of the same nosode in the same potency, twice a day for ten days, nearly five weeks later, produce any better effect. Lastly, in October, 1883, he took a daily dose of *Thuja* CM (F.C.) for some days, but equally without result. Subsequently he took no medicine till the present time.

Diagnosis of the remedy.—Lippe's invaluable Repertory gives, "Warts on the palm, *Nat.-mur.*" I accordingly gave him a daily dose of *Nat.-mur.* CM (F.C.).

In five days he showed me that the warts had all gone. I stopped the medicine, and the warts have not returned to this day. He has never been a salt-eater.

Case 9. *Sulphur in Warts.*—Miss M. B., æt. eighteen.

June 23d, 1884.—Has had warts on hands for some months, and on feet since before Christmas, the latter being the oldest. She has now a wart on ulnar side of last phalanx of left second finger; a smaller one on radial side of last phalanx of left forefinger, near the joint; one under nail of left second finger; one under last phalanx of right great toe; and one on sole just behind left little toe. All the warts are similar, no pedicle, hard, rather smooth; always aching, sometimes throbbing, tender to touch.

Diagnosis of remedy:—

Warts hard: *Ant.-c.*, *Calc.-dulc.*, *Fluor-ac.*, *Lach.*, *Ran.-bulb.*, *Sil.*, *Sulph.*

Warts painful: *Caust.*, *Nat.-carb.*, *Nat.-mur.*, *Nit.-ac.*, *Sabi.*, *Sulph.*, *Thuja.*

Warts throbbing: *Calc.*, *Caust.*, *Hep.*, *Kali-c.*, *Lyc.*, *Petrol.*, *Sep.*, *Sil.*, *Sulph.*

The other symptoms have not yet been recorded.

I gave her, therefore, *Sulph.* DM (F.C.) (the only remedy that corresponded to the case) twice a day for fourteen days.

July 8th.—Reports that by June 27th all the warts were less painful, the large one on second finger flatter and darker, and that under nail darker. By June 29th the pain had quite gone from all the warts. On July 1st the wart under the nail came completely off. Subsequently the other two warts on the fingers came out, merely leaving holes where they had been. Hardly any mark to show where the wart under the nail had been. Warts on feet remain.

July 23d.—Warts on feet have now gone also; no traces of any left.

October 27th.—No return of warts.

Comments.—(1) The first point to be noticed is that it is impossible to treat patients according to pathological theories—that is, according to the name of the disease. The routine pathological practitioner would argue that warts were warts, and that the treatment of each must be the same. But we see here that different remedies are indicated in the different cases.

(2) The failure of *Verrucinum* in the first case also demonstrates the fallacy of Lux's system of Isopathy. Yet *Verrucinum* has, in the hands of a colleague, cured a very bad case. No nosode will cure every case of the corresponding disease; to prescribe it thus is to commit a "fatal error." It will only cure when homeopathic, not merely to the objective symptom, sometimes called by pathological prescribers the "disease," but also to the totality of the symptoms of the individual patient, whether we can trace the connection between all these symptoms and the "disease" or not.

(3) In the first case, the locality of the warts was the keynote in the selection of the remedy, the other symptoms being vague; in the second case, the locality being less defined, and the subjective symptoms marked, the latter become the keynote. This shows how, in different cases, different elements may have priority in value; in one case the locality may be the keynote, in another the character of the pain, in another the conditions, or in another the concomitants. But keynotes should never be relied upon exclusively, but only as leading to the remedy which corresponds to the totality of the symptoms.

(4) It will be noticed that the first case was cured quicker than the second, though it had been of much longer duration. This is accounted for by the fact that in the first case the unfavorable surroundings of worry, past allopathic treatment, etc., did not exist as they did in the second.

(5) In the second case the warts disappeared in the inverse order of their appearance. This is another confirmation of Hahnemann's teaching, and is the great criterion of a *permanent* cure. In the first case the order of disappearance was unfortunately not observed.

(6) For future verification, it may be noticed that the warts cured by *Nat.-mur.* went from left to right; those cured by *Sulphur*, from below upward.—*Homeopathic World.*

CINA IN SPASMODIC COUGH.

I do not report this case either as illustrating the value of a high potency, or the power of the medicine, but to point out some errors which have been a stumbling-block to our school, retarding its progress more than we have supposed.

A child about four years of age had been under the treatment of Professor D——, of this city, an allopath, for nearly four months for the following symptoms, which have not been ameliorated:

(a) A cough day and night, worse at night, of a peculiarly distressing character. The paroxysms occurred every two or three hours, during which the child would become exhausted, have difficulty in regaining the breath, and often end in a "spasm." (This spasm was described by the nurse as a rigidity of the whole body, or a convulsive throwing of the body backward so sudden as to force the child off her lap.)

(b) Ravenous appetite, never satisfied, eats heartily, has hard, disturbed abdomen, picks constantly at its nose, rubs its nose in its sleep, has stools of mucus and undigested food.

Of course, any homœopathician would select *Cina*. The characteristic symptoms all correspond. I selected the two hundredth dilution, not from any particular belief in the superior efficiency of that potency, for *Cina* will cure those symptoms in any potency, even in drop-doses of the mother tincture, as I have often verified.

Two drops of the two hundredth were dropped into a half-ounce vial of dilute alcohol. The vial was a new one, just from the manufactory, dingy, dirty, and of green glass. It was simply rinsed in cold water—no elaborate boiling, cleaning, or drying.

Ten drops of this preparation were ordered three times a day, given on a lump of sugar. (The child had been without medicine for a week and was growing worse, and the recovery could not have been a coincidence.)

Three days of this medicine relieved the cough so much that only a few light paroxysms occurred in the twenty-four hours, and in two weeks the child was quite well.

The point I wish to illustrate is this: We have been taught that a most scrupulous cleansing of vials, a most immaculate purity of water, alcohol, or pellets, was absolutely necessary to the proper administration and preparation of the high potencies. *I do not believe such extreme precautions are of the slightest consequence. If the curative power in a drug is a force, as we all believe it to be, such force must be of a fixed, immutable, and unchangeable character.* It can only be influenced by peculiar chemical substances, or dynamic agents for which it may have an affinity or an antagonism. Simple uncleanness cannot influence it, nor can the majority of crude medicinal agents. A drop of *Cina*²⁰⁰ will, I believe, act as well when mixed with a tumbler of muddy water, milk, tea, or almost any vehicle which may be named. I have seen one drop of *Belladonna*³⁰ act finely when given in a tumbler of Chicago hydrant water, when it is actually putrid with the foul emanations of the river (that was before the days of the lake tunnel). I know that *Calcareo*³⁰ acts finely when given in the milk which a child draws through a nursing bottle. How is it that our high potencies act curatively when given in putrid states of the system, as in typhus, when administered by the mouth? One cannot well imagine a filthier place than the mouth and stomach of a man sick with typhus.

It was one of the saddest mistakes of our school that the odors of flowers, the eating and drinking of certain articles of food and beverages, were forbidden our patients. The curative force cannot be influenced by such agencies. It is as immutable and indestructible in the thirtieth as in the first decimal dilution. Let us divest ourselves of this fear of uncleanness in the vehicles in which we use our attenuated medicines, and act as if they represented the fixed forces which we believe them to possess. By so doing we shall remove the chief obstacle to their general employment and elevate our doctrine of the dynamic power of drugs to the dignity of a scientific fact.—E. M. HALE
in A. J. M. M.

A NUT FOR DR. DUDGEON TO CRACK.—Dr. Dudgeon asserts that Hahnemann advised Camphor in cholera, because it destroyed the supposed germs. If so, why did he advise Camphor only in the first stage, and why did he advise Cuprum, Veratrum, etc., in the later stages in the 30th potency? Do the supposed germs cease to exist in the later stages, or will the 30th potency act as a germicide? And if the cholera microbes, like the diphtheritic bacteria, turn out to be only fibrin, what becomes of Dr. Dudgeon's ingenious attempt to force Hahnemann's Homœopathy into a "pathological strait-waiscoat"?

E. W. BERRIDGE, M. D.

T H E

HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. V.

APRIL, 1885.

No. 4.

PURSUIT OF KNOWLEDGE UNDER DIFFICULTIES.

P. P. WELLS, M. D.

"*Who is our guide, and where shall we find him?*"—HOM. PHYS., Vol. V, p. 174.

The embarrassment felt by the writer of the above quotation has been more or less the experience of us all, at some time in our professional career, when before bewildering examples of sickness we have been called on to relieve. Which of the many drugs showing symptoms in their pathogenesis like those of our case shall we give for the cure? How shall we decide? And for an answer we have turned to what this, that, and the other have written, and perhaps, after all, we have been left, like him who wrote the above, to the unsatisfactory inquiry—"Who is our guide, and where shall we find him?"

The first answer we have to this query is, if by this "*who*" you mean to ask for the *man* who is to relieve you of your difficulty, *there is no such man*, and therefore he is to be found *no-where*. In a little different phrase the inquiry may be better expressed, perhaps, and thus: Where and who is the man who will do this, *my* work, for me? Don't ask any more, for he can never be found. This world is so made up, and especially this homœopathic world of ours, that each man in it must *do his own work*, or it is likely to be left undone. If for this he yields to the impulse and incurs the habit of running to his neighbor to do it for him, he may escape a present embarrassment, but he has gained no more, but rather has less, strength

with which to encounter the next. This path is only a direct way to personal and professional imbecility.

There is a guide, but it is not found as a man, but only in the form of a law, and is found, if at all, only in the *Organon of Homœopathic Medicine*. The most perfect acquaintance with this law, and the most loyal and constant obedience to it in all clinical duties, is our most perfect emancipation from the embarrassment which seems to have pressed so heavily on our searcher for a "guide." Let him be assured that with proper patience and perseverance he can find this, and find it equal to all his needs. In order to realize this result, he is never to resort to methods outside of law which may tempt by promise of "short and easy" ways to relief and cure, or to any departure from the instructions of this law. This resort to spurious means (palliatives), because apparently their use is to be less a trouble than to find the true specific under the guidance of law, if practiced, is the most perfect hindrance to finding the "guide" this embarrassed one is seeking. Law so disregarded and transgressed, the finding of the "guide" is simply impossible. The transgressor is sure, in the end, to find himself not only "almost lost," but utterly so.

The last embarrassment which oppressed this seeker he gives in this manner :

"The patient complained of cold heels, which sweat offensively and profusely in summer. I looked in my guides in vain for the thread. * * * I received my *Medical Advance* * * * and Dr. H. N. Guernsey gave Bar. c., Graph., Kali c., Nit. ac., Sep., Thuja, and Selen., with offensive and profuse sweat of the feet, while Lippe gives Sil. only, and Allen Sil. and Graph."

Now, surely, if one takes repertories as "guides," and stops at them, there is enough to puzzle any man. Repertories are only indices pointing, not necessarily to the specific remedy, but rather to portions of the *Materia Medica* which are to be consulted and studied that this may be found. And then if, under the guidance of law, he has been taught by this not to stop at the facts of cold heels and sweating feet, etc., but with these to gather all the aberrations in the functions of his patient's life from that standard balance we call health, and then to see whether either of these drugs named, or some other, has greatest likeness to this *whole*, he is safe, when he has found this, to accept it as the specific for his case. Anything less than this is only leaving clinical duties partially performed, and this can only often end in disappointment and failure. A practice based on repertories is always weak, uncertain, and unsafe. The practical habit of always referring the repertorial mention of drugs

to the *Materia Medica* record for verification should always be cultivated and never be permitted to fall into neglect. It gives strength to duty, and crowns duty with success. Don't stop on the repertory, and don't be discouraged if on going from the repertory to the *Materia Medica* you sometimes fail to find in this last any justification of the mention of the drug for the needs of your present work. This happens oftener than it should, and oftener in large works which have been too hastily prepared, and in this is a chief reason why search for a specific remedy should never stop at them.

But this inquirer has other difficulties, which he expresses thus:

"Now, it seems to me that it is not an eliminated *Materia Medica* that we want, but one containing just this class of symptoms which enables just such men as Guernsey, Lippe, Kent, Bayard, etc., to master their knotty cases. A repertory and *Materia Medica* with this class of information would be an acquisition.

"Take the case of Dr. Kent, in which he cured the spasms of the face. My armamentarium is silent upon such fine discriminations. If any one in the profession can put those who are novices in possession of just this class of information, it will be a star in their crown. The work accepted by Drs. Dake and Hughes, may be useful to some, but I cannot see how it would be useful in such cases as those referred to."

This difficulty has come from a mistaken view of the facts in the case. We do not suppose the gentlemen named use different repertories or *Materia Medica* from those in possession of this writer. It is not a difference of books, but a different use, probably, of the same books which enables these prescribers to deal successfully with cases which to this writer are perhaps sometimes "knotty." The information by which they are guided to their successes, and which this writer so earnestly desires, is, no doubt, all in his own possession. The difference is, these gentlemen know where and how to find it. This the writer has not yet learned. He need not be discouraged therefore. These gentlemen had to *learn* the lesson before they *knew* it. This knowledge comes to no one "by nature," except to the Dogberrys, and they do not make the best practitioners of specific medicine. This knowledge only comes as a result of hard work, and much of it. And this, persevered in, will bring it. This work, and not new books, is what is wanted.

"* * * * is a writer I love to read after, and yet he so frequently leaves out the key to his case, etc., * * * * —, do not forget we need clear-cut work, showing out like Dr. Kent's reports."

"Clear-cut work" is good, and the more of it the better.

But the mistake of this writer is in his desire that some one else shall do this work for him. The successful prescribers whom he names have each done this for himself, and hence their successes. No man could have done it for them, and therefore they stand with us to-day with their present acknowledged ability as specific prescribers. If it could have been done for them by another, the result would have been to leave them afterward the same needy weaklings they were before they were helped, no stronger for the next difficulty by reason of strength acquired by using their own powers in overcoming that just passed. The conclusion of this is a principle of universal application and importance, viz. : No one can do another's man's work for him and not at the same time do him a fundamental injury.

As to the Doctor who "leaves out the key to his case," we think we know something of his motives and plans when he writes, and it has been no part of these to do, in carrying these out, this other man's work. It has been more his object in what he has written of practical Homœopathy to show what *can be done* under its guidance in the first place; and, in the second, to show *how it is to be done* by the other man himself. In the case referred to by this inquirer for a "guide," the object was to demonstrate an important principle in pathology—the fact of the sycotic miasm, and the necessary recognition of this and of the means adapted to its removal before the hitherto partial successes in the treatment of this case could be followed by a complete cure, and also to show how this sycosis was introduced into the life of this child.

These were the objects of this paper, and on reading it again we do not perceive anything is wanted or "left out" which could have made the showing more complete. If the inquirer had found his "guide," he would very likely have shown the "key to the case" was not the drug which cured it, but the *oozing wart* which disclosed a knowledge of the relationship of the drug to the cure, and also the sycotic nature of the case cured. The *key* was not left out, it was only not recognized by our seeker of a "guide." It was no part of his intent to give, in the report of this case, a model to be imitated by others in treating cases they may regard as similar to this. This idea of advantage to any one from reporting cases as models for imitation is wholly misleading and mischievous. It was a consciousness of this which dictated withholding the name of the drug which cured the case so satisfactorily. This was to this inquirer, apparently, "*the key to the case*" he missed. It was a matter of no importance as to the objects of the paper.

We are under obligation to this inquirer for the opportunity he has given us to express our views thus briefly of the relative duties of teacher and pupil. It is no part of the duty of the teacher, either by the pen or from the rostrum, to do the work of the learner for him. He has done his utmost and the best possible when he has shown the neophyte how to do it for himself. To set the pupil to observe and compare facts with his own powers, and show him how this is to be done, and then by the same powers how to select for himself the required curative, under the guidance of these facts and laws—here, in a nutshell, is the whole duty of the true teacher, and herein is all of good the pupil can receive from him. Of course, this is said of the teacher of practical Homœopathy and of the pupil who is seeking a knowledge of its philosophy and the art of its application in practical healing.

WHAT I KNOW ABOUT PHYTOLACCA.

The article by William J. Guernsey under the above title is of the kind that ought much oftener to grace the pages of our journals, because they do more to "help those who are half way," as Father Hering used to say, than anything else that could be offered, for they place the opportunity to "prove whether these things be true," within easy reach of all who are honestly trying to understand and apply pure Homœopathy, and especially the potentized form of it, to the healing of the sick.

When I began the practice of medicine, having studied with a low-dilution alternater, and attended lectures in a college where but one of the whole faculty used or recommended anything above the third or sixth, and *he* never above the thirtieth, I was, of course, not naturally inclined to potencies. Indeed, I was so utterly prejudiced *against* them that I would not have one of them in my office. There was no amount of *argument* that could convince me. In 1866 I took the old *American Homœopathic Review*. It was the only journal I took then, for I could not afford to take more. Of course, I read it, and was led to the experiment with the thirtieth and two hundredth potencies by reading the *cures* made with these potencies by such men as Dunham, Wells, Lippe, Hering, Morgan, Boyce, and others. With all my prejudices, I could not get over two facts, viz. : that their potentized remedies (as reported in their cases) were chosen from *clean-cut indications*, and that they made quicker and more perfect cures than I had been able to do with my low preparations, singly or alternated.

Then I experimented, carefully at first and with little faith, but honestly and thoroughly, and have been experimenting ever since, and so far with this result : If I were compelled to choose one potency with which to treat all diseases, both acute and chronic, I would not go below the *two hundredth*.

Now, I repeat my convictions, that solid facts in the way of cures with the well indicated, potentized remedy, and experience like that in Dr. G.'s article, will do more to lead the young and old in the way of truth than any possible amount of theorizing and controversy. Here let me add my mite to that of Dr. G., and if I do not give any new light, make stronger the old by telling what I know about Phytolacca.

The patient is (with or without a chill) attacked with severe head, back, and limbs ache, and very high fever. This is often imagined to be the beginning of a fever (typhoid), but following close upon these general or constitutional symptoms, the throat begins to be sore. Tonsils swollen, with pains shooting up into one or both ears, especially when trying to swallow. Then little white or yellow spots appear upon the tonsils, which, if the case is a severe one, soon coalesce and form patches of membrane. The breath is putrid and the body is often sore as if bruised (like Arnica), so much so that the patient groans with pain, especially when trying to move or turn over in bed. He also gets sick and dizzy when trying to sit up. No need of naming this case, because naming will not help us to cure the symptoms which call for Phytolacca. We give it in solution, one in two to four hours, according to the violence of the case, until the fever and general pains and aching begin to subside (which is generally within six to twenty-four hours), then withdraw the remedy, to repeat when the improvement seems to flag.

The local manifestations in the throat generally follow the subsidence of the constitutional symptoms within the next twenty-four or forty-eight hours, and the case is cured. I have no hesitation in saying that I have treated hundreds of cases of which this is a picture. Formerly I used four drops of the θ in a teacup of cold water, dessert-spoonful doses. Latterly I used the thirtieth dil. of my own preparation.

I find Phytolacca one of the best remedies for difficult dentition. Many cases that have obstinately resisted the more commonly used Acon., Bell., Cham., Calc., and Merc. have in my hands been quickly and permanently relieved by the Scoke root. Symptoms: Child crying, moaning, restless, and feverish, particularly at night. If it is hot weather, often vomiting and diarrhoea. The teeth a long time coming, and the crowning

characteristic indication is that the child wants to bite on something hard continually, and seems relieved by it. Retarded dentition is often relieved better by Phyto. than by Calc. or Sil. notwithstanding it has not been shown to enter into the composition of bone that I know of, nor is it pre-eminently a tissue remedy according to the Schussler plan.

Again: If there is any one remedy that is worthy our fullest confidence in the average scarlatina of our zone it is this one. If any one doubts the homœopathicity of it to this disease let him examine its pathogenesis in Allen, and note the angina, coryza, delirium, fever, general aching, especially in the limbs, and be convinced. Under its use the now-appearing eruption "blossoms like a rose," and the other symptoms, so intense until its appearance, are correspondingly relieved.

And now with its efficacy in quinsy, mastitis, "skyattie," of Guernsey, and those affections of which I have written, what a truly valuable remedy we have in Phytolacca.

Won't the Doctors Guernsey tell us something more of what they know of our indigenous remedies? I believe there are hundreds of physicians all over the land who would with me join in saying, "Well done, good and faithful."

E. B. NASH.

CORTLAND, N. Y.

IMMATERIAL vs. MATERIAL.

DR. R. B. JOHNSTONE, PITTSFORD, N. Y.

"Tyndall says that the whole mass of particles which give the blue to the sky could be packed together in a lady's toilet-box."—*New England Medical Gazette*, January, 1881.

C. Wesselhoeft, M. D., Boston, Mass., in the *New England Medical Gazette*, 1880, in an article intending to show the limit to the divisibility of matter, especially relating to the preparation of homœopathic potencies, says in relation to gold, as an example, that one grain of gold contains 46,080,000,000 particles of gold reduced to its utmost limit of $\frac{1}{2000}$ of a millimeter in diameter; that while the first cent. trit. would contain the whole 46,080,000,000 particles, the sixth trituration would contain but $4\frac{3}{5}$ particles, each $\frac{1}{2000}$ of a millimeter, thus showing, according to his figures, that of one hundred powders of one grain, each of the sixth cent. trituration, ninety-five of them would be non-medicinal.

Now, C. Wesselhoeft, M. D., may have an excellent microscope, and know how to handle it in the highest Boston style. He tells us that he has measured the smallest particle which he saw, and that its diameter was a trifle more than $\frac{1}{20000}$ of a millimeter. It is to be presumed that in his investigations he made use of the highest power instrument. There is one thing, however, which he neglected to do, *i. e.*, to give us the diameter of the smallest particle of gold which his instrument did not reveal, and which he consequently did not see. Another oversight in his investigations: He neglects to note for our benefit the molecular or life motion with which all matter is endowed, both organic and inorganic. He fails to note these important facts. His argument as to the divisibility of matter as demonstrated by his microscope is as conclusive as the assertion that no object less than seventy feet in length exists upon the surface of the moon, because the telescope fails to reveal smaller objects, notwithstanding the fact that thousands of physicians have demonstrated tens of thousands of times that remarkable cures have been wrought by potencies far above the sixth. However, for the sake of argument, we will concede that matter is extinct after the tenth centesimal. Even conceding this, it does not injure our position. Nevertheless, we do not believe that medical matter is entirely absent in the thirtieth or two hundredth, even though the microscope may not be able to show its presence, and, furthermore, we do not believe the presence of matter is essential to the prompt curative action of a remedy in a true homœopathic sense. We believe that the toxic and curative effect of drugs, crude or potentized, is not due to the material tangible to our senses, but rather to the force developed by the peculiar molecular motion, dynamic or life force, which is peculiar to each individual drug, whereby it receives its individuality. In the crude drug we have the toxic effects predominating over the finer shades of molecular or dynamic action. The process of potentization destroys the more violent action, while it liberates the truly curative dynamic force, or molecular vibrations. Each remedy thus potentized maintains its individuality of action from the lowest to the highest potency; it always remains the same, differing only in the intensity and depth of action. Whatever the potency may be, its symptoms, exhibited through the mind or body, retain its stamp of individuality. They have their affinity for different portions of the body, their action are known as recorded in the provings, and according to their known effects and affinities are they prescribed.

I have never met a man who has seen *disease*, even aided by

a microscope, but all acknowledge to have seen the results of disease without the aid of a glass. In other words, we can all see the effects of the immaterial cause upon the materials. We see its result, and call that result disease. We believe that disease is not the result of action of material within our tissues, but rather the immaterial force which changes the normal rates of vibrations of nerve cells, which control the properties of nutrition and power of motion. The cells may be located at the origin, within the trunk, or at the periphery of the nerve. Whatever their position within the living body, their foundation structure is practically the same, differing only in their normal rates of vibration. Anything which may disturb this normal vibratory motion gives origin to a train of symptoms subjective and objective, which are disease. A normal rate of molecular vibrations in one portion of the body if transferred to another portion would be abnormal, and produce a disturbance recognized by the symptoms thereof as disease. The deposit of calcareous matter in bony tissue is the result of a normal nutrition controlled by the nerves acting under a healthy or normal rate of molecular vibrations. Should this normal rate be disturbed, the calcareous matter will be supplied in too large or too small quantities. Or should the normal rate controlling calcareous deposit be transferred to those nerves which control the growth of the skin, we have a diseased condition resulting in calcareous matter being deposited in abundant quantities within the skin. Now to remove this deposit by mechanical or chemical means will not cure the difficulty, because the trouble lies at the fountain head of life, or among the molecules which originate the impulse or vibration or dynamic power which controls the nutritive function of those parts in which the objective disease exists. Now, should we cut down upon these controlling nerves, examine its entire length, we would discover nothing, because our microscopes are not capable of discerning this dynamic molecular vibration or life power. Yet no one dare say that this calcareous deposit is not due to a nutrition under the direct control of nerves whose function it is to properly deposit the right kind of nourishment in the right place. Yet should it deposit calcareous matter within the heart it is disease.

Notwithstanding this terrible havoc and destruction by malnutrition depended upon a cause which is undiscoverable by our most powerful microscopes, physicians continue to rail and beat the air madly because we succeed in curing disease with dynamic power, as exhibited in high potencies deprived of material incumbrance and endowed with the molecular vibra-

tions peculiar to the material from which the remedy is derived ; we do it in less time, in a safer manner, than those who use crude drugs, no drugs, or low potencies ; and by clearly intelligible reasons, Dr. Gregg, of Buffalo, for fifteen years has met with uniform success in the treatment of diphtheria with high potencies. In my own experience I have been equally successful since adopting this strict homœopathic method, treating upward of one hundred cases of true diphtheria, averaging not over one week's illness. High potencies cure diphtheria by dynamic power because they control the abnormal rates of vibration, which is the cause of the disease, by reason of similarity of action. Is this discouraging ? Does it indicate the non-medicinal properties of high potencies ? I do not deny the same might have been done with low potencies or material drugs, but is it ? and if so, has the success been any greater ? Does it not rather indicate that the cure was not due to the material, but rather to the immaterial dynamic power inherent with the drug used. Is it not time that these materialistic investigations should cease ? Has not the old school been making them for three thousand years, every few years discovering the causes of disease, this new theory to be abandoned for a new and more recent discovery, which is received for a short time, and in turn gives way to another recent discovery more wild in theory than those before it, each newly discovered cause accompanied by its specific, yet men die ?

When will men begin to look for real causes, and not be willing to abide by the verdict of somebody's at best imperfect microscope ? At this present time the whole world is idolizing Koch, of Berlin, because he has succeeded in showing us a result of cholera, palming it off upon the susceptible public as the cause. He, however, does not venture to name the remedy ; he leaves that for Homœopathy to tell. He tells us that the germ is more active in wet than dry weather. Note the cholera reports and see how wonderfully the mortality falls after a rain-storm. If he is incorrect in this, may he not be in fault in all ? The microbe may contain the potency of cholera, but is not the only thing that may contain it. Its absence alone does not indicate that a district may not, or will not, be invaded. The molecular construction of the atmosphere may be so altered from its normal rate of vibration, that it so acts upon the living organism as to change the normal vibration of controlling nerves, as exhibited in the illustration heretofore, depositing the right material in the wrong place, destroying the integrity of certain natural functions within the body, which gives rise to cholera.

The whole body is impregnated with the peculiar dynamic cause which perpetuates the disease, throwing off excretions containing this same dynamic cholera potency, which is capable of reproducing after its kind—that is, imparting to healthy tissue its abnormal rates of vibrations, which is cholera. Koch's investigations are in the right direction to bring his followers to us; why should we bow our knee to the opposition? Sooner or later they will recognize that they have been playing a game of checkers among themselves, and it matters little which way they jump, they land on the same block, of dynamic force, and are ours. Nearer and nearer each day they come to the truth, slow, by degrees, 'tis true, but the end is inevitable. Closer and closer to the wall we push them, gradually forced to acknowledge, one by one, the great truths promulgated by Hahnemann. Gradually they are absorbing the truth and utilizing it, while a lot of so-called homœopaths are begging to be permitted to use their cast-off, threadbare theories. They even acknowledge our Psora theory—see quotations in the *Organon*, Vol. III, page 212, also *N. E. Medical Gazette*, December, 1883, page 368.

We have attempted to show the true cause of disease. We see how by the changed molecular vibrations from the normal standard disease results. We have seen its immaterial force.

Thus it is with all medicines, each one endowed with a dynamic power, molecular motion, or life force peculiar to itself; having affinity for certain and fixed molecules within the living organism, capable of imparting to them the peculiar motion possessed by themselves, producing phenomena similar to that which is the cause of so-called disease.

The cure consists in sending to that part diseased a potency, dynamic power remedy having the same rate of vibration as that abnormal molecule which produces the morbid condition exhibited to our senses by the totality of symptoms. No two things can occupy the same place at once. The disease and medicine are neutralized, the cure begins and in due time is completed. Is anything more reasonable, more satisfactory, and so full of benefit to the human family? Does it not obliterate the disease in its entire extent, in the shortest, most reliable, and safest manner, according to clearly intelligible reasons? I do not deny the efficiency of low potencies, neither do I believe in the limit of the divisibility of matter. High or low, let it be the totality of symptoms, the smallest dose, the single remedy, and *Similia similibus curantur*.

A MASTERLY ANALYSIS.

Stapf once consulted Hahnemann about a patient, and mentioned Nux vom., Cham., China, and Puls., as best indicated. Hahnemann analyzed the case in this manner: "Notwithstanding that Nux vom. produced perspiration standing on the forehead, perspiration when moving in general, perspiration during sleep; Chamomilla, perspiration especially about the head during sleep; Pulsatilla, perspiration during sleep, disappearing on awaking; China, perspiration when moving (crying), perspiration on the head especially (but also in the hair);—there is more indication for Pulsatilla by the itching of the eyes, which Puls. has, especially with redness in the *external* corner of the eye after rubbing, and with agglutination of eyelids in morning; if not, Ignatia would be preferable, which also cures itching and redness, but in the *internal* corners, with agglutination in the morning, in case the child's disposition is very changeable—now too lively, next peevishly crying, which Ignatia produces. If there should be, at the same time, a great sensitiveness to the daylight, when opening the eyes in the morning, which is also cured by Ignatia; or, in case of a mild disposition and a weeping mood in the evening, and a general aggravation of symptoms in the evening, Pulsatilla. The frequent awakening during the night indicates Ignatia more than Pulsatilla; the latter has more—a late falling asleep. The itching of the nose has been observed mostly from Nux vomica. Ignatia and Cham. have both, the latter more, pain *during* micturition; Pulsatilla the most pain before urinating. The loud breathing has been observed of China and Nux vom.—from the latter especially during sleep. As these remedies correspond much with each other (China excepted), and one corrects the faults and bad effects of the other (if only Ign. does not follow Nux v., or Nux v. is not given immediately after Ign., as they do not follow one another well on account of their great similarity), you can now judge as to the succession in which you may choose to employ Ign., Puls., Nux v., or Cham.—if the first, or one of the others, should not prove sufficient. To give Cham. there ought to be more thirst at night than at present and more irritability. China has little or nothing for itself, and is therefore not to be chosen."—*Hom. News.*

FOOT-SWEATS.

SILICA.—*Offensive foot-sweat* with rawness between the toes.
Itching of soles, driving to despair.

SEPIA.—*Profuse foot-sweat* or very *fetid*, causing soreness of toes.
Burning, or heat of the feet at night. Crippled nails.

BARYTA CARB.—*Fetid foot-sweat*, with callosities on the soles which are painful on walking. Soles feel bruised at night, keeping one awake, after rising and walking.

LYCOPOD.—*Profuse and fetid foot-sweat*, with burning in the soles. One foot hot, the other cold, or both cold and sweaty. Swelling of the soles; they pain when walking. Fissures on the heels.

THUJA.—*Fetid sweat on toes*, with redness and swelling of the tips. Nets of veins, as if marbled, on the soles of the feet. Suppressed foot-sweat. Nails crippled, brittle, or soft.

GRAPHITES.—*Profuse foot-sweat*, not fetid as in Sep. or Silica, but the most moderate walking causes soreness between the toes, so that the parts become raw. Spreading blisters on the toes, thick and crippled toe nails. (Jahr gives fetid feet under Graph.)

KALI CARB.—*Profuse fetid foot-sweat*. Swelling and redness of the soles; chilblains. Stitches in the painful and sensitive corns.

CARBO VEG.—*Foot-sweat* excoriating toes. Toes red, swollen. Stinging, as if frosted. Tip of toes ulcerated.

ZINCUM.—The feet are sweaty and sore about toes; also fetid. Chilblains from scratching and friction. The suppression of sweat causes paralysis of the feet.

MUR. ACID.—*Cold sweat* on the feet, evening in bed. Swelling, redness, and burning of tips of toes. Chilblains.

NITRIC ACID.—*Foul smelling foot-sweat*. Chilblains on the toes.

CALC. OST.—*Foot-sweat* which makes the feet sore. Feet feel cold and damp, as if she had wet stockings. Burning in the soles.

LACTIC ACID.—*Profuse foot-sweat*, but not fetid (Graph.).

SULPHUR.—*Sweating and coldness* of the soles. Burning soles, wants them uncovered.

PETROL.—Feet tender and bathed in a *foul moisture*. Feet swollen and cold. Hot swelling of the soles, with burning. Heel painfully swollen and red. Chilblain. Tendency of skin to fester and ulcerate.

- IODUM.—Acrid, corrosive *foot-sweat*. Edematous swelling of the feet.
- PLUMBUM.—*Fetid foot-sweat*. Swelling of the feet.
- PODOPHY.—Foot-sweat evenings.
- CANTHAR.—Temporary cold sweat on feet. Smells like urine.
- HELLEBOR.—Humid, painless vesicles between the toes.
- SQUILLA.—*Cold foot-sweat*. Sweat only on toes. Soles red and sore when walking. (Jahr gives the following.)
- FOOT-SWEAT.—Acon. *Amm.* Baryt.° CALC. *Carb. veg.* Cocc. *Cup.* Cycl. *Dros.* Graph. Iod.° KALI. Kreos. *Lach.*° LYCOP. *Mag. m.* Merc. *Nat. m.* Nit. ac. *Nux jug.* Petr. Phos. *Phos. ac.* Plumb. *Puls.* *Sabad.* *Sabin.*° SEPIA.° SILIC.° SQUILL. Staph. °SULPH. *Thuj.* *Zinc.*
- CORROSIVE.—Iod. Lycop. Nit. ac. Silic. Zinc. (*Carbo veg.*).
- FETID.—*Amm.* Baryt. *Cycl.* Graph. Kali.° Nit-ac.° *Nux-jugl.* Phosph. Plumb. *Sep.* SILICA. *Zinc.*
- COLD.—Cocc. *Dros.* *Ipecac.* *Lycop.* Merc. *Squill.* Staph. *Sulph.* (*Canth.*).
- NIGHT (at).—Coloc. (Evening, Mur ac. Podoph.).
- SUPPRESSED.—°*Cup.* °Kali. °*Nat-m.* °*Nit-ac.* °*Sep.* °SILICA. (*Apis.* *Rhus tox.* *Puls.* *Thuj.* *Zinc.*).
- SOLES OF FEET (on).—Acon. Arn. Kali. *Nat-m.* *Nit-ac.* Petrol. *Plumb.* *Sabad.* Silica. Sulph.
- TOES (between the).—Acon. Arn. Clem. Cycl. Ferr. Kal. *Sep.* Sil. Squilla. Tarax. Thuja.

To this we may add :

- PROFUSE.—Carbo v. Graph. Kali c. Lactic ac. Lycop. *Sepia.*
- With much *itching* of soles.—Silica. Sulph.
- With *burning*.—Calc. Ost. Lycop. Mur. ac. Petrol. *Sep.* Sulph.
- With *rawness*.—Graph. Silica. (*Carbo veg.*).
- With *soreness*.—Baryta c. Calc. Carbo veg. Graph. Iod. Petrol. *Sep.* Squilla. *Zinc.*
- With *redness and swelling* in the soles.—Iod. Kali carb. Lycop. Petrol. Squilla—in the feet, Plumb.—in the tips, Mur. ac. Thuja—in the toes, Carbo veg.
- With *pain*, on walking.—Baryta c. Graph. Lycop. Squilla —at rest, Carbo veg. (stinging), Petrol. (pain in heel of foot.)
- With crippled nails.—Graph. *Sepia.* Thuja.
- MOISTURE (rather than sweat).—Fetid, Petrol.—Cold, Calc.

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IN WHOSE EYE IS THE MOTE?

DEAR HOMŒOPATHIC PHYSICIAN:—In your issue for March, Vol. V, p. 107, I am charged by M. D. Lummis, M. D., with “rashness” for saying it gave me pleasure to hear of one college where the *Organon* was taught to its classes. I certainly was glad to hear this, though that college was so far away that I had had no opportunity to learn the fact from either teacher or pupils till I had spoken of *all* as equally deficient in this duty. Why it should be deemed “rash” by Dr. Lummis to express this gladness is wholly beyond my comprehension. Worcester defines “rash—*hasty, violent, precipitate.*” I fail to see either of these in my quiet and honest remark of the gladness the fact brought to me. In the same connection I inquired if there were another. I did not intend to do this “rashly,” and I don’t think I did. I intended no offense to any college or any friend of any college not guilty of this neglect. I further said, “If there be another, its whereabouts is unknown.” This was certainly true when said, and I was not aware at the time of “haste,” “violence,” or “precipitation” in the utterance. But, says Dr. Lummis, the Boston University teaches the *Organon*, and “teaches it well.”* If I may be allowed, without charge of “rashness,”

* Perhaps we should beg pardon of Dr. Lummis for entertaining even a slight suspicion as to the character of the result of this teaching in the acquired knowledge of the student. If we have such suspicion he alone is responsible for it. He says: “The undergraduates are ‘quizzed’ upon its teaching, thus giving them a double chance to learn its strength and weakness,” etc. Then these students have special pains spent on them to teach them the “weaknesses” of our organic law, and doubtless they think, “*Now we know them.*” Our difficulty with this is not that these teachers or their pupils may attribute “weaknesses” to our codified law—this they may do if it be the best they can attain to in their knowledge of it—but that neither the “strength” nor the “weakness” of the philosophy of the *Organon* can be so, and there taught and learned. These can only be demonstrated in the clinical experience of intelligent, earnest, and honest prescribers. We cannot forget that not seldom has prejudiced strabismus been able to discern only weaknesses in its most important truths. Indeed, so damaging is this misfortune that its afflicted subjects have been often found wholly incapable of distinguishing “strength” from “weakness.” *How much* of this university teaching or “quizzing” has been spent on supposed “weaknesses,” and what were the reasons for so judging them? May they not possibly be strength, rather?

Our first introduction to one of our ambitious neighbors was to listen to a paper he had written on the “Errors and Fallacies of Hahnemann.” He discoursed fluently and confidently on these, just as though there were many, and he knew all about them. When questioned, at the close of his reading, he was compelled to admit he knew not one. We have an habitual suspicion of all who talk of these “errors” and “fallacies” and “weaknesses,” assuming these to be facts when they know nothing about them.

I will say I am glad of that, too. And with the same reserve, I will say I was glad to hear there was another college west of us where this code of God's therapeutics was *sometimes* mentioned; and more, that it had been honored with *one* lecture devoted to its consideration some time during the session. This is certainly better than nothing, and may not one be a little glad of it and escape the charge of rashness? But there is more and better. Another college, by the mouth of one of its faculty, has declared, since this charge of neglect, "though true heretofore, it shall not be hereafter." And still another, at the beginning of its session, announced that the *Organon* would be taught to the class by lecture, once every week, to the end. Now, why should I not be glad, if Dr. Lummis will permit me?

To be sure, there is a slight chill comes over our hilarity in the matter of this last college, from a cause which I think no reasonable mind ever could have foreseen or imagined. Almost at the same time the class were assured that the *Organon* would be taught once a week (which, by the way, it had never been before), the faculty joined the class in announcing, as an advance in the right direction on its past history, and an improvement to boast of, that to one of its professors had been given the duty of teaching weekly (just the time they were to devote to the *Organon*) the preparation of *pukes*, *purges*, and *poultices*, three nuisances from which we have these many years regarded the *Organon* as having emancipated the sick-room. This could not be otherwise than a damper on our expectations of good from the promised teaching of the *Organon*, as this was to come from a faculty, so utterly oblivious of the alien nature of these appliances of an antiquated age and school to all which is characteristic of, or pertaining to, the specific system of medicine contained in the *Organon*. Surely a faculty must be wholly unfitted, in its mental make up, for the promised instruction of the philosophy of the therapeutics of the *Organon*, before an idea so absurd as that these nuisances could, by possibility, add aught of value to a knowledge of this philosophy. The suggestion of this brings conviction of utter absence of all ideas as to the nature of the letter or spirit of this philosophy, which they have promised to teach. How can they teach that of which they here show so perfect ignorance of its nature and scope? Evidently they cannot do this, unless the ingenuity which has intruded these wholly unneeded nuisances into the curriculum of a *homœopathic* college, can invent a method by which a man (or a faculty) can teach that which he does not himself possess.

Did the suggestion of this addition to their curriculum spring

from an internal consciousness of defective knowledge of homœopathic therapeutics, and that this necessitated the presentation of a something to fall back on when this defect should appear in clinical failures? If so, we cannot praise the felicity of the choice of the means proposed as an escape from this embarrassment. We have said these resorts are not needed in a homœopathic therapeutics. In a practice of this system now covering a period of more than forty years, we have seen not *one* occasion for their use, or in any one instance felt any need of aught they could give of any aid to the sick. And this has not been because of any want of experience of these. We had more than enough of this when we knew no better.

Was it this conscious need of something to fall back on that gave the duty of teaching pukes, purges, and poultices, to a professor, or was this thrown into the curriculum as a counterpoise of the promise to teach the *Organon* once a week? Was it from a desire to assure timid minds that no so very great departure from old physic was intended as should in any way interfere with this faculty joining it "*on a scientific basis*"? They, seemingly, would not have this scanty recognition of the claims of the *Organon* in any way interfere to discourage any hopes which might be looking for a near junction on this basis.

Did this faculty ask themselves why their college was created, and they placed in it as teachers? Was there any other reason for either than that students might there be taught the philosophy and therapeutics of the *Organon*? If there has been any other reason we have not known it. Were they so conscious of inability to discharge this duty that they felt constrained to supplement their labors in this, their specialty, by adding thereto a knowledge of pukes, purges, and poultices? If so, we are impelled to remind them that the supplement is in no way equal or adapted to supplying the deficiency. If this is the outcome of *improvement* in "medical education" or in our college curriculum, we cannot resist the conviction that it would be better if our colleges should cease to be. In view of this discouragement, we are sorry to say we cannot be so glad as we would like to be before the announcement that the *Organon* would be taught once a week. We cannot be, for the reason we cannot see how minds capable of so great absurdity as is this proposed addition to a *homœopathic* curriculum can teach the philosophy of Homœopathy at all.

P. P. WELLS.

SOME PECULIAR EYE SYMPTOMS.

- Sensation as if eyes were being forced out: Bell., Berb., Carbo-v.,
Card.-b., Caust., Ign., Laur., Led., Lyc., Mag.-c., Ph-ac.,
Ran.-b., Senega, Thuja.
- as if eyes were pressed into head: Bell., Calc., Caust.,
Daph.-ind., Kali-c., Zinc.
- as if eyes were fallen in: China.
- as if eyes projected: Bell., Guai.
- as if eyes were coming out: Acon.
- as if cold water between eyelids: Berb.
- as if eye moved involuntarily: Calc.
- as if something moved in the eye, relieved by rubbing:
Carb.-an.
- as if a skin were drawn over the eyes: Caust., Ol.-an.
- as if the eyes were swimming in water: China (right and at
night), Sil. (l.)
- as if eyes were smaller: Crocus.

ANNOUNCEMENT OF THE FIFTH ANNUAL SESSION OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The next annual session of the International Hahnemannian Association is called to convene at the Court-house, Syracuse, N. Y., on Tuesday, the 23d day of June, 1885, to continue three days. It is clearly the duty of every member of the Association to be present at that meeting and assist in the important work in hand; and it is felt to be the duty of every physician, whether member or not, who believes in the practice of pure Homœopathy and the preservation of the higher and better teachings of Hahnemann, to give the great cause the encouragement of his presence and voice in pleading for the better way.

Serious troubles, and sometimes great calamities, are absolutely necessary to enforce upon men an obedience to moral and scientific truths, to call back the wandering to an allegiance to principles, to arouse the lukewarm and doubting, to encourage those who are true, but discouraged at the long delay in the fruition of their highest and noblest hopes, and to compel the unbelieving and scoffing to halt in their course and consider that *law* reigns supreme in every department of nature, and *must be obeyed*, or the direst consequences must follow.

The entire civilized world stands to-day facing, is almost in the presence of, a most terrible impending calamity (judging by past history), in the threatened visitation, within the next two or three years, to every city, town, and hamlet of civilization, of the worst scourge of modern times, the true Asiatic cholera. But what encouragement has the dominant school of medicine, or any of its imitators in part or in whole, to offer in the treatment of this scourge, or to sustain us in facing such an evil?

Look to Marseilles and Toulon for your answer. *Seventy per cent.* of all attacked with cholera in those cities last summer and fall speedily found their graves, to say nothing of many in the small percentage saved who will inevitably date the beginning of serious chronic diseases to such attack, or to the suppressing treatment administered for it.

What hope, moreover, does the vaunted bacteria theory offer in this great emergency? Look again to Marseilles and Toulon for your answer. Koch, Pasteur, and other great bacteria lights on the ground, and yet *seventy per cent.* of all attacked died; or *just the same* percentage in the death-rate as half a century ago, when the disease appeared for the first time in Europe, and *when all were utterly ignorant of it.*

Truly, here is a proper place to call a halt and to take our bearings. Truly here the wanderer, the doubter, the discouraged, the scoffer, the unbeliever in the majesty of law, are all forced on to common ground, and are all compelled to work together for the common defense. But what shall that defense be? what must it be to compass the greatest security?

Look, now, to the immortal Hahnemann and to his equally immortal work. He it was who, guided by law (not simply by a "rule of practice," for he had had no experience in the treatment of this disease to formulate rules of practice upon), *but guided by law*, and without ever having seen a case of cholera, pointed out, under that unerring law, the true remedies which under ordinarily favorable conditions have *SAVED ninety per cent.*, often more, of all attacked; and under the *worst* conditions have never lost as high as thirty per cent., or *saved* seventy per cent. or over, under the most adverse circumstances, instead of having lost that percentage, as has allopathy under the best conditions. Where is the proof of all this? is it asked?

Examine the official statistics of past epidemics, as well as those of last year, for allopathy; and for Homœopathy see the statistics (also official) in *Joslin on Cholera*, and elsewhere. For Homœopathy, look at the official report of Admiral Mordvinow, President of the Imperial Council of Russia, for the epi-

demic of 1831-32: "Not a single death has occurred where homœopathic treatment was resorted to in the incipient symptoms of the cholera;" and "All the patients cured by Homœopathy regained in a very short time their former health and strength, while those who survived other treatments were left in a state of weakness which lasted several months, and but too often terminated in another disease which proved fatal."

Look, also, at the report of Madam Lyoff, "of the Government of Saratow," for Homœopathy: "Four hundred cholera patients saved and restored to perfect health. * * * Fifty patients in our own village, and not *one* of them *died*. * * * All the sick who took medicine in strict conformity to the rules were saved, although some of them were already in the state of collapse, which apparently precluded all hope. In this last stage there were not a few with their teeth clenched so fast that it was necessary to force them open for the purpose of introducing the medicine, and yet, on the very day following, they were relieved and convalescent." And these grand results, be it understood, were not accomplished even by doctors, but by intelligent laymen under the guidance of *law*.

Look at the three hundred and seventy-seven cases, *without a single death*, treated by one homœopathic physician in a former epidemic in Naples, where, also, last year, seventy per cent. were lost under allopathy. Look at the success of the venerable Rev. Dr. Weith, of Vienna, not a physician—one hundred and twenty-five cases treated and but three deaths. Look at the results for Homœopathy in the hands of the late Dr. Pulte, of Cincinnati, and of Dr. Benjamin Ehrman, member of our Society, in the treatment of the scourge in that city in 1849. Eleven hundred and sixteen cases of cholera treated with a loss of only three per cent., and thirteen hundred and fifty cases of cholera treated and not a death. Is this not enough?

Diverging here to another most prominent so-called bacterial disease, viz.: diphtheria, what do we find? Look this time to New York city—one of the great centres for medical wisdom for this country and even for the world—for your answer, and what is that? Nearly *two-thirds* of all reported cases of diphtheria that occurred in that city this last fall and winter died! And yet it is here asserted, without fear of contradiction by the results of practice, that at least *ninety per cent.* of all cases of diphtheria can be saved by the purest practice of Homœopathy.

Ninety per cent. or more of all cases of cholera, ninety per cent. or more of all cases of diphtheria, *saved*, by pure homœopathic practice, under the law, as against fifty to seventy per cent.

lost under all other methods of treatment in violation of law. Here, surely, is something worth working for, worth combining for, worth praying for, yea, indeed, worth *fighting* for, if need be for the redemption of man from the thralldom of such terrible diseases.

But, it may be said, there are other societies with the same high purposes, and the same aims for the advancement of Homœopathy, then why establish another and rival society, to arouse contentions and weaken our forces? *Is this true?* Is it true that there is another society in all this wide world, excepting the Lippe Society, of Philadelphia, and the Central New York Homœopathic Society at the home of which we are to meet, that is working at all to spread the pure practice of Homœopathy and to enforce the principles of Hahnemann in their highest practical application? Is there another society where the clinical reports of cures wrought (which is *the only possible test* of the curative powers of medicine), yea, of brilliant cures wrought under the guidance of the best teachings of Hahnemann, are welcome and properly treated? To these questions we may all find the correct answer in the certified and published "proceedings" of those societies, and what is it? Much of those proceedings, sustained by the utterances of the majority of their members, *proves* that their increasing effort has been for years, and growing bolder in it every year, to induce a belief that we have no law to guide us, but only "a rule of practice" that may be violated at will, and to thereby drag down the high standard of Homœopathy from the lofty eminence where Hahnemann placed and left it; and all for what? Why, to secure "liberty of medical opinion and action" to adopt, in part at least, the ways and methods of, if not to force a ruinous affiliation with, that school of medical practice which showed the best work it is capable of doing in the stricken cities of France last year—in a death-rate of seventy per cent. where ten to fifteen per cent. should have been the extreme of losses. Do you want any more of that?

We may also look in another direction for an answer to our questions, and for the proof of the baleful influence of those societies against the highest interests of Homœopathy. Three-fourths, if not nine-tenths or more, of all young physicians graduated during the last ten or fifteen years, and sent out to practice Homœopathy, have no confidence whatever in the highest, purest, and truest teachings of Hahnemann, and are often found apologizing for or vigorously declaring their unbelief in them—sometimes, indeed, if not often, are found vying with their allopathic neighbors and friends in scoffing at and denounc-

ing those teachings and all who believe in them. And why is all this? Not, certainly, because those teachings have been found misleading and inapplicable in practice, as the unexampled cholera statistics cited, and thousands of other proofs could be given to show; but it is because those young physicians have read the proceedings of the societies indicated; it is because they have heard the scoffings at such teachings by many of the so-called leaders in those societies; and, for very shame be it said, because they have heard it often asserted by those to whom they have looked for good counsel, that "Hahnemann was in his dotage," was "drunk with mysticism," etc., when he did the grandest work for man that man ever did, in his masterly work upon chronic diseases. What an outrage upon truth and decency; and this, too, where the highest and purest interests of all humanity are at stake! Why, Hahnemann was nearly eighty years old when he pointed out the true remedies for cholera that have already done so much for mankind—ininitely more than all his traducers ever have or ever will do. What a pity that those traducers could not have caught, in youth or middle age, a hundredth part of the "dotage" and "mysticism" that actuated him!

Can it be supposed for an instant that the young physicians referred to are the best prepared that they can be to grapple with the impending scourge when it does strike them? Is their possession of a hypodermic syringe, and their evident readiness to resort to Opium, Alcohol, Quinine, germicides, *et seq.*, and *a la* old school, under the first trying emergency, the best armamentarium that they can have to enter the fight with? Let the sad story of last year in Europe, and the history of the triumphant success of Homœopathy in all past epidemics of the scourge, give them their answer.

These young physicians, and those who have brought them to the state of mind which they are in, together with the families of both, are just as liable to the scourge—will, perhaps, be more so, on account of greater exposure than most others, and let them take warning in time. To just the extent that they trust in or adopt any portion of allopathy, to just that extent disaster and ruin await them.

True disciples of Hahnemann! A great duty is upon you. Are you equal to it? There has been a determined effort for fifteen or twenty years by a large portion of those who claim to be of our school to ruin our standing as a distinct school of medicine; and, whether intended or not, to deprive suffering humanity of the high hopes and encouragement which we can *honestly* and *justly* offer them in the treatment of the worst human maladies.

It is yours now, with abundant official statistics to aid you, to stay and counteract this deliberate process of ruin. Will you do it? Let the frightful story of Southern Europe last year, and the sublime record of Homœopathy in the treatment of cholera in all past epidemics, be your incentives to ACTION.

ROLLIN R. GREGG, M. D., *President.*

J. B. GREGG CUSTIS, M. D., *Secretary.*

A QUERY.

ED. HOMŒOPATHIC PHYSICIAN :—What does the author of “Who is our Guide, and Where Shall We Find Him?” mean by his statement (p. 75)? Lippe’s Repertory has under “*fetid perspiration* of feet, Amm. carb., Amm. mur., Bar.-c., Cycl., Graph., Kal.-c., Kobalt, Nit. ac., Phos., Plumb., Sep., Sil., Thuj., Zinc., and Allen’s Repertory has under *Sweat of an offensive odor*, Arund., Sep., Sil., Tel., Wies., Zinc. Lippe gives five remedies more than Guernsey, and Allen one more. “Be sure you’re right,” then write.

O. W. SMITH, M. D.

UNION SPRINGS, N. Y.

CLINICAL NOTES ON SEPIA.

She often feels as though she could feel every muscle and fibre of her right side from shoulder to the feet. It is an indescribable sensation.

During first sleep she often imagines she has swallowed something which wakes her up in a fright, with a sensation as though it had lodged in her throat. This sensation remains after waking.

Cramp in calves and feet, mostly in daytime, and her ankles are weak and turn easily when walking, so that she stumbles. Urine scanty, and deposits milky substance.

Sensation as of a strap, as wide as her hand, tight around her waist, in evening after supper.

Beating at pit of stomach; sour stomach; fiery zigzag before eyes; metallic taste in mouth; cracking in knee-joints, and painful cracking in occiput.

Frequent sensation, as if a knife were thrust into the apex of the left lung, with pain streaking off through the shoulder.

Sensation in both hypochondria, as though the ribs were broken, and sharp points were sticking in the flesh.—*H. N. M. in Jour. of M. M.*

LECTURE ON SULPHUR.

PROF. J. T. KENT, M. D., ST. LOUIS.

CHARACTERISTICS.—The Sulphur patient is a lean, lank, hungry, stoop-shouldered fellow. This patient is content with old rags, thinks they are beautiful; wants to be alone. Sulphur goes as deep into the life as any remedy in the *Materia Medica*; has deeply situated affections. It affects the system slowly and profoundly, being long-acting; leaves marked traces of its action. A prominent symptom is a burning on top of the head and soles of the feet—wants to put feet out of bed. It matters not what the disease is, these symptoms are generally present. Patient gets hungry and faint at 11 o'clock A. M.; there is gnawing at the stomach that compels him to eat. Sulphur diarrhœa drives patient out of bed in the morning. Patient is worse in the morning or after midnight; peculiar fetor of stool, sulphur smell. Although he has not soiled himself, the smell of the stool follows him about. Sulphur aids in absorption and resorption. There is no remedy that will so speedily tone up an old, broken-down constitution as Sulphur. Old deposits in tissues will disappear under its influence; infiltration in the parenchyma of the lungs is taken up and caused to disappear by it. In the treatment of neglected pneumonia, where there are deposits in the lungs, Sulphur causes them to be absorbed.

Fidgetty and morose, wants to be alone, great debility and trembling, talking fatigues. The Sulphur patient says he has flushes of heat and then is cold and has slight sweat. Unsteady gait, tremor, walks like an old man, uncertain in his movements. In epilepsy patient falls to the left side. Worse in the open air, better in warm room. Standing is the most disagreeable position the patient can assume. The vertigo of Sulphur worse in open air, while Puls. is better in open air. In Sulph. chest affections are *better in open air*, the *brain* affection better in a warm room.

A baby will need Sulphur where its mother has been dirty. Whenever indicated in the nursing mother give it to the child. Sulphur antidotes Aloes.

MENTAL.—Weak memory, softening of the brain. Despondent, forgetful, inability to concentrate his mind. Foolish happiness and pride. Disgust, even to nausea, of any effluvia, even of his own body; disgust for any smell that may be offensive. Over-zealous people who have exhausted mind and body in pious

duty. (*Aurum, Puls., Psorinum, Ars.* have this morbid religiosity.) (Lach. has religious melancholy.) He is feverish; very often dizzy, which comes on from determination of blood to the head; head hot in occiput to touch (Graph.).

HEAD.—Rush of blood to the head, roaring in the ears, *worse* when *stopping, better sitting in warm place* (sometimes aggravated by heat, so that he must have doors and windows open). Generally Sulphur patient is *cold*, while his feet are *burning*; irregular, faulty circulation. Heaviness and fullness in forehead when rising to a sitting posture. *Worse after sleep*, wants to sleep late in the morning; jerks in sleep; wakeful about *two or three o'clock in the morning*, then sleeps until *eight or nine*; *awakening unrefreshed*. Dizziness whenever patient crosses water, sometimes nausea, hence a supposed remedy in sea-sickness. Aggravated from *exercise* and *drinking milk* (like Merc.), worse from sweat. Sulphur has almost every kind of pain in the head. They are attended with throbbing and sickness of stomach. The pains are *relieved by warmth, aggravated by coldness*. Most of them *come on during rest and pass off during motion*; *standing* is the most disagreeable posture. Sulphur affects the *right side* more than the *left*. Periodicity every eight days. Pains *aggravated at night* and when *weather changes*. Pains in head and stomach come on while walking in open air. Yellow green spots, filled with vermin, upon the scalp (also Kali-sulph). (Tongue red, slick and shining—Kali-bich.) Voluptuous itching is *relieved by scratching*; the *scratching is very agreeable*. Little hard bumps often appear on the skin on scratching. Sulphur patient dreads washing. Inflammation of eyes made *worse by washing*; *water irritates the skin*. (Puls. patient *likes to be washed*.) Humid, offensive ulcers, with thick, yellow pus, itching, tingling, burning, and scalding. (Dulc., Rhus, and Graphites.) Sensitiveness of the vertex, worse in the evening; smarting and burning after scratching; sensation as if a band was around the head (like Merc.); Lach. and Nitric acid have sensitiveness of vertex. (Schoolgirl gets headache from weight of hat—Nitric acid.) (If headache comes on every two weeks, Ars., but don't repeat it, else you will not cure your case.) (Sulphur, Silicia, and Sanguinaria have headache every eight days.) In Sulphur the fontanells close too late (for which Calc. is usually given).

EYE.—Ocular illusions and stitches in the eye, *worse in hot weather*; perspiration round about the lids produces a smarting and burning; retinitis. (Glonoine will cure a case coming on from too bright a light and intense heat.) Pustular inflamma-

tion of cornea, ulceration of the lids, margin (also Apis, Merc., and Euphrasia).

EAR.—Purulent otorrhœa; the discharge is offensive; it may be thick or watery; it is the result of a chronic trouble; catarrhal discharge from the ear; *worse* from washing; patient is *filthy*. Sulphur leads the list for catarrhal symptoms in general. When *well-selected remedies fail to act* it brings out the symptoms, develops the case, sometimes brings eruptions out upon the surface. When the disease is getting well it cures from *above down*—*surface manifestations* are always *favorable*. Disease also recovers from *within outward*.

NOSE.—Great dryness in the nose and formation of dry scabs; a profuse discharge of white globules of mucus; *early* in catarrhal state is *juvent*, *later* becomes *dry*; profuse catarrhal discharge of *burning water*. It has chronic stoppage of *one nostril*. Mucous membranes have become hypertrophied. These catarrhal symptoms are accompanied by *hot feet* and *heat on top of the head*, lean, lank, hungry, stoop-shouldered. If caused from a cold he has taken, give Sulphur high (a high potency of Sulphur acts from six weeks to two months). Freckles and black pores on nose. (Bovista patient has nose always filling up with black scabs.) Swelling and inflammation of the nose. (Strawberry nose—Lach.) Sulphur produces a cachectic, care-worn, crabbed, sickly countenance, circumscribed redness of cheeks, hectic fever. (In last stages of consumption, with high fever, *where Sulphur will no longer act*, intense headache, with burning in the skin, etc.; sensation as if stuffed up; can't expectorate. Give one dose of *Phosphorus high*, and *don't repeat it*; aggravation may be a profuse diarrhœa.)

MOUTH.—Lips brown, cracked, dry; herpes around the mouth (Natrium mur.). After Rhus and Bell. have been indicated and have exhausted themselves, Sulphur comes in to finish the case. (In bleeding gums Merc. must be thought of before Sulphur.) Tongue red at the tip and bleeding, mucous membrane red, mucous membrane of lips red and angry. Ptyalism from abuse of Mercury. *Saliva profuse and of a nauseous taste*, which is very characteristic. Bad smell from the mouth, mostly after eating. Thrush (Sulp. acid will cure the most cases of thrush). Sensation of a lump in the throat (if it comes up and patient must swallow, when it descends, but returns at once—Lach.). (If lump comes up from *low down*, attended with *sighing* [globus hystericus]—Ignatia.) Tongue coated early in the morning passes off during the day. Great burning and dryness, first

right then left side of throat. Where Lye. does not finish case, Sulphur may do good.

GASTRIC.—Great craving for food in big-bellied, dirty children; *drinks much and eats little*; violent thirst for beer; longing for brandy (*Nux vom.*); desire for sweet things. (Where mother has eaten much candy and child gets diarrhœa—Argent-nit. also Sulphur.) (Argent-nit. has a stool very like *Merc.*, grass green, straining and crying.) Sulphur predisposes to a weakness of whole system; weak stomach and a variety of dyspeptic symptoms; sore stomach, vomiting two or three hours after eating, nausea in the morning after eating. Eructations generally empty and tasting of the food. Important in morning nausea during pregnancy (*Ars.*, *Puls.*, and *Sepia*). Great desire for food, which gives place to disgust at the sight of food. Vomiting at 5.45 P. M. regularly every day in an *enciente* female. Marked weakness about 11 A. M. in stomach, empty, gone, faint feeling—this is one of the first symptoms of Sulphur. Pressure at the stomach after eating—a great many remedies have this—if taking food *relieves, Sulphur*. If eating *does not relieve*, and patient is hungry at *any time, Sepia*. (*Ignatia* and *Hydrastis* also have this capricious appetite, but it is in *nervous* people. In *Sepia* it is brought on by disturbances in the *uterus*, “I have an empty sensation in my stomach;” *Ignatia* in connection with *sighing*.)

Sulphur is a great liver remedy. Swelling and hardness—where this has been cured, Sulph. symptoms have been present. Stitches in spleen, *worse on deep inspiration*. (Hypertrophy of the liver has been cured by *Kaimia*, in connection with heart-disease.) Intestines feel as though strung in knots, *worse on bending forward*. Big-bellied, with emaciated limbs, in weak children (*Baryta carb.*, and *Calc.*).

STOOL.—Sulphur has a very wide range of action on the bowels. Diarrhœa coming on in the morning; sphincters are relaxed, and they let loose on him. *Driven out of bed in the morning*; stool painless, pappy, may be involuntary. He is afraid to pass flatus. (Lack of confidence in the sphincters is also characteristic of *Oleander* and *Aloes*.) Stools excoriate the anus. Painfulness of stool and urine to the parts over which they pass. Constipation—round, black, hard balls is *Opium*; if Sulphur characteristics are present *Opium* will not cure. Sulphur is a leading remedy in hemorrhoids (*Nux vom.*). The patient has enlarged veins, sometimes suppuration of these tumors. Often the suppuration ceases, and the patient gets a cough; when the flow commences again the cough passes off (*Berberis* also). Anus sore, with

itching, in old men, as soon as they get in bed. Dry, cracking of skin.

URINE.—Frequent micturition at night; large quantities of colorless urine after hysteria. If child kicks cover off in sleep, and has incontinence of urine at night. (Child wants covers on—Calc.) Sulphur patient may feel cold to the touch, yet be burning internally. (Calc. child wants to lie quiet and well-covered; is cold.) Urine fetid, greasy pellicles on surface, like coal oil on water; variegated in color. (Where there is sand in urine with pellicle—Phos.) Mucous discharges from the urethra. When patient gets gonorrhœa, if he has formerly had Sulphur characteristics, Sulphur will cure him. Sulphur and Sepia produce nearly all the states, stages, and appearances of old debauchees who are impotent. Coldness of penis and impotency.

Sulphur is a great remedy for enlarged prostate gland—will cure fifty out of every one hundred cases without discrimination.

MENSES too late and too short. (*Puls.* patient wants to get out of doors; Sulphur also. *Puls.* has *burning on top of feet and ankles.* *Puls.* has sour stomach; bloated.) Amenorrhœa, blood thick, acrid, sour-smelling mucus. The discharges are *burning*; stool also.

Leucorrhœa, *burning*, corrosive. Burning in the vagina, with dryness; is scarcely able to keep still. Sore feeling in vagina during coition. (Schussler's Ferrum-phos., Sepia, Platina.) Troublesome itching of the vulva and surrounding parts—itching, burning, pricking, till they nearly go frantic (*Apis*). (*Apis*—*kicks the clothes off; wants doors and windows open*; would like to be dashed with *cold water*; *cold relieves.* Labor-like pains over the symphysis.) (Throbbing behind the pubes—Æsculus hip.) (Delay of the first menses—*Puls.* and Calc-phos. cover the symptoms of most cases.) Females with weak genitals. If there be any predisposition to consumption or scrofula, Sulphur will do the baby good. Women who have abscesses of the breast. (Bell. and Phytolacca will prevent the formation of abscess in the udder.) If a case has been spoiled by malpractice, and Sulphur symptoms are present, give it. After you have vaccinated a child, give it Sulphur high. (Thuja, Silicea, or Calc. may be called for.)

CHEST, LARYNX.—Talking fatigues and excites pain. Shooting pain through left chest to back. (Ars.—pains in the supraclavicular space.) *Worse lying on back.* (Phos. has pains in *left chest*; relieved by lying on *right side.*) Catarrh with fluent coryza. (Rawness in the trachea, Carbo veg., Stannum, and Phos.) Nightly suffocating fits; wants doors and windows open. (Secale

patient wants *doors and windows* open, but his skin is cold and blue.) Difficult breathing. Great throbbing of the heart, which causes external manifestation. Rattling in the chest, *worse after* expectoration. Sulphur is allied to Kali-sulp., the cough is dry, expectoration difficult, and yet there is *rattling* as if a *great amount*. Kali-sulp. has yellow expectoration, while Sulphur has white. Patient sometimes spits up considerable blood, mucus, and pus (Silicea also). (Every cold patient takes settles in the chest—Phos.) Chronic catarrh of the chest. In the so-called “quick consumption” Sulphur is the most valuable remedy. The patient has had a winter cough for ten years, and finally a rattling comes on, but patient does not expectorate; it is a mucous consumption. Miliary tubercle. No dullness on percussion, as with tubercle, because it is simply mucus. There are night-sweats and hectic fever, high temperature, and quick pulse.

PNEUMONIA.—Not for first stage. It may be Bryonia, Aconite, or Veratrum viride. The acute stage has passed off and there is filling up (pneumonic-hepatization), dullness. This stage is preceded by pain and excitement, but when hepatization comes on pains leave, and patient *thinks* he is better, but if he is examined closely you will discover that he is not. (Sulph., Phos., and Lyc.) Cough excited by tickling in larynx as from down, evening and night; sputa of a dark, greenish purulent, or milky white watery; it is of a sourish, offensive taste, like discharge of an old catarrh; in maltreated pneumonia or in some catarrhal conditions of the chest we have this symptom frequently; burning in the chest rising to the face. In exudation after pneumonia, don't forget this *remedy*.

HEART.—It is the remedy to begin with in one-sided cases, and afterward select the right remedy. (Spongia and Lach. are prominent heart remedies, and follow Sulph. well.) (Lach. has more heart symptoms than any other remedy in the *Materia Medica*).

BACK AND EXTREMITIES.—Stiffness in the neck or back. Sulphur may be the first remedy to administer if you have these characteristics. (Calcarea, Puls., Silicea, and Sulphur will cure the majority of cases of spinal curvature.) Rheumatic pains in the shoulders. A prominent symptom of Sulphur is sweating in the axilla, smelling like garlic. It is not a great rheumatic remedy, like Rhus and Bryonia, but if you have Sulphur symptoms present you cannot cure until you have administered a dose of Sulphur first. Sulphur very often selects the knee-joint as its seat of action, hence you will find an enlarged joint, thickening and hypertrophy, great pain and

swelling. With its characteristics Sulphur will begin the cure. Burning of soles of feet, wants them uncovered, also soles cold and sweating. In hip-joint disease, with characteristic pus and burning of extremities. Chilblains thick and red. Limbs go to sleep while sitting on buttocks. Sulphur produces a stagnation of the veins. High livers sometimes have gout, chalky deposits in joints. Sometimes feet swell. Dropsical swelling of legs up to knees. There are only two remedies that have "relief in rheumatism from putting feet in cold water"—Puls. and Ledum. Pain aggravated from covering with feathers. (A rheumatism that is deep seated in the tendons *aggravated* by *warmth* of bed will call for Merc.) In rheumatism the skin affection is soothed by something cool. Sticks feet out from under bedclothes until cool, then puts them under again. (Ars. patient is made better by *warm* applications in rheumatism, while pains in the head are made better by *cold*.) *Cold* relieved the headache. Sulphur may be indicated in "*milk leg*" (Calc. and Sepia).

SLEEP.—The sleep is characteristic—sleepy all day and awake all night. (Phos.) Sulphur patient is sleepy the fore part of the night, and from midnight until two or three o'clock is wakeful; rouses up as if frightened; his feet burn, feels as if he has too much clothing on; goes to sleep about daylight, sleeps until late in the morning, when he awakes feeling worse than before; stupid; dull. (Nux v. and Puls. have a similar state.) The Nux v. patient wakes up about 3 A. M. and thinks of his business affairs. The Nux v. patient is more quiet (Sulphur is restless).

SKIN.—The skin itching worse from warmth. Sometimes Sulphur is indicated in advanced stages of scarlatina. Chill, fever, sweat in the advanced stage. Skin easily excoriated (if after this there is an exudation of a glutinous character—Graphites). Soreness of the folds of the skin, in abscess, furunculus, glandular swellings, indurated or suppurated. Hands chapped every time water is applied; burning is a prominent symptom. Sulphur, Calcarea, Lye. follow each other well.

F. R. McMANUS, M. D.

We regret to have to announce the death of Dr. F. R. McManus, which occurred at Baltimore March 2d, 1885. Dr. McManus was one of the "pioneer homœopaths," alas, now so few in number. After practicing allopathy for some years, he became converted to true therapeutics as taught by Hahnemann, in 1837, and has been an able and strict follower of the master since that date.

CLINICAL BUREAU.

CLINICAL CASES.

R. B. JOHNSTONE, M. D., PITTSFORD, N. Y.

June 9th, 1879.—Mrs. Bodzilke, a German, has had many children, now nursing a baby four months' old; came with her husband at about 10 A. M., *just howling with pain*. She has a sickly look, wasted frame, has an occasional short hack of a cough, pain comes and goes, lasts five minutes and absent five minutes; during pain, face very red with spots of darker red; left cheek over the diseased tooth dark purple spot; holds the head with both hands, and rolls it from side to side; don't know why she does it except the pain is so great; don't know what to do; after the pain subsides her face, with the exception of the purple spot, grows pale and ashy.

I was undecided between Coffea and Ferrum, but finally, while Coffea covered the mental state, I decided on *account of the cough, holding head in the hands and rolling it about, the purple spot on the cheek, which was permanent*, and the paroxysmal pain, to give Ferrum^o, in water every ten minutes. They lived one and a half miles in the country, so gave one dose on the tongue dry while in the office. Her husband was five minutes in getting the horse and started for home.

June 15th, 1879.—Met Bodzilke in the post-office; asked him about his wife; said she was all right. He asked me for his bill, which he paid, remarking that he "might have saved that *four shillings*, if he had waited half an hour." I took the money and asked him why? "Vell, she no more got any pains when she got home. I haf the medicine home; you can buy him back again for twenty-five cents." I should have pulled that woman's tooth and split her jaw, or killed the nerve with kreosote and arsenic, torturing her for three or four hours, and earned my money.

More microscopes wanted to find *iron* in the two hundredth of Ferrum.

They have moved away since the above, but I learn that she is dying of consumption, and from what I can hear is still a Ferrum case. The child died the next August with a bowel trouble. I did not attend it.

December 11th, 1884.—Mrs. J., nursing a child one year old,

suffers from a sharp pain in left ovary and left mamma; bloating before menstruation, with tenderness of the abdomen upon pressure. Menses delaying and scant, last too long, followed by a profuse leucorrhœa which is yellowish in color.

The pain in left mamma is of years' duration, having had it when a child. Baby refuses that breast; it is smaller than the right, more compact, and quite natural to the touch. No pain other than the infra mammary pain as above. Constipation of the bowels, movement difficult and painful, blind piles. \mathcal{R} Lycopodium^{cc} in water, four doses.

December 21st, 1884.—All day has had a sharp pain in the left under jaw, decayed tooth; made several calls during the evening and noticed that the pain came on whenever going into the house, growing in intensity while in-doors. It invariably disappeared while walking from one house to the other. This evening at 11 P. M., she is almost wild with pain; *sits in a chair and cries*; wants the tooth out. The pain in abdomen has gone, also the pain in the left breast; stools are less constipated and is able to have a movement with comparatively little trouble.

\mathcal{R} Pulsatilla^{em} one dose. In ten minutes the pain was all gone; the room was quite warm, and during the rest of the night slept well.

January 2d, 1885.—Menstruation came on two days late; profuse, bright red; lasted four days; was not preceded by bloating or pain; inflammatory pain gone; no more return of the tooth-ache, although the tooth remains.

Mrs. C. H. A.—Nursing a child two months old. The baby is exceedingly cross, and requires very much attention; cries, yells, and kicks all the time. Cham., Calc., Nux-vom., etc., did no good; besides nursing, feeds the child—the feeding of which I put an end to.

December 27th, 1884.—Husband called for medicine; says his wife is almost wild with tooth situated in upper left side; in all the teeth, pain extends to the ear and to the whole side of the face; *she cannot sit still*; wanders all over the house, looks into every corner and crack, as if hunting for relief. The baby is a regular *cyclone on wheels*, twisting and squirming in all imaginable shapes, howling enough to raise the roof; sent the mother Coffea crud., three powders, 3m.; one to be taken every ten minutes, and if not better in forty-five minutes, to report again.

December 28th.—Called at the house; am informed that the pain stopped after the second dose; has one powder left; face feels numb and swollen. \mathcal{R} Puls.^{em}, one powder.

December 29th.—No pain; face swollen, and an immense

quantity of pus discharging through an old decayed tooth; *R. Sl.* At my visit on the 28th I learned that the baby continued to howl and raise Cain until he had nursed half an hour; he went to sleep; slept all night the first time since he was born; they wanted to know if the medicine put the baby to sleep; at their request left a few powders of *Coffeasm*, for baby, but they have not yet needed them. The child thrown upon the nurse alone, and the mother is free from pain and happy, because the baby sleeps. Do *Puls.^{cm}* and *Coff.sm* contain any medicine? Bring on your microscopes.

E. W. BERRIDGE, M. D., LONDON.

(1) *Trombidium*. March 5th, 1883.—Mrs. B., for three weeks, sore pain in all abdomen, internally; *worse before stool*; during stool, sharp pains darting downward in right abdomen. For two days, urgent, loose stool on rising from bed, and twice afterward. One dose of *Trombidium³⁰⁰* was given; the patient improved the same day, and soon recovered.

(2) *Medorrhinum*.—One dose of 10m (Fincke) removed a cough on lying down, but relieved by lying on stomach. This verifies Swan's provings with this nosode, which will be published as soon as the complete records of all the provers are obtained.

(3) *Belladonna*.—A domestic servant at twenty-four had had for three days pain in left face up to temple; worse at night as soon as she gets warm in bed, preventing sleep; worse by lying on right side; the pain is like strings drawn up toward temple and twisted round in a knot; *it comes and goes suddenly*. Has taken *Bry.* without result. I gave her a dose of *Bell.^{cm}* (F. C.) at once, and ordered her to repeat it every two hours till better. The pain ceased in a few minutes after the first dose, but she finished the medicine; the pain did not return.

EDWARD RUSHMORE, M. D., PLAINFIELD, N. J.

CASE I.—Intermittent fever. Miss B., when visited on the 28th of last June, had felt ill for several days, and complained then of wandering pains in the joints, worse from motion; the flesh sore to touch; pain in region of spleen; eruption like nettlerash on the legs below the knees; she felt chilly this morning, and is now hot. She received *China⁵⁰⁰*, one dose. When

visited the next forenoon she said she had been attacked with perspiration at 1 A. M., which lasted till 7 A. M., when she had a decided chill, followed with light heat, but with no sweat. This irregular and unusual order of symptoms did not suggest any remedy, and it was concluded to give no medicine and await the progress of the case under the former and apparently well indicated remedy. In the afternoon I was called to see her again. At 11 A. M. she had had a shaking chill with pains in the wrists, knees, and ankles, followed with heat without pains, then, sweat on the back, head, face, and hollow of the elbows. Here appeared to be a clear case, so far as known to the prescriber. The only remedy having all these concomitants of chill is *Podophyllum*. She received at 5 P. M. one dose in the 1,000th potency. The next morning at 9 o'clock she had a chill, with thirst for hot drink, but without the pains of the previous day. She got no more medicine and had no more chill, except once slightly, three weeks later, just after sea-bathing, and is in much improved health. I have several times prescribed *Podophyllum* in intermittent fevers guided by these concomitants, sometimes strengthened by loquacity in the early stages and sleepiness with the sweat, and it has not yet failed to cure.

CASE II.—Chronic catarrh. April 3d, 1884. Mrs. C. has had catarrh for five or six years; the mucus seems to run from the head to the throat. She can hawk it out rather easily. She describes the mucus as white, thick, and tasteless, worse in the early part of the day. The breath is offensive, worse in the evening. The catarrh alternates with leucorrhœa since she passed the climaxis two years ago. The leucorrhœa is attended with backache and is generally worse in the morning. She feels very weak, her food seems not to nourish her. She has to swallow often. *Kali carb.*^{cm} (Skinner), one dose, dry, on the tongue.

April 14th.—She says something has acted like a charm. The catarrh is much less, the throat much clearer, the swallowing less frequent. Has better appetite and more relish for food. Has a feeling of weakness in the back and lower abdomen. No medicine.

April 28th.—Has gained; is stronger. Has a slight return of the catarrh, but the leucorrhœa is better. No medicine.

July 5th.—No more catarrh. She has not felt as well for many years as she does now.

Several months later I again inquired of her, and she said there had been no return of the symptoms.

BOOK NOTICES.

A SYSTEM OF MEDICINE, based upon the Law of Homœopathy. Edited by H. R. Arndt, M. D. Volume I, F. E. Boericke. Hahnemann Publishing House: Philadelphia, 1885.

Whatever opinions one may have upon the contested points of homœopathic practice, whether he be a loose prescriber or a strict Hahnemannian, he cannot fail to be proud of the handsome volume which Dr. Arndt here presents to his fellow practitioners.

It is a volume which, in extent and completeness, exceeds and excels anything of its kind yet published. Its descriptions of diseases are clear and full—amply full, although not so large as works like Ziemssen and Pepper's *System of Practical Medicine*, which are spun out to a tedious length.

This volume contains a General Introduction; a chapter on Physical Diagnosis (and a good chapter it is); also chapters on Diseases of the Respiratory Organs, the Diseases of the Organs of Circulation, and the Diseases of the Organs of Digestion. This last chapter includes the diseases of the mouth, teeth, gums, etc., the œsophagus, stomach, intestines, peritoneum, liver; most every abdominal organ has been treated of in this chapter except the poor spleen; he alone has been neglected.

While no intelligent physician will neglect the study of disease in all its myriad forms and phases, while admitting that no one should fail to study these branches of the medical art, we confidently claim that the homœopathic practitioner should be chiefly interested in the therapeutics of disease; and any work which is to be the practical assistant of the homœopathic practitioner should make clear and full the therapeutics of disease. This is a most difficult task—diseases vary so in their manifestations as they appear in various individuals. Pneumonia, as it appears in A, may require very different treatment from the same disease as manifested by B. This peculiarity of homœopathic practice—that any remedy be called for in any disease—can scarcely be better illustrated than by quoting from Dr. Erhman's *Cholera Epidemica*, where it is related that a desperate case of that desperate disease was cured by *Aconite*. The symptoms were “complete suppression of pulse, voice, and urine, icy coldness of limbs, general prostration, restlessness, with frightened and anxious looks.” Few would even think of *Aconite* for such a condition; fever, heat being its leading indication to most careless prescribers. But, to return to our subject, in this volume the homœopathic treatment is very scantily considered; the indications are entirely too general.

On this subject the editor writes, in his Preface:

“Particular pains have been taken with the ‘treatment’ of the various diseases herein discussed. The remedies in most cases have been arranged, not alphabetically, as has been the custom, but in the order of their clinical importance. * * * *”

“The indications for remedies are of necessity given with reference only to symptoms which occur in direct connection with the disorders treated; concomitant symptoms usually are ignored, because a work like this cannot be made to take the place of a work on symptomatology. In order to further increase the usefulness of this work, the chapters on ‘Treatment’ were not limited in range to therapeutics, but were made to embrace extensive observations on hygiene, nursing, dietetics, the use of hot and cold baths, electrotherapeutics, and the various means and agencies with which the intelligent medical man at this day combats disease and relieves suffering.”

Perhaps nothing will give our readers a better idea of the varied therapeutics of this volume than will the list of contributors. Contributors to

Volume I are: Drs. H. R. Arndt, H. C. Clapp, Lucius D. Morse, J. S. Mitchell, A. K. Crawford, E. M. Hale, A. R. Thomas, W. T. Laird, C. M. Conant, A. C. Cowperthwaite, J. C. Gilchrist, E. U. Jones, W. H. Dickinson.

The best portion of the volume, to our mind, is the chapter on diseases of the organs of digestion. This is worth the price of the volume.

Dr. Arndt has facetiously classified homœopaths as of two kinds—the homœopaths and the Hahnemannians; this work will be more acceptable to the former than to the latter.

PROCEEDINGS OF THE MINNESOTA STATE HOMŒOPATHIC INSTITUTE.

The proceedings of the Minnesota Institute, for the years 1883-84, have been collected into one volume. They include many interesting and useful papers.

NOTES AND NOTICES.

ERRATA.—In February number of this journal occur the following errors: Page 70, lines nine and twelve from bottom, for *spasms* read *sepsis*; page 71, line seventeen from bottom, for *Ferrum, Phos.*, read *Ferr-phos.*, and on same line, *add* after *Magn-phos.*, better from heat applied; page 73, second line, for *pleuro-mucous* read *broncho-mucous*.

The *California Homœopath*, in its last issue, is kind enough to say some flattering things about this journal. The *California Homœopath* speaks for itself, and so needs no laudation from any one.

THERAPEUTICS OF HERNIA.—I am collecting now all that is known of the curative action of homœopathic medicines in relation to hernia. Can you help me to a few reports of cases? I will thank any physician who will send me reports of cases cured or benefited.

R. B. JOHNSTONE.

MEDICAL VISITOR.—No. 1, Vol. I, of the *Medical Visitor*, published by T. S. Hoyne, M. D., is on our table. It contains a complete directory of homœopathic physicians of the Northwestern States, and is handsomely printed. It will be issued monthly at one dollar a year.

DRUGS AND MEDICINES.—The fifth number of the *Drugs and Medicines of North America*, published quarterly, at one dollar a year, by Messrs. J. U. & C. G. Lloyd, of Cincinnati, Ohio, has been received. We have already spoken of the great excellence of this work. The present number is fully up to the publishers' high standard.

GUIDING SYMPTOMS.—The fourth volume of this invaluable work is out—at last! Contains remedies from *Chelidonium* to *Cubeba*.

HOMŒOPATHY IN THE SOUTH.—The homœopathic physicians of the Southern and Southwestern States are to meet in New Orleans, April 9th, to organize an "Academy of Homœopathy." It is to be hoped the meeting will be fully attended, and a success in every way. This southern section of our country has an admirable pharmacy, managed by Mr. T. Engelbach, where medicines of the best quality and books of the latest issues can always be secured. We had the pleasure of looking over Mr. Engelbach's pharmacy, and found it equal to any New York or Philadelphia pharmacy.

ALUMNI ASSOCIATION OF THE HAHNEMANN MEDICAL COLLEGE.—On the evening of December 4th, 1884, an adjourned meeting of the Alumni residing in Philadelphia and vicinity was held for the purpose of effecting the permanent organization of the Alumni Association. Dr. Aug. Korndoerfer was elected President; Drs. W. B. Trites, H. Ivins, and J. H. McClelland, Vice-Presidents. An annual meeting will be held in Philadelphia on the night before each commencement.

T H E

HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. V.

MAY, 1885.

No. 5.

DIFFERENTIATION OF REMEDIES.

P. P. WELLS, M. D., BROOKLYN, N. Y.

The greatest perfection in specific prescribing is attained by him who has most carefully studied the differences in the actions of different drugs and acquired the power and the habit of their ready apprehension in his efforts to find the most similar remedy in the discharge of his clinical duties. The discovery and giving of this is *specific* prescribing. The greatest difficulty the beginner meets in his early attempts at this discovery, after that of getting his totality of the symptoms, is in the fact that he has found so many remedies in his search which seem to him, each, so just like the others, that before the group he is only confused, and it is difficult for him to see why any one of the group is not just as appropriate to his case as either of the others. All seem to him equally alike. The first step for such an one in making his selection is to dismiss from his thoughts all these similar elements of the actions of the members of this group. These are no aids in the discriminations his right selection of his curative requires. It is the similar in the action of the drug to the sick phenomena which he is to find. But as he finds symptoms more or less similar to these in several different drugs, it is evident his choice must be determined by those elements of the drug-action in which are differences; so that the problem of specific prescribing is for the most part made up of this twofold combination of

similarity and difference. It is well to study drugs in this their twofold relation to their clinical use till it becomes the life-habit of our efforts as prescribers. In right discriminations of these is to be found the greatest possible successes of all true healers.

It is our purpose to make a few studies of the differentiation of remedies, such as every truly "scientific" (we like this much-abused but good word)—*i. e.*, homœopathic—prescription requires. We will first take up the three medicines which oftener than others present the difficulty of a common similarity to elements of acute diseases most frequently met in practice, viz. : *Acon.*, *Bell.*, and *Bry.* It is not seldom that even the most practiced and careful prescriber is at a loss for his choice of the right one for his case, which presents elements the like of which is found in the symptomatology of each of these drugs. It is not a matter of indifference which of them he selects. One of them may be his curative; all three cannot be. How shall he find the true one? Clearly by the guidance of other symptoms than these similar ones. The symptoms of the sick with which we have to do are all those aberrations of functions of disposition, mind, and body from the natural balance we call health. Then, if the question of selection is between these three, and we hesitate because of their seemingly equal similarity to the generalities of the case, we may examine as to the *disposition* of the patient, and the result is not seldom decisive of the choice. This is a most important department of symptomatology—and never to be neglected. The three remedies we have named are here found to be quite as different as they are similar in some of the more general phenomena of sick and drug action. The *disposition* of *Acon.* is *complaining*, and *loud* in its complaints and outcries. It believes *death near* and is *afraid* of it. These two features of the disposition of *Acon.* are very characteristic of the drug, especially the first. Cases may be met which require *Acon.* when there is not this fear of immediate death; but where it is present, and the other symptoms are such as to cause doubt as to which of the three named drugs shall be selected, it is decisive of the choice for *Acon.* But if this fear be met in cases where the symptoms cause doubt whether this drug or *Ars.* or *Lach.* or some other drug shall be given, then it falls into the category of the similar drug symptoms, and the choice of either for a curative is determined by other and, in this case, more specific symptoms. The choice is determined by the differences in these. But as to the first—the loud complaining—it is more of a decisive element as to the choice, and so universally is it present in cases which require this drug for their cure that the rule may be quite

safely adopted to discard Acon. in all cases characterized by a quiet *morale*.

Bell., on the contrary, is generally characterized by *violence*. In whatever function of body or mind the drug develops its effects, these are likely to be marked by violence. The disposition, if it causes melancholy, may impel to suicide, or to silence and unwillingness to speak. The patient is easily made angry and is not pleased with anything, and if this is carried to the extent of delirium the patient strikes, bites, and is quarrelsome. Or the disposition may be subject to sudden alternations of opposite extremes [see Ign.], as from loquacity to silence, or from apathy to extreme sensitiveness, or from a joyous to a raging delirium, and the like.

Bry. is more characterized by depression than exaltation. Is *discouraged, timid, dreads the future*; is indisposed to thought; is *irritable, angry, quarrelsome*; desires absent things, which are rejected when brought; is given to *weeping*. So it will be seen the three remedies are easily differentiated by this element of their pathogenesis.

Then, as to the aspect the patient presents. This is likely to be the first, or one of the first, elements of the case to engage the prescriber's attention. If it be suggestive of Acon. he finds the face *red, hot*, perhaps *swollen, sweat* on the *forehead, upper lip*, and on the *cheek on which the patient has been lying*; and if the perspiration be *hot* it is to have weight in the decision of the choice of the remedy, and the more if there be perspiration over the general surface which is *hot*. This is so characteristic of Acon. that there should be important reasons in the case to justify its rejection and the choice of another remedy instead of this; and the more, if, with this peculiarity of the perspiration, there be with it the characteristic *morale* of the drug.

Bell. has also the *red, hot, turgid face*, or *sensation of burning* without redness, or a *hot forehead* with *cold cheeks*, or *hot face and head* with *cold hands and feet*. The eyes affected by this drug have a peculiar appearance—when once seen not easily forgotten. And when the like of this is met in a case of sickness, it is often properly decisive of its choice for the cure. The eyes are *prominent, red, injected, suffused, sparkling*. The redness is as if it were slightly obscured by the conjunctiva, as if this tissue were less affected than those beneath it. This peculiar expression of the eyes, where the other symptoms are like those of the drug, will often warrant its choice.

With Bry. the face is *pale, yellow*, or of an *earthy color*, or there may be *heat of face* with *redness and burning*, or circum-

scribed *red spots*, especially on the *zygoma* and *throat*. These appearances of the face, in the absence of the concomitants of Acon. and Bell., may be accepted as warrants for the selection of Bry.

The pains of Acon. are severe, and are, for the most part, intolerant of *touch* or *movement*. There is great soreness of the general surface. The *shooting* pains of Acon. are more *internal* than external; and the analogous *stabbings*, common to this drug and Bry., are distinguished by those of Acon. being as if made with a *narrower instrument*, while those of Squill are broader. It is important to remember these differences when dealing with the pains of pleurisy. In lung affections the shootings or prickings are *fine* which are met in cases calling for Acon. as compared with those which call for Bry. A careful study of the symptoms of pneumonia and of these two drugs will show the place of Acon. is, and *only*, in the *early* stage of the attack, while that of Bry. may be in that which is next later than the Acon. stage. The pains of these two are aggravated by every motion; while many pains of Bell., especially those in the chest, are not aggravated by the movements of respiration [see Seneg.]. The *sticking* pains with Bell. are more *beneath the sternum*, or these may be as of the *cutting of knives*, or of a *sticking, pinching* character, and on *either side* of the *upper portion* of the sternum. The pains of Bell. are often of a *boriing* character; those of Bry. are not, and this is but slightly represented in the pains of Acon. Bell. is more representative of *pressing pains* than either of the others. But its pains are chiefly *sticking*, or of a *tensive, drawing, tearing* character, and all are greatly aggravated by moving the *painful part*, and by *touch* or *pressure*, and, conversely, they are relieved by repose.

Then, in the elements of the febrile condition, where the liability of the novice to make a wrong selection is very considerable, and where, if the wrong drug is given, the embarrassment it will cause in the subsequent treatment is often great and sometimes the mistake is fatal, there should be great care in the examination of the symptoms of the case, and in discriminations of the differences which pertain to these and to the drug symptoms, which are otherwise very like in each.

One of the first elements likely to engage the attention of the prescriber in these cases is the pulse, and how very like it is in each in that which is likely first to arrest the attention of the prescriber. The three have *full, hard, and quick* pulse. This is sometimes intermittent with Acon. and Bry., with Bell. not. Acon. has cold sensation in the blood-vessels. Neither of the

others have this. It is not to be understood that Acon. is to be rejected in cases otherwise calling for it if this symptom be absent, but in cases where the other symptoms are so much like those of the two drugs as to leave doubt as to which should be selected this sensation of coldness in the veins, if present, will decide the choice for Acon.; so in similar cases if the pulse intermits. This will exclude Bell.; but as this fact is met in the record of both Acon. and Bry., the decision as between these must be governed by other symptoms. If the pulse be slow, and at the same time full, the case excludes both Acon. and Bry., but requires Bell. If there be a tense feeling of the pulse, this excludes Acon. It is found with both Bell. and Bry., and, as in other cases of similarity, the choice is decided by other symptoms. If there be ebullition of the circulation, Bry. will have the preference.

After the pulse, the other elements of the febrile paroxysm are likely next to engage attention. Important inflammatory affections which oftener call for one of these three remedies than for others, especially in their early treatment, are for the most part initiated with a chill, and this presents many differences in its concomitants which are important as differentiating elements in the selection of the specific remedy. Acon. in the initiation of sicknesses has severe chill in the *evening*, after *lying down*, with *hot cheeks* and *contracted pupils*. Chill from being *uncovered* or *touched*. During the heat chill occurs on the *slightest motion*. With the chill there is often *internal heat*. Shuddering runs *from the feet* to the chest.

With Bell. the evening chill *attacks the extremities*, especially *the arms*, with *heat of the head*. It has *internal chill* with *external burning heat*. Chill and heat *alternate*. Shudderings run *down the back*. This is the opposite of Acon., which rises from the feet upward.

Bry., chilliness, with *heat of head and face* [Bell., with cold extremities]; chills, with simultaneous heat; chills, with desire for *cold drinks*, and takes *much at a time*.

The heat produced by Acon. is *dry* and *burning*, proceeding, for the most part, *from the head and face*, with thirst for *cold drinks*. There is also great excitability; restlessness, with anxious tossings about; continued external heat, with disposition to *throw off the covering*. With the *burning heat*, there may be *concomitant cold shudderings*.

Bell. has *dry, burning heat*, with *sweat only on the head*; *internal heat*, with anxiety and restlessness; *heat of the forehead*, with *cold cheeks*; *internal* or *external* heat, or *both* at the same

time; heat of the head, with red cheeks and delirium. Heat is the predominant element of the paroxysm.

Bry., heat, dry and burning, mostly internal; blood seems to burn in the veins [Acon., it seems cold]; heat in head in the forenoon, feels as if it would come out at the forehead; heat, with desire to uncover [Acon.]; heat, with thirst; great aggravation of the sufferings during the heat.

Sweat from Acon. may be over the whole body, and of a sour smell, or it may be most on covered parts; or the hot skin is covered with a perspiration, which is also hot.

Bell. has sweat exclusively on covered parts, but it does not smell sour; or, it may have perspiration with, or immediately after, the heat, and most on the face; empyreumatic-smelling sweat, which stains the linen; sweat in sleep, day and night; sweat ascends from the feet to the head.

Bry., sweat in the morning; cold sweat on the forehead and whole head; in brief spells, and only on single parts; profuse after 3 o'clock A. M.; sweat profuse, sour, or oily; sweat easily produced by exercise, even in cold air; sweat over whole trunk and head, except on affected parts; sweat relieves; no thirst with the sweat.

Then these three remedies agree in the time of day in which their attacks, or the greater violence of these, are met—each prefers the evening and night. Acon. is at its worst at night; both Bell. and Bry. in the evening, though their attacks may be extended into the night. Acon. and Bry. are relieved while sitting, Bell. is not. Sufferings from Acon. are much relieved in the open air, those of Bell. and Bry. are but slightly so. Acon. is much better while sitting, Bry. less so, and Bell. not at all. The parts affected by these three remedies are sensitive to touch and motion—Bell. more to touch than the other two, and these more to motion than Bell. Indeed, some of the pains of Bell. are relieved by motion, especially those in the chest [see Seneg.]. Another peculiarity of Bell. is sensitiveness to touch; a slight, or even the slightest, touch is intolerable, while a firm grasp is much less hurtful [see Chin.]. The pains of Bell., often when they have reached their greatest intensity, suddenly cease, and they often suddenly disappear from one part to appear as suddenly in another. Neither Acon. nor Bry. are characterized by either. Bell. and Bry. develop sufferings more during sleep; Acon., both during and after sleep.

If we turn to the examination of the effects of these remedies on particular organs or functions, and begin with pains in the head, we shall find those of Acon. increased by walking in the

open air; by *motion, drinking, speaking*, and by a *current of air*; Bell., by *motion, walking, after walking in the open air*, when the *head is covered, stooping, laughing, stepping, going up stairs, external pressure, warmth of bed, lying down, moving the eyes, shaking the head, current of air*; Bry., *first opening of the eyes in the morning, moving the eyes, eating, stooping, rapid walking, lying on the back*.

The different kinds of pain in the head caused by Acon. are *bruised, fullness, heaviness* in the forehead, as if the *eyes would fall out*, or as if the *brain pressed out*; *tensive, constrictive, squeezed together*, or *contractive* pains. *Shootings, throbbing, burning*, as if the *brain were movable in the skull*; *one-sided, drawing, tearing, pulling, jerking, shooting*.

Bell. has *numbness* [see Plat.], *heaviness*, as if *drunk*; *pressing*, like a *stone in the forehead* [typhoid]; *tensive, bursting, swashing*, as if from *water in the brain*; *drawing, tearing, shooting, cutting, boring, throbbing*.

Bry. has *heaviness, fullness, pressure, squeezing, pressing asunder, tearing, shooting, throbbing, and burning*.

It will be seen that several of these pains are repeated in the record of each of the remedies. In prescribing for sicknesses where these are met, the differentiation is determined by the concomitants of the head symptoms, or by the more general and constitutional symptoms of the case. Those pains which are only found in the record of one are of first importance, and are often decisive of the choice.

Organs of optical sense should receive a twofold consideration when studying them in their relations to diseases and curatives. They have the same susceptibility to impressions from morbid causes as other material tissues of the organism, and are, like other organs, subject to pains, inflammations, and changes of tissue, and also to modifications of the functions of their special sense. Thus in the eye we have from Acon. *pressure, burning, inflammation* (this is common to the three remedies. For differentiation see concomitants), as if the eyes were *swollen, swelling of inflamed eyes, red veins in inflamed eyes, dizziness and heaviness, painful, tense, hard swelling of eyelids*.

Photophobia, desire for strong light. [See Bell.] *Black spots and cloud before eyes, clouded vision, great keenness of vision*.

With Bell., *pains in the orbits*, as if the *eyes would be torn out or pressed into the orbit*. *Pressure*, as if from *hand, pressure in the eyeball*. *Tearing, drawing, smarting, shooting, burning* pains. *Dryness, lachrymation, injected conjunctiva*. *Inflammation of eyes and also of lids, with swelling and throbbing pains*. [It may

be remarked, in the general, that in inflammations of the eyes and their appendages, Acon. and Bell. affect the more superficial tissues, and Bry. those deeper seated. Bell. affects more the brow and the orbit than either of its near relatives. The same may be said of the lids, except that Bry. has more affinity for the upper lid than either of the other two. Bell. affects the *margins* of the lids more than Acon. or Bry. Acon. and Bell. are more related to affections of the *inner surface* of the lids than Bry. Bell. and Bry. are more in relation to affections of the angles of the lids than Acon.; and that Bell. is especially called for in affections of the *inner*, and Bry. in those of the *outer*.]

Inflammation of the *carunculae*, with *swelling* and *suppuration*; *burning pressure*, *softening* of the *sclerotica*, *thickening*, *specks* and *ulcers* on the *cornea*; *bleeding* and *euchymosis* of the *conjunctiva*, *yellow conjunctiva*, *everted lids*, *heaviness of lids*, *cramps of lids*, *falling of upper lid*, as if paralyzed; *pupils much contracted* or *dilated*; *desires to look at strong light*, or *strong photophobia*; *dull vision*, as if through a cloud; *black before the eyes*; *unable to read*, can only see a white border of the letters; the letters are *gold* or *blue* colored while reading; *bright red corona around the light*; *flames*, *silver cloud*, and *sparks* before the eyes; *white stars* on the ceiling of the room; *double vision*; objects appear *disordered* or *red*; *amaurosis*, *strabismus*; *weakness of vision*.

It is easy in the above group of most important eye symptoms to see its broad relations to optical diseases. There is, perhaps, no more important remedy available in clinical dealings with these, but this group, properly studied, will show that its use is far from being limited to local eye affections or functional defects of this organ.

Bry. has as if the eyes were *pressed out* from the head; pressure as if *from sand*; *eye-balls painful to pressure*; *shootings*; *burning in the edge of the lids*; *throbbing*; *inflammation*, especially of the deeper tissues of the eye. [The differentiation of these remedies in their relation to particular cases of ophthalmia must be made by reference to their concomitant symptoms as found in the *materia medica*. These inflammations are not repeated identities, as they are met in successive cases, and it does not fulfill our duty when before a case to be prescribed for to say inflammation, and therefore one of these remedies must be given. This is far away from duty well performed. It may be the case requires neither, and if either, it is certainly not a matter of indifference which. There should be the sharpest individualization of the case, and then it should be

put on trial before these groups and *their concomitants* before either is given, and then, if either, it is to be that which is most like these, and for this reason and no other.] *Fullness* as if the eyes were pressed out; *shootings*; *jerkings*; *swollen lids*, especially the *upper*; *lachrymation*; *agglutination* of the lids at night; *photophobia*; *illusions in bright colors*; *flickering*; *rainbow colors*; objects appear *covered* with the *colors of the prism*; *letters run together*; dim vision; bluish haze. It may be well to remember that nearly all the pains of eye affections, as well as many of those of the head, which call for Bry., are aggravated by *moving the eyes*.

In action on the ear and its special function, it will be found most symptoms, and those of most importance, are in the record of Bell. This remedy belongs to ear affections which are more of a simple or local character, while those of Bry. are oftener complicated with other and more important elements of sickness; as, for instance, its deafness and intolerance of sound are found in typhoid complications and in inflammatory conditions of the brain.

Acon. has *tearing pain* or *tickling* as if from the *crawling* of a worm; *pressing pain* behind the left ear; *burning* in left; *ringing*, *roaring*, *stopped*, or as if a *skin* were *drawn before the ears*; *increased sensibility* of hearing; every noise is insupportable.

Bell. has *squeezing* and *stiffness* in inner ear, with shocks; *pressure*, internal and external; *tearing pains*, as if the ear would be *torn out*; also in temples, with *pressing inward* and alternating with similar pains in the orbits; *stitches*; *pressure* in *mastoid process*, or *cutting blows* from without inward; *boring* near the ear; *pressing*, *tearing* behind the ear; *drawing* from the ear to the neck; *pinching* in the ear, with *hiccough*; *purulent discharge*; *inflammation*; *ringing*; noise like a *trumpet* and *drumming*; *rushing*, *roaring*, *buzzing*, *hammering*, *fluttering wind* passes from the ear; *deafness*, *hard-hearing* from cold; increased *sensitiveness of hearing* and *aversion to noise*; *stitch* in the *parotid gland* daily at the same hour; *swelling* of the *parotid*, also *inflammatory*.

Bry. has *pressure* in the *external ear*; *contracting pain* with *deafness*; *pinching* near the ear and in the *joint of the jaw*; *stitches*, *burning*, *hard swelling* behind the ear; *chapping*, *moist*, *yellow-crusted eruption* before the ear; *bleeding* from the ear; *ulcerated external ear*; *deafness*, as if *stopped*. *Rushing*, *buzzing*, *ringing*, noises are *unendurable*.

The organ of the sense of smelling is not so affected by these remedies as to develop many or so important symptoms as are

found in the record of their actions on the other organs of special sense, yet there are some which are significant of relationship to sick conditions. Acon. is related to *hæmorrhages* from the nose in *plethoric subjects*. Its action on the olfactory organ, producing extreme *sensitiveness to odors*, may be accepted as a reason for selecting this remedy and excluding others which, together with Acon., have symptoms similar to those of the case in hand. *Violent sneezing* which causes *pain in the abdomen* may warrant its selection for influenzas so characterized.

Bell. has *pain* as if *bruised* when *touched*; *drawing* in the *left half*; *pressure* in the *bones*; *crawling* in the *end* of the nose, or *stitch*, from the evening through the night; the *end* of the nose is very *cold*, or *red* with *burning* and *sweat* [typhoid]; *painful ulceration* of the *nostrils*; *red nodules* on the *root* of the nose, with pain, as from ulceration, when *touched*; *scabby pustules* on the nose; *bleeding* from the nose, especially *mornings* or *nights*; *hæmorrhage* from the nose and *mouth*; great *sensibility* of the sense of *smelling*; the odor of *soot* and *tobacco* is *unendurable*; *smell* from the nose like *spoiled eggs*; *diminished sense* of *smelling*; *frequent sneezing*; great *dryness* of the nose; *alternating obstruction* and *flow of water*; *coryza* with *cough*, and with *smell* of *her-rings* before the nose; *fluent coryza* from only *one side*.

Bry. has *swelling* of the nose, with severe *ulcerative pain* when *touched*; *twitching* in the nose, with old, *dry coryza*; *inflamed* and *ulcerated nostril*, with *smarting*; frequent and violent *bleeding* from the nose, *mornings*,* with *yawning*; violent and frequent *coryza*, for the most part *fluent*, with *stoppage* of nose and *chill*, with *much sneezing*, with *shooting* in the *head* or *pain* in the *forehead*, as if all would burst out there, especially while *stooping*; long-continued, *dry coryza*; *hard plugs* of *mucus* in the nose.

The differences of the effects of these three drugs on tissues of the nose or of their modifications of its special sense are so plain as to need no reference to them. It is enough to read the record. Many of those of Bell. are not found in the records of either of the others. The same may be said of those of Bry. The hæmorrhages, coryzas, and acute or diminished sense of smell are to be taken, with their concomitants, in deciding whether either of these or some other remedy is to be given for the cure.

* In typhoid fever, hæmorrhage from the nose after *four o'clock* in the *morning* calls for *Rhus. tox.* Not unfrequently where this symptom is met a single dose of a rightly selected potency of this drug will cut short the typhoid process and the convalescence will be surprisingly prompt, brief, and perfect. We have repeatedly seen this result in most unpromising cases.

THE NEW REPERTORY.

In the April issue of this journal a circular was issued setting forth the character and purpose of the Repertory of Characteristics which is now being revised for the press. The editor desires to return his sincere thanks for the many offers of assistance he has received; also for the kind words of encouragement and numerous subscriptions sent him. In *two* weeks about one-third of the desired number of subscriptions were received. We still need subscriptions, and would call attention to the new circular which accompanies this number. Ask your friends to subscribe.

DIPHTHERIA.

JOHN V. ALLEN, M. D., PHILA.

Diphtheria is an infectious disease, and, from personal experience, not contagious; attacking the human family at any age, but more often between the ages of one and twenty years. It manifests a train of symptoms which are generally found in all diseases affecting or altering the quality of the blood. First, the initial chill, or chilly sensations intermingled with heat, pain in the throat, beginning generally on one side, and rapidly spreading or extending to the opposite; headache, backache, and a general tired, aching, weak feeling. This condition continues (without the simillimum be given early) twenty-four to forty-eight hours, when symptoms of a more severe type are manifest; the sub-maxillary lymphatic glands begin to swell, and if the disease be not checked at this period, infiltration of the entire connective tissue of the sub-maxillary region becomes involved, and the patient rapidly advances into a dynamic condition.

In this short paper my special object is to give my mode of treating this dreadful disease, and it is one that has proven to be exceedingly successful. The membrane found in this disease is albuminous in character, being an exudation from the blood, therefore no local applications whatever should be used; the principal solid components of the blood are albumen and fibrine; if you remove this membrane by douches, gargles, etc., you leave the blood in excess of fibrine, and there is rendered great liability to heart clots. Not only do you subject your patients to the risk of sudden death from heart-clot, but you perceptibly weaken the patient, as it is from the albuminous portion of the blood that we get our strength and vitality. In removing this membrane you leave a surface upon which more exudation will undoubtedly form, and thereby exhaust your patient.

My course of treatment is to discard all local measures. I examine the throat internally and externally, notice the locality of the membrane, color and peculiar shape, etc., inquire what part of the throat pain was first experienced. I next wish to know the aggravations and ameliorations of the throat symptoms, the directions of pain, and all peculiar sensations and feelings; then the concomitant symptoms, headache, backache, pains in limbs, etc., etc. After satisfying myself of the simillimum, I generally give one or two doses of the highest potencies I have, usually the CM, as I find I have quicker and better action from these potencies than the lower attenuations; when you find, on a subsequent visit, that the patient feels a little better, matters not how trifling, it is not advisable to give any more medicine, or you are sure to make the patient worse. In this, more than in other diseases, medicines in the higher preparations act most speedily and nicely; this I have experienced several times.

Nor do I think it advisable to give any alcoholic preparations in diphtheria, as they seem to act more as depressants than as stimulants, and invariably increase the temperature and pulse; beef tea, milk, all kinds of broths, and Horlich's dry extract of malt, dissolved in milk, are very beneficial and nutritive. These are the articles of diet I generally use. Never force a patient to eat when there is no appetite or craving for food, but wait, and the appetite will return if the proper homœopathic remedy be given.

The temperature of the room should be from 68° to 73° Fabr., well ventilated and lighted with the sun's rays. If disinfectants be used, I prefer Platt's chloride to all others, as it is perfectly odorless.

As to remedies, I find most often indicated *Lach.*, *Lyc.*, *Lac. can.*, *Phytol.*, *Bell.*, *Bry.*, *Rhus*, *Kali bich.*, *Arum triph.*, *Mercyanide*, *Merc-prot-iod.*, *Merc-bin-jod.*, *Apis*, *Lachn.*, and *Nit-ac.* Some of the characteristic indications I will mention of each remedy.

LACHESIS.—Pains begin left side of throat and spread to right, worse from warm drinks, after sleep, and from least touch of the throat.

LYCOPodium.—Pains begin right side and spread to left, worse from cold drinks, and very irritable after sleep.

LAC CANINUM.—Begins generally left side and spreads to right; yellowish, gray, curdy deposit, looking as if it had been varnished; exudation diffuses like the lid of a pepper-box, and dry. (Pains move from side to side.)

PHYTOLACCA.—Dark brown color of pseudo membrane, worse right side; worse swallowing saliva; feeling of red hot ball in throat; worse least touch to neck; throat feels dry and large,

like a cavern ; the membrane hangs down in strings from the posterior nares ; pains shoot into both ears on swallowing. Right side.

KALI-BICH.—The exudation extends into bronchia ; croupy cough ; expectoration tough, viscid ; can be drawn into long strings ; on swallowing pain shoots into ear of affected side ; sharp shooting pains in left tonsil ; better by swallowing ; all throat symptoms worse on putting out the tongue.

ARUM TRIPH.—Throat sore ; excoriated ; cannot swallow ; excessive acrid salivation ; sensation of something hot in throat. (Phytol.) The corners of mouth, buccal cavity, and even the throat become sore and raw, emitting blood—so sore, in fact, that the patient refuses all food and drink, in consequence of the suffering occasioned by mastication or swallowing. The breath is very fetid, and the cavity of the mouth is covered with diphtheritic deposits and ulcers.

MERC-CYAN.—This is the only preparation of Merc. that produces the excessive weakness which is so characteristic of diphtheria ; the tongue is dark red and almost black ; very offensive breath ; saliva thin and fetid ; profuse epistaxis ; glands swollen and cellular tissue of neck infiltrated.

MERC-PROT-JOD.—Membrane worse on right side ; tenacious mucus in throat ; sick, offensive odor ; worse from warm drinks (Lach.) ; thick, dirty yellow coating at the base of the tongue ; glands swollen.

MERC-BIN-JOD.—Affects left side more than right ; worse from empty swallowing ; throat sensitive to touch ; absence of coating on base of tongue.

APIS MEL.—Great debility characterizes the case from the outset ; small amount of pain accompanying intense and extensive inflammation ; the membrane has a dirty gray color ; the diphtheritic patches usually appear on the arches of the palate over the uvula ; the uvula œdematous and elongated ; thirstlessness ; scantiness of urine ; perspiration frequently breaks out and dries up ; heat is very unpleasant to the patient, etc.

LACHNANTHES.—When we have stiff neck, and head drawn to one side in the course of diphtheria.

NIT-ACID.—Spreading ulcers in the mouth and throat ; putrid smelling breath ; swelling of sub-maxillary and parotid glands (Merc-prot-jod.) ; corroding discharge from nose ; dry, barking cough ; strong-smelling urine, like that of a horse ; sore throat extending up into nose, with profuse, thin, purulent discharge.

I would like to draw attention to Dr. Wm. J. Guernsey's card

repertory of throat diseases. It is an excellent little work, and something that the homœopathic profession have been in need of for some time. It is in pamphlet form, and can be carried in the physician's pocket visiting list. Every physician should have one with him when prescribing for this disease or any other trouble of the throat. I find by using this repertory I have no trouble in selecting the homœopathic remedy.

PROCEEDINGS OF THE NEW YORK CENTRAL HOMŒOPATHIC SOCIETY.

Dr. J. R. Young, the president, called the meeting to order at 10 A. M., in Dr. J. A. Biegler's office, Rochester, N. Y., on the 18th of December, 1884. After some routine business Dr. J. R. Young related a case of a young lady struck by lightning; any exposure to heat set her into nervous spasms, so that she had to go into a cool place. She was cured by Morphine 1x trituration once a day, taken for twelve consecutive days.

Dr. Julius Schmitt read a paper on the repetition of the dose in the treatment of chronic diseases, illustrating by the history of two cases the teachings of Hahnemann's in this respect.

Dr. R. R. Gregg reported a case of a horse, showing symptoms of spavin in winter-time for two years; then he got the pink-eye, which was cured by two doses of Arsenic (high); soon after this he broke out with a scaly eruption on the hip, disappearing in the course of two years. The lameness did not come on again and he was also cured of an easy tiring of the hind feet. Also, a case of a young lady of overtaxed brain and abdominal plethora, which called for several remedies, until a right-sided facial neuralgia appeared, which was cured by Spigelia (high). After this a scaly eruption broke out over the whole body and finally a paralysis of the left upper eyelid took place. All other symptoms relieved. The paralysis she had had once ten years ago.

He reported also a case of a horse with cracked hoof, cured by Graphites (high).

Dr. J. A. Biegler reported a case of an Indian missionary whose health was undermined by different diseases incidental to the hot climate and mismanaged by unscientific treatment. He grew very fleshy and had, three years ago, a hepatitis with right-sided pleuritis, with threatening of an abscess of liver. He was cured of this difficulty by Drosera^{em}, given especially for the

very constant symptom of pain in right hypochondrium, relieved by pressure, or lying on affected side with pillow bolstered under it. A European trip helped him greatly, and he remained apparently well, until lately, when the following symptoms appeared: *Dizziness, with a tendency to fall forward; heaviness of legs, as if they were of lead; increasing, enormous appetite, yet losing flesh all the time; intense thirst.* He received one dose of Iodium (high) and the urine was examined the following day—specific gravity, 1040; reaction, acid; sugar, six and sixty-six hundredths per cent.; urea, two per cent. This was on December 3d, 1884.

On December 17th, the urine was examined again, and, as in the first time, by Professor Lattimore. The result was the following: Specific gravity, 1020; reaction, acid; *sugar, none; urea, three per cent.* All the other symptoms are better also. All this time he had been allowed nothing but a strictly diabetic diet.

The Society adjourned at 1 A. M., accepting the amicable invitation of Dr. Biegler to a sumptuous lunch.

Society was called to order at 1.45 P. M.

Dr. Boyce reported a case of a woman who received for a chronic cough, with great chilliness as the most prominent symptom, one dose of *Silicea*^{2c} (Dunham). She got better soon, but after three weeks another dose had to be given, which again helped her for a longer time, but a third dose was required to cure her. He enlarged then on the difficulty to tell how many doses of the curative remedy were required.

Dr. Gregg remarked that Dr. Adolph Lippe considers one powder dissolved in water and taken in short intervals as a single dose. He finds that repeated doses will generally produce new complications which are more serious than the one they have relieved. A cure may be always expected if, under the single dose, the disease changes from an important organ to a less important one. If it goes the other way, he is always afraid he has done harm.

Dr. Young recited his own case. He was kicked by a horse when seven years old. Since that time he suffered from a pain in chest; worse from any exertion, becoming at times almost unbearable. When a medical student, Professor Smith, of Chicago, cured him by one dose of *Arnica* (high). This was in 1872, and he had suffered since 1849.

Dr. Gregg reported a case of *angina pectoris* which resisted four doses of one-fourth grain of *Morphine*, given by an allopath, and was cured by a single dose of *Belladonna*²⁰⁰⁰ in a

very short time. The last dose of Morphia he had taken at 5 P. M., and the Belladonna was given at 8 P. M. Chief indication for the remedy was a *globular* pulse, which Dr. Gregg considers as one of the keynotes of Belladonna. He mentions also a case of scarlatina, which had been given up to die, saved by a single dose of Belladonna²⁰⁰⁰, also given on account of the globular pulse being present. He describes it as if a shot were passing under the finger.

Dr. Young spoke of a case of convulsions recovering without any medicine.

Dr. Hawley reported his own case of zona on right side, pain going down to right leg, worse at nights, and necessitating continuous change of position. One dose of Rhus tox⁷⁵⁰⁰⁰ relieved markedly, but it got worse again, until he consulted Dr. Pierson, who gave him Rhus tox⁷⁵⁰⁰⁰ in water, which cured speedily.

Dr. Gregg mentioned the case of a lady who complained of pain in right leg and in calf of leg, *worse when coughing*, and from the slightest motion, better from warmth. Bryonia, Coloc., Bell., Phosph., Rhus, etc., were given all in the single dose without relief. Finally she was cured of it by a single dose of Nux vomica²⁰⁰⁰. This same lady was cured in 1862 of a beginning phthisis pulmonum by a single dose of Lycopodium (high). She has had many different complaints, but was always relieved by the single dose of the curative remedy.

Dr. Boyce felt relieved that even Dr. Gregg does not always cure his patients by the first prescription.

Dr. Gregg thought there must be a possibility to find a key for the immediate knowledge of the right remedy.

Dr. Adams related a case of violent after-pains, with pain in left shin bone, cured by Carbo-vegetabilis.

Dr. Gregg: Platina has labor-pains all on the left side.

Dr. Hussey related a case of a young man with acute dyspepsia; food taken in the morning distresses him all day; very sour vomiting, especially after meals. Robinia relieved the acidity. He used to have an irritating condition of the scrotum every summer, until fourteen or fifteen years ago, after this all over the body. When eighteen years old he had an attack of boils in different parts of body. Sulphur (high) cured. The case shows that psora followed him through his whole life, assuming different forms of disease.

Dr. Schmitt reported cure of pain in the stump of an amputated finger, increased by breathing, with two doses of Phosphoric acid^{cm}.

Dr. Boyce mentioned a case of chronic headache, changing to

dyspepsia; nightly pains; patient had been heavily dosed with Opium. After receiving Nux vomica, he gave the symptom of relief of pains by eating ice-cream. For this Phosphorus was given, then the symptoms changed to relief of pain by eating. Three pellets of Petroleum^{2c} (Dunham) stopped the pain right off for three weeks, when another dose had to be given, which cured permanently.

Dr. Biegler cautioned against repeating the dose if there be a slight reverse of the symptoms.

Dr. Chaffee found more aggravations after high potencies than after the lower ones.

Dr. Biegler gave a case of pneumonia indicating Opium, which was given in the two hundredth potency for twenty-four hours without relief, when Opium^{cm} helped.

Dr. Hawley reported a case of membranous croup cured by Hepar, first centesimal, after the thirtieth, two hundredth, and eighty-thousandth had failed. Also, a case of diphtheria with characteristic Hepar-cough, where Hepar, first centesimal, cured, after the various higher potencies had failed.

Dr. Biegler related the case of a gentleman rolling on the floor with violent gastralgia, crying for Morphine injections; indications being petulant bad temper. Chamomilla^{cm}, single dose, relieved in less than ten minutes.

Dr. Hawley moved the thanks of the Society be given to Dr. Biegler for his handsome entertainment, which, however, should not be considered as a precedent.

Dr. R. R. Gregg, of Buffalo, Dr. Allen B. Carr, and Dr. R. A. Adams, of Rochester, were proposed for membership, and accepted. They paid the initiation fee.

Dr. Boyce moved that the next meeting be held at Dr. Hawley's office, in Syracuse, inasmuch as some preparations have to be made for the meeting of the International Hahnemannian Association in June. Carried.

Dr. Boyce proposed to discuss at the next meeting the three precautions Hahnemann gives his followers in the treatment of chronic diseases, which was amended that Dr. Boyce should prepare a paper on this subject. Carried.

Dr. Hawley said that this Society has done him more good than any reading to understand Hahnemann.

Dr. Schmitt moved that the Secretary be instructed to send out the notices of meetings one month ahead. Adopted.

Adjourned at 4 P. M.

JULIUS SCHMITT, M. D.,
Secretary pro tem.

HAHNEMANN'S THREE PRECAUTIONS.

C. W. BOYCE, M. D., AUBURN, N. Y.

Hahnemann's *Organon* and his *Chronic Diseases* are in their teachings interchangeable. The fifth German edition of the *Organon* and the second German edition of the *Chronic Diseases* are our authority for what we know of Homœopathy—at least as Hahnemann taught it. Two editions of the *Organon*, the fourth and fifth, have been translated into English. The second edition of the *Chronic Diseases* has been translated into English. In order of time the first four editions of the *Organon* came out. Following these in 1828 the first volume of the first edition of the *Chronic Diseases* was published. This contained four volumes. The last appeared in 1830. In the following three years the fifth edition of the *Organon* was prepared, and in 1833 Hahnemann wrote the preface and it was finished. With no loss of time he went on preparing a second edition of *Chronic Diseases*, the first volume of which appeared in 1835. This edition contained five volumes; the fifth came out in 1839. Subsequently he prepared a sixth edition of the *Organon* which has never been published. In 1865 Dr. Lutze published what he called a sixth edition. This never went into circulation, owing to a vigorous protest by the homœopathic physicians of the world, in which Madame Hahnemann joined. She wrote to the *Allgemeine Hom. Zeitung*, saying: "The time has come to publish the genuine and true *Organon*, and I will give it to the press." In the same letter she wrote: "No one, save myself, has the right to publish the sixth edition of the *Organon*; I alone possess the manuscript of this important work written by my husband's own hand; to me alone and exclusively were confided the improvements which the author made in the *Organon*." This edition has not appeared. These data show that these important works were in the process of development, step by step, during several of the best years of Hahnemann's life. First, the four editions of the *Organon*; second, the first edition of *Chronic Diseases*; third, the fifth edition of the *Organon*; fourth, the second edition of *Chronic Diseases*, and fifth, the sixth edition of the *Organon*. Dunham made an earnest effort to gain possession of this edition but failed. The second edition of the *Chronic Diseases*, as far as Hahnemann's instruction goes, is final, for this is the last work of his published.

In the first edition of *Chronic Diseases* Hahnemann cautions

physicians against making what he calls two mistakes, viz.: not to give too large a dose and not to repeat too soon. In the second edition he adds a third caution. These three precautions are the subject of our discourse to-day.

On page 152, in the second paragraph of the English edition of *Chronic Diseases*, these mistakes are portrayed. "There are three mistakes which the physician cannot too carefully avoid; the first is to suppose that the doses which I have indicated as the proper doses in the treatment of chronic diseases, and which long experience and close observation have induced me to adopt, are too small; the second great mistake is the improper use of a remedy; and the third mistake consists in not letting the remedy act a sufficient length of time." We must remember that to-day we are to discuss what Hahnemann taught first, last, and all the time, and not what the chairman or secretary or any other member practices. This will account for the many extracts made from Hahnemann's writings in this article.

In section 3 of the *Organon*, Hahnemann displays the foundation upon which the entire superstructure of his art of healing is built. "The physician should distinctly understand the following conditions: What is curable in diseases in general and in each individual case in particular; that is the recognition of disease. He should clearly comprehend what is curative in drugs in general and in each drug in particular; that is, he should possess a perfect knowledge of medicinal powers. He should be governed by distinct reasons, in order to insure recovery, by adapting what is curative in medicines to what he has recognized as undoubtedly morbid in a patient; that is to say, he should adapt it so that the case is met by a remedy well matched with regard to its kind of action (first precaution), its necessary preparation and quantity (second precaution), and the proper time of its repetition (third precaution). Finally, when the physician knows in each the obstacles in the way of recovery and how to remove them, he is prepared to act thoroughly and to the purpose as a true master of the art of healing."

Here are the three points: First, the proper remedy; second, the proper dose, and third, the proper repetition. These points are the red thread which runs all through both the *Organon* and the *Chronic Diseases*. The whole *Organon* is taken up with teaching how to carry out what is portrayed in this third section. From section 3 to 71 Hahnemann teaches the nature of disease and the nature of the curative. The rest of the *Organon* discusses three questions, which are in section 71, viz.:

"1. How does the physician gain the knowledge of disease necessary for the purpose of cure?

"2. How does he gain his knowledge of the morbid power of drugs, as the implements designed for the cure of natural diseases?

"3. How does he apply these artificial morbid potencies most effectively in the cure of disease?"

From section 71 to 105 Hahnemann answers the first question. From section 105 to 146, he answers the second. From section 146 to the end he answers the third.

These same points Hahnemann displays even more clearly in section 246: "First, by careful selection of the most appropriate homœopathic medicine; secondly, by administering the medicine in the finest dose capable of restoring the vital force to harmonious activity without causing violent reaction; and thirdly, by repeating the finest dose of an accurately selected medicine at proper intervals."

In discussing his first precaution Hahnemann calls attention (on page 152 of *Chronic Diseases*) to the necessity "to inquire into the whole condition of the patient, the cause of the disease as the patient remembers it, his mode of life, the nature of his mind, the tone and character of his sentiments, his physical constitution, and especially the symptoms of the disease. This inquiry is made according to the rules laid down in the *Organon*. This being done, the physician then tries to discover the true homœopathic remedy."

Dunham, in his matchless language, compares the art of medicine with other arts, and says that the first thing an artisan should do is to become familiar with his tools and how to use them. If he should undertake to polish veneering by hewing with a broadax, he would most assuredly destroy his work. This would show extreme ignorance, yet no greater than Hahnemann charges upon allopathic physicians by their improper use of drugs. On page 146 of *Chronic Diseases* he says: "If the pernicious effects of the old method of cure merely resulted in dynamic derangements of the organism, the organism would soon recover from those effects after the treatment should have been discontinued for a time, or else homœopathic remedies would be able to neutralize those bad effects. But these effects never disappear. It is probable that the sensible and irritable fiber is unnaturally affected by the large and frequently repeated doses of allopathic medicine, and that the vital principle protects itself against their destructive agency, either by modifying or changing the viscera of organic life in such a manner as will

effectually shield them against the assaults of subversive remedial agents. It is for a purpose like this, for instance, that the vital powers cover the delicate skin of the hand with a horny surface, in order to protect that part of the body against the bad effects which it might otherwise suffer from the contact with corrosive or otherwise injurious substances. In the same way, if the delicate viscera of organic life are assailed by medicines not in homœopathic relation with the disease, these viscera are protected by the vital principle by having their sensibility and irritability diminished. Moreover, the more delicate fiber is found abnormally thickened or hardened; the stronger fiber, on the contrary, consumed, or even annihilated, as is shown by the adventitious, irregular, or degenerate formations or growths which post-mortem examinations exhibit to us, and which are then attributed to the malignant character of the primitive disease."

On page 151, Hahnemann gives his idea of a strong homœopathic dose: "If the original symptoms of the disease continue with the same intensity in the succeeding days as in the beginning, or if this intensity increases, this is a sure sign that although the remedy may be homœopathic, yet the magnitude of the dose makes the cure impossible. The remedial agent, by its powerful action, not only neutralizes its genuine homœopathic effects, but establishes, moreover, in the system a medicinal disease by the side of the natural disturbance which is even strengthened by the medicine."

According to the homœopathic idea, it is not the direct action of the drug which starts the process of cure, but the reaction of the organism or the vital principle against the drug which does it. An overdose of the curative overwhelms the vital principle or the reaction of the organism so as to prevent a cure, and may leave it so changed as to preclude any hope of relief. Dr. Bayard puts this idea very aptly: "This power of reaction depends not upon the strength of the dose, but upon the exactitude of the prescription. The larger the dose, the more deleterious its direct action. The smallest dose compatible with the stimulus to reaction is the best. The higher the potency the more speedy the reaction." There are two ways by which to approach the proof of power of the potencies. One is to accept Hahnemann's teaching and begin with the use of the potencies, and prove them in practice, and the other is to begin as Hahnemann and most others have done, with the crude drug, and work up to the potencies. With careful observers the tendency is to go up higher and higher. Hahnemann went slow, and at last, supposing that he had reached the limit, gave as the ultimatum the thirtieth potency. Ever since

his time the ultimatum has been going higher and higher. From Hahnemann's day to the present time there has been a constant conflict in regard to the potencies. He comprehended the whole situation, and saw into the future. He wrote: "Nothing is lost by giving even smaller doses than those which I have indicated. *The doses can scarcely be too much reduced*, provided the effects of the remedy are not disturbed by improper food." Are there many physicians who have been in practice until their hair has become sprinkled with gray, who cannot appreciate the following paragraph from the preface to the first edition of *Chronic Diseases*: "What would they have risked, if they had first followed my indications and had employed small doses? The most which could have befallen them was that these doses would be of no avail. It was impossible that they should do any harm. But instead of exhibiting small doses, they employed, from a want of sense and of their own accord, large doses for homœopathic use, thus exposing the lives of their patients, and arriving at truth by that circuitous route which I had traveled upon before them with trembling hesitation, but the end of which I had just reached with success. Nevertheless, after having done much mischief and having squandered the best period of their lives, they were obliged, when they were really desirous of curing disease, to resort to the only true method, which I had demonstrated to them a long time ago."

The third precaution is the everlasting vexing question of the repetition of the dose. Hahnemann's directions are always explicit. In all his works he refers to the others. In section 205 of our edition of the *Organon* he says: "I have endeavored to demonstrate the internal treatment of these diseases, as far as it was possible for a single physician to do, after many years of thought, observation, and experience, in my book on chronic diseases, to which I herewith refer the reader." In this he refers to the first edition of *Chronic Diseases*. In the second edition of *Chronic Diseases* he refers to the *Organon*. Authority in regard to the date of the writing the second edition of *Chronic Diseases* is Bönninghausen in an article published in the *American Homœopathic Review*, vol. V, page 200, and Dr. Lippe. The preface to the fifth edition of the *Organon* has Hahnemann's signature and date (1833) attached. The value of these dates is simply to settle as to the latest authority. The second edition of *Chronic Diseases* settles this. The following quotations are from both the *Organon* and the *Chronic Diseases*, and are conclusive as to what he taught with reference to the repetition of dose.

First, from the *Organon*. In sections 246 and 247 he sums up for both acute and chronic diseases. "A very fine dose of a well-selected homœopathic remedy, if uninterrupted in its action, will gradually accomplish all of the curative effect it is capable of producing in a period varying from forty to one hundred days. But it rarely is uninterrupted, and besides, the physician as well as the patient usually desires to accelerate the cure by reducing this period of time, if possible, by one-half, one-quarter, or less. Experience has proved in numerous instances that such a result may actually be obtained under the following three conditions: First, by careful selection of the most appropriate homœopathic medicine (first precaution); secondly, by administering the medicine in the finest dose capable of restoring the vital force to harmonious activity without causing violent reaction (second precaution); and thirdly, by repeating the finest dose of an accurately selected medicine at proper intervals, such as are proved by experience to be most conducive to a speedy cure, and timed so as to prevent an injurious and revulsive counteraction of the vital force, whose action is to be tempered and modified in accordance with the morbid power of the medicine which is similar in effect to the natural disease (third precaution). Under these conditions the finest doses of the most nicely selected homœopathic medicines may be repeated with excellent and often astonishing effect at intervals of fourteen, twelve, ten, eight, and seven days. In chronic diseases assuming an acute form and demanding greater haste these spaces of time may be abbreviated still more, but in acute diseases the remedies may be repeated at much shorter intervals, for instance, twenty-four, twelve, eight, or four hours; and in the most acute diseases at intervals varying from one hour to five minutes. These periods are always to be determined by the more or less acute course of the disease, and by the nature of the remedy employed, in accordance with the more definite directions given in the explanatory note to the preceding paragraph."

Later in *Chronic Diseases*, page 154: "It takes forty and even fifty days before the medicine has completed its action." * * * "The surest and safest way of hastening the cure is to let the medicine act as long as *the improvement of the patient continues*, were it even far beyond the period which is set down as the probable period of the duration of that action." In illustration of this he gives in a foot-note a case cured by *Sepia*. "On one occasion I gave *Sepia* against a chronic headache which came on at intervals. The attacks became both less frequent and less violent. Another dose stopped the headache for the period of

one hundred days, from which I infer that the remedy acted during that time. At the end of one hundred days another slight attack came on. A third dose of *Sepia* was given, and it is now seven years since the headache has completely disappeared."

"*The fundamental rule in treating chronic diseases is this: To let the carefully selected homœopathic antipsoric act as long as it is capable of exercising a curative influence and there is a visible improvement going on in the system. This rule is opposed to the hasty prescription of a new, or the immediate repetition of the same remedy.*" On page 160 he is more definite: "A second dose of the remedy may be given *immediately after the first, when the remedy had been chosen with strict regard to its homœopathic character and had produced a good effect, but had not acted long enough to cure the disease. This occurs but seldom in chronic diseases; but it frequently occurs in acute diseases and in those chronic diseases that border upon the acute. The same remedy may be given a second time when the improvement which the first dose had produced by causing the morbid symptoms gradually to become less frequent and less intense ceases to continue after the lapse of fourteen, ten, or seven days; when it becomes, therefore, evident that the medicine has ceased to act, the condition of the mind is the same as before, and no new or troublesome symptoms have made their appearance. All this would show that the same remedy is again indicated.*"

The importance with which Hahnemann regarded these directions is shown in all his writings. He repeats them everywhere. A fit closing to this paper will be some extracts from the *Organon*, concluded with a single one from *Chronic Diseases*.

Organon, section 245: "Perceptible and continued progress of improvement in acute or chronic disease is a condition which, as long as it lasts, invariably counter-indicates the repetition of any medicine whatever, because the beneficial effect which the medicine continues to exert is rapidly approaching its perfection. Under these circumstances every new dose of any medicine, even if the last one that proved beneficial, would disturb the process of recovery."

248: "The dose of the same medicine is to be repeated several times if necessary, but only until recovery ensues, or *until the remedy ceases to produce improvement; at that period the remainder of the disease, having suffered a change in its group of symptoms, requires another homœopathic medicine.*"

Immediately following this direction should come this from page 156 of *Chronic Diseases*, and this should be printed on the

outer and inner walls; in the pocket-book and the medicine-case; in every place where the eye can rest: "The whole cure fails if the antipsoric remedies, which have been prescribed for the patient, are not permitted to act uninterruptedly to the end. Even if the second antipsoric should have been selected with the greatest care, it cannot replace the loss which the rash haste of the physician has inflicted on the patient. The benign action of the former remedy, which was about manifesting its most beautiful and most surprising results, is probably lost to the patient forever."

LECTURE ON BELLADONNA.

PROFESSOR J. T. KENT, M. D., ST. LOUIS.

CHARACTERISTICS: "*Heat, redness, and burning*" are the general characteristics of Bell.; *heat* of the *skin*, but more especially of the *head*. There is burning in the skin wherever there is redness.

The complaints of Bell. are generally active. They come on *suddenly*, continue with more or less violence, and *disappear* as *suddenly* as they came.

It is a deeper acting remedy than Aconite, but not so deep as Sulphur. Its conditions last longer than those of Aconite. When recovery begins, it takes place rapidly.

All the affections of the head are on the right side. The right side of the throat is its common seat of action (mouth, face, and jaws on the left side). Among the acute remedies, Bell. is related to Hyos. and Stram.; both have less heat with their delirium than Bell. Like Bryonia, it has aggravation from motion. Changed condition of mind; delirium, attended with heat of head, redness of face, and burning.

The burning and heat are peculiar. The heat is so marked that when you place your hand on the skin and then remove it, the sensation of the heat remains for some time. The skin is really hot, almost burning. The delirium is attended by a hot, smooth, shining redness of skin.

Intense throbbing of the carotids—a secondary symptom. There is stiffness of the neck and enlargement of cervical glands.

Pains run downward (Silicea has a pain running *up* the back—also Gels.).

HEAD AND MENTAL: Even brain burns—memory may be

either impaired or lively. A woman forgets the common duties of her household—forgets in a moment what she was about to do.

Excitement and wild delirium in children. Imagines he sees hideous monsters and insects; wants to jump out of the window. Head is hot and hands and feet cold. Jumps up in his night-clothes, and wants to go out; thinks he is somewhere else. He talks and gesticulates; desires to escape or hide; he is talkative or taciturn; he picks at the bed-clothes; he mutters, and slides down toward the foot of the bed in typhoid (*Mur-acid*, Bapt., Zinc); but Bell. more commonly belongs to this mental condition in acute and active fevers. In women of active minds, who are liable to become delirious in sickness. Bright eyes and shining face in children. Patient sees individuals with black veils rising up. (Opium, Puls., and Stram. have a similar state.) He gets so mad and wild that he barks like a dog. (*Stram.* patient growls and snarls like a dog, but has no great throbbing and redness, though the delirium may be just as active.) She will sit and tear her apron to pieces. In acute mania, with its characteristic head symptoms, Bell. must be the remedy. (If the case tapers off and is not cured, Calcarea will likely follow.) Quarrelsome; breaks into violent fits of laughter; disposed to strike those around; stares in affright at the approach of others.

Will jump up in the night, as if frightened (Sulphur). (Phos. patient imagines something is coming out of a corner.) Anxious face, and is afraid she is going to die.

The Bell. patient is fretful; vexed with himself. (Stramonium has the mental state, but not the intense heat of Bell.) Maniacal delirium in children with this heat. Blood mounts to the head; vertigo.

Bell. has a great many kinds of headache, and a wide range of brain symptoms. With all these headaches there is *throbbing*; they are aggravated by least jar, and by lying down—which causes the blood to flow to the head. Neuralgic headache, periodical headache from 4 to 8 P. M., aggravated by *heat* to head; *cold* gives temporary relief (Ars.). (The application of *cold* makes head *more painful*, Silicea). Headache from heat of the sun. (When a man gets sunstroke, Glonoine.) Every time he goes into the sun he does not perspire; and the more he walks the hotter the skin becomes, when he finally sinks down in collapse, with a great rush of blood to the head. In headache that is brought on by the sun and relieved by Bell., if Bell. does not complete the case give Natrum-mur. (not Calcarea). Vinegar always aggravates the Bell. headache. Cold from

having hair cut, or getting head wet (wet scalp). Eyes feel as if starting from their sockets—worse on right side (*Spigelia* on left side). The Bell. headache is sometimes so severe that patient must stop as he walks (*Glon.* also) and rest. Pain ameliorated by hard pressure. (*Cannabis* has a sensation as if the skull were lifted up.) There is a feeling as of a stone on the head; stabbing from one temple to the other; a jolt or jar makes him feel as if he had a weight on the base of the brain.

There may be a soreness to the touch. Tenderness and soreness in rheumatism. (May be mistaken for *Arnica*. The *Arnica* patient does not want any one to come near him—he is so sore—fears being touched. Bell. has more of a soreness from a jolt. In *Arnica* soreness, the bed feels too hard.)

The pains of Bell. come on like lightning, with great violence. The instant they are on, they arrive at their complete intensity. They may last a considerable time, even all night, and finally disappear suddenly.

Head (external) so sensitive that even pressure of the hair causes pain—very often found in congestion of the brain and congestive head troubles.

EYE: Burning, throbbing, dryness of the eye; photophobia, bright sparks before the eyes; objects appear double; deception in vision; halo around the light of a candle; pupils dilated—this will be found in congestion of the brain. You will find patient lying in a stupid condition; throbbing of the carotids; full and bounding pulse; neck drawn back (as in spinal meningitis); shooting in the eyes—*comes* and *goes quickly*. Bell. has inflammation of the *caruncula lachrymalis*. Bell. eye and head symptoms are made worse by cold drafts of air; yet cold applications will relieve in congestion of the brain. The Bell. patient wants his head covered up (also *Silicea* and *Hepar*).

EARS: Much deception in hearing, swelling of the right parotid gland, with stiffness in the cords of the neck, with heat and throbbing.

FACE: Bell. is a great face remedy. Face is red and hot, or pale and cold; mottled and swollen. This redness and heat is shining. The measly eruption is not a condition for Bell. (*Aconite* has a rosy-measly eruption—also *Puls.* and *Euphrasia*.)

In scarlet fever, the rash comes out; it shines through, as it were. After the redness of the first stage passes away, there may be coldness of the skin and pallor—in congestion of the brain, and after the rash has been driven in. If this pallor comes on early, Bell. may be the remedy; but if it comes on

later, when a plastic deposit is formed, it is (like Aconite) not the remedy. First, fear and anxiety—Aconite; after the localization of the serum in the brain—Bell. (throughout the body—Aconite.) After localization, there is a quiet stupor, delirium; determination of blood to the head; red-hot face. If determination goes beyond this stage, the face is pale, perhaps cold; the eyes sunken; pupils dilated; yet great heat in back part of head, and likely the head is beginning to draw back; pulse, small and weak; now patient has passed into a profound stupor. After exudation, Bell. is no longer the remedy. Now, such remedies as Hellebore, Zincum, and Sulphur may be required. If you get the patient in the first stage, you will not be likely to need Bell., Aconite will do the work. If you have any doubt, and Bell. does not act, exudation has probably taken place. The face tells us all about these conditions. If you have a dilated and fixed pupil, it is a pretty sure sign. There is a peculiar glassy look in the eye, that will be noticed as soon as you enter the room. This condition may be maintained a few days, or may terminate in a few hours. There is a hippocratic countenance that Bell. has no relation to. Here we have to use Opium, Ars., Carbo veg., and Lyc.

In neuralgia the pain is *burning*, violent shooting in the *right* maxillary articulation. (Bell. is to the *right* side what Colocynth is to the *left*). Neuralgia of the upper teeth on the right side, extending back to the temple and ear. Sensation of intense *burning* in the entire face, without redness of the cheeks. Body warm, feet cold. Swelling of the upper lip (Psorinum). *Constant chewing motion* in brain disturbances, though not so prominent as in Stram. and Hellebore. Bry. and Calc. have it in stomach troubles (Bry. also in brain troubles).

Atropia is almost as good as Sulphur in ptyalism. Merc. is the best remedy, but do not forget Bell.

THROAT: Bell. cannot be the remedy if the throat is ulcerated—even if there were throbbing and heat. Bell. should not be given any longer than it would require to select the appropriate remedy. Lach. and Lyc. have all the marked throat features of Bell. It sometimes produces a superficial breaking down, in which the tissues may be bright red, or possibly quite dusky. Enlargement of the glands of the neck on the outside, pain in head, hot face, determination of blood to the head. When soreness commences on the right and goes to the left side, Lyc.; when commencing on the left and going to the right side, Lach. When diphtheria commences in the larynx and ascends, Bromine. The Biniodide of Merc. patient has diph-

theria commencing on the left side, left tonsil swollen, fauces dark red, diphtheritic patches, tonsils suppurating, difficult deglutition, worse from empty swallowing. Proto-iodide of Merc. (both have sensation of lump in throat); throat dry; easily detached patches on the inflamed pharynx and fauces, worse on *right* side; fetid discharge. Bell. soreness is bright red, burning, and principally on right side; but if the characteristics are present you might give it for the *left*. When suppuration begins think of Silicea and Baryta carb.

THIRST: Is thirsty; wants lemonade, which does patient good; wants little at a time. All drinks are loathsome. Thirst little and often. (Bell. has this as much as Arsenicum.) Bryonia has a great thirst, but it is for large draughts at long intervals. Ars. patient gets very little relief from drinking; water tastes good, but he soon wants more. Drinking stupefies a young Bell. patient. (*Absence of thirst.*, Apis, Puls., Ipec., and Sabad.)

In congestion of the brain in Bell. we often have vomiting. Bell. is a great liver remedy; region of liver painful and sore to the touch; also acute pain; worse lying on *right* side. *Can tolerate no jar.* In inflammation of the liver, where Bell would be indicated, you need not always look for brain trouble. It comes on *suddenly*, and there is great fever and throbbing pulse. There is that feeling of heat in the skin that I described to you. In painful passage of gall-stone Bell. may relax the common bile-duct. (Berberis is a better remedy for this condition.)

STOOL: Thin, green, mucus, bloody, with tenesmus; chalky, clay-colored lumps. (Several remedies have this stool more characteristic, but this comes on in congestion of the brain; it may occur in dysentery.) The piles of Bell. are so sensitive that the patient has to lie with his nates separated, with throbbing and burning around the anus.

URINE: Paralysis of the sphincter, permitting the urine to escape involuntarily (even when it has existed for a considerable time). Must make great haste to pass his urine. (Have cured this in women with Sepia.) Constant dribbling of urine (where no urine is secreted think of *Ars.* and *Colchicum*). (Lachesis has suppression of urine, and has the sensation of a ball rolling in the bladder.) Bell. is useful where little girls and children wet the bed. Bell. also has *retention* of urine from paralysis of the bladder.

SEXUAL ORGANS—female: Pressure downward, as if all the contents of the abdomen would issue through the vulva. Violent urging and pressure toward the genitals, as if the abdominal viscera would come out—*prolapsus uteri*. Bell. has more or less

throbbing, pressure of blood to the head, sore, dryness, and burning; *better standing* and when *sitting erect* (Sepia, better when *lying down*); Bell. patient is worse when *bent, walking, and in the morning*.

Lilium tig.: Gets hold of the abdominal walls and tries to lift herself up. A peculiar insane feeling in the head; feels as though she would go crazy.

Sepia: Has the bearing-down pains of Bell. and Lilium; also pressure on the vulva. She makes efforts to support herself. The bearing-down is so great that she crosses her limbs to prevent the uterus from protruding. Constipation. Sensation of *a ball in the rectum*, an "all-gone" feeling in the pit of the stomach.

Nux vomica: Has a bearing-down, but not that terrible bearing-down of Sepia, Bell., and Lilium, but attended with *irritable temper* and throbbing pain. *Every pain the patient has she has a desire to go to stool*. More severe pains and less dragging down.

Podophyllum: Has this dragging down as much as Sepia; seems as if the whole rectum would protrude. Prolapsus of the rectum is complete in Podophyllum.

Pulsatilla: The bearing-down pains are not so marked as in Sepia. If patient is a *blonde*, tendency to *weep*; is made better in *open air*; worse in *warm room*; must have doors and windows open.

Murex: Has the dragging down of Lilium and of Sepia. She lifts herself up, as in Sepia. Murex has in connection with this severe pains in right and left ovaries; going to the left mammary. Intense sexual desire. (It is very seldom that Sepia has an intense desire for coëtus.) There is a throbbing in the uterus that Sepia does not have. Bell. has a pain in the right ovary. *Clutching pains* anywhere. It is a right-sided remedy in the pelvis. Profuse discharge of bright red blood; the blood that passes is *hot*. Hot blood from nose or any organ. Several remedies have bright red blood. Sometimes blood dark, clotted, and of a bad smell and HOT. In dysmenorrhœa it is important—congestive type, with *heat, burning, and dryness* in the uterus. At each menstrual period the blood mounts to the head. Pains come on *violently and suddenly*. Chronic inflammation of the uterus with right-sided pains. In girls who are about to menstruate, or who have menstruated and are delayed, Bell. gives relief, but it does not cure. Follow it with Calc-phos. (Painful menstrual disorders in young girls—Calc-phos.) Spasmodic contractions of the uterus and labor-like pains during menses.

PREGNANCY: Lochia is offensive and *hot* to the parts. The os uteris is spasmodically contracted. Irregularity in the contraction of the uterus, with congestion, throbbing of carotids, and delirium. In "milk-leg" Calc. and Sepia are more important remedies, but if the active condition is present, with *beating* of the *veins*, give Bell., following maybe with Calc. Patient appears as if stunned. Renewal of fits at every pain. Retained placenta, with profuse flow of *hot* blood.

In mastitis there is pain and throbbing and redness; streaks radiating from the nipple. (If there is a *hardness*, pain, and throbbing localized in the breast—Phytolacca. It produces a thickening of milk in cows and nodular formations in the udder. Where a knot remains after breast has been injudiciously lanced think of Graphitis.)

EXTREMITIES: Loss of co-ordination of muscles of both upper and lower limbs. Prostration is greatest in the morning. The Bell. patient is always worse after sleep (Cham. and Lach.). In certain affections of the spinal cord, there is an inability to get up after sitting down. Amelioration from *motion*. Aching and throbbing in back, with restlessness and sudden startings. Sleepiness, but cannot sleep (Cham.) Great wakefulness—Bell. and *Opium*. Great sleeplessness—Opium and Cham. Sleeps much, yet not refreshed—Bell. and Cham.

After the *active* symptoms of meningitis, and the listless, pale state comes on Bell. is no longer useful, but study Hyos., Veratrum, Lyc., Natrum mur. When the stupor is profound, stertorous breathing and dropping of the lower jaw—Opium. If patient lies stunned, with staring look, in a semi-conscious state, he lies passive, looks not very wild but he is stunned—Arnica. Total unconsciousness—Hellebore. If patient sinks into apathy, as if sensibility was greatly decreased—Hyos. Typhoid Fever: The patient falls asleep in midst of an attempt to answer—Baptisia. In the stupor when he commences to speak to you, but he can't finish his answer, and turns away in disgust—Arnica. After a correct answer he falls into a delirium—Hyos.

SWEAT: Bell. has sweat during sleep (day or night)—a general sweat, *suddenly occurring* and *quickly disappearing*. Sweat during sleep. (Also Puls. Puls. patient is dry and hot during waking state, but as soon as he goes to sleep he will sweat. Sambucus, sweats during *waking state*, dries up when he goes to sleep.)

FEVER: Bell. meets the simple type of remittent fever; *better* in the *morning*, *worse* in the *afternoon*. (Little pimply rash comes out on the face whenever she menstruates, Dulc.).

Renewal of the spasms by contact or glare of light (Stram.).

Rheumatism pains, flying quickly from place to place.

Bell. patient is better in *warm weather*. Especially adapted to plethoric individuals; complaints of scrofulous individuals who take cold easily. Bell. has swelling of the lymphatics. Is adapted to large-headed, brainy children, with blue eyes, blonde hair, and delicate skin; young full-blooded people; high fever and inflammation; threatening convulsions. Bell. is generally indicated in a Calcarea patient, when patient takes cold—there is a determination of blood to the head; after removing the acute state with Bell. follow with Calc. Strong coffee antidotes Belladonna.

[CONDITIONS OF BELLADONNA: Aggravation afternoon and after midnight, from smoking, generally from liquor, being uncovered, swallowing drinks, drinking coffee, eating, after breakfast, warm diet, after sleep, sitting erect, lying on left or painful side, sour things, *least jar*, touching parts even softly, *during* sweat. Amelioration from stooping, sitting bent, lying on right side, *after* sweat, in-doors, bending head backward, on empty stomach, from change of position, while standing.]

CLINICAL BUREAU.

REPETITION OF THE DOSE IN THE TREATMENT.

JULIUS SCHMITT, M. D., ROCHESTER, N. Y.

[Read before the Central New York Homeopathic Medical Society.]

We read in Hahnemann's *Chronic Diseases*, page 155, second German edition of 1835, as follows: "Chief rule in the treatment of chronic diseases remains to let the dose of the suitable homeopathic remedy, carefully selected according to the symptoms of the sick, act undisturbed as long as the cure is visibly advanced and the amelioration so progresses apparently—a fact which forbids any new ordination or any interruption by another medicine, and also the immediate repetition of the same remedy."

How often has this golden rule been neglected! How many cases of curable chronic diseases have been made incurable by this neglect! How often have the old, experienced followers of our immortal master warned against pernicious haste in repeating or changing remedies! And in spite of all

this it seems to me that the younger practitioner cannot curb his anxious ambition to effect a cure until he has "put his foot into it," and learns by sad experience that which, in vain, the wiser, older heads tried to teach him. For the benefit of my younger *confreeres* I shall relate a case from which they may draw their own lessons.

Mrs. R. S., twenty-one years old, newly married, of delicate figure, fair complexion, and blue eyes, very nervous temperament, consulted me on the 25th of October, 1883, complaining of the following symptoms: At the commencement of each menstruation, terrible tormina, which cause her to take to the bed for one, sometimes two days. Menses are regular as to time, but profuse, clotty, and badly smelling, and last a whole week. Weak, empty feeling in stomach, which necessitates eating between meals. Occasionally morning headache. \mathcal{R} Sulphur^{em} (Swan), one dose, dry on tongue.

I did not hear from her until the 16th of May, 1884, when she complained of a dry eruption on hands, especially between thumb and forefinger, which looks like scabies. This eczema came on three weeks ago, commencing on the left hand and then on the right. It itches more when she puts the hands in hot water. Hands and feet are cold. Headache and dizziness for the last two days. Her dysmenorrhœa grew better every month, and the last period came on *without any pains*. Could anybody ask more of a single dose of Sulphur^{em}? Thinking its action to be now exhausted, and that the eruption called for another dose, I gave her one powder of Sulphur^{em} dry on the tongue.

June 13th, 1884.—Hands got all right very soon, but she had the old pains again with her last menstruation.

I shall not follow up this case any further, suffice it to state that she remains about the same up to this time.

The blunder which had been committed was twofold; not only had the action of the first dose of Sulphur been killed by the too hasty repetition, but also another teaching of Hahnemann and his true disciples had been sinned against, viz.: "If the disease changes its platform, coming from the interior body to its surface, we should consider this as a sure sign of improvement, and leave well enough alone."

Profiting by this mistake, I succeeded better in another case, which may find its place here, inasmuch as it shows the immense long duration of the action of the curative remedy, and teaches, likewise, the difference of a palliative and a curative remedy.

On the 8th of August, 1880, Mr. A. W., forty years old, blonde, blue eyes, and of phlegmatic temperament, a farmer, called at my office complaining as follows :

Since several days a pressive pain in epigastrium going toward the back. No appetite, dry mouth in the morning, tongue covered with a white, slimy coating. Heat in the afternoon without thirst, with occasional chills, so that he prefers to be near the stove or in the sun. Urine burns slightly. \mathcal{R} Pulsatilla ^{2c}, twelve powders ; one every two hours.

21st of July, 1881.—He sends for the same medicine that helped him last summer ; he complains of the same pain in stomach. \mathcal{R} Pulsatilla ^{2c}, twelve powders, one every two hours.

19th of October, 1882.—Painful numbness of the right arm and hand, especially at night ; has to move the arm from place to place. Better through the day during active exercises. \mathcal{R} Rhus tox. ^{2c}, eight powders, night and morning.

19th of May, 1883.—During a warm day he had changed his warm winter clothes to lighter ones, and since then he feels tired and an aching in all his limbs. Amelioration from lying down quietly. Frontal headache worse from motion ; roaring in the head and ears, worse from sitting or lying down. Heat and chills interchange ; thirsty for much at a time ; no appetite. He moved his bowels by drinking some medicinal tea. Pressure in epigastrium, which is also sore to touch. \mathcal{R} Bryonia ^{cm} (Swan), one dose dry on tongue. Placebo.

24th of May, 1883.—Frequent diarrhoea ; movements are scanty and contain indigested food. Tenesmus and passage of flatus during and tenesmus after defecation. He has to hurry when he feels the inclination for stools, rolling and rumbling in bowels. Head feels dull, thirst is better, fever is gone, but the pressive pain in epigastrium remains. His mouth is sore, and although he has no appetite, yet his stomach feels so empty, as if he ought to eat something. \mathcal{R} Sulphur ^{cm} (Swan), one dose dry on the tongue.

28th of August, 1884.—A week ago a furuncle made its appearance on the left shin, and recently a second one. Pain drawing up into left inguinal glands. Slight chilliness toward evening. When he was a child he used to be troubled a great deal with such boils. \mathcal{R} Sacch. lact., internally and externally, mutton tallow.

10th of December, 1884.—Furuncles soon got well ; has not complained of anything since.

This case furnishes also an illustration to Hahnemann's experience, which he had in the treatment of chronic diseases before

he was aware of the power of antipsorics. He found that patients would get better under the then proven remedies as given in his *Materia Medica Pura*, but the improvement would not last. Another remedy would help again, but again a relapse would take place under another form, and so on, until the action of remedies would cease altogether and the patient be doomed. This led him to the great discovery of the anti-sporica and the nature of chronic disease, which will stand as an eternal monument of the grandeur of his genius.

BOOK NOTICES.

CHOLERA EPIDEMICA; HOMEOPATHIC TREATMENT. By Benjamin Ehrman, M. D. Cincinnati.

In a little pamphlet, Dr. Ehrman gives his experience in treating this disease and the indications for the remedies he used. For the stage of *collapse*, Dr. Ehrman recommends:

CARBO VEG., for anxiety of mind, cold breath and tongue, choleric face, cold, clammy sweat, hoarseness, suppressed pulse and urine, desire for cold air, aversion to warm coverings, and general prostration. Give 30th potency.

SECALE COR., for the following condition: the patient lies quietly in a semi-comatose or semi-paralyzed state, complains in a husky whisper of dimness of vision, dullness of hearing, tingling in the ears; also for internal heat, or burning with external coldness, numbness, and formication in limbs, with cold, clammy sweat, suppressed pulse and urine, and *aversion* to being covered. A great many cases presenting the above symptoms, given up by other physicians, were cured with the 30th potency in a short time.

HYDROCYANIC ACID. This remedy was only once employed by me in a desperate case, but with success. A lady, aged forty-four years, was attacked with cholera, after having had a miscarriage and flooding for a week, and was attended by the founder of the Physio-Medical school until collapse set in, when he gave her up, and I was called. The principal feature of the case was, in addition to the general prostration and extreme emaciation, **THREATENING PARALYSIS OF THE HEART.** In consideration of the teas and herbs just used, ten drops of the 1st dilution was dissolved in a glass half full of water, of which one teaspoonful was given every fifteen minutes for the first hour, and afterward every thirty minutes until better. Contrary to mine and to the friend's expectations, the patient was relieved in four or five hours, and finally restored by China and Phos. acid.

ACONITE. In order to have a clear perception when and how to use this remedy in collapse, and also to appreciate the importance of making at once a right selection of a remedy, the history of a clinical case will illustrate better than the bare symptoms merely could do. I was called late in the evening to a young lady, who was treated all day by three (allopathic and eclectic) physicians successively, but not successfully, and eventually given up by them all. When I arrived there I met one of them at the bedside of the patient. I said to him that I did not wish to interfere, if he was still attending, but he answered that he had done all he could, and that if I could restore the pulse again to this lady, he would himself beg me to do so.

The prominent symptoms were, besides general prostration, **COMPLETE SUPPRESSION OF PULSE, VOICE, AND URINE, ICY COLDNESS OF THE LIMBS,** restlessness, with *frightened* and *anxious* looks, etc. For this condition the

remedy was selected; but in consideration of the heroic drugging, I decided to give eight or ten drops of the 1st dilution in a glass of water, one teaspoonful of which was to be given every fifteen minutes for the first hour, and afterward every half hour until better. Next morning I found the patient much better, pulse and warmth restored, and in a few days she was entirely well.

NICOTIN. PERFECT COLLAPSE, where diarrhœa, vomiting, and thirst had ceased entirely, ICY COLD PERSPIRATION on the forehead, and impending paralysis of the heart.

The 30th potency should be used. Direction: Give one dose every fifteen or thirty minutes for a few hours; afterward every one, two, or three hours, according to circumstances, until better.

REPERTORY TO ECZEMA. By C. F. Millspaugh, M. D., Binghamton, N. Y. Pp. 43; price, 25 cents. New York: A. L. Chatterton Publishing Company, 1885.

Dr. Millspaugh is well known to the profession through the beautiful plates he is giving us of "American Medicinal Plants;" in this little repertory, the Doctor shows that he knows the therapeutic uses of our medicines as thoroughly as he does their botanical appearances. The repertory is printed only on one side of the page, leaving ample room for additions.

NOTES AND NOTICES.

ANNUAL MEETING OF THE HOMŒOPATHIC MEDICAL SOCIETY.—The Homœopathic Medical Society of Ohio will convene at Cincinnati, on May 13th and 14th, 1885. The sessions will be held at the Pulte Medical College, with headquarters at the Palace Hotel (rates, \$2.00 per day).

H. E. BEEBE, *Secretary*.

DR. JOHN V. MILLER, formerly of Newark, N. J., has removed to New York city, taking charge of the practice of the late Dr. Constantine Lippe. Dr. Miller will be succeeded at Newark by Dr. Harlyn Hitchcock, a recent convert from allopathic empiricism. As both of these gentlemen are true homœopaths and able practitioners, both New York and Newark will be well cared for.

A NEW POTENTIZER.—Our friend, Dr. R. B. Johnstone, has invented a new instrument for potentizing homœopathic medicines. He hopes to exhibit it at the coming meeting of the I. H. A. Messrs. Fincke, Swan, Skinner, and Foote, etc., will have to look out, else they will lose their laurels as inventors!

DR. LILIENTHAL, the veteran editor, writes us he has cast aside all his burdens, and will soon hie himself away to foreign shores. We are sure no one wishes him a pleasant trip with more heartiness than does the HOMŒOPATHIC PHYSICIAN. *Bon voyage*.

DR. BURNETT.—The numerous readers of the sprightly and interesting *Homœopathic World* will be sorry to learn that J. Compton Burnett will no longer fill its editorial chair. Dr. Clarke, his successor, will have to show his best work to avoid unfavorable comparison. Yet we think he will prove no mean competitor.

HOMŒOPATHIC CONGRESS.—The next International Homœopathic Congress will meet at Brussels, in 1886, at a time to be decided upon later. Those desiring further information should write either Dr. Richard Hughes (Brighton, England), permanent secretary, or to Dr. Martiny, Brussels, Belgium. The value of these international meetings cannot be questioned.

T H E

HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. V.

JUNE, 1885.

No. 6.

DIFFERENTIATION OF REMEDIES.

P. P. WELLS, M. D., BROOKLYN, N. Y.

(Continued from page 162.)

These remedies have marked peculiarities in the pains and swellings they excite in the face. Acon. has *crawling pain* with *sense of swelling* in the cheek; *pain, as of ulceration*, in the zygoma; *pain in one side, with swelling* of the lower jaw; *pain in the joint of the jaw* while chewing.

Bell. has *severe cutting pains; pressing, squeezing, tearing, drawing* in the zygoma; *stitch* in the joint of the jaw, also while chewing, and into the ear, or from the ear to the chin; *swelling* of the face, with *hardness* and *shootings* therein, in rough weather.

Bry. has *tenseness* in the skin of the face and on the forehead while *moving the muscles of the face; tearing and jerking* from the zygoma to the temples, *aggravated* by touching; *pressure* under the right malar bone, *disappearing* from touching; *pinching* in the joint of the jaw—*worse from motion; throbbing* in all parts of the face, to be felt externally; *swelling* of the face—*red, soft, hot, blue and brown red*—also only on the left side, or from the nose downward, or of the upper half, especially over the nose and under the eyes, with *swelling of the lids; hard swelling of the cheek*, near the ear, with burning.

In selecting a remedy for pains or swelling of the face, first note the *kind* of pain. If, as in the case with these three remedies, the pain to be treated is found repeated in the record

of several drugs, then compare the concomitant symptoms of the pain with those recorded as concomitants of the pains produced by the several drugs, and also the circumstances which mark the first appearance of each, and which increase or relieve the pain, and then select that drug in the record of which is found the greatest similarity to the record of the case in these particulars. For instance, in Acon. the pains in the zygoma are like *pains of ulceration*; in Bell. the pains in this part are *pressing, drawing, tearing, squeezing*; in Bry., *tearing, jerking*, from the zygoma to the temples. Acon. has pains in the joint of the jaw *while chewing*. Bell. has *stitch in the joint*, while chewing, *extending to the ear*; Bry., *pinching in the joint, made worse by motion*. In this manner *all* the parts of a case are to be examined and compared before the process of differentiation can be *begun*. And this gives the opportunity for saying that the greatest difficulty in practical homœopathic therapeutics is not in *finding the remedy*, but in gathering the facts of the case, *all* of them, and putting them in such form as will make the required comparison of these with those of the materia medica record *possible*, by which alone the remedy can be found.

Then as to swellings. Acon. has *sense of swelling with crawling pain*, and also swelling of the *lower jaw*; Bell., *swelling of the face, with hardness and shootings in rough weather*. In Bry. the swelling is *red, soft, hot*, on the *left side* from the nose downward. By these few examples it will be seen that, though each of these remedies have similar pains and swellings in the face, yet they are accompanied by differences which make their differentiation not only possible but easy.

In the teeth Acon. is characterized by sensation of *looseness*, with *crawling and burning in the jaws and tongue, shootings, pressure* in those of the *left upper jaw, throbbing pains in one side, pains from mental emotions, especially anger; congestive pains in teeth and face*.

Bell. has *convulsions of the muscles of the jaws and face (tetanus)*; pains of a *rheumatic* character, especially in women and in those who are pregnant; pains from *air currents*; pains which appear *immediately after eating*, which *gradually* increase to a high degree of intensity and as *gradually* disappear; *drawings, shootings*; pains at night in those of the *right upper jaw* preventing sleep, with acute *burning swelling* of the part and *jerking* in the teeth, with *drawing* in the ear, or from this downward to a hollow tooth, where it *bores*; better *when eating*, worse *after*, and worst of all at *night*; pain as from *excoriation* while walking in the open air; pain in the *nerve of the root of*

the tooth in the evening, in bed, and during mental labor; *jerking* and *boring* in the hollow teeth; pains *in the roots* while biting as if *ulcerated*, or as if they would *break*; *tearing* and *digging* also in hollow teeth, worse when *touched*, especially by *food*, and also from *admission of cold air* to the affected tooth, worse also in the evening; *shootings* sometimes in the ear, or tooth, or face, and also in the night, *after midnight*, on waking; also in hollow upper molars, day and night, followed by swelling of the face; pains in the teeth with *red, hot face*, with *throbbing* in the head; sensation as if the teeth were *elongated*; *swelling of the gums* with *burning* in them, or with chills and fever; *pain in gums* as if *ulcerated* from being *touched*; *vesicles on gums*, which pain as if *burnt*; *bleeding from hollow teeth*.

Bry. has pain in molars *while chewing*; *unendurable pain in repose*, especially *in bed*, relieved by *chewing*; pain from taking *warm things* into the mouth; pain from *air* admitted to the tooth; *jerking*s to the ears, with *shooting*, in the evenings in bed, now in upper and now in lower teeth; *drawing* in molars *while* or *after eating*, with feeling of *looseness* or *elongation*; *tearing, shooting*, even to the muscles of the throat, while eating, and worse from *warm things*, with *tearing* in the cheek and *pinching* in the ear at *night*; pain as if the tooth were screwed in and then torn out, relieved by cold water and going into the open air; pain as from *excoriation* from *cold drinks*; *after midnight* (3 o'clock) as if *cold air* pressed on a *bare nerve* in a hollow tooth, *relieved* by lying on the *painful side*, and greatly *aggravated* by lying *on the other*; *looseness* of the teeth, with *pain while chewing and biting*, and *sensation* as if the teeth were *too long*, especially in the morning when waking; gums pain as if *excoriated* and *raw*; *spongy gums*.

Symptoms of the teeth are chiefly important in treating affections of the teeth themselves. They may at times give light on the selection of the specific for chronic maladies, and sometimes, though less frequently, in acute cases. If any of these be present in either they make a part of that whole we call the "totality," which alone and always determines this choice, and, therefore, are never to be overlooked or neglected. That in the affected and changed life force which determines the character of the pains in the teeth to be *shooting, drawing, tearing, burning*, or of any other kind, and of which we know nothing, except as we meet its effects, is very likely essentially active in modifying the actions of the life forces in other organs and functions, the sum of which constitute the sickness for which we are to find the

specific. So far as the symptoms of the teeth disclose this character they become of the first importance.

These remedies act on the mouth, producing symptoms the like of which are found in many sicknesses, especially in acute attacks, and these are often of import in pointing to the specific curative which is about to become an object of search. Acon. has *sensation of dryness, or dryness of mouth and tongue*, also with *heat*, which rises from the chest to the head; *crawling, smarting, stitches*, and *burning* of the tongue; brief *paralysis* of the tongue; *trembling, stammering* speech; *excoriating* pain of the *orifices* of the *salivary ducts*, as if they had been corroded; *salivation*, with *pricking* in the tongue.

Bell. has *offensive smell from the mouth*, *sensation of great dryness*, while the mouth is really *moist*, also with very irritable disposition, or with *smarting* and *exfoliation* of the *lips*, with *sticky clamminess* of the *mouth*; *great dryness*, which extends to the *nasal passages* and *throat*, *constricting the larynx*, *not permitting* swallowing, and with or without *thirst*; *froth* before the *mouth* (*epilepsy*), *bloody*, also with *grinding* of the *teeth* and *shaking* of the *head*; *smells like spoiled eggs*; *salivation* great, with *sticky, thick, white, stringy* saliva; *orifices* of the *salivary ducts raw* and *excoriated*; *sticky mucus*, mostly with *dryness* of the *mouth*; *putrid tasting mucus*; frequent *spitting* of *sticky mucus*; *red inflammatory swelling* of the *mouth* and *throat*; *blood bursting* from the *mouth*; *tongue red, cracked, hot*, and *dry*; *red* on the *edges*, *white* in the *middle*, *white coated*, with *sticky, white, or yellow* mucous covering; *papillæ dark red, inflamed, and swollen*; *burning* and *smarting* of the *tongue*, as if there were *vesicles*, and especially when touched, and the whole *tongue* is *painful*; *cold* and *dry* sensation; *numbness* of the *tongue*; *trembling* of the *tongue*; *paralytic weakness* of the *organs of speech*; *heaviness* of the *tongue*; *difficult, stammering* speech, as if *intoxicated*; *nasal* speech; *loss* of *speech*.

Bry. has *sensation of dryness* on the *hard palate* and in the *mouth in the morning*, and *between* the *upper lip* and *teeth*; *great dryness* of the *mouth*, with *much thirst*, or with *none*. *Great flow of saliva*, also *frothy* and *suds-like*; *much spitting* of *saliva*; *running of saliva* from the *mouth*; *foul smell* from the *mouth*; *tongue coated white or yellow*; *dry* tongue; *rough, dark colored*; *burning vesicles* on the *margin*; *indistinct* speech from *dryness in the throat*.

It will be noticed that the affections of speech in Bell. and Bry., the record of each of which has embarrassments of this

function, are very different in their character, importance, and significance, that of Bell. pointing to paralytic brain affection, as in typhoid fever, or in impending attacks of apoplexy; that of Bry. is more the result of the local condition of the throat, *dryness*. The salivation produced by these two remedies is also different; that of Bell. characterized by likeness to that of epilepsy, and is often accompanied by *dryness* of the mouth. Bry. has copious salivation, which is often frothy and suds-like, with *much* spitting, or it runs involuntarily from the mouth. In contrast with this the saliva of Bell. is found to be thick, sticky, white, and stringy. In this last peculiarity it touches the characteristic salivation of Kali Bi-Chrom. It is rather indicative of local affection of the salivary glands than of any deeper or more important affection, as is the case with that of Bell. With Acon. there is no embarrassment of speech and the salivation is less important, and is accompanied by pricking in the tongue. It has also its characteristic sensation of *crawling* in the mouth, which neither of the others have.

The orifices of the salivary ducts are only affected by Acon. Swelling of the internal mouth is only recorded of Bell. Offensive smell from the mouth is found with Bell. and Bry. It is characterized with Bry. by hawking up offensive tough mucus.

In the throat Acon. has *scratching*, with difficult swallowing. *Sticking, strangling* in the throat, especially while swallowing and speaking; *crawling, burning*, and *fine sticking* and sense of *contraction*, as if from an astringent, in the back part of the throat; inflammation with fever, and *dark red* color of affected part (fauces, soft palate and tonsils), with almost entire inability to swallow, with hoarseness.

The throat with Bell. is *scraped, rough, raw*, especially when touched with the tongue, chewing, or swallowing; *tearing* in left tonsil, especially when swallowing; *burning* in the throat, especially when swallowing food and drinks; *shootings* extending to the ear, or with pain as if swollen, only while swallowing, turning, or feeling the neck, also when not swallowing and when swallowing and breathing; great and suffocating *dryness* in the throat; feeling as if there were a *ball* in the throat which nothing moves; *inflammation* in the throat, of the soft palate, uvula, and tonsils; suppuration of the tonsils—the inflamed parts are covered with a white, tenacious mucus, like a skin; swallowing very painful or impossible, even fluids, which often return through the nostrils; impossible swallowing, with great *aversion to fluids*; constant desire to swallow, with sense of *suffocation* if he does not swallow; *dryness of throat and mouth*

prevents swallowing; *paralytic weakness* of the muscles of deglutition; *spasmodic constriction* and *painful contraction*, with impossibility to swallow the least thing; *strangling* in the throat, with *pressure*, as if from the abdomen; *contraction* of the *œsophagus*.

Bry. has *sensation of dryness*, or *great dryness*, in the throat, especially in the evening; with *sensation of rawness* in *empty swallowing*, worse in a warm room, renewed by drinking; pain in the throat, with difficult swallowing and hoarseness; food and drinks produce choking and will not go down; *pressure* in the throat like a hard body; *stitch* while swallowing, turning the head, and feeling the neck; *scraped roughness* in the back part of the throat; *sensation of swelling* in the throat, or as if there were an accumulation of mucus, especially while swallowing, also with difficult speech; painful sensation as if the *œsophagus* were contracted.

The throat symptoms of these drugs are mostly related to sick conditions in which *local* throat troubles are a prominent feature. With Acon. and Bry. these are of an inflammatory nature, and are characterized, Acon. by the *dark red* color of the inflamed surface and by the *sticking, strangling* when swallowing or speaking, or by the *crawling* sensation so common in the actions of this drug on other parts, and Bry. by the *dryness* or *sensation of dryness*; *sensation of rawness* on *empty swallowing*, worse in a warm room; *pressure* in throat like a *hard body*; *sense of contraction* in the *œsophagus*. With Bell. the range of relation is broader. It has *scraped, rough, raw* sensations; *tearing, burning shootings*. It shares *great dryness* with Bry., and like it has a sensation as of a *ball* (Bry., *hard body*) in the throat. Its inflammation attacks the hard palate and soft parts of the throat, and these are often covered with *white, tenacious mucus*, in this differing from the inflammations of both its kindred drugs. This peculiarity may suggest a relationship to diphtheria, though it will seldom be found curative of the whole malady. The *paralytic condition* of the *muscles* of the throat is often indicative of important *brain affection* which may find its curative in Bell. The peculiar difficulty of *swallowing fluids*, as compared with that of swallowing solids, will at once suggest a relationship to hydrophobia, which it has cured, thus verifying the truth of our law of curative relationship in a most interesting and convincing manner. This symptom is not found in either of the other drugs. The inflamed throat of Bry. is worse in a *warm room*.

The digestive function and organs associated in it are vari-

ously affected by these drugs. To begin with taste. Acon. has *bitter, putrid, insipid, fish-like*, or like *bad eggs*; *bitter* taste of *all food and drink, except water*. Bell. has *loss of taste*; *corrupted, disgusting, nauseous*, also with a clean tongue; *putrid*, either *while* or *after eating*; *weak, sweetish, saltish, acid, bitter*; *food tastes insipid, or too salt*; *bread tastes and smells sour*; *milk smells disgusting and tastes bitter, acid*, and is rejected.

Bry. has *loss of taste*; taste *flat, insipid, pasty, sweetish, putrid, sickly, disgusting, nauseous, bitter, everything tastes bitter*; *bitter or putrid*, with *offensive breath*.

The modifications of taste are less important as indicia to specific remedies than are many other symptoms of changes in the functions of other organs, and for the reason that taste is changed more or less by almost all drugs, and the changes are so like in so many as to greatly reduce their value as guides to curatives. Still when that which is characteristic of any one is met, *i. e.*, a modification not produced by other drugs, it should be carefully noted and have the consideration it merits. Bitter, sour sweet, and others like these common to many drugs, are reduced by this fact to second rank in importance in drug selection. But where, as in the record of Acon., the uncommon *fishlike* taste is met, it is almost certain to be accompanied by other symptoms like those of this drug which will place its selection beyond doubt. The same may be said of the *nauseous, disgusting taste, with clean tongue*, found in the record of Bell., and also of its symptoms. *Bread tastes and smells sour*, and *milk smells disgusting and tastes bitter*; and also those of the record of Bry.; *everything tastes bitter*; *bitter or putrid taste, with offensive breath*.

The appetite is affected by these drugs as it is by so many others. The appetite is reported as *lost* with Acon., with *sour or bitter taste, with pain in the chest* or in the *hypochondria*; *disgust for food*. Bell. is also characterized by *total loss of appetite, while still feeling hungry*; also with *headache, or with rapid and weak pulse*. This is the more noteworthy by reason of its exception to the character of the pulse found so almost universally in cases with predominant Bell. symptoms, full and hard. Bell. has also *aversion to meat, acids, beer, coffee, and milk*. Bry. has *loss of appetite, with empty stomach and hunger*; *aversion to and disgust for food*; *loss of appetite from swallowing the first mouthful*. It has also *canine and morbid hunger, which compels eating little and often*.

Acon. has *burning and unextinguishable thirst*, sometimes for *beer*, which does not agree with the patient. Bell. has *absence*

of thirst, or, like Acon., burning, choking, and unextinguishable thirst, with inability to swallow the least drop, or with perfect aversion to all fluids; drinking with trembling haste. Bry. has thirst for cold drinks; does not drink often, but much at a time; desire for wine, coffee, or acid drinks. After eating, Bell. has contracting pain in the stomach; pinching below the navel; drunkenness; drunkenness, or internal heat from beer. Bry. has, after every eating, especially of bread, eructations, pressure in the stomach and epigastrium, with cutting in the abdomen or vomiting; distention of the abdomen.

The general disturbances of appetite, such as its loss or excess, are not of great importance in the selection of specific remedies, as these are met, more or less, as the result of the action of almost all drugs, while special aversions or desires are worthy of a more careful attention from the prescriber. So of other gastric functions which show disturbance by eructations, regurgitations, nausea, vomiting, etc., only that which is peculiar in these disturbances is always to be most carefully considered. The eructations of Acon., which are characteristic, are: The mouth is filled with gas, which tastes like spoiled eggs; risings of sweetish water, like waterbrash, with nausea; empty eructations, or a fruitless disposition to them. Bell. has fruitless inclination to eructations; imperfect or suppressed eructations; also with loss of appetite and vertigo; bitter eructations, also, after eating; putrid eructations; burning, acid, with rising of excoriating fluid; with strangling, heartburn, waterbrash, hiccough; with loss of appetite and dullness of vision. Bry. has frequent empty eructations, especially after eating; not after drinking; empyreumatic, burning, excoriating the mouth; bitter and acid after eating, with rising of sour water; regurgitation of mucus, or of food, after each meal. The differences of this disturbance, as produced by these three drugs, are sufficiently apparent, and need not to be especially pointed out. The three, it will be noted, produce waterbrash. If this be met in a case to be prescribed for, the choice of either, or of some other remedy, must be determined by the concomitants of the waterbrash or by the general symptoms, as is always the case where symptoms are met like to those of two or more drugs.

Acon. has disgust, sinking, nausea, retching, felt in the epigastrium (sometimes, later, under the sternum, and then in the throat), sometimes while walking in the open air, or it is worse while sitting and better when walking; nausea, as if from eating sweets or fat; vomiting, with nausea, thirst, general heat, with copious sweat and urine; vomiting, of blood, of blood and mucus, of

green bile, of lumbrici; vomiting of large masses of dark-colored blood.

Bell. has frequent attacks of nausea *in the forenoon*; disposition to vomit *felt in the throat*, with *bitter* eructations, while walking in the open air; with *disgust*, when *beginning to eat*; with *disgust* and *strangling*; with *great thirst, empty retching*; with *yawning, blue face*; at *night, about midnight*, with *anxious sweat*.

Bry., *nausea*, mostly with *retching*, especially *after food taken with relish*; in the *morning on waking*; also with *empty eructations*; with *bitter taste*; with *copious flow of water* from the mouth, *evenings*, before going to sleep, or in the *morning, after rising*; *after drinking*; with *weakness*; with *anxiety*; after attempts to *drink or sit down*; *empty retching*, also *evenings, with water and mucus*, like waterbrash; with *coldness of the abdomen*.

Vomiting. Bell. has vomiting in the *evening*, with *vertigo* and *flying heat*, with *copious sweat*; *sleep after vomiting*; *mucus bilious*; *acid, watery*; of food, with *diarrhœa*; vomiting of *blood*. Bry. has *vomiting immediately after drinking*; *after eating bread*; of food, also *hiccough* and *choking*; of food and *bile* immediately *after midnight*; *bitter*, of *bile and water*, especially *immediately after drinking, immediately after eating*; *mucus* in the *evening*; of *yellowish green mucus*; *bloody vomiting*; *stitch* in the *left side of abdomen* while vomiting.

In connection with this symptom of vomiting, we have the opportunity for remarking on the similarity which cures, and for saying it is not the similarity to any *one* symptom which constitutes any drug a curative for any sickness, but the likeness is to be that of "the totality." It is easy to say when a patient vomits, "Oh! *Ipec., Tart. emet., Ars., Verat.*, etc., these cause vomiting, and, therefore, give *one* of them, no great matter which, and the *law* is responsible for the *cure*." The *law* is *not* responsible for the cure of any cases so prescribed for. Many cases characterized by vomiting are met which neither of these drugs will relieve. Disappointments of this sort have been a multitude, as disappointments from prescriptions based on other *single* symptoms have been. Such prescriptions will oftener fail of curing than otherwise, because such prescriptions are *not* homœopathic, and it is such as are which cure the vomitings which disregard the routine use of *Ipec., Ant-t.*, etc., and all the other symptoms of such cases as are not like those of these drugs. Vomiting is often distressing and violent where the irritation, which has caused it is far away from the stomach, and the seat of this is revealed by the other members of the group which

constitutes "the totality," which will insist on its likeness being sought, found, and given before the cure promised to a faithful compliance with the demands of law can be realized.* An example of this false prescribing is not seldom met in cases of young children who are suddenly and from no known cause attacked with vomiting, which occurs at short intervals, and shows no sign of ceasing spontaneously. The doctor is called. This troublesome symptom which has chiefly alarmed friends, and called him to the side of the sufferer, occupies his whole vision. Diagnosis, "*disordered stomach*;" give Ipec., Ant-t., or Ars. The obstinate plague won't stop. The "*disordered stomach*" is all the doctor sees, and he asks himself what has caused the derangement? He goes over all the child has eaten, and all his known exposure to causes of gastric disturbance, and possibly lights on an article of diet he imagines to have done the mischief. Well, now he has found a clue to the way out of this difficulty. He knows, or thinks he knows, that *Nux vom.* cures the maladies so caused, vomiting included. He gives his specific for errors of diet, and his patient is no better, and now the doctor is puzzled. If he had had the skill and the carefulness so needful to the gathering of the neglected "*totality*" of symptoms, and had employed them as he should have done, he might have discovered that *in the brain*, and not in the stomach, is the *fons et origo* of all his and his patient's trouble. Such cases are not uncommon, and if recognized and properly prescribed for *in the beginning* are easily cured. If paltered with as "*disordered stomachs*," and get Ipc., etc., or *Nux v. etc.*, they certainly die. They have had their *vomiting* attended to. They have had no *homœopathic* prescribing.

[TO BE CONTINUED.]

* It happened to the writer some years ago to see, in consultation with a neighbor, a case which he, the neighbor, said was a *gastromatacia*. He had been trying for near a week, with the whole train of so-called "emetics," to stop the vomiting of the child (about five years old), but this was obstinate and would not stop. This obstinacy was responsible for the diagnosis, "*softening of the stomach*." The child was found wholly unconscious. Could not be roused by any endeavor to this end. Face pale, cool, damp; eyes staring, pupils largely dilated; paralysis of one side, with increasing disposition to spasms of the voluntary muscles. This was the sight presented to the consulting visitor as he entered the room where the sick child lay. The first glance told the story, and the consultant said to the attendant, "Doctor, you have a case of water in the brain." He saw it *when told!* and threw up both hands, and exclaimed, "My God! *how could I have been so blind!*" But he had been, and was so blind. *Moral:* The man who can see but one thing at a time should never attempt to practice Homœopathy. This worthy man had mistaken his calling, and his patient died.

NEPHRALGIA.

Hoping that these lines may call forth, from those more experienced than the writer, the valuable points of their experience, we desire to give a few therapeutic hints for the selection of the homœopathic remedy in treating cases of renal colic.

It is not at all necessary for this purpose that we should give any pathological or clinical history of this disease. The symptoms are very familiar and hardly mistakable.

TREATMENT: The allopathic method of narcotics, Chloroform, or hot fomentations, etc., we need not here discuss, as we all *know* a better, *quicker*, and more successful method. *Apropos* of this assertion, the writer may mention a case treated by *Lycopodium*, where the patient was able to resume his professional duties in three days, whereas a previous attack, treated by *Morphia*, had confined him for two weeks.

The remedies most frequently called for in renal colic are *Apis*, *Arn.*, *Ars.*, *Bell.*, *Berb.*, *Cann-s.*, *Canth.*, *Diosc.*, *Erigeron*, *Eup-perf.*, *Equisetum*, *Kali-c.*, *Lyc.*, *Nux-m.*, *Nux vom.*, *Ocium*, *Op.*, *Pareira*, *Piper meth.*, *Sarsap.*, *Sil.*, *Tabac.*, *Uric-ac.*, *Zinc*. This list comprises the remedies most often indicated, although, of course, *any* remedy may be required where the symptoms indicate its similarity.

ARNICA: Where this remedy is of service we find piercing pains, as if a knife were plunged into the region of kidneys, accompanied by violent tenesmus of bladder; patient is chilly and inclined to vomit. (Dr. Small.)

ARSENIC: Patient passes gravel from time to time, causing a dull pain in region of kidneys and down the ureter, accompanied by gastralgia, tickling in urethra, and difficult micturition. These, with the great restlessness common with Arsenic patients, complete the picture.

BELLADONNA: The pains of this remedy are spasmodic, *crampy*, and straining along the ureter as far as the bladder; the pains come and go quickly; patient's face is apt to be dark red, flushed; maybe, eyes injected, etc.

BERBERIS: Sticking, digging, tearing, or pulsative pain in region of one or both kidneys; or a violent, cutting, sticking pain from kidney to bladder and urethra; also *red sediment in urine*.

CANN-SAT.: Has drawing pain in region of kidneys, extending into inguinal glands, with nauseous sensation at pit of stomach; burning while urinating, yet worse after.

EQUISETUM: Dull pain in region of right kidney, with urging to urinate; slight pain in right kidney, then in left, extending down left side of sacrum.

QCIMUM: Nephritic colic, right side, with violent vomiting every fifteen minutes; she twists about, screams, and groans; red urine, with brickdust sediment after the attack; or blood passed after attack.

PAREIRA BALS.: Has violent pains in bladder and, at times, in back; left testicle is painfully drawn up; pain in thighs, shooting down into toes and soles of feet; strangury so bad has to get on his knees, resting head on floor; urine strongly ammoniacal. Dr. Lippe gives, as the difference between Berb. and Pareira, that the former has pains in hip, latter in thigh; Berb. lacks the strong ammoniacal smell of the Pareira urine.

NUX VOM.: Renal colic, especially of right side, extending to genitals and right leg; worse lying on that side, better on back; painful, ineffectual urging to urinate; urine passes by drops, with burning and tearing; stitches in back when turning, with dull pain while sitting.

TABACUM: Renal colic; violent pains along the ureters; cold sweat and deathly nausea. E. J. L.

COMPARATIVE REMARKS.

Colocynth and Staphisagria.—*Colocynth* has great similarity to *Staphisagria*, not only in anger, with vexation and inclination to anger, but especially in abdominal colic, neuralgia, dysentery, and many other complaints. For this reason, they often act well after each other or in alternation.

Plumbum, similar to *Coloc.*, has an inclination to take the strangest attitudes and positions in bed.

Calc. phosph. and *Berberis* have both been given with great success to heal fistula in ano; both have, also, great similarity in their chest symptoms, particularly such as nearly always follow the surgical operation.

Arsenic and Bryonia.—*Ars.*, drinks little, but often; *Bry.*, drinks much, but not often. *Bry.*, eating often, but little at a time; *Ars.*, much eating at a time.

Conium and Sulph. ac.—If the desire to urinate is not soon enough satisfied: pain in the bladder, *Sulph. ac.*; pain in the kidneys, *Conium*. In ordinary cases, *Rhus tox.* is sufficient.

Cuprum and Stramonium.—*Nightly spasms.* Comp. *Staphisagria.*
C. HG. in *J. of M. M.*

PROVING OF CONVALLARIA MAJALIS.

IRVIN J. LANE, M. D., SING SING, N. Y.

Having proved *Convallaria majalis* tincture some time ago, and finding that it was a very important remedy, I thought it should be proven in a dilution, so July 1st, 1884, I commenced taking *Convallaria majalis*, third centesimal dilution, prepared from the flowers and upper part of the stems of the "Lily of the Valley," by chopping and pounding them to a pulp, after which I added an equal part, by weight, of alcohol, then stood it in a cool place, shaking it occasionally for eight days, then filtering it, and preparing the dilutions, as directed under Class II of the Homœopathic Pharmacopœia.

At the time I commenced the proving I was in good health, with the exceptions of a slight cold and a collection of phlegm in the throat mornings, which disappeared after breakfast. The above symptoms, or any other that I had had for some time previous to the commencement of this proving I was very particular in guarding against recording.

Age twenty-three; eyes blue, hair brown, form stout, features full, chest large and full, habits good, bowels regular.

I saturated disks, so that each disk would absorb one drop, and commenced July 1st, 4 P. M., taking one disk at a time every two hours.

July 7th.—Each day, since I commenced taking *Convallaria*, I have had two stools a day. This afternoon, between 3 and 5 o'clock, I have felt very sleepy and weak. A small aneurism, about the size of a millet seed, formed on my left index-finger which, after picking it with a pin, bled quite profusely and was difficult to stop; the slight bleeding caused a faint feeling and I turned pale. During the day whenever I would feel a little cold I would have a chill. During the chill I would be very nervous, so that my hands would tremble.

July 8th.—Feel very sleepy between 3 and 5 P. M.

July 10th.—Smarting of the right eye at about 12 M., which lasted only a few minutes; grieve very easily; feel sleepy at about 6 P. M., while sitting; food eaten at a restaurant did not look or taste fit to eat, as it did not seem clean.

July 11th.—Forenoon; eyes felt dry, and a sensation, as if the inner parts of the lids were rough, which I felt when first awaking, and lasted until about 10 A. M.; food did not taste as good as common; appetite diminished; very sleepy after dinner.

July 13th.—Was quite nervous; my hand would tremble when trying to give a spoonful of medicine, so that I could not take a full spoon; grating of the teeth mornings as soon as I began to awake.

July 15th.—Eruetation after eating cucumbers, tasting of the cucumbers; pain in left part of umbilical region, after walking a short distance; food does not seem as if it was clean and fit to eat; thirsty, drinking a great deal of water, especially in the evening; feel sleepy and lazy.

July 18th.—While eating dinner I had a colic-like pain in the umbilical region, which extended to the right lumbar region; two stools each day.

July 19th.—Colic in hypogastric region this morning, before I got up, which lasted until my bowels moved.

July 21st, 10 P. M.—After urinating there was an aching in region of bladder, as if the bladder was over-distended, with aching and lame feeling in the back after lying down.

July 22d, A. M.—Examination of urine passed since yesterday afternoon. Color light brown, odor strong, smelling like fresh fish; specific gravity 10.30, acidity normal, slight mucous sediment after standing; albumen none, sugar normal, amount about normal, but urinate more frequently than common.

July 24th, 6.30 A. M.—The skin all over the body feels sore on awaking and after rising; pain in the lumbar region, as if the muscles were bruised.

7 A. M.—Headache, commencing in the forehead; thirsty, drinking large quantity at a time, and often. No appetite, eat only a small dish of blackberries.

8.30 A. M.—Shortness of breath while walking. Fever commenced about 8.15 A. M.; at 8.30 temperature was $104\frac{1}{2}$, pulse 124; headache in the frontal region, of a dull, heavy ache, and severe dull aching in the lumbar region, as if the back had been pounded. I went to bed, and although I kept my eyes closed all the while I could not sleep, but would hear everything; legs ached during the fever, which lasted until about 11 A. M., when I commenced to sweat. During the fever I could not hear as well as usual; the ears seemed to be stopped; could feel the heart beat throughout the chest. Whenever I would move any part it would cause a chilly sensation all over the body; motion would aggravate the headache, but felt better after moving around and talking.

Skin felt rough while washing, after perspiring.

12.15 P. M.—Legs ache. Dull, heavy, pressive headache in the frontal region; had to step very light, as the least jar

would aggravate the headache. Backache very severe, as if bruised or broken. Temperature 104, pulse 106. Collection of tough, clammy mucus in the mouth; appetite very poor.

1.30 P. M.—Temperature 102; backache and headache better; absence of thirst after the fever commenced.

2.20 P. M.—Aching of head, back, and legs still continues, but not as severe. Temperature 102, pulse 92. Urine dark colored.

3 P. M.—Dullness of intellect; can hardly think of the remedy I want to prescribe for a patient. Headache worse while walking up hill; aching in frontal region and nape of neck while walking, so that I had to step very light to prevent any jarring of the head; worse while walking up hill. Dyspnoea while walking up hill.

(Stopped taking Convallaria.)

4.30 P. M.—Coppery taste in the mouth; dullness of intellect; heavy, pressive aching in frontal region.

7 P. M.—Headache aggravated by stepping heavy or jarring the head, gradually passing away after supper.

10 P. M.—Urine very dark colored and strong-smelling; headache only when jarring or shaking the head.

July 25th.—Feel very well this morning except a frontal headache, which I would notice only when jarring the head. At times during the day there would be a pricking sensation on the forehead, as if touched with nettles, with no eruption, worse after getting very warm.

The headache lasted until 4.30 P. M., when I commenced to have a fever. As the fever increased, so did the headache; did not notice the headache but very little, except when I would move or jar the head, when it would be very severe; thirst during the first part of the fever, trembling of the hands and legs during the fever, aggravated by a draft of air; coppery taste in the mouth.

5 P. M.—Temperature 103½, pulse 106. Hot feeling in the thorax and hypochondria; weak, empty feeling in the pharynx, extending to the stomach; dyspnoea during the fever, with a desire to take a deep breath; back aches a very little.

6 P. M.—Tired out feeling after walking, with aching in the legs and back and aggravation of the headache; urine scanty, dark colored, and smells like cows' urine.

7 P. M.—Appetite poor; sleepy during the fever; by keeping quiet it relieves the headache; dyspnoea. Cold chills would commence in the back and run down the spinal column from a draft of air or by taking a drink of cold water; water felt cold

all the way down the œsophagus; sensation as of bubbles of air passing through water from symphysis pubis to the right side of hypogastric region; dull, colic-like pain across the umbilical region.

8 P. M.—Pulse 100. Gurgling of water in the umbilical region; legs ache some yet, mostly the right, and below the knee; headache more in the right temple.

11 P. M.—Headache aggravated by hawking to clear the throat, which caused very severe pains.

July 26th.—Was chilly all night; awoke about 2 A. M., was awake for a few minutes, then fell asleep again; awoke again at 4 A. M. and felt quite chilly, then went asleep again; before getting up, I had a dull, pressive headache in the frontal region and temples, more on the right side. Chills would run along the back on moving any part of the body; I laid for about an hour before arising, but could not get asleep; did not want to get up, on account of the headache, which was aggravated by the least motion; nauseous feeling in the stomach.

7.15 A. M.—As soon as I got out of bed I commenced shaking with a chill all over the body; ends of fingers were pale, with the rest of the hand mottled purple and white; lips purple and sore, and covered with hydroa; headache quite severe, aggravated by motion or stooping, so that I would step as light as possible to prevent jarring the head; hair was sensitive to touch; chill was ameliorated by the heat of the stove or covering up warm; water tastes bitter; no appetite for breakfast; drank a glass of water and part of a cup of coffee; tongue felt as if scalded when drinking the warm coffee; thick, clammy saliva in the mouth; headache very severe, of a dull, pressive character, with backache and aching of the legs; nausea during the chill, which lasted about one hour; headache, backache in the lumbar region, and aching of the legs continued during the chill; could not get asleep, although I lay very quiet, with eyes closed; time passed very slowly; did not want to get up, on account of motion aggravating the headache and other symptoms.

9.30 A. M.—Desire for stool without effect; soreness of anus on straining, as if the anus was raw; urine scanty and very dark colored. While walking on the street I had to walk very slow, as I felt very weak, and would step very light to prevent jarring the head. Eyes felt heavy; I wanted to keep the lids closed all the while, but when I would close the eyes while walking I would stagger or walk sideways; dullness of intellect.

10.30 A. M.—After walking about a mile I was tired out, so that I had to lie down and rest. Felt chilly from draft of air

or when lying on a cold sofa; headache, backache, and legs ache; tried to get asleep but could not; time passed very slowly.

12.30. P. M.—Some fever since the chill, but did not feel very warm. On getting up at about 12.15 P. M. I staggered and felt weak; appetite poor; desire for lemonade or something acid; after dinner I began to feel better.

2 P. M.—Temperature $102\frac{3}{5}$; tongue coated yellow at the base; the tip and sides are dotted red; tip of tongue feels sore, as if it had been scalded.

3 P. M.—Temperature 102, pulse 97, and quite weak; headache has nearly all passed away, but there is a dullness of the head; aching of the back in the lumbar region; aching of right big toe; urine lighter colored and more profuse.

5 P. M.—Cramps in calf of left leg while walking; head aches only a little, but feel weak, and back aches; dullness of head; hair very sensitive to touch; coppery taste in the mouth; do not feel like talking.

6.30 P. M.—Appetite for supper very good; left side of lips near the corner of the mouth is very sore, and covered with small hydroa; soreness of inner edge of the left nostril, caused by little blisters like hydroa, which feel as if the flesh had been torn, leaving a raw surface.

10 P. M.—Desire for stool, with very small faeces after prolonged tenesmus, as if there was inactivity of the rectum; tenesmus after stool.

11 P. M.—Have felt very well all the evening, with the exception of backache and weakness.

July 27th.—Slept well last night and feel very well this morning, except a slight weakness and fever blisters on the lips, which feel as if they were raw; tip of tongue sensitive and dotted with fine red points; appetite good; trembling of the hands.

1 P. M.—While I was eating dinner and sitting in a draft (the air was chilly and damp), cold chills commenced between the shoulders and ran down the back, extending to the legs. Ends of fingers turned pale, and felt very cold; the chill was ameliorated by wrapping a heavy blanket around my shoulders and sitting in a room where there was no draft. Appetite for dinner not very good—desire for something acid.

2 P. M.—Chill is not so severe, but I notice it more the harder it rains; whenever touching any part of the body with anything cold, it will cause a chill to commence between the scapula and pass down through the legs. Pressing, aching sensation at the anus, with desire for stool, but nothing but flatus passes; raw feeling in posterior part of the pharynx when inspiring, ame-

liorated for a moment by hacking cough; feel dull and sleepy, with desire to go to bed.

3.45 P. M.—The chill continued for about twenty minutes after lying down, then gradually passed away, followed at 2.20 P. M. by a fever, commencing in the back between the scapula by a hot spot covering a place about four inches in diameter, then extending to the right side of the head, then all over the head and down the back; the heat is not very marked in the legs, which may be due to not having them covered, as the upper part of the body was; the fever passed away in reverse order from which it came; sensation as if the bladder was over-distended, with passage of only a small quantity of urine; stool followed by tenesmus; not much thirst during the chill or fever.

4 P. M.—Slight perspiration.

5 P. M.—Heavy, pressive headache, commencing after walking a few blocks, aggravated by motion; abdomen sensitive to pressure, clothes feel tight.

6 P. M.—Appetite for supper very good; headache gradually passed away after lying down; inner edge of left nostril covered with small hydroa, which are very sore and smart; lips covered with small hydroa, which are very sore, left side worse.

7.30 P. M.—Headache on going up-stairs.

10 P. M.—Headache on going up-stairs, not while walking around or going down-stairs; pain in the abdomen, across the hypochondriac region during deep inspiration or gaping.

July 28th.—Epistaxis about 2 A. M., awaking me from sleep.

6.30 A. M.—Felt weak after getting up, so that I had to walk very slowly while out walking; appetite not very good.

8 A. M.—Chill commenced in the back and soon extended all over the body; wanted to wrap up very warm, which would ameliorate the chill; I sat with my back toward the stove, as my back seemed colder than any other part of the body; the heat of the stove would ameliorate the chill while I sat there; while walking on the street, the chill was so severe that I could not keep my teeth from chattering; the ends of the fingers were white, and the first joint of the index-finger of the right hand was numb, and remained so during the chill; the chill lasted about one hour, when it gradually passed away as the fever commenced to come on; continued covered up during the fever, which lasted until 11.30 A. M., when it gradually passed away, and was followed by slight perspiration; not much headache during the chill or fever.

12.20 P. M.—Appetite for dinner very good. After dinner I felt very well, except being somewhat weak, and a feeling of weakness in region of the stomach.

6 P. M.—Feel very well ; appetite for supper good.

8 to 10 P. M.—After leaning over for some time my back ached, with a very lame and weak feeling in the dorsal region. Hydroa on the lips and nose better. Pain in the region of the gall bladder on taking a deep breath or raising the arms.

July 29th, 5.45 A. M. (raining).—I got up and my head commenced aching severely, as if I had slept too sound, so I lay down again until 6.40 A. M., when the headache was some better. I moved around very slowly, so as not to aggravate the headache, which gradually passed away about 8.15 A. M. Appetite poor. Examination of urine, sample taken from that passed during the last twenty-four hours—color dark, odor strong and offensive, specific gravity, 10.24, slightly acid, sugar normal, no albumen.

During the remainder of the day I felt very well with the exceptions of a weak feeling in the abdomen and a weak and dull feeling of the head. The hydroa on the lips are very sore and feel as if the lips were raw ; hydroa in the nose are healing up.

July 30th.—Did not want to get up. Headache through the fronto-temporal regions, worse on the right side, of a dull, pressive character, which gradually passed away.

Evening.—During the day since the headache stopped I have felt very well ; the hydroa are gradually healing.

July 31st.—Headache on rising as if I had slept too sound ; aggravated by motion. No desire to get up in the morning.

The trembling of the hands, which commenced during the first part of the proving, continued for five or six weeks after I stopped taking the medicine.

For convenience of reference or study, I will arrange the symptoms of the above proving according to the part affected. The symptoms in italics were more marked than the others ; they either occurred oftener, were more severe, or lasted longer.

MIND.—Dullness of intellect ; grieve very easily ; aversion to talking.

HEAD.—Dull, heavy, pressive headache in the frontal region ; headache aggravated by walking up hill, going up-stairs, ascending, jarring the head, motion, leaning over, or hawking to clear the throat ; aching of frontal region and nape of the neck while walking up hill, so that I would have to step very light to prevent jarring the head ; severe pain in the head when hawking to clear the throat ; headache worse on the right side ; headache on getting up in the morning, as if I had slept too sound. Dull, pressive headache through the fronto-temporal region, worse on right side ; hair sensitive to touch.

EYES.—Smarting of the right eye at about 12 M., which lasted only a few minutes; when first awaking in the morning the eyes felt dry, with a sensation as if the inner part of the lid was rough, which lasted until 10 A. M.; eyes felt heavy, wanted to keep them closed.

EARS.—Dullness of hearing during fever.

NOSE.—*Hydroa* in the nose; little blisters like fever blisters on inner side of left nostril, which are very sore, as if the flesh had been torn, leaving a raw surface; epistaxis at 2 A. M., awaking me from sleep.

FACE.—Pricking sensation on the forehead, as if touched with nettles. *Lips covered with hydroa, which were very sore, as if the lips were raw; left side of lips and corner of the mouth were the worse.*

MOUTH.—*Grating of the teeth in the morning, as soon as he began to get awake; collection of tough, clammy-like mucus in the mouth; coppery taste in the mouth; tongue coated yellow at the base; tip and sides dotted red; tip of tongue felt sore, as if it had been scalded; tongue felt as if scalded when drinking warm coffee.*

THROAT.—Weak, empty feeling in the pharynx, extending to the stomach; raw feeling in the posterior part of the pharynx when inspiring, ameliorated for a moment by a hacking cough.

STOMACH.—Food eaten at a restaurant seemed unclean and unfit to eat; even food eaten at home seemed unclean, and did not look or taste good, especially meat stews; sensation as of weakness in the region of the stomach; food did not have its natural taste; appetite changeable; eructations after eating cucumbers, tasting of cucumbers; desire for lemonade or something acid; thirsty, especially in the evening. While drinking, water felt cold all the way down the œsophagus; water tastes bitter during fever; nausea in the morning during chill.

ABDOMEN.—Pain in left part of umbilical region after walking; colic-like pain in umbilical region, extending to right lumbar region, while eating dinner; colic-like pain in the hypogastric region before getting up in the morning, lasting until after stool; pain in the region of the gall bladder on taking a deep breath or raising the arms; pain in the abdomen across the hypochondriac region on taking a deep breath or gaping; dull, colic-like pain across the umbilicus; abdomen sensitive to pressure; clothes feel too tight; weak feeling in the abdomen; hot feeling in the hypochondriac region and thorax; sensation as of bubbles of air passing through water, from the symphysis pubis to the right side of the hypogastric region; gurgling as of water in the umbilical region.

STOOL AND ANUS.—Desire for stool without effect, or with very small fæces after prolonged tenesmus, as if there was inactivity of the rectum; tenesmus after stool; pressing, aching sensation at the anus, with desire for stool, but nothing but flatus passes; soreness of the anus on straining to stool, as if the anus were raw.

URINARY ORGANS.—Aching in the region of the bladder after urinating, as if the bladder were over-distended, with an aching, lame feeling in the back after lying down; sensation as if the bladder was over-distended with passage of only a small quantity of urine; micturition frequent; urine smelling strong, offensive, like fresh fish, or like cow's urine; color dark, or light brown.

RESPIRATORY ORGANS.—Dyspnœa while walking; dyspnœa while walking up hill; hot feeling in the thorax and hypochondriac region; dyspnœa during fever.

HEART AND PULSE.—Feeling of the heart beat throughout the chest.

NECK AND BACK.—Pain in the lumbar region, as if the muscles had been bruised; dull, aching pain in the lumbar region, as if the back had been pounded; backache, with lame and weak feeling in the dorsal region, after leaning over for some time.

UPPER LIMBS.—Numbness of the first joint of the index-finger of the right hand during chill.

LOWER LIMBS.—Aching of the legs, worse below the knees; aching of right big toe; cramps in calf of left leg while walking.

GENERALITIES.—Formation of a small aneurism about the size of a millet seed, which bled profusely when opened and was difficult to stop; faint and pale from slight loss of blood; *trembling of the hands*; tired-out feeling when walking, with aching of the legs and back; weakness; eyes felt heavy, wanted to keep them closed all the while, but when closing them while walking I would stagger or walk sideways.

SKIN.—Sensation in the morning as of soreness of the skin all over the body; skin felt rough while washing, after perspiring; pricking sensation on the forehead during the day, as if touched by nettles, aggravated by warmth, no eruption.

SLEEP.—Time passed away very slowly when trying to get asleep; sleepy and weak between 3 and 5 P. M.; sleepy after dinner; no desire to get up in the morning.

FEVER.—*Chill whenever I would feel the least cold.* Nervous, with trembling of the hands during chill. Chilly all over body on moving; *chills would commence in the back and run down the*

spine from a draft of air or by taking a drink of cold water. Chills would creep along the back on moving any part of the body; chill was ameliorated by the heat of the stove or by covering up warm. Nausea in the morning during chill; weakness during the chill; chills commence in the back, between the shoulders, and run down the back and legs; chill commencing between the scapula and passes down the back and legs whenever any part of the body is touched by anything cold. During the chill the ends of the fingers were pale, while the rest of the hand was mottled purple and white; ends of fingers pale and very cold; numbness of the first joint of the index-finger of the right hand during chill; chattering of teeth during the chill, while walking on the street; chill worse the harder it rains. *Headache during chill; paroxysm of chill, fever, and sweat in the forenoon of one day and afternoon of the next day.*

The fever is the principal part in intermittent fever, as the chill is light, and sweating stage very light, or entirely wanting. Thirst and headache during chill or preceding the fever; sleepy during the fever, but could not sleep, as I would hear every little noise. *Headache and aching of the back and legs during the fever; fever preceded by no marked chill, and followed by slight perspiration.* During the fever the ears seemed stopped up, so as to cause a dullness of hearing. Headache increased as the fever increased. Dyspnoea during the fever, causing me to take a deep breath quite often; desire to be covered during the fever; easily exhausted while walking; water tasted bitter during fever. Fever commencing in the back, between the scapula, by a hot spot about four inches in diameter, then extending to the right side of the head, then all over the head and down the back and all over the body. The fever passed off in reverse order from which it came. *Headache, backache, and aching of the limbs continued during and after the chill, fever, and sweat.* Sweating stage may be entirely wanting.

AMELIORATION.—By warmth.

AGGRAVATION.—During rain; by motion; by cold air.

WOMAN'S HOMŒOPATHIC ASSOCIATION OF PENNSYLVANIA.—Organized under the above title, some philanthropic ladies interested in Homœopathy have established an hospital and a training school for nurses in this city. With untiring energy they have collected funds and are erecting a fine hospital in the northern section of the city. It is the desire of the Managers to have true Homœopathy taught and practiced in this hospital; in this endeavor all will wish them the best success.

There are two courses of lectures yearly, Fall and Spring, delivered at the hospital by prominent homœopathic physicians.

CYCLOPÆDIA OF DRUG PATHOGENESY.

AD. LIPPE, M. D., PHILADELPHIA.

This *Cyclopædia* is issued under the auspices of the British Homœopathic Society and the American Institute. It is edited by Richard Hughes, M. D., and J. P. Dake, M. D., with the aid of the following consultative Committee: Great Britain—J. Drysdale, M. D., R. E. Dudgeon, M. D., A. C. Pope, M. D.; United States—Conrad Wesselhœft, M. D., E. A. Farrington, M. D., H. R. Arndt, M. D.

The first part of this *Cyclopædia of Drug Pathogenesis* is before us. A criticism as to its matter and manner is solicited. Protests against Rules 6, 7, and especially 9 have been freely entered, and have been published in the medical journals. The Chairman of the Bureau of Materia Medica of the American Institute has repeatedly, nay, unceasingly, spoken of the unreliability of the homœopathic materia medica; has occupied much time in urging the necessity of purging said materia medica from unreliable matter; and among such chaff were especially placed the symptoms arising from proving of drugs above the fourteenth potency.

In 1847 honest doubters of the accuracy and reliability of *Hahnemann's Materia Medica* resolved, in Vienna, to re-prove *Natrum muriaticum*. They did their work honestly, and the learned editors of the *Cyclopædia of Drug Pathogenesis* would gain an immense amount of knowledge if they would read the *Natr-mur.* papers by Dr. Watzke, published in the fourth volume of the *Homœopathic Journal*, published at Vienna in 1848. They first made provings with the crude salt up to the thirtieth potency, then the highest potency in use. They published the day-books first, followed this up with a systematized statement of the symptoms and the confirmation of these provings by the clinical experiment; they then gave the characteristic indications for its use, and wound up with a statement of the duration of its action, related remedies, and its antidotes. The honest Dr. Watzke tells his colleagues, on page 251 of said journal: "Concerning the posology of this remedy (*Nat-mur.*), I find myself unfortunately—I say 'unfortunately' (*leider*)—compelled to declare myself in favor of the higher potencies, although I should have preferred to represent the general, ordinary view of the use of larger doses. The physiological experiments made with the

kitchen-salt, as well as the predominating large number of the clinical experiments, speak clearly and decidedly in their favor."

Dr. Watzke would have preferred it much, had the experiments made by him and others resulted differently. He was wedded to large doses, and, like the majority of homœopathic physicians then, as at present, he was unwilling to give credit to Hahnemann as *the* creator of a reliable materia medica, and also as the expounder of the mode of applying medicines for the cure of the sick under the unerring Law of the Similars. He deserves much credit for his unselfish honesty.

In 1885 it was reasonable to expect "progress," but we have been "disappointed." What are we to do with this new opus? Of what possible use can it be to the homœopathic physician? Is the student of materia medica expected to burn his books and take up this new and novel opus? Has not all the work he is expected to do—viz.: to systematize the provings into a useful materia medica—been done by others long ago? Was it not well done by that indefatigable Hahnemann? by Jahr, by Hering, by Bœnninghausen, by Allen, and a host of diligent men? What will it help the healer if he turns to page 126 of this monstrous disappointment, where he is informed that the *focus* of the action of *Aconitinum* is the medulla about the roots of the pneumogastric, hypoglossal, and spinal accessory nerves?

On page 127 we are told Aconitine is a narcotico-acrid poison, whose irritating properties manifest themselves especially in the mucous membranes! Of what possible use can such twaddle be to the healer?

Page 136, the provings of Dr. Warren, reported by Dr. Payne, are credited to Dr. Hale, while they were published in the *North American Journal*, August, 1860.

Æthusa is a complete failure. We miss the provings of Petroz (*Bulletin d. l. Soc. Med. Hom.*, 1847); also the proving in the *Journal d. l. Soc. Med. Hom.*, 1850.

Also Attomyer's paper in the *Neue Archiv*, 1844. What will become of the unfortunate children who violently vomit *curdled milk* if trusted to the tender care of the compilers of this *Cyclopædia*?

What were the motives? Who are the leading men in this case? Here we find—No. 1, Dr. Richard Hughes; No. 2, Dr. J. P. Dake. Dr. Richard Hughes has just accomplished his last glorious act, after discovering that that noble journal, *The British Journal of Homœopathy*, had been sailing under false colors for over forty years; that *curantur* is. was, and will be "all wrong, and should read *curentur*." Richard Hughes,

M. D., published in Boston a book under the title, *The Knowledge of the Physician*, a course of lectures delivered at the Boston University School of Medicine, May, 1884, dedicated to the Dean of said School, I. T. Talbot, M. D. On page 78 we find the following: "Here is a patient in the agony of angina pectoris; his heart is, as it were, compressed, his breathing almost impossible; his face is deadly pale, his surface cold, his pulse small and contracted. Your old-school colleague steps forward and, taught by Dr. Lauder Brunton, applies to his nostrils a few drops of the nitrite of Amyl. In less than a minute his face begins to flush, he warms up, he breathes freely, and the intolerable breast-pang is gone. This is beautiful practice. But is it Homœopathy? Nay; for let a healthy man inspire the same substance, and the effect will be, not the pallor and coldness and constriction, but the flush—the dilation of the imprisoned arteries—which delivered the sufferer. In all common sense and justice, therefore, this action should be ascribed to the second of those three *modi operandi* of medicine described by Hahnemann; it is enantiopathic, affording all the speedy palliation characteristic of such remedies while open to all their disqualifications and reproaches. * * * * * You will not hesitate, therefore, to give credit to antipathy when you meet it, nor will you ignore any other curative applications of drugs because they seem to lie outside the homœopathic method."

The learned Doctor impliedly asserts that nitrite of Amyl cures angina pectoris; its application is beautiful practice, and must not be ignored because it seems to lie outside of the homœopathic method. The premises are "a fatal error," and here again we offer documentary evidence.

We turn for this purpose to the *Cyclopædia of the Practice of Medicine*, by Ziemssen, Vol. XIV. Under Angina Pectoris, on page 53, we are told of nitrite of Amyl: "Probably the favorable effect may be confined to cases possessing the character of vascular spasm. As it so easily causes syncope, it should, if possible, be used with even greater care than in cases of hemiplegia." We are further told, "the general treatment of this disease is more of a puzzle than even the symptomatic; *the remedies are many, the cures few.*"

The learned lecturer again indulges in the fatal error that Homœopathy ever and under any circumstances professes to treat forms of diseases. *Never.* Impliedly the learned lecturer denies that angina pectoris is amenable to the homœopathic treatment under the strict application of the only law of cure, and that in that disease the antipathic palliative treatment by

the indiscriminate application of nitrite of Amyl to the nostrils of the sufferer is beautiful practice! The premises are a fatal error, and the deductions drawn from erroneous premises must naturally be also fatal errors. Under what possible logic can there be various laws of cure—various modes of applying curative remedies? As homœopathists, we are compelled to adhere always and under all circumstances to the Law of the Similars; the results will always justify the strict adherence to the application of an immutable law of nature. However much a healer may be tempted to resort to possible palliatives, he will surely fail to *cure* the sick, while this aim can and will be certainly accomplished if he remain true to himself and to the system he professes to practice. We herein speak advisedly; and the angina pectoris is no exception to the applicability of the law. The most severe and apparently hopeless cases of this certainly alarming disease have been *cured*—we say *cured*, *fully cured*—by the painstaking mode of selecting for the sick (not the disease) the most similar remedy, and by applying it with proper care. There is *never* a necessity to set aside the Law of the Similars. It is here in evidence that the learned lecturer introduced his hearers into the more easy practice followed by the *eclectics*. Whatever curative applications lie outside of the homœopathic method, let them lie there. If they are curative in fact, and not illusively curative, as are *all* palliatives, then they must be homœopathic. Has not Hahnemann shown conclusively that all *cures* have always been made and can never be made by any other means save under the immutable Law of the Similars. And why, then, return to eclecticism?

Editor No. 2 is Dr. J. P. Dake. Why does he also turn his back on Homœopathy and on Hahnemann's methods? There was a time when a Homœopathic Life Insurance Company was started at Cleveland. The worthy President of said Company, ignorant alike of the laws governing the healing art, insurance companies, and logic, proclaimed that the success of said company would secure also the success of Homœopathy. The laws governing all such companies were ignored, and the Company went down.

It has long been the aim of the ex-President to annihilate Homœopathy. Various plans had so far failed; the American Institute was not yet ready to drop its honorable name; the Milwaukee test fizzled out; the bold stand taken by the anti-Hahnemannians, when they arbitrarily proclaimed that there were no curative powers beyond the fourteenth potency, met with merited derision.

Finally, it came to pass that the stronghold of the healing art was to be taken by surprise. The distinctive feature of Homœopathy as taught by Hahnemann was its *materia medica*. This now came to be apparent to the unsuccessful men who wanted to pervert Homœopathy into eclecticism. Destroy that stronghold, and the School will be hopelessly eclectic. That is the motive of the men now insulting the profession by hurling at them the *Cyclopædia of Drug Pathogenesis*. What is this opus? It is the merest trash; it is useless as a drug pathogenesis. The question is now, how will the American Institute receive this "abortion"? How will the profession at large treat this bantling? And what will the Old Guard do who still live and who have spent a long life full of sacrifices and hard work in the establishment of our healing art, who faithfully followed the master, and who, by their successes, convinced a large number of the intelligent portion of our great country that Homœopathy is a science and an art not surpassed by any system of medicine? Will the veterans submit to this last insult? And what failures will follow the application of eclecticism as advocated under the pretense of its being Homœopathy by these learned editors if an epidemic like the cholera visits our country? They have blabbed about a *revised materia medica* and give us no *materia medica* at all!

LECTURE ON PULSATILLA.

PROFESSOR J. T. KENT, M. D., ST. LOUIS.

CHARACTERISTICS: The symptoms which Pulsatilla produces are best developed in the female. It will, of course, cure complaints developed in the male, but it is very largely endowed with symptoms peculiar to women. The Puls. patient, when she begins relating her case, will weep; if your office is warm, she will become uneasy, nervous, and greatly disturbed; if there is a window open, she will go to it and sit down; she becomes dizzy in the warm room; relieved in the open air—even chilliness is relieved in the open air; she has pains flying from one part to another. Another condition is: Sour stomach, mouth, and eructation; she does not vomit, but the warm room aggravates her; veins full and engorged; puffiness. There may be swelling and burning of the ankles and top of the feet, but not in the soles.

The characteristic pain of Puls. is that of a tension, which increases until it becomes very acute, and then lets up with a snap; sensation of throbbing and pulsation throughout the body which is of a nervous character. In this blueness and engorgement of the veins, Pulsatilla is similar to Hamamelis and Zincum; glands swollen, painful, and hot; the itching of Pulsatilla is made neither better nor worse by scratching. (Sulphur is relieved by scratching.)

A peculiarity of Puls. is the changing of its symptoms. Menses intermit; the stools change—no two alike; the pains change from place to place, the itching from spot to spot. Above all, the mental states change quickly and the patient is irresolute and changeable.

MIND: Patient imagines a naked man is wrapped up in the bedclothes with her; both sexes dread each other; religious melancholy; forgetful during lucid moments. This dread of men comes on in a peculiar state of the mind, attended with disorders of menstruation and genital organs. (Aurum and Psorinum also have religious melancholy; Lachesis and Liliun tig. have it secondarily; Lycopodium, also, has great religious melancholy.) The mental state of Puls. is aggravated in evening, the stomach symptoms in the morning; patient is mild, tearful, gentle, and yielding. If she has blonde hair and blue eyes, Puls. will act quicker than if she is a brunette; but you must not think that it will not cure brunettes also.

Pulsatilla acts well with opium-eaters. Cyclamen is very similar to Puls. in female complaints, but it is worse in the fresh air and better in the warm room. The headaches are also distinguishing: The Puls. is a frontal headache; Cyclamen has generally a semi-lateral headache.

HEAD: Puls has a great many headaches connected with menstrual and gastric disorders—headaches which come and go; they gradually increase until they become very violent; worse in the warm room and in the evening; better in the open air; she kicks the covers off; she is warmer with a little covering than with a great deal.

EYE: Puls. is a great eye remedy. Feeling of blindness in connection with vertigo or suppression of the menses; everything turns dark before the eyes; subject to styes, especially on the upper lids (also Staph., Thuja, and Graphites); the Puls. patient loves to be bathed. The eye-symptoms of Puls. are most generally connected with some trouble of the genital organs.

Euphrasia, Dulc., Sulph., and Puls. are similar in symptoms of the eyes, nose, bronchi, and skin. Puls. is like Cham. in a

general way, but is distinguished by its mental state (Aconite also).

EAR: Discharges from the ear, with deafness.

The discharges of Puls. are mild (like its mental state), with the exception of the leucorrhœa, which is acrid. In these conditions Puls. will improve your patient for a long time, and then must be followed by its chronic complementary remedies. Some ladies have abscesses form in their ears every time they menstruate. If Puls. does not completely cure, follow with Silicea. Puls. patient is always burning with general bodily heat, always too warm. (When there is that overheated condition of the body and the feet get cold, Silicea.) In servant girls, complaints brought on from working over hot stoves.

NOSE: Loss of smell, with catarrh; large, green, fetid scales in the nose. (If the bone itself is diseased and there is a green, fetid accumulation, Aurum.) The Puls. patient has no trouble to keep warm; gets into a draft voluntarily and gets a cold without being aware of it. (It is just the reverse with Calcareia.)

FACE: Alternately pale and red—usually red; eyes sunken; nose and cheeks pale; she has a sensation of flushes in the face, of intense warmth all over the body. Sometimes they feel as if a warm breeze was blowing over them, and then they shudder; there is alternate chilliness and heat.

Puls. has an eruption about the face that begins upon the tragus; the face may be red, dusky, mottled, or dark red. Erysipelas of the leg may become dusky, but you need not change your remedy on that account.

FEVERS: Corresponds to the eruption of measles very nicely. (Euphrasia, Aconite, and Sulph. also. Distinguish Aconite by its *mental state*. The Euphrasia rash is similar to Puls., but its discharges are acrid and burning, producing red spots.)

Cham. may be indicated by its mental state: Child is cross; wants to be carried all the time. Puls. is made worse by rapid motion; motion must be gentle (like its mental state).

TEETH: Toothache of a drawing, stretching character; made worse by application of cold water or from anything warm in the mouth; toothache liable to come on in the warm room or from warm bed; better in the open air; the patient becomes nervous, fidgety, and faints in a warm room.

MOUTH: Loss of taste, with catarrh; there is a foul taste in the mouth in the morning; stomach and mouth symptoms are aggravated in the morning after awakening; foul, clammy taste—wants to rinse the mouth to clean it.

TONGUE: Puls. has a white tongue. The tongue, mouth, and

throat are dry, but has no thirst; but there is an exception: whenever there is fever, there may be thirst. In ague, thirst during hot stage, none during cold stage, and scarcely any during the sweat. It may be either for large or small quantities.

DESIRES AND AVERSIONS: Aversion to fat food; stomach deranged from eating fat food. Dislikes butter, bread, and milk. (Natrum-mur. is usually the remedy for aversion to bread.) (Lyc. has a peculiar aversion to black or brown bread.)

STOMACH: Puls. retards digestion when taken for some time. Eructations tasting of fat, or, when changed, taste sour. Sour eructations and vomit; sometimes vomiting of food; eructations sour, bitter, and rancid. (Nux, Ign., and Sulph. are similar to Puls. in some of their digestive symptoms.) Gastric catarrh, aggravation from warm victuals, amelioration and also aggravation from warm drinks (Phos-acid also). Getting sick from eating ice-cream: after this he craves cold things, but as soon as they become warm in the stomach, he becomes uneasy (he vomits, Phos.); Puls., a sensation of a weight in the stomach, as from a stone, early in the morning (Bry. and Nux-v.). A sensation of fullness over stomach and abdomen, caused by an accumulation of gas; can hardly get clothing together; comes on in the morning and evening. Flatulence is a characteristic of Puls., but it is more prominent of Arg-n., China, Carbo-veg., and Lyc.

STOOL: No two stools alike; at one time sour, then green, and then again bloody; one stool may be fetid, another scentless; one containing fecal matter, another blood.

URINE: Dribbling of urine; little girls wet the bed. (If child wets the bed soon after falling asleep, Sepia.) Frequent, almost ineffectual, urging to urinate, with desire to draw in the abdomen.

SEXUAL ORGANS, male: Swelled testicles, following suppressed gonorrhœa. Very excellent remedy for gonorrhœa with thick, heavy, yellow-green discharge.

Female: Menses too late and too scanty; they may be of light color, or dark and black; a mere stain, or may be black and tar-like; menses suppressed or flow intermitting. (Kreosote, Mag-carb., and Cactus have intermitting menses also.) Suppression from getting feet wet (menstruation stopped from getting head wet, Bell.). The complaints of Bell. go down, those of Puls. up. In ailments coming on from getting both the head and feet wet, give Bell., because it meets the acute stage better than Puls. Puls. has violent contracting pains. Puls. and Bell. both have tension in the muscles. Puls. is a great

remedy in preparing a lady for confinement (or it may be either Sepia, Cauloph., Helonias, or Viburnum). Nux-vom. resembles Puls. in some respects, but it has menses too soon and lasting too long, and irritability of mind. The aggravation of Sepia is before the menses, Puls. during or after. Kreosote has a leucorrhœa following the menses—burning, causing the labia to swell and itch, and corroding the thighs. The discharge smells like “green corn.” Borax has a leucorrhœa that comes on anywhere between the menses, attended with burning and swelling of the labia, burning between the thighs. Little girls sometimes have discharges of milk at puberty, lumps in the breasts before the menses, and escaping of milk-like fluid.

PREGNANCY: After-pains too long and too violent. If you prepare your patient for confinement you will never have retained placenta. The cause of retained placenta is improper contraction of the uterus. Sepia and Puls. both have these irregular contractions prominently, but more especially Sepia, I believe. After weaning, Puls. is an admirable remedy to dry up the milk; useful after parturition, when a lady does not recover well and has sour stomach, etc. (Arnica is a great remedy for after-pains.) Every time the mother puts the child to the breast, there are cramps in the stomach, bowels, or uterus (Puls. and Cham.). Spasmodic pain in the small of the back, brought about every time the breast is handled (Cham. and Puls.). Every time the child nurses there is a discharge from the vagina (Silica)—not like the symptom of Calcarea: “Nursing women have their menses.” When the breasts are active, the ovaries should be dormant. Every time the child nurses there is a violent pain shooting from the nipple through to the back (Croton-tig.).

CHEST: Oppression of the chest on walking fast. (Ars. patient desires to move fast.) Loose, teasing cough in the morning, with yellow expectoration; but it is a dry cough in the evening. Puls. patient is worse after lying down and getting warm in bed. Every time the wood-sawer gets warmed up he gets a cough. In some forms of phthisis it is a good remedy. Puls. is a one-sided remedy in many of its complaints, and it may be either side. It may have a sweat or a chill on one side, or chill on one arm or leg, followed by sweat on the same or opposite side.

HEART: In some affections of the heart the patient will be taken suddenly with nervous pains in the heart while walking; this is very prominent. It even relieves organic disease of the heart; that is, it enables the patient to live more comfortably.

LIMBS: Useful in curvature of the spine in little girls. Pains in the rheumatic state of Puls. shoot from one place to another; the swelling of the joints will change about, first appearing in the wrist, then in the elbow, and then in the knee, having no permanent site; attended by redness and swelling and improved by cold applications. When, in rheumatism of feet, cold water relieves, it is a distinguishing feature of Puls. (Ledum also has relief from ice-cold water, the trouble being confined to the feet, the legs being swelled and bloated.) A Ledum case: Patient is a toper, perhaps has had syphilis; deep bone pains; inflammation of the feet, attended with dropsy, heat, redness, and swelling; likes to stick feet in ice-water, and gets relief therefrom.

SKIN: There may be an eruption, with a very hyperæsthetic skin; she will shrink when you touch it. The skin is glossy, red, and looks inflamed. She says it itches and burns, but cannot bear touch; nervous and excited; sometimes relieved by cold; aggravated from any one walking over the floor. (The Apis eruption is relieved by washing in cold water.) Ulcerations that come upon the leg, chronic or acute, inflammation extending far around; the edges are elevated, dark, dusky, and tumid. The surrounding skin becomes dark and dusky. Puls. is a great remedy for dark varicose veins. Diseased limb (especially if it be the lower) becomes withered; it is not paralyzed, but atrophied; the more pain, the greater the chilliness. Chilblains that burn, smart, are blue, tender, and sore to the touch.

NERVES: Puls. is a great nervous remedy, connected with gastric and catarrhal states and the genital organs in women. There is a tired, worn-out feeling. Puls. has as much as Ars. the tired feeling. She can scarcely drag around; still, the uneasiness compels her to move, though not relieved by so doing.

SLEEP: Restless sleep, disturbed by bad dreams, sexual and unpleasant; talks and cries in sleep; dreams a black pall visits her (also Opium).

Chill, heat, etc. (Apis, Arnica, and Ars. have thirst during the chill). The Puls. chill is likely to be associated with some uterine disorder; or patient has been a high liver; heat of the face or of one hand, with coldness of the other; body hot, limbs cold. Puls. has pains with chilliness during the sweat, yet is not cold to the touch. During apyrexia, headache, mucus diarrhœa, loss of appetite, enlarged spleen, dysenteric diarrhœa, sour vomit and stomach precede the chill, fever, and sweat, which

come on the next day, in which the pain commences in the evening and grows worse before midnight.

If child has had too much Cham., give it Puls; if too much Puls., give it Cham. Measles, even with typhoid symptoms, eruptions, torpid earache, short dry or loose cough, which are prone to remain as sequæ. If cough remains after measles and Puls., Euphrasia, and Sulph. have failed, Drosera is likely to be indicated, especially if it is a dry, teasing cough, aggravated every time the child's head touches the pillow. Apis and Puls. both have better from washing and in the open air, but the Apis patient is snappish and jealous (Hyos. also), while the Puls. patient is mild, gentle, and tearful.

A CLEVER TRICK EXPOSED.

An impudent nostrum vender of Rochester, N. Y., cut out of our April number a portion of the editorial on General Grant's case, and adding thereto a puff for his so-called "kidney-cure," succeeded in getting the whole published as reading matter in a number of the leading dailies throughout the United States, representing the same to be entirely from our journal. Very many persons who do not see the *Homœopathist* have thus been led to believe that we lent ourselves to such quackery. We never indorsed this or any other nostrum, and the editorial columns of the *Homœopathist* are not for sale. It was a clever trick to steal the cloak of respectability to cover his nephritic nostrum, and the audacious individual probably supposed that we would supinely submit to such misrepresentation; but he has already discovered that he woke up the wrong customer. Immediately upon the appearance of this fraudulent notice we telegraphed to its author that we should demand exemplary legal damages for his unwarranted use of our name. The daily papers in New York gladly rectified the matter as far as they were able when their attention was called to it; but it's a lively truth that can catch up to a lie that has twenty-four hours' leeway.

We will be very grateful to any of our readers who, having seen this advertisement (printed as reading matter) in their local press, will cause a correction to be inserted. It is impossible for the editor of the *Homœopathist* to know where or when this matter may crop up, and he will be greatly obliged to any friend who will aid him in sitting down heavily on this brazen knave.—
From the American Homœopathist for May.

CLINICAL BUREAU.

HEADACHES.*

A widow, over sixty, suffered for three months from frontal headache on the left side of the occiput, pain in os zygomaticum here and there, changing rapidly its seat. The pain is the same by day and by night, setting in suddenly, *shooting in*. Sometimes nausea, but not during the paroxysms. *Cannot lie down with the head low*; when patient looks downward, yellow stars; looking at something white, *red* flowers before the eyes. June 15th, 1875, *Spigelia*²⁰⁰ (Lehrman), one dose.

The patient was for a whole year free from pain. September 23d, 1876, she complains of headache in forehead, temples, teeth, *deep in the orbits*, and about midnight. *Cannot lie down with her head low*. Another dose of *Spigelia*²⁰⁰.

November 22d, 1878.—For the last ten days the old pains; in windy weather, but can lie low; bitter taste. *Spigelia*³⁰, three powders, every evening a powder. So far she has not yet returned.

In *Spigelia* the pain is mostly lancinating, tearing, attacks suddenly, and more frequently the left than the right side of the face, teeth, zygoma (Staph., Stram., Sep.), the bulbs, and the orbits. It appears mostly at irregular intervals. Sometimes the painful parts are swollen, *in windy weather, when lying with the head low, when lying on the left side, on stooping*. Simultaneously we may meet palpitations with or without the pains; pupils mostly dilated. *Spigelia* is especially efficacious in so-called pure neuralgia, and the patients often think that there is nothing the matter with them except those pains.

Arsenicum removes sometimes semilateral headaches. Here, also, agg. by *wind, before and during east winds, and when lying with the head low, regular periodicity of the attacks, and after midnight*. Pain, especially burning or beating. Complications: sleeplessness; anguish, especially when alone; palpitations; thirst, with frequent sipping; tenesmus urinæ—slow, scanty discharge, with burning in the urethra.

Platina has headache in the evening, after lying down; *before or during windy weather, and when lying on left side; in fresh air*, and therefore desire for it. The pain is squeezing, stitching, boring, drawing, with sensation of numbness. The nervous

* Translated by Dr. S. Lilienthal, from the German of Dr. Kunkel, Kiel.

pains are often caused by emotions, fright, anger. Impulses of the mind constantly changing without cause, jumping from one extreme to another; spasmodic gaping without sleepiness.

Phosphorus has, like *Spigelia*, the suddenly appearing (shooting in) pains; with *Platina* and *Spigelia*, the aggravation *when lying on left side, in windy weather or before it*. Sleepiness in daytime, night-sweats during sleep, which pass off as soon as he awakes; anguish, with or without increased sleepiness; during thunderstorms, vertigo, veil before eyes.

Phosphoricum acidum has also sleepiness in daytime and great prostration, like *Phosphorus*; from emotions; tendency to painless diarrhœa, with green or gray stools; disgusting pappy taste; urine watery or murky and of a foul odor. The excellent effect of Phosphoric acid in some protracted gonorrhœa with great prostration in cases of vesical catarrhs is well known. The drug stands in close correlation to *Thuja*.

Calcarea is a capital remedy in left-sided headaches, semi-lateral specially. Obese people, with blonde hair and tendency to perspire, are more affected. Wide pupils; glandular swellings after catching cold, cardialgia, with bloated pit of stomach and where the pressure of the clothing cannot be borne; profuse anteponing menses, preceded by leucorrhœa, agg. by drafts and dampness.

Kali carbonicum.—The pain is tearing, stitching, either on one or the other side. It acts capitally in sequelæ of scarlatina or measles, or after puerperium, agg. by draft and coldness; attacks at night, mostly after midnight, about 2 or 3 A. M., often at the same time. Constipation, with large-formed stools, hemorrhoids, renal affections, phthisical disposition, tendency to œdema of the face. Hemicrania is justly often considered a complication of renal affections. (*Kali*, *Coloc.*, *Phos. ac.*)

Colocynth acts well where the headache is caused by anger, depressing emotions, but *improvement by lying on affected side*.

In scorbutic Staphisagria we also meet the mental depression. Nothing new, but it is personal experience, and for that purpose given.

I. H. A. NOTICE.—Any physicians wishing to become members of the International Hahnemannian Association will please send their applications to the Chairman of the Board of Censors by or before the next Annual Meeting of the Association, on the 23d of June, at Syracuse, N. Y. Blank applications for membership may be had by addressing the Secretary, Dr. J. B. G. Custis, 604 East Capitol Street, Washington, D. C., or of the Chairman of the Board of Censors. The application must be indorsed by three members of the Association and accompanied by two dollars, for initiation fee and dues for one year. C. Pearson, M. D., Chairman Board of Censors, 611 Twelfth Street, Washington, D. C.

BOOK NOTICES.

THE DISEASES OF THE EAR, AND THEIR HOMŒOPATHIC TREATMENT, WITH A BRIEF OUTLINE OF THEIR ANATOMY, PHYSIOLOGY, AND PATHOLOGY. By Charles Frederick Sterling, M. D., O. Ch. A. Chir. Pages 167; price, \$1.25. New York: A. L. Chatterton Publishing Company, 1885.

The author presents this little work on the diseases of the ear "as a manual for the student and general practitioner." A small, concise manual on these diseases is doubtless very much needed by the general practitioner, and will fill a "general want." On looking over Dr. Sterling's manual, we find the anatomy and the diseases of the ear are clearly and concisely treated. Indications for the remedies advised are, in the main, well stated. In one or two places we find objectionable local measures advised. We do not believe Majendie's or any other opiate is necessary to relieve the pain—homœopathic therapeutics can easily excel any opiate as a "pain killer." Nor can we acknowledge our therapeutics to be so impotent as to justify this statement: "Local measures are indispensable. One might as soon attempt to treat a sloughing ulcer by medicine alone (!), as to think most of these cases (*i. e.*, suppuration of middle ear) can be cured by a few powders or pellets." With these exceptions, we think Dr. Sterling's book a good one.

DISEASES OF THE NARES, LARYNX, AND TRACHEA IN CHILDHOOD. By Thomas Nichol, M. D., LL. D., S. C. L. Pages 302; price, \$2.50. New York: A. L. Chatterton Publishing Company, 1885.

Those diseases which are most frequently met, and which are most intractable or dangerous, are those that this book considers. Coryza, acute and chronic, laryngitis, croup, etc., are about the worst troubles which threaten children. It is, therefore, no useless book which Dr. Nichol presents the practitioner. Dr. Nichol gives very full consideration to the pathology, diagnosis, etc., of these diseases; his treatment of them is also very good in most cases. Only he seems to have great respect for the authority, the *ipse dixit*, of authors and writers. All through the book we find remedies quoted seemingly because recommended by Dr. So-and-so! This appears very curious to a homœopathist; we always thought our remedies were prescribed according to *law*, and a remedy given for the symptoms of the patient, not because A or B recommended it as good for a *disease*. A remedy may be called for by the symptoms, although never before, to the prescriber's knowledge, used, in a case of croup, for instance. We feel sure Dr. Nichol knows and appreciates all this as well as any one, yet his book seems to us to convey a wrong impression to his readers.

The "aphorisms" given at the end of the chapters contain some very good hints as to causes and prevention of these diseases. Dr. Nichol has evidently devoted much time and study to this work, and has produced a work whose value is much above the average of our homœopathic publications. It is to be hoped we shall soon have his promised work on the diseases of the lungs and bronchi. We would like to add one "aphorism;" it is this: Prescribe for the patient, *not for the disease*. Do not be afraid to use the higher dilutions; and, above all, do not be frightened because the disease you are treating has a *bad name* (given to it by allopathic incompetency). Your potencies will conquer *that* if carefully selected.

T H E

HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. V.

JULY, 1885.

No. 7.

DIFFERENTIATION OF REMEDIES.

P. P. WELLS, M. D., BROOKLYN, N. Y.

(Continued from page 198.)

Acon. has of pains, etc., in the stomach, *pressure* in the epigastrium (with *fullness*), like a *weight* or a *stone*, becomes sometimes a *tension* of the *chest*, or *draws to the back*, with *sense of rigidity*, as from a *sprain*; constant sensation as of a *cold stone* in the stomach, notwithstanding repeated vomitings and diarrhœa; painful *sense of swelling* in the epigastrium, with *loss of appetite* and *short breath*, *contraction* in stomach as if from *astringents*; *severe pains* after eating or drinking; *severe constriction*, *tension*, *pressure*, *fullness*, and *heaviness* in the *hypochondria*; *tense*, *painful swelling* under the ribs; *pushings*, (*Stösse*) and *pressure* in the region of the *liver*, with oppressed respiration. It will be seen these symptoms are indicative of both inflammatory and neuralgic affections. Whether the case for treatment be of the one or the other character is determined by the other and more general symptoms. If inflammatory, and the question arises—shall the case have Acon.? the period of duration since the attack was initiated becomes an important element for consideration in deciding the answer. If this be short, *i. e.*, is the inflammation in its first stage before it has resulted in deposit of its product, or when this has but slightly progressed, Acon. may be a very important if not the very best remedy. If, on the other hand, it has been of so long con-

tinuance that this process has been mostly or fully completed, Acon. is by this fact alone excluded. This principle is applicable to its use in *all* inflammatory affections. If the fibrinous deposit has been passed into the lung tissue in pneumonia, or the fibrin and serum into the pleural sack, in inflammation of these tissues, then to give Acon. is only wasting time and reducing the chances of the patient's recovery, even in cases where it may in the outset have been the best remedy and have had in it *then* the power to cut the attack short. One is not to be tempted in the later stages of these inflammations, or of any other, into giving Acon. because his patient *has fever*, and he has been told by some one who knew no better, that Acon. "cures fever." There is not even a shadow of truth in this often repeated falsehood. It cures very often fevers based on fibrinous inflammation if the symptoms of the case correspond to those of the Acon. record, and not otherwise, and always provided it be given *early enough* in the case. With other fevers it will seldom be of the least service, and should only be given to such but for the strongest reasons, founded on the similarity the law requires.

Bell. has severe pains *in the epigastrium*; *painless* throbbing; fullness *while stooping*, with blackness before the eyes; *contractive* pains; stitches, *cuttings*, which compel holding the breath and bending the body *backward*; *nocturnal*, periodical pains, with *trembling pressure*, especially *after eating*. In the epigastrium also *gnawing* or only while walking; under the *sternum*, as if from *accumulated* gas, disappears with *rumbling* in the abdomen, and increasing *nausea*; *tensive* pain in the evening, in bed, with distended abdomen (*upper part*); *spasms* and *cramps* in the stomach, also after every dinner; *contractive*, after every eating; *burning* in the stomach; *inflammation* of the stomach and duodenum.

Bry. has *pressure* in the stomach, especially after eating, also as if *from a stone*, with peevishness, after *eating bread*; also in the epigastrium while *walking*, immediately after *supper*, with *pressure* on the *urinary bladder* and *perineum*, disappearing while sitting; *contractive* pain in the *stomach*, especially *after eating*, followed by *cutting* in the *epigastrium*, rising of *heat*, *nausea*, and vomiting of food; *stitches* in the stomach while *lying on the side*, in the epigastrium when *stepping*, especially from a *false step*, or also when moving; *sore* pain in the epigastrium when *touched* or *coughing*; the *lightest* touch is unendurable; *pinching* in the epigastrium, *cuttings* as from knives; *squeezing*, with sensation of warmth and *tension* when touched; sensation of

swelling in the epigastrium; *burning* in the stomach or epigastrium, especially while *moving*; inflammation and cramps in the stomach, contraction of the pylorus.

In differentiating between these remedies in gastric affections, if we take *pressure*, Acon. has it in the *epigastrium* like a *weight* or *stone*; Bell. in the same locality, with *yawning*, as when walking, and *under the sternum*, as if *from gas*, and in the stomach after eating; Bry. has it in the stomach after eating (Bell.), and as if from a *stone* (Acon.), and *after eating bread*, which neither of the others have. It has *pressure* in the *epigastrium* while *walking* after supper, as neither of the others have, with affection of the urinary apparatus; Acon. only has sensation as if a *cold stone* were in the *stomach*, with loss of appetite; Bry. in the *epigastrium*; Acon. has *contraction* in the *stomach*, as if from *astringents*; Bell., *contractive pains*; Bry., *contractive pain* in *stomach* after eating; Bell. only has *painless throbbing*; Bell. has *tensive pain*, with *distended abdomen*; Bry. when *touched*; Bell. has spasms and cramps in the stomach after every noonday meal; Bry. has *squeezing*, with sensation of *warmth*; both Bell. and Bry. have *burning* in the stomach; Bry. in the epigastrium, especially while moving; Bry. only has *stitches* in the stomach while *lying on the side*; it only has *cuttings*, as if from *knives*; sore pains in the epigastrium when *touched* or when *coughing*—the *lightest touch* is unendurable; it also has *pinchings*.

In the *hypochondria*, Acon. alone has *severe constriction*; it has also *tension*, *pressure*, *fullness*, *heaviness*; Bell. has *fullness* and *heaviness*, with *throbbing* in the hepatic region; Bry. has tension in the same region, or *shooting* and *burning* from *touch*, *coughing*, or *breathing*; Acon. has the hepatic region painfully sensitive to *touch*, with *burning*; Bry. has *stitches* in the liver when touched or pressed on; Acon. has *shooting pains*; Bell. has *dull* shootings; Bry., shootings when *touched*; Bell., *cramps*, with *throbbing pains*—neither of the others have; it has *pinching* alone; Bell. has *swelling*, *sharp pains*, *throbbing*, *cramps*, and *deep pains* in *spleen*; Bry. has *stitches*; Acon. has *tensive*, *painful swelling* under the ribs; Bry. has *hard swelling* of the *spleen*.

These three remedies are in very important relationship to abdominal affections, especially those of an inflammatory character, though this is by no means limited to this class. Acon. has *burning* in the region of the *navel*, sometimes extending to the *epigastrium*, with *anxious throbbing* and *shooting* there, and disappearing with a *chill*; Bell. has *anxious burning* in the ab-

domen, and at the same time in the *chest* and *face*, with stoppage of the nose, and also with *nausea*, *great anxiety*, and sweat; Bry. has heat rising from the abdomen into the epigastrium and chest, with *heartburn*; the burning is worse at night; it is also with dry mouth and thirst.

Acon. has *pinching* in the region of the *navel*, with *grasping* and *clawing*; Bell. has *pinching* in the abdomen, compelling to sit bent forward, with *diarrhœa* and frequent *vomiting*; in the upper part of the abdomen, downward, as if in the colon; deep in the abdomen, increased by retraction of the abdominal parietes and by *bending* to the *left side*; in the *right side* of the abdomen, not permitting rising from sitting; Bry. has *pinching* around the *navel* and in the *hypogastrium*, as if after a cold, followed by *diarrhœa*; *constricting pinching* while at stool.

Acon. has *pressing together* or *squeezing* of the *navel*, then *intermittent pressure* therein, like blows; Bell. has *pressure*, as if from a stone; also in the evening, with *pain* in the *loins*, and as if from a *hard weight* in walking and standing—not while sitting; also deep in the *hypogastrium* while *lying down*, with retraction of the abdomen; Bry. has *pressure* in the abdomen, in the *hypogastrium*, in the region of the *navel*, with *squeezing*, or as if from a *knot*, while walking in the open air; as if from a lump in the abdomen.

Acon. alone has sensation in the *left side*, over the *navel*, as if a cold body were *pressing out*.

Acon. has *drawing pain* from both sides to the *navel*, and excited by *bending* the body; *drawing* from the side of the abdomen to the back, with pain in the side when *pressed*; Bell. has “*drawing* in the abdomen with *pressing pain* when *lying down*; a *dull, irritable drawing* in the whole circumference of the pelvis, alternately in *sacrum* and *pubes*; *drawing* in abdomen as from *flatulence*, with rumbling and passage of wind” (Encyclopædia); *drawing pains* in the abdomen, with cold feet (*Ib.*); Bry. has “*drawings* in both *groins*, which gradually change to *burning* on the right side.” (*Ib.*)

Acon. has insupportable *cutting pains* in the abdomen, in the *morning*, in bed, with outcries, loss of self-control, and throwing himself about; Bell. has *pressing cuttings*, especially in the *hypogastrium*; and in the *left side* especially, and when lying on it, disappearing when lying on the *right*; in the evening before going to sleep; Bry. has severe *cuttings*, as if a *dysenteric diarrhœa* would appear, with movements in and distention of the abdomen, with subsequent *diarrhœa*.

Acon. has *stitches* in the side *under the ribs*; during in-

spiration in the *right* side ; while *laughing loud*, in the *left* ; Bell. has *stitches* in the *right* side, extending to the chest and axilla, after *clawing together* therein, while walking ; *pressing stitches* about the *navel* ; *cutting stitches* like knives between the hip and the *navel*, or below this ; Bry., *stitches* about the *navel* with *twisting* pains ; *cutting* stitch, extending to the stomach after drinking warm milk, compelling bending forward, and disappearing after stool.

These three remedies have *painful sensibility* to *pressure* on the abdomen. It is found in all cases of inflammation within this cavity for the treatment of which one or the other of them will be likely to be called for. With Acon. it is accompanied by *burning*, *tearing* pains, intensely increased by *pressure* and by turning on the *left* side ; with *swollen*, *tense* abdomen, anxiety, hiccough, constipation, and sleeplessness. With Bell. it is as if all were excoriated and raw in the abdomen, with severe pain which permits rest nowhere ; Bry. has "great *sensitiveness* of the abdomen ; very *sensitive*, as if sore ; tenderness of the *abdominal walls*." (*Guiding Symptoms*.)

Acon. has *weakness* of the bowels as if from abuse of cathartic medicine, which neither of the others have.

Acon. has *swelling* of the abdomen as if from ascites ; Bell. has *swelling*, with and without tension and hardness, with *constrictive* pain, with *protrusion of the colon* ; Bry. has *swelling* especially *after eating*, also with *pressure* in the upper part of the abdomen ; with constant movements in the abdomen as if from accumulation and constipation.

Acon. has *rattling*, *rumbling*, and sense of fermentation in the abdomen, sometimes with feeling of *rawness*, and sometimes only *through the night* ; Bell. has *rolling*, *rumbling*, and *pinching* in the abdomen, with escape of abundant odorless gas ; Bry. has *rumbling* and *gurgling* in the bowels ; *distention* and *rumbling* especially *after eating*.

Bell. has sensation of *pressing out* of the abdominal contents when the epigastrium is pressed on, and also below the *navel* ; neither of the others have this. It has also *spasmodic* pains, *contractive* pains, *forcing* pains, *grasping*, *clawing*, as if a part would be packed with nails, or as if a warp of threads gathered themselves together. Bry. has *spasmodic* pains *after eating*.

Bell. has *sensitiveness* of the *abdominal walls* to *pressure* ; Bry. has *tenderness* of *abdominal walls*, abdomen very *sensitive* as if *sore*. (Compare Hyos., Nux v., Puls., and Sulph. These are all important remedies in treating abdominal inflammations. They are all characterized by *pains* on *pressure*, and the sim-

ilarity to the careless observer may be confusing. But they have differences as well, and as neither of these can do the work of the other, and as it is these differences which alone disclose to us our curative, it may help us if we remember the sensitiveness which calls for Puls. is *very superficial*, that for Sulph. but a *little less* so, while that for Nux v. is *deep* in the abdomen. The sensitiveness to pressure which calls for Hyos. seems to embrace *all* the tissues. The superficial and the deep together, and as a curative of inflammation of these, is second in importance to no other remedy.)

We are called to differentiate between these three drugs in their relations to the function of defecation oftener in treating diarrhœa and dysentery than in other diseases where the disturbance of this function may be an element of more or less importance. These diseases, oftener than otherwise, find their cure of these aberrations in other drugs related more intimately to their other symptomatic elements. Where this function is suspended (constipation), the cure is oftener effected by other drugs than either of these, and of these by Bry. oftener than by either of the other two, and of these two by Bell. oftener than by Acon.

The constipation of Acon. is characterized by *hard stool*, which is expelled by *hard pressing*; Bell., constipation with *distended abdomen*, with *heat* of the head and copious sweat, and by sense of spasmodic constriction of the sphincter ani; Bry. has *hard stool* with *pressing out* of rectum (*prolapsus*); *dry stool*, as if burnt; difficult of expulsion because *large* in size.

Acon. has diarrhœa with sweat *before* or *after* the evacuation; frequent small, soft stools, with *tenesmus* (*dysenteric diarrhœa*); diarrhœa with copious urine and pain in the abdomen; unexpected escape of thin stool when it was as if gas would pass (*see Aloes and Verat.*); watery diarrhœa; *white stools* with *red urine*; involuntary stool from paralysis of the sphincter ani.

Bell. has constant calls to stool, and often with fruitless urging or with only small discharge of diarrhœic or hard stool; tenesmus, with pressing urging to the anus and genitals, or with painful contraction of the anus; urgency, as if from diarrhœa, with heat in the abdomen; frequent small, thin stools with tenesmus *before* and *after*; diarrhœa, alternating with heat of the head; with *nausea* and pressure in the stomach; with vomiting after taking cold; vomiting after fruitless diarrhœic urgency to stool; stools are mucus, papulent, or granular and yellow; *watery* immediately after *copious sweat*; sour-smelling stools, chalky stools, *green stools*, with

copious urine and sweat; before slimy stool contractive pain in the rectum and excoriating pain in upper part of the abdomen; *shuddering* at stool; no expulsive power at stool; *involuntary* stool from *paralysis* of the sphincter ani; shooting, itching, crawling in the rectum; constriction and itching of the anus; flowing hæmorrhoids.

Bry. has stool twice daily or oftener; diarrhœa from taking cold; diarrhœa *alterating* with *constipation* and *cramps* in the *stomach* every three hours, with almost *involuntary, hurried* evacuation; in the *morning* with *weakness*, compelling to lie down, or at night with *burning* in the anus; *stinking* like *rotten cheese*; *brown* and *thin* with *nursing children*; *undigested, involuntary* in *sleep*; *bloody, thin* stools; *before* the diarrhœa, pain in the abdomen; diarrhœa with *burning* in the *anus*, or fermentation in the abdomen; after a *hard stool burning* in the rectum; *itching* and *jerking stitch* upward in the anus.

Bry. is oftener found to be a curative of *constipation* than either of its other near relatives. It is to be remembered that this condition when treated by medication for its relief is always to be regarded as only *one* element in a general condition, which requires for a successful dealing with it a due consideration of *all* its other elements, or that it is oftener than otherwise that the characteristics which mark the curative for the constipation as well as for the general sick condition are found in these other and more general facts of the case.

Urinary organs: Acon. and Bell. have *suppression* of this secretion (*compare Iod., Secale, Stram., and Tereb.*); Acon., with *pressure* in the *bladder* or *stitches* in the *kidneys*; Bell., with *constipation* and *copious sweat*. They have also *retention* of urine. Bry. has neither. The three have *excessive quantities* of urine. Acon., with *copious sweat* or with *diarrhœa* and *pain* in the *abdomen*, or with *distortion* of the *eyes* and *spasmodic contraction* of the *feet*; Bell. has *copious* discharge, also at *night*, and with *profuse nocturnal sweat*, with *increase of appetite* in *diarrhœa* or *coldness* of the *body*; in the *morning*, with *thirst* and *clouded vision*; Bry., with *frequent urging* and while *walking* in the *open air*; Acon. has *painful* and *anxious* urging to urinate, sometimes on *touching the abdomen*, sometimes with *copious, watery* urine; Bell. has *difficult* discharge by *drops*, and *frequent* discharge with *constant urging* of *small quantities*, or *copious, of pale, watery* urine; Bry. has *burning* and *cutting* before passing, and while passing *pain* in the *abdomen*, or sensation as if the *urethra* were too narrow.

Acon. has *difficult* discharge of *small quantities*, with *frequent*

urging, sometimes with *pinching* about the navel; while urinating sensation of *stoppage in the bladder*. This is only found with Acon. Neither of its relatives have *difficult* urination. Also Acon. alone has *copious* discharge of urine, which *after standing* deposits *blood*.

Bry. has *frequent* discharges *at night*. *Hurrying* urgency when the bladder is *not full*, with sensation as if the water *passed spontaneously*.

Acon. has *brown, burning* urine, with brick-colored sediment, also seldom discharge of *deep red* urine *without* sediment; Bell., yellow, turbid, clear citron color; golden or bright yellow, seldom dark or brown red; whitish; turbid as from the lees of cider or beer (hefen.), with red sediment and *white thick* sediment; Bry. has hot urine, red or brown and *scanty* and *frequent*, like *clear water*.

Acon. has *involuntary* discharge of urine from paralysis of the bladder; Bell. has *inability* to retain the urine; *involuntary* discharge from *paralysis* of the *sphincter vesicæ*; escape of urine in *deep sleep*; Bry. has involuntary escape of *drops while in motion*; escape of drops *after urinating*.

Acon. has *burning* and *tenesmus* of the *neck of the bladder* when *not urinating*; pain in the bladder while walking; Bell. has *stitch* in the *urethra*, behind the glans, also *while walking*; in the bladder *turning* and *twisting* as if from a *worm*; *pressure* at night; *after urinating*, *smarting* of the *edge of the prepuce*; *while urinating*, *drawing* in the *spermatic cord*. Bry. has *burning* (also with itching and stitches), *pressure*, *drawing* and *tearing* in the *urethra* when *not passing* water.

[TO BE CONTINUED.]

CLINICAL REFLECTIONS.

AD. LIPPE, M. D., PHILA.

A very corpulent lady, fifty years of age, had for several years suffered from dysentery always at the end of the summer, and had been relieved promptly by a few doses of Kali bichro. In the summer of 1884 the dysentery returned at an earlier date than before, and the Kali bichro., which was given her to be taken on such a return, did not relieve her; she grew much worse and came to town for treatment. She was quite comfortable in the morning, seldom had any pain after breakfast, and very rarely an evacuation before dinner. As soon as she dined the violent, cutting pain in the intestines began, and

sometimes compelled her to leave the table; she would then pass, with much pain and straining, very thin brown fæces with mucus and flatulence; the pain was not relieved by the evacuation, the pressure continued, and the great soreness of the abdomen increased; from four to eight evacuations followed and ceased after midnight, when the pains gradually diminished. She had very little appetite, and dreaded to eat on account of the very distressing pains; had much thirst, but did not drink much for fear of pains. Lycopodium, Sulphur, and Carbo veg. afforded no relief. Thrombidium finally was given, requiring a repetition every three to six days till the bowels became entirely relieved; the improvement, though slow, was permanent, and nothing of the kind has returned again.

Last January a gentleman of full habits, subject to attacks of rheumatism and congestion of the liver, complained that whenever he began to eat his dinner at five P. M. he experienced violent pain in the intestines, and this pain increased till he had to seek relief very suddenly; he then passed very thin fæces and some mucus with some flatulence and great tenesmus; the pains were not relieved till he had three to four similar passages, when he ceased to suffer till he dined again next day. After he had so suffered for three days he asked for medicine. One dose of Thrombidium completely cured him in a few days.

Comments: Thrombidium will not often be indicated in dysenteric attacks, as the indications above described are very infrequent. Each drug has its own peculiar sick-making characteristics, and, therefore, curative effect on the living organism. The aim of the progressive healing art is unquestionably to ascertain to a positive certainty what these peculiar and characteristic properties of each drug are. The only possible means of ascertaining these properties is to prove the drug first, and by the clinical experiment ascertain the correctness of the provings, and finally to find the peculiar and characteristic symptoms of that drug, symptoms peculiar to it and to no other drug. In this instance we find that Dr. Bell, in his *Therapeutics of Diarrhœa*, calls attention to Thrombidium. The two cases related above show an aggravation in the afternoon, but this does not prove the morning aggravation observed by others to be incorrect. There are in these two cases as well as in a few cases previously cured by Thrombidium some peculiar characteristic symptoms. The abdominal distress begins while eating (dinner), is not relieved by the evacuations, which are unceasing, and as long as they continue are accompanied by tenesmus. The discharges are very thin fæces mixed with mucus, and cause flatus to pass

without relief. Here we find characteristic symptoms the absolute reverse of the conditions we find under Gambogia. Both remedies have similar symptoms before the stool, have very similar evacuations, but Gambogia has great relief from the abdominal pains and distress after the evacuation, while *Thrombidium* has no relief whatever after an evacuation. *Croton tiglium* has aggravation after drinking and eating just like *Thrombidium*, but otherwise differs in the character of the stools and in their sudden, violent expulsion. *Thrombidium* causes straining, tenesmus, painful, slow expulsion of different stools. Although *Theridion* has been proven—the provers' day-books have been published in full in the *Hahnemannian Monthly*, Vol. I—it is strange that we have had so very few clinical reports of cures from it. When we meet such rare cases, and by diligently searching for the similar remedy find it and cure the sick, the conviction must become strong that we need more provings to meet all the possible, ever-changing conditions of sickness; that, above all things, we stand in need of more knowledge of the peculiar characteristic symptoms of our remedies. We also become convinced that it is absolutely necessary to "individualize," and that in that manner only can we entertain the hope to make medicine a positive science. The modern generalizer, who is just proudly satisfied to have scientifically diagnosed "dysentery," will boldly and unscientifically seek for a specific for that disease; he will, as of old, unsuccessfully battle with the disease, and then resort to "palliatives" because he failed to apply the only possible law of cure correctly. And now comes the next question to be solved—How do we, with absolute certainty, obtain the peculiar characteristic symptoms of the various drugs? They lay concealed in the day-books of the provers. The ever-active progressionist has arranged these day-books in such manner as makes them useful and accessible to the practitioner; he has brought them into a systematic order so as to enable the physician to find how every organ is affected and under what conditions these effects are produced; still further to facilitate the researches of the busy practitioner, Repertories were made. The physician anxiously seeking for a similar remedy finds it a much easier task after using a good Repertory than will the possessor of the latest fashion—a work called "*A Cyclopædia of Drug Pathogenesis*." The Repertory alone will never clearly show the most similar remedy. If there is still a doubt remaining as to the next similar remedy, the day-books of the provers should be examined. All of this is a laborious work, but the reward soon follows, the highest reward

the healer can ever expect to receive—the curing of the sick and an addition to our “Drug Pathogenesy.” There are others who, in their desire to progress backward and to be recognized by the Regulars as one of them, spurn hard work, and in their zeal for recognition blab about generalization as did a celebrated English friend whom we have reported on page 303 of *THE HOMŒOPATHIC PHYSICIAN*, Vol. I, who proclaimed that “Asthénopia is the morbid, ocular condition here indicated as the sphere of *Ruta*.” And now we are invited to resort to the reading of the day-books of provers in every case, and that by a learned man who could not find anything under *Ruta* save “Asthénopia.” Shortsighted is the mover of such a sifting process of our glorious materia medica, to be sure. Let us, nevertheless, not be discouraged by such silly blabbing, but continue to exert ourselves to find the peculiar characteristic symptom of every drug and thereby advance the healing art.

LECTURE ON CHOLERA.

CHARLES G. RAUE, M. D., PHILA.

(Delivered before the Nurse School of the Woman's Homœopathic Hospital, April 23th, 1885.)

Having been requested by the Nurse Committee of this Institution to deliver a lecture before you on “Nursing and Treatment in Cases of Cholera under Homœopathic Practice,” I shall begin with telling you what Hahnemann had to say of cholera in the year 1831, fifty-four years ago. It is as follows: “Two opinions exactly opposed to each other prevail on the mode of propagation of the Asiatic cholera. One party considers the pestilence as only epidemic, of atmospheric-telluric nature, just as though it were merely diffused through the air, from which there would in that case be no protection. The other party denies this, and holds it to be communicable by contagion only, and propagated from one individual to another.

“Of these two opinions one only can be the right one, and that which is found to be the correct one will, like all truths, exercise a great influence on the welfare of mankind.

“The first of these opinions has the most obstinate defenders, who adduce the fact that when the cholera has broken out at one extremity of the town it may the very next morning be raging at the other extremity, consequently the infection can only be present in the air; and that they (the physicians) are in their

own persons proofs of the non-contagious character of cholera, seeing that they generally remain unaffected by it and in good health, although they are daily in personal communication with those dying of cholera, and have even tasted the matter they ejected and the blood out of their veins, laid down in their beds, and so forth. This foolhardy, disgusting procedure they allege to be the *experimentum cruris*, that is to say, an incontrovertible proof of the non-contagious nature of cholera; that it is not propagated by contact, but is present in the atmosphere, and for this reason attacks individuals in widely distant places.

“A fearfully pernicious and totally false assertion.

“Were it the fact that this pestilential disease was uniformly distributed throughout the atmosphere like the influenza, then inexplicable would be the many cases reported by all the public journals where small towns and villages, during the prevalence of the murderous cholera, by the unanimous efforts of all their inhabitants, kept themselves strictly isolated, like a besieged fortress, and which refused to admit a single person from without, were exempt—inexplicable, I repeat, would be the perfect exemption of such places from the ravages of the cholera. This plague raged fiercely over an extensive tract on the banks of the Volga, but in the very middle of it, Sarepta, which had strictly and undeviatingly kept itself secluded, remained perfectly free from cholera, and up to a recent period none of the villages around Vienna, where the plague daily carries off a large number of victims, were invaded by cholera, the peasants of these villages having all sworn to kill any one who ventured near them, and even refusing to permit any of the inhabitants who had gone out of the villages to re-enter them. How could their exemption have been possible had the cholera been distributed throughout the atmosphere? And how easy it is to comprehend their freedom from it, seeing that they held aloof from contact with infected individuals.

“The course followed by the cholera in every place it traversed was almost uniformly this: That its fury showed itself most virulently and most rapidly fatal at the commencement of its invasion (evidently solely because at that time the miasm encountered none but unprepared systems, for which even the slightest cholera miasm was something new, never before experienced, and consequently extremely infectious), hence it then infected persons most frequently and most fatally.

“Thereafter the cases increased, and with them, at the same time, by communication of the inhabitants among each other, the quantity of diluted miasm. Thereby a kind of local sphere of

cholera miasm exhalation was formed in the town, to which the more or less robust individuals had an opportunity of becoming gradually accustomed and hardened against, so that by degrees always fewer inhabitants were attacked or could be severely affected by it (the cholera was then said to take on a milder character), until at last the inhabitants were almost uniformly indurated against it, and thus the epidemic was extinguished in this town.

“ It is a wonderfully benevolent arrangement of God that He made it possible for man to fortify himself against and render himself unsusceptible to the most deadly distempers, and especially the most fatal of them all, the infectious principle of cholera, if he gradually approaches it ever nearer and nearer, allowing intervals of time to elapse in order to recover himself, provided always he have an undebilitated body.

“ *The cholera-miasm consists probably of innumerable invisible living beings in and about the patient.*”

Thus far I have cited Hahnemann's own words from a pamphlet published in Leipzig, 1831, translated by Dr. Dudgeon, of London, and incorporated in the lesser writings of Hahnemann, which were reprinted in New York, 1852.

It may interest you now to hear also something of the progress made in scientific researches since that plain statement of the case was written by Hahnemann, when cholera had appeared for the first time in Europe.

At least ten or twelve years ago it was already a generally accepted theory that the origin and development of cholera was due to parasites of the lowest form and smallest size; that these germs were transported by fluids and air, in which they were capable of living, and by different solid substances, to which they adhere, but that fluids were the most expedient vehicles, inasmuch as in them they could undergo considerable multiplication, and by them, when taken as a drink, could be transported to the very spot, the stomach and bowels, where they would at once multiply and cause the disease. For in many instances the spread of the disease had been traced to the use of water from certain pumps or rivers; and we find a large material of such observations in an article of Frankland “ On the Water-supply of London and the Cholera ” in the *Quarterly Journal of Science*, 1867.

Seeing that drinking-water had a most potent influence upon the dissemination of the disease, *Pettenkofer* commenced in the year 1854 his extensive and careful investigations as to the conditions of climate, weather, and underground water in their bear-

ings upon cholera. His researches established the fact that the conditions of climate and weather had little or no influence, but that porous soils, which permit the penetration of moisture and fluids, were the very breeding beds for the spread of cholera-germs, especially if resting upon closely packed alluvial *clay*, which arrests the further escape of the underground water downward, and collects it all in no great depth under the surface. Any spring or well feeding off such ground-water must necessarily become contaminated and be the source from which cholera will be disseminated. This is in accordance with all the facts known. But this ground-water produces cholera only when the disease exists already *upon* the soil. It does not originate the seeds of cholera, but carries merely what it has received from the surface, and probably gives it a more or less favorable chance to multiply.

To this mode of propagation belong also the instances where wells and rivers become contaminated by privies or sewers containing cholera-germs. Even milk, if diluted with contaminated water or served in cans cleansed by such water, will have the same effect.

The *air*, too, is to a certain extent a carrier of the cholera-germs, especially in the immediate presence of a cholera patient, and when being long exposed to its influence. But that air can carry the poison over large tracts of land has never been proved, and Hahnemann already has refuted this idea.

Much more mischief is done by the adherence of the poison to *solid bodies*. Old clothing, linen, bedclothes, anything that has been soiled by the vomit or stools of the patient, will surely disseminate the disease. The instances where it has been imported to distant countries by old rags thus contaminated are not rare.

Thus far, then, the latest scientific researches correspond pretty closely with the views of Hahnemann which he entertained in regard to the spreading of the disease some fifty-four years ago, and although enlarged and more accurately defined by a large number of different observers, they are in essence the same.

Now, the question arises, What is the cholera poison? "The cholera miasm," said Hahnemann, "consists, probably, of innumerable invisible living beings in and about the patient." This was some fifty-four years ago. Some ten or twelve years ago, when the *germ theory* was brought vigorously into the foreground by microscopists to detect for every infectious disease a particular living organism—a microscopic fungus, known under the name of bacterium, microbe, or bacillus—it became a

generally accepted theory that the origin and development of cholera also was due to parasites of the lowest form and smallest size. The cholera fungus, however, had evaded all detection until a year or two ago, when Dr. Koch, of Berlin, made his investigations in Egypt and the East Indies. He found, first in Egypt, in the stools of cholera patients a peculiar kind of microscopic fungi which he had not seen in the stools of any other bowel disease, and as he found the same again in the East Indies in cholera stools and in no other discharges from the bowels by other diseases, he came to the conclusion that these peculiar fungi must be the cholera germs so long sought after. He called them, from their resemblance to a *comma* used in writing, *comma bacilli*, and there is no doubt thus far that these comma bacilli are found only in cholera patients, especially in their stools—less frequently and much more sparsely in their vomit. As to whether they are the *cause* of cholera or a *product* or *concomitant* of the disease, is still the subject of lively contention among the doctors. And if doctors disagree, who shall decide?

We had better lay this question aside until the doctors do agree. But I tell you all this so that you may the better understand what concerns you most. The main question for us is undoubtedly this: *What shall we do if the pestilence should attack us?* For although Koch's work was a truly great one—a search after a deadly poison in a truly scientific spirit—he nevertheless did not finish it, because he did not find the remedy that would *cure*; he stopped short, so to say, in the midst of his sentence, with a *comma*.

Happily for us and those of the human race that will *heed* them, the efficient means to combat this dreadful disease *have* been discovered, used, and found not wanting in all the cholera epidemics since 1831. Hahnemann's great genius not only brought him, without the microscope—we might say intuitively—to the conclusion "that the cholera miasm consists, probably, of innumerable invisible living beings in and about the patient," but to finding out also the means and ways to *cure* the disease; he thus brought his sentence down to the *point*.

I will give you again what he has to say in his own words:

"Where the cholera first appears, it usually comes on in its first stage, with a tonic spasmodic character; the strength of the patient suddenly sinks; he cannot stand upright; his expression is altered; the eyes sunk in, the face bluish and icy cold, as also the hands, with coldness of the rest of the body; hopeless discouragement and anxiety, with dread of suffocation, is visible in

his looks; half stupefied and insensible, he moans or cries in a hollow, hoarse tone of voice, without making any distinct complaints, except when asked; burning in the stomach and gullet and cramp-pain in the calves and other muscles; on touching the precordial region he cries out; he has no thirst, no sickness, no vomiting or purging.

“In this first stage *Camphor* gives rapid relief; but the patient's friends must themselves employ it, as this stage soon ends either in death or in the second stage, which is more difficult to be cured—and *not* with *Camphor*. In this first stage, accordingly, the patient must get as often as possible (at least every five minutes) a drop of spirit of *Camphor* (made with one ounce of *Camphor* to twelve of alcohol) on a lump of sugar or in a spoonful of water. Some spirit of *Camphor* must be taken in the hollow of the hand and rubbed into the skin of the arms, legs, and chest of the patient; he may also get a clyster of half a pint of warm water mingled with two full teaspoonfuls of spirit of *Camphor*, and from time to time some *Camphor* may be allowed to evaporate on a hot iron, so that if the mouth should be closed by trismus and he can swallow nothing, he may draw in enough of *Camphor*-vapor with his breath.

“The quicker all this is done at the onset of the first stage of the disease, the more rapidly and certainly will the patient recover; often in a couple of hours warmth, strength, consciousness, rest, sleep return, and he is saved.

“*It is, therefore, the members of a family alone that can most certainly and easily cure each other with Camphor spirit, because they are able instantaneously to aid those taken ill.*

“If this period of the commencement of the disease, so favorable to recovery and speedy cure by the above indicated employment of *Camphor*, has been neglected, then things look worse. Then *Camphor* is no longer serviceable. There are, moreover, cases of cholera, especially in northern regions, where this first stage, with its tonic spasmodic character, is hardly observable and the disease passes instantly into the second stage, with its chronic spasmodic character; frequent evacuations of watery fluid, mixed with whitish, yellowish, or reddish flakes, and along with insatiable thirst and loud rumbling in the belly; violent vomiting of large quantities of the same fluid, with increased agitation; groaning and yawning; icy coldness of the whole body, even of the tongue, and marbled blue appearance of the arms, hands, and face, with fixed, sunken eyes; diminution of all the senses; slow pulse; excessively painful cramps in the calves and spasms of the limbs. In such cases the ad-

ministration of a drop of Camphor spirit every five minutes must only be continued so long as *decided* benefit is observable (which, with a remedy of such rapid action as Camphor, manifests itself within a quarter of an hour). If in such cases decided benefit is not soon perceived, then no time must be lost in administering the remedy for the second stage.

“The patient is to have one or two globules of the finest preparation of *Copper, Cuprum metallicum*³⁾, moistened with water, introduced into his mouth every hour or half hour until the vomiting and purging diminish and warmth and rest are restored. *But nothing else at all must be given*; no other medicine, no herb tea, no baths, no blisters, no fumigation, no venesection; etc., otherwise the remedy will be of no avail.

“Similiar good effects result from the administration of as small a portion of *White Hellebore (Veratrum album*³⁾), but the preparation of Copper is much to be preferred and is more serviceable, and sometimes a single dose is sufficient, which is allowed to act without a second being given as long as the patient’s state goes on improving.

“The wishes of the patient of all kinds are only to be indulged in moderation.”

As to the *prevention* of cholera Hahnemann says: “The above preparation of Copper, together with good, moderate diet and proper attention to cleanliness, is the most certain preventive and protective remedy. Those in health should take once every week a small globule of *Cupr.*³⁾, in the morning fasting, and not drink anything immediately afterward, but this should not be done until the cholera is in the locality itself or in the neighborhood.

“*Camphor* cannot preserve those in health from cholera, but only the above preparation of Copper; but when the latter is taken the vapor of Camphor must be avoided, as it suspends the action of the Copper.”

This is Hahnemann’s simple advice in his own words.

Now you will ask me, “How is it that we read in the papers of last summer that during the last epidemic in France and Italy there died fifty and more out of every hundred attacked, if cholera is so easily treated and cured?” True, so we did read, and so many did die, but they did not die under homœopathic treatment, and you must remember what I told you: *Hahnemann’s advice can benefit only those who will heed it.* You will scarcely believe me, but it is a fact that *Dr. Rubini*, of Naples, a venerable old gentleman of eighty-four years, although he wrote long letters to the Mayor, the Prefect, the Cardinal, to all the

proper authorities of Naples, to the King and his Secretaries, entreating them to follow Hahnemann's simple advice, and to put one-half of the cholera hospitals under the supervision of Homœopathy, and offered himself for active practice in those hospitals, never received an answer, save one from the Secretary, Depretis, to the effect "that he, the Secretary, could not interfere in medical matters, and that the use of Camphor and Homœopathy in the treatment of cholera patients belonged thereto."

And all such reckless heedlessness in the face of statistic facts, based upon authentic sources, and published in the daily newspapers of Naples, that in the nine cholera-epidemics which raged in Italy from the year 1838 to 1884, the allopathic school had lost in each at least fifty per cent., while the deaths under homœopathic treatment had amounted, even under the most unfavorable circumstances, to only from eight to twelve per cent. at highest! How is it possible, you will ask, that no notice was taken of such facts? Because, *for a time at least, preconceived ideas are stronger than the truth*, and if such ideas have taken possession of a governmental machine, this machine is bound to go by them, even if the world should perish. It was an idle and useless undertaking of Dr. Rubini, although prompted by the goodness of his heart, to appeal to such quarters. Already had Hahnemann complained in the following manner: "The physicians despise giving the simple, pure solution of Camphor because *I*, the reformer of the old injurious system of treatment, have recommended it from conviction, in the most urgent manner, in all countries of Europe." Well, never mind though; there is a still mightier power behind and above cliques and governmental machinery—the *will of the people*, after having received the truth—that will set it all right in time.

I shall give you now, in brief, from a direct report of Dr. Tommaso Cigliano, of Naples, sent to the *Allgemeine Hom. Zeitung* in Leipzig (Bd. 109, No. 20), what the homœopathic physicians did in Naples for the disinfection, prevention, and cure of cholera.

For *disinfection* they discarded entirely and altogether Carbolic acid, Chloride of Lime, Sulphate of Iron or Green Vitriol, Corrosive Sublimate and the like, and advised their patients to burn Sulphur in privies and dirty places and corners, in rooms where cholera patients had lived and articles remained which they had used. Persons who had been in contact with cholera patients were advised to expose themselves to the vapors of Camphor which had been allowed to evaporate on a hot iron, according to

Hahnemann's direction. The dejections of cholera patients were mixed with a few spoonfuls of spirit of Camphor.

As *prophylaxis* they recommended *Rubini's* solution of Camphor, which is made of one hundred parts of Camphor to one hundred parts of spirits of wine; they advised it in doses of five, three, or two drops twice or three times a day. By these means they achieved marvelous results.

Of the two thousand families who were under their regular medical care; of one hundred working men in the typographical institute of De Angelis, with their families, amounting to five hundred or six hundred persons more, and living in the most affected parts of the city, and of the inmates of the Central House of the Sisters of Mercy of five hundred to six hundred persons, not *one* person was attacked by the cholera! All had been using *Rubini's* solution of Camphor, as above described.

In *treating* cholera patients they relied almost exclusively on *Rubini's* Camphor-solution, giving four or five drops on sugar, or more in bad cases, every ten to fifteen minutes, until reaction set in, when the doses were decreased and given in longer intervals. They used also *Veratrum* and *Cuprum* and other remedies with good results, but their mainstay was Camphor for all stages.

As *drink*, they allowed fresh water, a little at a time, sometimes with a few drops of rum or cognac. If water would not stay on the stomach they ordered small pieces of ice, although this only rarely.

As *nourishment*, they allowed, after perspiration and vomiting had ceased, meat broth, or water soup, or bouillon soup, also a little watered wine. They never allowed any interference with any other drug, nor baths of any kind, nor change of bed or clothing until after the perspiration had ceased.

Their losses were about one in a hundred.

This is from the direct report of Dr. Tommaso Cigliano's own personal observations during last year's cholera epidemic at Naples, and it seems to me that its treatment might satisfy even the materialistic tendencies of the allopathic school, if they could conquer their equally strong proclivities of mixing. Laudanum, Morphine injections, baths, and other adjuvants will never do without the administration of Camphor nor without it.

I must, however, here put in a word of warning against overdosing with Camphor. Camphor in an over-dose will do harm, and may even kill as well as cholera, and in a very similar manner, and herein lies its homœopathicity to cholera. If when taken as a preventive or during convalescence it causes stupe-

faction, somnolence, precordial anxiety, coldness and bluishness of the skin, its use must be discontinued or the dose greatly diminished.

The best way of administering Camphor is on pieces of sugar ; in water it causes nausea and loathing to such an extent that patients refuse to take it.

For injections it is best applied in oil or in warm water with some alcohol.

Another prophylactic remedy which Dr. C. Hering recommended years ago, and which has proved equally successful in the several cholera epidemics of this country, is this : Take pulverized or *precipitated Sulphur* and put a pinch of it into each stocking or shoe you are wearing ; renew about twice a week. The Sulphur will be absorbed by the skin and disinfect the body of any cholera germs that might chance to enter it, just as burning Sulphur will disinfect rooms or clothing.

The linen, bed sheetings, etc., should always, before they are given to the washerwoman, be thoroughly disinfected by exposure to the fumes of burning Sulphur in a suitable room.

As regards public sanitary measures, such as the removal of filth from the streets, the abatement of nuisances, the filling up of wells in the city which may become contaminated by privies, sewers, or ground-water, the purifying of our rivers from which we draw our drinking-water, the prevention of importing the cholera germs from abroad, I have nothing to say. These are matters belonging to the proper authorities, and it is only fair to say that they seem to be fully awake to the danger and conscious of their duties, and do the best they can.

As there is nothing more detrimental to health in cases of epidemics than vague fear, the feeling of uncertainty and helplessness as to how to face a danger, resulting mostly in a panic, I hope that by these explanations I may have dispelled any such vague fear from your minds in having stated to you clearly not only the danger of cholera, but also the ways and means by which it can be prevented and cured. Look out, then, with confidence and courage into the future, trust in God, and keep your Camphor ready !

SYMPTOMS OF WASHING.—*Sulphur*, aversion to washing (also *Antimon. c.* and *Ammon. carb.*) ; *Borax*, washing chest with cold water relieves chest symptoms ; *Antimon. crud.*, child cries when washed in cold water ; better when washed in warm water ; *Nat. mur.*, desire to wash in cold water ; *Æsculus*, after washing hands and face swell enormously and become red ; *Thuja*, skin of face peels off when washed ; *Acon.* and *Fluor. ac.*, better from washing.

SOME USES OF SEPIA.

W. E. LEONARD.

In a brief paper on "Sepia," in the transactions of the Hahnemannian Medical Association, of Iowa (1883 and 4), Professor Cowperthwaite declares it to be "one of the most valuable, and at the same time most neglected, remedies of our materia medica."

Admitting that it may oftentimes have been overlooked by me from lack of knowledge of its uses, I wish to recount the following instances where it has done excellent service:

I. Several times it has acted like magic in the last months of pregnancy, when the mothers were tortured by the violent motions of the fœtus and were nervous and sleepless; and in most instances the women have been those worn out by too-frequent child-bearing, and thin, sallow, and of the nervous type of temperament.

Psorinum, clinically, of course, is indicated for a like condition, "with tympanitic abdomen;" also *Opium*. (Jahr.)

II. October 31st, 1881.—Mrs. C., mother of three children. "Old dyspepsia," constant pain in stomach, worse immediately after eating; making the whole abdomen sore around the back; worse afternoons; milk disagrees.

She is a tall, strong woman, generally in the best of health.

The indications were meagre enough, nor could more definite ones be elicited.

Referring to the Repertory, the following helped to find the medicine for the case:

Aggravation after eating (chief remedies): *Bry.*, *Calc.*, *Caust.*, *Con.*, *Kali-carb.*, *Nat. m.*, *Nux.*, *Phos.*, *Sep.*, *Sil.*, *Zinc*. Aggravation from milk: *Arg.*, *Arsen.*, *Calc.*, *Chin.*, *Cic.*, *Con.*, *Nitr. ac.*, *Nux.*, *Sep.*, *Sulph.*, *Zinc*.

Sore pains in lower parts: *Canth.*, *Igt.*, *Nux.*, *Sep.*, *Zinc*.

Here were the three legs of the stool to stand upon, and the choice lay between *Nux.*, *Sepia*, and *Zinc*.

I knew that this lady was excessively irritable, "ugly," her husband said, during her pregnancies. This decided for *Sepia*. It was given, a few powders of the 5^m potency, to stop as soon as relief came.

Relief came promptly, and now, several years having passed, she has had no return of those symptoms.

This was not an aggravated *Sepia* case, with some eructations,

excessive flatulence, etc., but with enough of the condition manifested to lead to the right remedy.

III. December 21st, 1880.—Mrs. B.—Since birth of her last child, four years ago, after extra muscular exertion she is awakened from sleep “always after midnight” by numbness and severe pain in the right arm, “as if the flesh was being torn off from the finger-nails upward”—lasting ten minutes to half an hour; the paroxysm is preceded by a full, bursting feeling in arm and hand. She had used all sorts of nostrums for relief, but found none.

Occasionally, after being in the cold air or washing in warm water, she suffered with severe pains about the joints of the fingers.

Menses every three weeks and scanty, preceded the day before by backache, bearing down, and cutting in the uterine region.

The patient has a dark, yellow skin, and is thin and wiry: R̄ *Sepia*^{6m}, d., and *Sac-lac*.

She was to report in a week.

Not until July 12th, 1881, did she appear in the office again. She stated that my medicine had removed all the severe pain in the arm and joints, but she still had occasionally a numbness in the right arm, and sometimes in both hands.

The menses came as before with a leucorrhœa between the periods. She had been through much hard work, and was much debilitated. Two doses of *Sepia*^{6m} were given, to be taken twelve hours apart, and a bottle of *Sac-lac*.

Although her family has been treated many times since, I was not consulted by her again until this month, nearly four years ago, when *Sepia*³⁰ was given, with benefit, for symptoms of an acute cold on the chest. Her other troubles had quite disappeared, and she has grown fleshy and strong.

In the first prescription her menstrual symptoms, and the parts chiefly affected by the pain (joints of fingers, etc.), together with the aggravation from washing in water, led to the remedy.

LECTURE ON ÆTHUSA.

PROFESSOR J. T. KENT, A. M., M. D., ST. LOUIS.

The most important feature of Æthusa is its vomiting, after which (and sometimes preceding) come the convulsions—vomiting of a substance looking like “smearcase;” there is a diarrhœa of undigested milk—green, slimy, sometimes bloody; there may be convulsions attending this vomiting, but they most generally come after; eyes turned downward and thumbs

convulsed across the palm of the hand, or sometimes they are turned back. After the child has been vomiting, great prostration and drowsiness come on; it wakes up from sleep, partly refreshed, and calls for the breast and nurses to repletion, and then vomits the milk before it has coagulated; a peculiar prostration and sinking come on after this continual vomiting; blue, sunken line of the upper lip, running to the nose—*linea nasalis*; body may be cold and the head hot (also *Arnica*), with cold sweat all over, and then follow convulsions; child lies unconscious; dilated pupils, staring eyes, confused idiocy, with great sadness when alone; upper lip white to the nose, which occurs after exhaustion, and diarrhoea; aphthæ in the mouth and on the tongue, with the peculiar vomiting, followed by sleep; sudden vomiting of frothy matter; regurgitation of food an hour after eating; painful contractions of the stomach—so severe as to prevent vomiting; the patient will strain to vomit, as if he would tear his stomach open (the chronic regurgitation of food or fluids two or three hours after eating—*Sulphur*); epileptic spasms, with clenched thumbs; red face; eyes turned downward and dilated, staring pupils (something like *Cuprum*, which compare); dozing of child after vomiting spell; ecchymoses all over; red spots on skin, like water-blisters, from lying on bed.

IMAGINATION OF DISEASE AS AN INDICATION IN PRESCRIBING.

DR. WM. JEFFERSON GUERNSEY.

This article has naught to do with ridiculous or fanciful illusions, nor with the delirious hallucinations of snakes, hobgoblins, and the like, but with the supposed existence of *possible* morbid conditions, as suggestive of homœopathic treatment of the disease actually present.

Patients really quite ill state, when first applying for treatment, that they believe so and so to be their malady. If they are in error, and the physician think proper, a simple comparison of the existing symptoms with those of the supposed ailment (call it differential diagnosis, if you choose) will usually satisfy them, and the fancy is dispelled. But with some this idea is so fixed and rooted in the imagination that it cannot by argument be removed. Such a delusion frequently becomes an important "guiding symptom" to the choice of the remedy which upon investigation may be found to possess other proven symp-

toms closely resembling the pains and sensations of the erring patient.

Take, again, the hypochondriac, who is haunted by the imaginary existence of some disease, when, were his fancy removed, he would be found entirely free from pain.

Others are fretted and worried into a state of nervous debility by the fear that they *may* contract or develop some specified disease.

The answer,

"Therein the patient
Must minister to himself,"

as given by the Doctor to *Macbeth's* inquiry of

"Canst thou not minister to a mind diseased?"

is not commendable in a homœopathician. Let us rather reply in *Macbeth's* own words:

"And with some *sweet*, oblivious antidote,
Cleanse the stuffed bosom of that perilous stuff
Which weighs upon the heart."

(May the writer be forgiven for emphasizing the word *sweet*!)

Our repertories furnish us with names of many remedies suitable to hypochondriasis; in fact, those remedies having the general condition are too many to enumerate here, but some few of these are pointed and may be dwelt upon. For instance, *Plumbum* imagines that he has some incurable disease;

Raphanus, that he has an unrecognizable one;

Cun. ind., that he is delirious;

Bryonia, that he will become so;

Artemisia abrotanum, that he is having softening of the brain;

Atropinum, that his blood does not circulate well;

—Also, that he has epilepsy;

Alcohol, that he has hydrothorax;

Phosphorus, the same;

Veratrum alb., that he has cancer;

—That he is blind;

—That he is dumb;

—That she is pregnant;

Natrum-phos., that he would have typhoid fever;

Ignatia, that he cannot walk.

As to apprehensions, many remedies fear insanity, and quite a number apoplexy.

Calc.-carb., *Paullinia pinnata*, and *Tarentula* all dread consumption;

Aralia dreads some lung disease;

Bovista fears the contagion of some disease (not stated);

Asafœtida, brain softening;

Chelid., *Calc.-carb.*, and *Staph.*, that his health is ruined;

Asafœtida, paralysis;

Chelid., pneumonia;

Sumbul., vertigo;

Lac-caninum and *Lachesis*, heart disease; and

Lachesis, the cholera.

And may not this last-named remedy act as a prophylactic to the cholera in persons having an undue fear of it?

It may not be foreign to the point in question to refer to the notions of the *friends* of patients as suggestive of treatment. Suppose the case to be that of a child, perhaps eighteen months old. It has just recovered from bronchial catarrh and its mother calls at your office for medicine for the "*worms*." I think I am safe in asserting that this programme is repeated in at least seven or eight cases out of every ten after this trouble in children of that age or younger. Why is this? Because the little one has swallowed the mucus which would have been expectorated by an older child, and this indigestible substance has had precisely the effect upon the stomach that worms would, and is followed by a like result. Explain this to the mother so that she will refrain from using hurtful "*worm medicines*," but also assure her that if the child has any worms your medicine will remove them; for the voiding of just one little harmless fellow will gratify her, very much to your chagrin. Certain it is, however, that swallowed mucus will cause worm symptoms, and while *Cina* is not by half a hundred the only remedy for helminthiasis, it is, *par excellence*, the medicine for the case just mentioned.

It is well to listen with at least one ear to the diagnosis of the patients' friends, for if you can assure them of their correctness it will gain you their friendship, and if wrong, you can thus avoid too bluntly contradicting what they had previously told the sick one, and by wresting from them the pleasure of saying, "I told you so," you possibly gain ill-will, which may tempt them to do more harm between your visits than you can do good at them.

Again, as with the *Cina* case, remedies, or at least questions, leading to the discovery of new indications may follow.

If I knew of any drug homœopathic to the *imagination* that

one had "*malaria*," I would see to it that every physician in the country was supplied.

But why dwell longer on this matter? It simply teaches the importance of little things which Hahnemann long ago discovered: that that which may appear as the veriest trifle to others will oft suggest the homœopathic and only true remedy for the sick.

THE THIRST SYMPTOM.

By S. L.

Drs. Hughes and Berridge quarrel about the thirst symptom of *Arsenicum*, and Dr. Proctor sets this matter right in the May number of the *Homœopathic World*, where he agrees with Dr. Hughes that "desire for drink, but inability from the irritable state of the stomach to take more than a small quantity at a time," is a frequent symptom of gastritis, and so might truly call for *Arsenicum*, while in inflammations occurring elsewhere and in general fevers the thirst may be as insatiable as possible without forbidding its employment. As *Arsenicum*, besides being a local irritant, is pre-eminently a fever-producer, we should *a priori* expect to find in its fever symptoms a desire for large quantities of water. In cholera, again, where *Arsenicum* is often useful, the demand for water is excessive; this time, however, not from the pyrexia, but the draining off of the fluids of the body. In each case there is a great systemic demand, and *Arsenicum* may be found to fit exactly.

During this whole dispute we felt astonished that such a close student of *materia medica* as Dr. Berridge is known to be could doubt the alternate action of drugs, when, in fact, the very alternation is the bugbear which frightens our students till they get into the habit of reading between the lines, studying the totality of symptoms—in other words, the picture of the diseased state—and then selecting the suitable remedy.

To clear up the case, we studied several drugs in relation to the thirst symptom, and find this alternation in nearly every drug, thus:

Belladonna.—Allen, II, 97, quotes: Excessive thirst for cold water; desire to drink from large vessels and a great deal at a time. And again: Great thirst, but unable to satisfy it on account of inability to swallow; tormented with burning thirst; craves drink from time to time, but repels it when offered; aversion to all fluids, so that she behaves frightfully at the sight of

them. Let us compare these antagonistic symptoms with those in the *Guiding Symptoms*, and we learn that in the acute inflammatory states, with their unequal circulation, the thirst is assuaged by large drinks, except where the throat is inflammatorily or spasmodically affected, and where the patient would drink if it were not too painful. We even find under *Belladonna* the symptom given with two strokes: fever heat, now and then sweat; they often ask for drink, but do not take much.

Apis mellifica is usually put down as the great remedy for thirstlessness, and still Allen, I, 408, gives us: Burning thirst—seems to rise from the stomach—with dryness in the throat; great thirst (when working at night) after diarrhœa. And in the *Guiding Symptoms*, I, 397, we read of insatiable thirst—thirst so violent that she would like to drink all the time (typhoid); no appetite, but much thirst; drinks often and a little at a time; no thirst even during heat or sweat, but thirst always during the chill.

Of *Pulsatilla* Carroll Dunham teaches (Lectures, II, 63): An almost complete absence of thirst is characteristic of *Pulsatilla*, yet in fevers where heat follows the chilliness, if it be only a sensation of heat with no objective warmth, there is no thirst; but if the heat be, as it sometimes is, both objective and subjective, it is then attended by thirst. Reichert also calls attention to the fact that though the *Pulsatilla* symptoms generally are not attended by thirst, yet sometimes thirst is present when the hot stage is strongly marked, and he has had excellent success in puerperal fever and other fevers when thirst was present, the mass of the symptoms having indicated *Pulsatilla*.

But the clinique corresponds fully with the provings; Allen, VIII, 216: Very violent thirst, especially for beer, after the disappearance of the fever; thirst, without heat and without sweat, immediately after lying down in bed; he longs to drink something invigorating and strengthening.

Similar symptoms we find in the related and still so different *Cyclamen*. No thirst the whole day, but it occurs in the evening as the hands and face become warm; absence of thirst for four days, after which it returned, and was at times greater than in health; thirst so great that she drank eight glasses of water (Allen, IV, 54). The fever, says Carroll Dunham (II, 91), of *Cyclamen* is partial in all its stages; chill predominates; the heat occurs at evening and is without thirst.

Under our great polychrest, *Sepia*, we find the same different states. Allen, VIII, 619, gives us here: Complete thirstlessness, lasting eleven days; no desire for water at all, even at

meal times. And again: Sudden and uncontrollable thirst; must have very cold water, especially in the evening; very thirsty for cold water, drinking much and often; a great desire for water, drinking a glassful at a time—a very unusual thing for me. We easily understand this great thirst, for Dunham remarks that in the fever of *Sepia* chilliness predominates, but, like the heat, is fugitive and transient; perspiration is copious, especially at night, conjoined with great weakness. If, as Deit-meyer teaches, *Sepia* retards the circulation and causes an over-loading of the vascular system with venous blood, or with blood more or less resembling venous, we can easily understand the thirst of *Sepia* for the removal of this venous stagnation.

Let this suffice. We could carry the subject over many pages, and still not exhaust it. Mere symptom-covering will not do; we must also know whether the action of the drug at our examination can be related to its primary or secondary effect. Let us not boast of our knowledge, for we have hardly yet digested the very rudiments of therapeutics.

Pax vobiscum; let that be our mode of dealing with our apparent opponents, and it is most honorable to acknowledge an error, for every one of us is liable to err.

High or low? is Hale's law of dosage true? *Chacon à son goût*; let us differ at some of these points, but let us all work for the advancement of that art (it is not yet a science) which is so dear to our hearts.

HAHNEMANN'S METHOD OF INDIVIDUALIZING.

Hahnemann, in a letter to E. Stapf, dated Leipsic, January 24th, 1814, says:

The fevers last fall and this winter differ very much from those prevailing last spring; they naturally, therefore, require another treatment. As we, the "pitied" homœopathists, are so devoid of science that we do not want to be ruled by mere names—"nervous fever," "hospital fever," "typhus," etc.—we cannot satisfy ourselves with contrived recipes laid down in books for such names. What an easy time of it such of our colleagues as are not infected with our heresy have—looking into their pocket-manuals!

Besides the conditions and medicines before mentioned, of which you are already aware, we cannot do without Arsenic in such conditions as the following, which are produced by it in its pathogenetic effects:

1, a continual thirst, wherein the patient only wets his lips and cannot drink much ;

2, has cold hands and feet ;

3, overestimates his strength—venturing to get up and out of bed and then sinking down to the floor ;

4, when he is continually anxious to get from one bed into another ;

5, does not know what to do with himself on account of anxiety—mostly in the third hour of the night ;

6, in which case, when he closes his eyes (and even otherwise) he sees persons and events before his eyes—often of neither a fearful nor an anxious, but merely an imaginary character ;

7, the patient is faint-hearted, timid, inclined to weep, fears death ;

8, sudden spells of suffocation befall him, particularly in the evening, when lying down, with or without cough ;

9, or he struggles with frequent sickness and squeamishness.

In such cases you will see wonders effected by a single globule of the decillionth ; you may rest assured of it.

We add to this truly master-sketch of characteristics some parallels to particular symptoms above for the instruction of students, keeping in view typhoid fevers only :

1. No remedy exactly like it ; *Lycop.*, every little swallow becomes disgusting ; *Sulph.*, because water disturbs the stomach ; *Nat. mur.*, it does not taste well ; *Sambucus*, it is not pleasant (*Calcar.*) : 3, *Apium virus*, *Nat. mur.* : 4, *Calcar. c.*, *Cina*, *Sepia*, *Cham.* (*Verat.*, *Merc.*, *Hyos*, *Bellad.*, *Rhus*) : 5, *Kali carb.* : 6, *Calcarea carb.*, *Sambucus* : 7, *Rhus*, *Verat.*, *Bryon.*, *Coccul.*, *Acon.* : 8, *Phosphor.*, *Pulsat.* : 9, *Phosp.*, *Lycop.*, *Bryon.*, *Calcar.*—C. HG. in *J. of M. M.*

HINTS TO SPECIALISTS.

PROFESSOR J. T. KENT, A. M., M. D., ST. LOUIS.

A quasi-homœopathic gynæcologist once said to some of our students : “ If you undertake to cure these diseases (displacements) with your homœopathic remedies you will fail. I have tried remedies and have never found them of any value. I now replace the uterus and adjust a pessary immediately.” In such cases what has become of the law ? And yet some specialists cry out that the specialties are not sustained. Shall the common average physician sit down and worship such gynæcology, when

he, though not pretending great skill, can do better than the specialist, taking his word for it. This is not to underrate him who uses all his means in the right place for the greatest good. There is room for all the specialties, but our specialists must do better than the common practitioner, or they must not complain of being scolded. We expect that the specialist shall not simply and only know the mechanical portion of his department, but that he shall also be expert in the *materia medica* of his department. It will do for the average doctor to say, "Oh! you *materia medica* fellows are experts; we are too busy to learn these fine things;" but it will not do for our specialists to be guilty of ignorance in this department. They must know how to cure with remedies, or they must not lay claim to special qualification. When I talk with a specialist I expect to learn of special indications for remedies, and I am generally disappointed. The specialist has the same pathogenesis to work out his cases by that all have, but he generally relies on somebody's hard work, trying to make them fit his cases, and as a rule it does not apply. Every man who claims special excellence in any one department should search the provings for a therapeutics peculiar to his own demands and build for himself. Several years of hard study will reward his labors and he will know none the less of the accumulated experience of others in the application of these same pathogeneses recorded in works on therapeutics. The specialists stand accused of ignorance of the *materia medica*;—indeed, they are their own accusers when they acknowledge the demand made upon mechanics for the majority of cases treated. Failure to cure by the *materia medica* should be the exception in all non-surgical diseases, and when other means are resorted to they should be looked upon as but palliative and not curative. There are instances when it is judicious to palliate, but let no man call these means curative. The curse of Homœopathy is the too free use of palliatives, and this is because of the widespread ignorance of the philosophy of Homœopathy and the *materia medica*. Doctors use palliatives when they do not know what else to do, as the surgeon cuts off the leg when it is the last resort; had he known how to prevent the disease-processes he would have saved the leg. It is a common practice to apply a support to hold in position a displaced uterus and then begin to build up by medicine. Who is wise enough to know what remedy to administer after the symptoms, the only true expression of the disease, have been removed? Yet this is the way some of our specialists go about it, and then complain that "the law is a failure." There might be some reason

in first taking the symptoms by which to select a remedy and then applying a pessary ; but to the experienced the folly of this will appear, as it is so well known that the symptoms immediately disappear without mechanics. Support is not needed after the right remedy has been taken two days. Again, if a support be used, one has no evidence of good or bad selection.

The cure of these diseases is possible without support with pure medicinal treatment; the demonstrations are too numerous to deny; then let the specialist lay no claim to proficiency who is not able to do better than the average doctor. It matters not how often a woman is examined, only that she is safely, gently, and permanently cured. The question of frequent examinations is one to be laughed at. But the question arises, first of all, do you cure safely, quickly, and permanently? If the physician can make more out of a patient by making frequent observations, and his patient will stand that kind of business, it is well enough, and he must settle the matter with his own conscience if he have such a thing; but he must not so interfere as to delay recovery which should be more or less rapid in most cases. I have the right to take exception, and to criticise, when women go to specialists and pay enormous sums for the treatment of diseases that should be cured with a few doses of a properly selected homœopathic remedy. These things have occurred, and not with our tyros, but those standing in the lead. I can produce the notes if any man dare dispute it, and the worst part of the whole business is that the greatest pretensions are cloaks to the most profound ignorance. These men are generally too wise (?) to be taught by an American author or teacher. They go on with their circumscribed armamentarium for local use, and the thimbleful of *materia medica*, which is all they have, serves the purpose of homœopathic show. If the representatives of the homœopathic school would learn the polychrests so that they could compare them throughout, the demand for mechanics and local slops would decrease. There should be no fashion in medicine; what was good fifty years ago in the hands of the masters should be just as good to-day, and the deviation comes out of departing from the methods of the early physician who had not the labor-saving and brain-saving machines. If the masters could cure such cases with simply great labor, how much better ought we to do! The high degree of perfection will never come to our specialties so long as the specialists are content with the palliatives now in vogue. I am astonished at the amount of palliation that can come from some of these mechanical supports. But I am never astonished at any great skill in the

use of remedies in the hands of our specialists, and I still fail to see any good reason for sending a non-surgical case to a specialist to be treated. When they arrange a family circle of their own to include the materia medica and a correct philosophy, then and not until then can they claim patronage that naturally should fall to the specialist. I fail to see any good reason why a homœopathician should advise a patient to consult a professed homœopathic specialist, whose principal means are those developed and used by the allopathist. If there is any reason to suppose a homœopathic physician can use allopathic tools to a better advantage than the allopathist himself, I fail to see it. If allopathic means are better than ours, why uphold the law which is the *sine qua non* of Homœopathy? If a combination of allopathic and homœopathic means goes better, why not associate with congenial spirits, the eclectic?—*Med. Advance.*

COMPARISON OF HEART SYMPTOMS AGGRAVATED BY MOTION.

ARSENICUM: Palpitation, with dyspnœa ; worse when lying ; less when moving.

ASPARAGUS: Violent palpitation from every motion.

AURUM: Violent beating of the heart, especially after exertion.

BOVISTA: Strong palpitation on going up-stairs and after exertion.

CALCAREA: Anxious palpitation from the slightest exercise.

COCCULUS: Palpitation on moving quickly.

DIGITALIS: Disease of the heart, with apnœa ; from the slightest motion, much danger of suffocation, with yellow and blue face.

DIGITALIS: Fluttering at the heart after sudden and energetic motions, especially of the arms in an upward direction.

FERRUM: Palpitation, with fear ; has to move about, can neither sit nor stand.

FERRUM: Palpitation ; dyspnœa ; fear ; beats of the heart aggravated from the least motion.

PRUNUS SPINOSA: Furious beating of the heart, even when at rest, and great danger of suffocation from the slightest motion. Knocking at the heart, with labored breathing. Even from a very moderate motion the beats of the heart are fearfully aggravated. (CL. MULLER.)

SPIGELIA: Suffocative attack from motion ; trembling feeling in the chest, on moving the arms, especially from moving the arms toward the head. (BESHMANN.) Cannot turn in bed

without an attack of dyspnœa. (G. MAURO.) Motion aggravates the chest symptoms and causes faint feeling. (ELWERT.) After every rapid motion, palpitation. (LEHREN.)

STRAM.: From every motion, such violent palpitation that he cannot talk for hours. (HILBERGER.)

SULPHUR: Palpitation after going up-stairs or climbing mountains. Stitches in the sides of the chest, after vigorous bodily exercise. (NOAK.)

SANGUINARIA NIT.

Mrs. N., æt. forty-three. Change of life. Suffered more or less constantly with dull pain and burning in pit of stomach and left ovarian region. Better from hard pressure, but forcing her to loosen her clothes, and relieved by food for from ten minutes to several hours. General health good. Under treatment off and on for several months. Nothing given affording any permanent relief. In the fall of 1883 she was given Sang. nit. 3x for severe coryza, which was at once relieved, and with it the distressing symptoms which had proved so intractable, and which did not return for several months, when one or two powders again relieved with no further trouble till August, 1884. One powder again did the work, with no return since. The cure was purely accidental and the drug was not given to that end. But as the provings we have of it are brief and imperfect, the above is recorded as a clinical fact which may possibly prove useful.

J. S. SMITH, M. D.

AN UNKIND CRITICISM.

The editor of this journal has evidently been partaking too largely of *Platina*, and has, consequently, formed a somewhat exalted opinion of himself! This egotistical admiration has been suddenly and rudely checked. Instead of *Platina*, we shall hereafter dose ourself with *Aurum*, in order to quickly gather courage for ending our wrecked life by suicide. Our death will lay upon the consciences of Drs. Pope and Dyce Brown, conjoint editors of the world-renowned *Monthly Homœopathic Review!* In commenting on Dr. Wells' *exposé* of the brilliant unfitness of Dr. Dake as a reviser of materia medica, these willful murderers write: "The medium of the attack (*i. e.*, the above-mentioned *exposé*) is THE HOMŒOPATHIC PHYSICIAN, an obscure journal

published in Philadelphia. We had an opportunity of seeing the first few numbers of it some three or four years ago, but they did not appear to us to foreshadow a periodical that was likely to be of any service, either to medical science in general or to therapeutics in particular."

The only balm to our wounded pride is the hope that *we* have improved somewhat since publishing those fatal "first few numbers," and not gone on year after year publishing stupid nonsense, as has the *Monthly Homœopathic Review*.

CLINICAL BUREAU.

CLINICAL CASES.

S. A. KIMBALL, M. D., MELROSE, MASS.

Case I. Mrs. K., thirty-seven years.

March 8th, 1885.—Grayish yellow membrane on both tonsils, began on left side; swallowing painful; breath very offensive; neck sore externally, worse on left side; cannot bear anything tight about throat; pains in back and all through head; very weak. Pulse 108. One dose Lach.^{cm} (Swan).

P. M.—Throat more sore, worse on waking; tonsils more swollen; membrane not increased, looks softer; pain more in centre of throat on swallowing; thirsty; head and back feel better; cannot breathe through nose. Sac. lac.

March 9th.—Better; not as much pain on swallowing; no pains in back or head; membrane dirty yellow and softer looking; neck swollen more externally on left side; can breathe through nose; had a good night. Pulse 98. Sac. lac.

P. M.—Much better; less pain on swallowing; membrane coming off on right side. Pulse 92. Sac. lac.

March 10th.—Membrane about all gone, a little left on left tonsil; no pain on swallowing. Pulse 96. Sac. lac.

P. M.—Membrane all gone. Sac. lac.

March 11th.—Is up and about; throat all right. Sac. lac.

Examined urine March 15th, found no albumen.

Case II. Mr. A., thirty-eight years.

March 20th, 1885.—Greenish white membrane, on left tonsil; neck tender externally, left side; sharp pains to left ear on swallowing; pains all over; head sore; feels very weak. Breath very offensive. Pulse 96. One dose Lach.^{cm} (Swan).

March 21st.—More membrane on left tonsil greenish white; great soreness of throat; does not like to sleep, as he can't collect himself for some time when he wakes; pains have left back and limbs and seem to be all in throat; membrane appearing on right tonsil; urine thick, dark, offensive. Pulse 96. One dose Lach.^{cm} (Swan).

Gave this second dose because the disease was extending to the right tonsil. Perhaps it would have been as well to have waited.

March 21st, P. M.—Better; wakes all right; membrane looks softer and cheesy. Pulse 96. Sac. lac.

March 22d.—Membrane coming off, all gone on right and a large piece from left tonsil; has frequent sharp constricting pains in heart and left arm; much pain on swallowing; sleeps well. (He has had this pain in his heart before.) Sac. lac.

March 23d.—Only a small piece of membrane on left tonsil; less pain on swallowing. Sac. lac.

March 24th.—Throat all clear, feels all right. Sac. lac.

March 26th.—Constricting pains in heart as if grasped by a hand. (Has had this for some years.) Three doses night and morning Cactus grand^{200th}.

March 30th.—Found he had returned to work.

In Case I membrane began to come off in twenty-five hours.

In Case II in thirty-six hours.

BOOK NOTICES.

PROGRESSIVE MEDICINE. A Scientific and Practical Treatise on Diseases of the Digestive Organs, etc. By Ciro de Suzzara-Verdi, M. D. Pp. 349. Philadelphia: F. E. Boericke. 1885.

It is a very trite saying that discoveries, new inventions, or dogmas are at first met by opposition, incredulity, and perhaps by ridicule and scorn. This may, unfortunately, be true, but it does not follow that every discovery or invention that is laughed at and ridiculed is thereby treated unjustly. Many merit nothing better! These comments are suggested by the following paragraph from the Preface of Dr. Verdi's *Progressive Medicine*: "It is needless to remark that he who dares to differ and predicate new discoveries [!] or new thoughts must be ready to meet fearlessly the indignation and contempt of those who think that there is nothing beyond what they know and teach daily."

We have looked carefully through Dr. Verdi's *Progressive Medicine*, but have failed to find any new discoveries or new thoughts! His rules for hygiene and dietetics are as old as Moses; his medicinal treatment is a mixed chemicophysiological-pathologic arrangement, which does not seem to be based on any sound reasoning, nor to be followed by even a tyro's success! There does not appear to be a spark of originality in the book; its ideas and methods have all been advocated before, notably by Dr. Kidd.

Our columns are open to Dr. Verdi if he cares to *briefly* point out some of those "new thoughts" he alludes to so grandiloquently in his Preface.

AMERICAN MEDICINAL PLANTS. An Illustrated and Descriptive Guide, etc. By C. F. Millsbaugh, M. D. Fascicle II, containing Nos. 6 to 10. New York and Philadelphia: Bœricke & Tafel. 1885.

We remember well the remark of one of our lecturers on *Materia Medica*, that the *country doctor* was expected to recognize any plant or weed his admiring fellow-citizens might chance to bring him for classification! If this be true, we feel sure these excellent plates Dr. Millsbaugh is giving us will make such recognition easy.

We repeat again, these plates are simply beautiful, and to our eyes appear very accurate. Each fascicle contains plates of some *thirty* plants. *Six* of these beautiful plates for *one* dollar is certainly very cheap. For sale by Messrs. Bœricke & Tafel.

NOTES AND NOTICES.

OCULAR SURGERY.—Dr. Landolt, of Paris, will commence this summer a course of practical lectures on operations on the eye. Should there be a sufficient number of American medical men who may wish to attend regularly, the Professor will have much pleasure in forming a separate class for them, at which the lectures will be delivered in English. For further particulars, please address Dr. Landolt, 4 Rue Volney, Paris, France, or Dr. John H. Payne, 415 Columbus Avenue, Boston.

CASE FOR CONSULTATION.—I have a case of a man thirty-five years old, engaged in the boot and shoe business. His finger nails are being pressed away from the fingers (and thumbs) by a growth. It seems like flesh, causes no pain, only looks bad. The nail dies as it is pressed off, sometimes even to the quick. He says he has known others engaged in the leather business to be so afflicted. I have never seen such a case before. Can you give me a name or treatment for it? If not, will you put it to your readers? C. G. W.

THE DELINQUENTS.—It is evident from the following clipping that medical journals are not the only sufferers from delinquent subscribers:

The St. Louis *Presbyterian*, in trying to explain to its subscribers why it sends out bills so promptly and persistently, says: "We presume that some people think newspaper men are persistent duns. Let a farmer place himself in the same position, and see if he would do the same. Suppose that he raises several thousand bushels of corn and his neighbor should come and buy a bushel and say, 'I will pay you the amount in a few days.' As the farmer doesn't want to be small about the matter, he says, 'All right.' Another comes in the same way, until the whole of his corn is gone, and not one of the purchasers concerns himself about it, because it is a small amount that he owes the farmer. He does not realize that the farmer has frittered away his large crop of corn, and that its value is due in thousands of little dribbles, and that he is seriously embarrassed in his business because his debtors treat it as a little matter."

SUBSCRIPTIONS to the new *Repertory of Characteristics* continue to come. Still the required number is not yet received. All physicians should subscribe at once. As soon as the required number is obtained, we will at once start the presses and turn out the work as quickly as possible.

T H E

HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. V.

AUGUST, 1885.

No. 8.

DIFFERENTIATION OF REMEDIES.

P. P. WELLS, M. D., BROOKLYN, N. Y.

(Continued from page 232.)

The actions of these three drugs on the male genital organs and functions are neither numerous nor very important as therapeutic indices. In this relation they may help to a right selection when the due consideration of the sick phenomena of other organs and their functions have, by reason of their obscurity or similarity, left the prescriber in doubt as to the right selection. It will be seen on the record Acon. has itching on the prepuce, which only disappears momentarily when rubbed; Bell. has itching and tickling in the glans; Bry. has stitching and burning itching on the prepuce and red, itching rash on the glans.

Acon. has stitch and pinching in the glans when urinating; Bell. has stitches in the retracted testicles; Bry., stitch in the testicles while sitting.

Acon. has pains in the testicles as if crushed; Bell. has tearing in the spermatic cord, in the evening, in bed; Acon. has crawling in the genital organs (it has also amorous paroxysms and diminished or increased sexual instinct, alternating with torpidity); Bell. has loss of sexual instinct and perfect indifference to all incitements of it. Pollutions without erections; and it has them twice in a night. Escape of prostatic fluid, with relaxed penis.

On the female organs and functions, we find Acon. has copi-

ous catamenia in plethoric subjects; suppressed catamenia in lively, full-blooded young persons who live a sedentary life; madness on the appearance of the catamenia; hæmorrhage from the uterus.

Bell. has too copious catamenia, and delayed for four, eight, or twenty days, or anticipating four days; is too pale; suppressed; hæmorrhage from the uterus at other times than the catamenial period; discharge of offensive smelling, bright-red blood in clots. [Sabin. similar, but fluid.]

Bry. has suppressed catamenia, with bleeding from the nose; catamenia is anticipating; returns in eight, fourteen, or twenty-one days; pinching in the distended abdomen, as if the catamenia would appear; hæmorrhage from the uterus (not at the catamenial period); during the catamenia, tearing pains in the limbs; the blood is dark, with pains in back and head.

Acon. has copious, thick, yellowish leucorrhœa; Bell. has leucorrhœa, with pain in the abdomen; Bry. has little relation to this affection.

Before the catamenia, Bell. has fatigue, pain in the abdomen, loss of appetite, and obscured vision. During the catamenia, nocturnal sweat on the chest, with yawnings and cold shuddering on the back; anxiety of the heart; great thirst; squeezing, tearing—now in the back and now in the arms. Neither of the others are charged with symptoms at this time.

Bell. has strong pressing to the genitals, as if all would be forced out [see Lil., Tig., and Sep.], with subsequent discharge of blood or mucus; internal shootings; great dryness of the vagina. Bry. has swelling of the labia majora, with black, hard pustule therein.

The uterine hæmorrhages of these three drugs are characterized by the blood of Acon. being dark colored; Bry. has it both dark and bright, while that which is most characteristic of Bell. is a mixture—the one color being clotted, the other fluid. Thus it will be seen Acon. has bleeding from the veins, Bell. and Bry. from both veins and arteries, that of Bell. being mixed and partly clotted, while that of Bry. is either the one or the other.

Acon. is credited with important symptoms during the pregnant state—such as fear of death; shooting, burning, excoriating pains in the liver; nausea and vomiting, with pain in the stomach, and, after each meal, with pain in the head. The other two are not charged with analogous symptoms.

Acon. acts on the mammary gland to increase its secretion; in this it has Bry. for a companion; Bell. has erysipelatous inflammation of the gland and Bry. rheumatic.

Acon. has catarrhal attacks and coryza, also with headache, pain in the abdomen, ringing in the ears, and copious urine. (Given in the initiation of such catarrhal attacks, Acon. will often cut them short. It is worth observing and remembering in how many acute affections where Acon. is curative its usefulness is almost wholly limited to the first stage of such sickness, while in the latter it is nearly wholly powerless for good. This is well illustrated in cases of croup or other laryngeal or tracheal affections with which we are now engaged.) Morning hoarseness, cracked voice; attacks like paralysis of the epiglottis, with choking, ringing in the trachea (*ingesihofentreitsgeful*) as if asleep, said of hands or feet.

Bell. has catarrh with oppression of the chest; coryza, cough, especially at night, with stitches in the sternum; voice rough and hoarse, weak and piping, nasal; loss of voice; great painfulness of the larynx, with danger of suffocation while feeling it and turning the neck, coughing, speaking, and when inspiring; spasmodic constriction of the larynx; rattling of mucus in the bronchi, inflammation of the larynx and trachea.

Bry. has hoarseness and rough voice while walking in the open air; with cough and rattling in the chest; with inclination to sweating. In the morning oppression of the chest, as if loaded with mucus. Tenacious mucus in the throat, which is removed by slight cough. Hawking up of yellow mucus from the throat.

Acon. has cough in the hot stage of fever; short, dry cough, with constant inclination to it from tickling in the larynx, especially excited by smoking tobacco or by drinking, or it returns after midnight, every half hour; spasmodic, rough, cracked cough, also with danger of suffocation and constriction of the larynx; cough, with thick, white or bloody mucous expectoration; dry cough, with general heat, thirst and great restlessness; cough after every cold taken, which is especially troublesome at night; dry cough, which permits no rest evenings, with constant irritation and oppression of the upper half of the left lung; hæmoptysis, without pain, but with nocturnal anxiety, constant complaining and whimpering, fearfulness, red face, better while lying down; painful sensitiveness of the larynx to touch.

Bell. Incitement to cough by irritation of the larynx from every inspiration; in the epigastrium, as if there were something lying there. Cough, with flow of thick saliva at midday, with subsequent heat; with tightness and congestion of the chest; with taste of blood in the mouth; with shooting pain in the side. Cough at night, from evening to ten o'clock, in quarter-

hour attacks of three or four coughs; severe in sleep with grinding of the teeth, which wakes from sleep. Dry cough in the forenoon, very severe, as from a foreign body in the larynx, with coryza; short cough, evenings, in bed, from tickling or itching in the larynx; with oppressed chest, as if from dry catarrh. Day and night from tickling in the throat pit, or with headache and redness of the face. Slight cough from scratching in the throat. Scraping, hollow cough; spasmodic, especially after midnight, with retching. Before the cough, crying (whooping cough) or pain in the stomach with the cough, pressure in nape of the neck, as if it would break, trembling in the stomach as if he would vomit. After cough, sneezing.

Bry. has short, dry, hacking cough, as if from mucus in the trachea, especially while smoking tobacco, or with pressure and excruciating pain in the larynx, after the cough, with inclination to deep inspiration, in the evening in bed, with scratching as if from roughness and dryness in the larynx. Dry cough, as if from the stomach, with crawling and tickling in the epigastrium, especially in the morning, with flow of water from the mouth like water brash. Spasmodic cough, from smoking tobacco, after eating and drinking, with vomiting of what has been swallowed; with children, especially after midnight, with spasmodic, suffocating oppression of the breathing before the cough. Cough with expectoration, excited by crawling in the throat; in the forenoon, yellow expectoration; in the morning, in bed, with copious mucous expectoration of dirty reddish mucus; expectoration of blood, of clots or of clear blood, or of bloody streaked mucus. With the cough, stitches in the head, the epigastrium, the hypochondria, the sternum, chest or sides, in the throat; sensation as if the head or chest would burst. Pain in the epigastrium as if raw; sneezing, heaving as if he would vomit; pressure which passes through the head.

Acon. has expectoration of dark blood, streaked with blood; purulent, yellow, slimy, whitish, sticky, putrid tasting and sweetish.

Bell. has bloody, mixed, bright and dark, and fluid in clots, purulent, yellow, slimy, insipid tasting, salt, sour, disgusting, and offensive smelling expectoration.

Bry. has insipid, putrid, sour, disgusting.

Respiration.—Acon. has short, especially in sleep, after midnight or on rising from lying down; interrupted, through the nose, especially in sleep; offensive breath, anxious, difficult, sighing, or rapid and superficial, or loud, strong, and noisy, with open mouth, with tightness of the chest, slow breathing in

sleep; suffocating attacks, with anxiety, tightness, squeezing (*Beklemmung*), and sense of contraction in the chest, and anxiety in the chest which impedes respiration, with warm sweat on the forehead.

Bell. has difficult breathing; small, anxious, short, and rapid, also with groaning, irregular, now short, now slow, now natural, and then as if he had drawn his last breath (this irregularity is quite characteristic), violent expiration, short breath after drinking.

Bry. has hard, rapid, anxious breathing, or it is wholly hindered by stitches in the chest, which compel sitting up; short breath from pressure and sensation of warmth in the epigastrium, with rapid expiration; with anxiety, as if from the abdomen in the morning; slow, deep respiration, especially during exertion; need of deep breath from a sensation of want of breath and obstruction in the chest, with pain during deep inspiration as if something forced itself out; laborious breathing, with exertion of the abdominal muscles, and single, deep inspirations; sighing respirations.

Pains in the chest.—Acon. has pressing pain in the chest, which is only relieved for a short time by bending the chest backward; contractive pain in the chest, as if the ribs were drawn against each other; sense of heaviness in the chest, as if it were pressed together from all sides; stitching pressure on the right side of the sternum; pinching, digging in the right side; shootings and stitch in the chest and sides of the chest, especially when breathing and coughing; often with whimpering, complaining disposition, or with anxiety or fretfulness, or with oppressed breathing; bruised pain in the lower ribs, or in the middle of the sternum, is much increased by pressure, of which the patient complains much; painful crawling in the chest, as if from insects; pressing together of the chest in the region of the heart.

Bell. has squeezing of the chest, with pressure in the epigastrium, which rises to the throat and obstructs the respiration and makes it anxious, and with retching; spasmodic squeezing (*Beklemmung*) in the epigastrium while walking, and compelling deep inspiration; severe, as if the chest would be crushed in; in the evening in bed, with difficult breathing, as if from mucus in the chest, with burning pressure in the chest; between the shoulders, with short breath; in the right half, also with anxiety; in the sternum over the ensiform cartilage; outward at the sixth rib; squeezing pressure in both sides of the chest; shootings and stitches in the sternum

when coughing and yawning ; under the clavicle when walking ; in the left side, worse when moving ; in the right side, also especially toward evening, with oppressed breathing ; cutting, as if from knives, near the ensiform cartilage ; stitching, pinching in the upper part of the sternum, and on both sides of it ; pressing stitch in the left rib cartilages, with burning during expiration ; pressing, cutting in the right side ; tightness of the chest ; heat in the chest, extending from the abdomen ; burning in the right half of the chest.

Bry. has attacks of tightness of the chest, especially at night, with stitches in the abdomen and urging to stool ; oppression of the chest, with stitches in the evening (better after discharge of wind), with sensation as of rising up, which embarrasses breath and speech, with pressure in the epigastrium, with stitches in the side ; pressure on the chest, on the sternum, especially when walking in the open air or when breathing, especially with ice-cold feet, as if from mucus in the chest, with stitches in the sternum, in inspiration, less after eating, oppressive behind the sternum, worse while breathing ; pressing stitches from within outward ; heaviness in the chest, with heaviness of the body, better after eating ; shooting and stitches in the chest when coughing and breathing, with deep inspiration especially, in the side, by starts, better in the open air, as if from a sore under the sternum ; in the morning with each breath and when raising the arms, when turning in bed on the side not lain on, when lying on the back, and by every movement it is much increased, with throbbing in the lower part of the right chest ; tense pain in the chest while walking, in the great curve of the ribs toward the back, during inspiration, with stitch from deep inspiration and bending forward, especially under the shoulder-blades ; sensation as if all were loose in the chest and would fall into the abdomen ; oppressive pain in the chest, immediately over the epigastrium, while sitting bent forward and lying on the side (in bed), clawing together near the sternum ; heat in the chest and in the face at the same time.

These three remedies have important actions on the central organ of circulation. Acon. has slow thrusts in the region of the heart ; palpitation, with great anxiety ; universal heat, especially in the face, and great debility of the limbs ; palpitation of the heart in young, full-blooded, sensitive persons who lead a sedentary life.

Bell. has throbbing in the chest with great restlessness, under the sternum and above the epigastrium ; palpitation, violent, with shaking in the neck and head, worse when moving, with

difficult, slow breathing, vexing while ascending stairs; trembling of the heart, also with anxiety and pressing pain.

Bry. has very violent beating of the heart with squeezing tightness of the chest.

It will be noticed, if we carefully examine the symptoms of respiration of these drugs, that those of Acon. are largely characterized by defective innervation of the respiratory organs, by reason of which embarrassment of their especial function is the result from which often comes blood stosis in lung or pleural tissues, and this, if not relieved, often passes into acute inflammations, of which this stosis has represented the first stage. Experience has proved abundantly that it is just here, and only here, that Acon. has power to conquer these, and that in the early, congestive stage it is second in importance to no other remedy. It will also be found that it closely imitates that form of asthma which is made up of impeded or suspended passage of nerve-power to these organs, which presents a seeming paralytic condition of the motive power of these organs.

In a general view of the relations of Bell. to these organs and their functions, similar remarks might seem to be applicable by reason of the great similarity of the general aspect of the phenomena these drugs have produced by their action on these organs and their functions. But if examined specifically, the differences of the two will become sufficiently apparent. Compare the anxious, difficult sighing, or rapid and superficial, or the loud, strong, with open mouth, of Acon., with the small, anxious, short, and rapid, with groans, of Bell.; or its characteristic irregular respiration, now rapid, now slow, now normal, and now as drawing the last breath, and the differences are so many as to suggest a query as to the similarity. And yet these two drugs are closely and vitally related to affections of these organs by reason of their similar actions on them, as has been found in their provings on the healthy. And it is not a matter of indifference in a given case to be treated which of these drugs shall be selected. They do not belong to cases of lung or pleural inflammations or neurosis in a general manner, but each and only to such cases as are marked by the specific characteristics of that drug. Though a thousand successive cases may be met which for reason of the poverty of our language relating to them we must call by the same name, they do not therefore all call for the same curative. Each successive case calls only for that drug which has shown greatest similarity to its own sick phenomena. In treating sicknesses homœopathically, names cease to be things. Treating names (diagnosis) is the exclusive property of old

physic. The homœopathist who finds himself so engaged should know he is trespassing on his neighbor's preserves, where he has no business, and of being found there he ought to be heartily ashamed. We have placed the groups of respiratory symptoms, as well as other groups, in close juxtaposition, that they might be the more conveniently compared and the differences controlling choice more readily appreciated.

It will be noticed as a peculiarity of the modifications of respiration by the action of Bry. that they are mostly accompanied by its characteristic pain—that of stitch, short breath from pressure, and heat in the epigastrium. The stitch or stab characteristic of Bry. is, as compared with that of Acon., as if it were made by a broader blade, that of Acon. being often so narrow as to become a fine pricking (in incipient pneumonia), while that of Squill is as if from a broad blade. As compared with that of Bell. it is a simple stitch, while that of this last is complex, as, for instance, it is a pinching or a pressing stitch, or it may be so expanded as to be more of a cutting character. Acon. is accompanied by its peculiar morale. This pain with both Bell. and Bry. is increased by motion.

Back.—Acon. has pains in the loins, also while walking, like labor pains, pressing pains in the left sacro-lumbar region (Kreutz); burning, corrosive pain on the right side near the vertebræ; severe shooting and digging, left side, downward, through the whole extent of the back to the sacro-lumbar region, increased greatly by inspiration; bruised and painful paralytic stiffness in the sacro-lumbar region and loins (often into the back and neck), often with tensive pressure and pain in the abdomen, as from flatulence; painful boring, left side near the sacro-lumbar region; crawling in the spine, as if from chaffers; cutting from the spine to the abdomen; digging, boring from the right shoulder-blade forward to the chest, increased by inspiration; weak sensation in the neck, as if the flesh were loose, and shootings on moving the head; stitches in the sides of the neck; externally, fine stitches in the neck; pressure in the left side of cervical vertebræ, or on the neck inward to the trachea; painful stiffness of the neck.

Bell. has a squeezing pain in the sacro-lumbar region and coccyx, with difficult fast walking and lying, especially on the back, particularly at night, diminished by standing and slow walking; painful stiffness in the sacro-lumbar region after sitting, with inability to rise up; cutting outward on the margin of the sacrum when rising up from sitting; drawing in the circumference of the pelvis; pain in the ischia when sitting, as if there

were no flesh on the bones; shooting in the spine as if from knives; pain like a sprain; gnawing also with cough; squeezing pressure with tension when standing erect; large, red, stitching pimples on the shoulder-blades and excruciating pain in the skin; abscess on the shoulder; pressure under the left shoulder-blade; drawing pressure and squeezing pinching between the right shoulder-blade and the vertebræ; pain as if sprained between the shoulder-blades; drawing of the shoulder-blades to the spine downward evenings; shooting and itching stitches on the shoulder-blades; painful stiffness of the neck as far as between the shoulder-blades, especially when turning the head and in the morning; pressure near the occiput; stitch while bending the head backward; pressure on the throat when feeling it or bending the head backward; painful swelling and stiffness, also of the nape; squeezing tension and drawing pressure in the muscles; sensible throbbing in the vessels; distended veins; sour sweat on the throat; swelling of the glands; painful swelling of the axillary gland; tearing in the axilla.

Bry. has pain in the small of the back, which makes walking very difficult; stitches also in the back, especially at night; bruised and cramp pains when sitting, especially when lying down, relieved by moving; painful stiffness, which will not permit walking erect; tearing in the back, especially in the lumbar vertebræ, particularly when standing, relieved when sitting, disappears when lying down, and which permits neither stooping nor bending; burning; stitches in the lumbar vertebræ; shooting, jerking in both sides of the spine, especially mornings and evenings when sitting; drawing downward in the back when sitting, relieved by moving; contractive, spasmodic pain across the back; spasmodic pain between the shoulder-blades, like a shuddering; burning; pressure, and at the same time on the chest when sitting, which disappears when walking. In the nape of the neck, pain, as if he had taken cold; painful weakness; painful stiffness and tension, and also in the throat when moving the head; drawing in the throat, which extends to the ear; excruciating pain in the neck, face, and muscles of mastication while moving the parts; sweat in the axilla; creeping from the axilla to the hip as if from a mouse.

On comparing the pains of these three remedies in the lower part of the back, Acon. is found to be like labor pains; neither of the others is so characterized. Its pains are more in the left side of the spine, but it has also burning, corrosive pains in the right side of the spine; neither of the others has. It has also, with some of its pains, its characteristic crawling

sensation. Acon. has paralytic stiffness of these parts; Bell. has painful stiffness; that of Acon. often passes into the back and neck; that of Bell. is after sitting, making it difficult to rise up; Bry. prevents walking erect; Bell. has in this region squeezing pain with cough, worse from fast walking and lying on the back and at night—relieved by standing and slow walking (characteristic); it has also cutting and drawing pains in the margins of the pelvis bones.

Bry. has pains which make it difficult to walk; shooting pains, especially at night; it has pains like a bruise, and cramp when sitting, and especially when lying down; relieved by moving. In this and in one or two other symptoms of the spinal regions, Bry. is found departing from its general characteristic of relief by repose. It will be found that a few of its symptoms are aggravated by rest; its pains permit neither stooping nor bending; it has stitches and jerkings in the lumbar vertebrae, and especially on both sides of the spine, especially morning and evening, when sitting; it has tearing pains in the lumbar region; neither of the others has; it has shooting and jerkings on each side of the spine mornings and evenings, when sitting; Acon. has severe shooting and digging in the left side downward through the whole extent of the back to the lumbar region, increased greatly by inspiration; Bell. has shooting in the spine, as if from knives; Acon. has painful boring in the left side near the sacro-lumbar region, which neither of the others has; it only has crawling in the spine, and cuttings from the spine to the abdomen.

Bell. has pains like a sprain in the back, and gnawing, with cough, and squeezing pressure with tension when standing erect.

Bry. has drawing downward in the back when sitting; relieved by motion; spasmodic pain across the back.

In the shoulder-blades, Acon. has digging, boring pain from the right to the chest, increased by inspiration.

Bell. has pressure under the left shoulder-blade; drawing pressure and squeezing, pinching pain.

[TO BE CONTINUED.]

IN the New York *Medical Record* for July 11th, a remarkable case is described of hiccough that resisted all methods of treatment until finally a small abscess formed in the epigastric region, from which the end of a needle protruded. This was discovered and extracted by the patient's sister. The physician, Dr. Liégeois, then made an incision and found eight more needles. The operation was followed by complete cure.

ECLECTICISM vs. HOMŒOPATHY.

AD. LIPPE, M. D., PHILADELPHIA.

On page 196 of the *New England Medical Gazette*, a monthly journal of homœopathic medicine, May, 1885, we find a singular paper. It appears that Dr. R. R. Gregg's pamphlet on *Diphtheria* was translated into the French language, was read before *La Société Médicale Homœopathique de France*, by Dr. Charles Ozanam, the translator, and was published in its *Bulletin*. This happened in October, 1884. In November, 1884, Drs. Jousset, Piedvache, Cretin, and Claude, reported to be prominent as conservative and scientific thinkers, were indignant that this Society should offer to the profession in France, with the seal upon it of publication in the Society's official organ, a paper so pathologically weak and clinically absurd as Dr. Gregg's treatise. Spirited addresses were made, then and there, by Drs. Cretin and Jousset, and on motion of the former, the following resolution was adopted:

"*La Société Médicale Homœopathique de France*, looking upon the teaching of Drs. Gregg and A. Lippe as not only *bizarre* in itself, but as contrary to Homœopathy, regrets the publicity given in its *Bulletin* to such teaching and its applications."

And now comes this so-called expounder of homœopathic doctrine—the *New England Medical Gazette*—and indulges in the following comments:

"It is needless to say that it is the teaching of Dr. Gregg, and by no means Dr. Gregg himself, whose repudiation by our French colleagues we look upon as matter for sincere rejoicing. As we took occasion to point out in our issue for March last, the gulf between Homœopaths and Hahnemannians is widening rapidly year by year; and for every thoughtful and scientific man who frankly enrolls himself under the banner of the former, as opposed to the latter faction, Homœopathy has good reason to congratulate itself."

We can only express our sincere regret that *La Société Médicale Homœopathique*, in true French fashion, did change its mind so suddenly, first, in giving publicity through their acknowledged organ, the *Bulletin*, to Dr. Gregg's most excellent little work on *Diphtheria* and the true homœopathic treatment of this virulent disease in October, and a month later, induced by Drs. Cretin and Jousset, passing a resolution not only *bizarre*

but anti-homœopathic. When Dr. Cretin declares that the *ultra-infinitesimal* dilutions have not any medicinal action whatsoever he becomes *insulting*. Can Dr. Cretin suppose for a moment that his mere assertion will destroy the testimony of *hundreds* of thoughtful and observing men who have certified for many long years that the so-called high potencies are by far more efficacious than the lower dilutions for the cure of the sick? The ravings in which Dr. Cretin indulges are not arguments. The only argument possible to determine the posological question is "the results of experiments" by persons fully capable of making the experiments. Assertions are not arguments.

We now entertain the hope that Drs. Cretin and Jousset were proving *Cannabis indica* when they indulged in the luxury of dreaming aloud at that eventful November meeting of *La Société Médicale Homœopathique de France*, and that in the course of time they will cease dreaming.

The New England Medical Gazette informs us "that the gulf between Homœopathists and Hahnemannians is widening year by year." The learned editor of that journal seems to imply that the faction he represents are Homœopathists and not Hahnemannians. Hahnemann was the founder of a Healing Art he called Homœopathy, by its name proclaiming that the Law of the Similars was the only law of cure, and he only claims that he discovered the true method of applying this immutable law of nature for the cure of sick. He did not call his Healing Art "Hahnemannism," for the simple reason that the Law of the Similars was as an old law, as old as creation; that it was known to the earliest medical writers, but they did not know how to apply the law for the cure of the sick. The simple question is, can the Homœopathic Healing Art be successfully practiced without a compliance with the methods of Hahnemann? Certainly not. A Hahnemannian, according to the only definition of such a person, would be one who considers our Healing Art as a finished method of cure, finished by its founder. Such a person does not exist. As all-arts are capable of further development, so must the Healing Art be capable of unceasing development. This capacity implies adherence to the methods of Hahnemann. A development is only possible by extending the methods of its founder, and we refer here to one of the last sentences the father of our school in this country, the late Dr. Hering, wrote: "*If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.*" If the learned editor of *The New England Medical Gazette* con-

siders and calls all homœopathists, who accept the strict inductive method of Hahnemann, Hahnemannians, he commits a fatal error, they are homœopathicians, healers who not only accept Hahnemann's methods, but constantly practice accordingly.

We fully understand the aims of that faction *The New England Medical Gazette* represents. We are also very much gratified to learn that the gulf between the homœopathists and non-homœopathists is widening year by year. That same faction existed in Hahnemann's days, and he called them "*pretenders.*" The gulf between the homœopathicians and non-homœopathic eclectics has been widening, and continues to widen at the same ratio as these pretenders violate the methods of Hahnemann. That these men are eclectics to all intents and purposes is self-evident. We never deal in assertions; that is the prerogative of the weak defenders of a bad and pernicious cause. We always offer substantial, *documentary evidence.*

On page 217 of the above-quoted journal we find these pretenders fully and irretrievably committed to eclecticism in its ugliest form.

The lecturer on Homœopathy there gives testimony which in no possible way can be construed into an acquittal of our accusations. He says: "As a matter of right, a homœopath should reserve unto himself the use of remedies according to other methods; for he always sees with satisfaction and encourages the employment of homœopathic remedies on the part of *regular* physicians." What, in the name of common sense, has become of the strict inductive method of Hahnemann? What has become of common logic? Because the "*regular*" physicians employ homœopathic remedies, we, as homœopaths, may have the right to use medicines according to other methods. The "*regular*" physician is one thing, and are *we*, as homœopaths, "*irregular*" physicians? We guess not; it is all the other way. That the physicians of the common school are learning to use our remedies in our preparations under the Law of the Similars is true—is a fact—and therefore retrogressive pretenders reserve unto themselves the right to pick up the remedies abandoned by the progressive allopathist. Absurd as this proposition is, the absurdity becomes still more glaring and offensive when these men claim the right to use remedies according to other methods. The methods of the common school of medicine and the methods of the Homœopathic Healing Art are absolutely antagonistic one to another; they have nothing in common, and how an intelligent physician can address himself to logical people as an advocate of a practice so mixed up must really

appear as an incredible absurdity. If the Homœopathic Healing Art is true, how then can another method be also true? The aim of these illogical men who are incapable of mastering the Homœopathic Healing Art is to appear as "liberals," as true eclectics, who will resort to any method of cure which will momentarily satisfy the sick; and in order to improve their liberal eclectic position they lustily abuse both the consistent allopaths and homœopaths. They say: "But the occasional use of allopathic medicines has been met by the *regular school*, with the argument that homœopaths applying other than strictly homœopathic remedies are guilty of inconsistency and wrong-doing. Such objections belong to the same category as those of the dogmatic minority of homœopaths. It is here that extremes meet and display their absurdities." So the lecturer says. Absurdities, indeed—and the dogmatic minority are as guilty of absurdly rejecting pretending homœopaths on account of their palpable inconsistency as are the regulars. If an allopath uses homœopathic remedies, he impliedly admits that his own school has in that instance failed and he is progressive. If a pretender resorts to other methods than those of the school he professes to belong to, he impliedly admits that as far as he is personally concerned he does not know how to apply the methods of his school and flies to others in desperation. He deposits before the medical world his *testimonium paupertatis*, and he joins the out-and-out eclectics, but, with unparalleled effrontery, he claims to be a homœopath, and claims the freedom to do just as he pleases; defies the regulars and kicks against the homœopaths as being in a dogmatic minority. Glad to hear from The Hub that the breach is widening, and it will keep on widening if such *absurd* lectures on Homœopathy are published in *professedly* homœopathic journals, as *The New England Gazette*. May the abettors and defenders of these absurd doctrines promulgated in this *Gazette* go on just as fast as they can. Let them be sure of a majority who will become full-fledged eclectics and follow the honest example of the New York journal, drop the name, as you have acknowledged your incapacity of rightly applying the homœopathic methods for curing the sick. Just here we would remind these eclectics of one fact they seem to have entirely overlooked and which they have omitted to show, viz.: the superior results of the eclectic mixed methods of cure over the results obtained by the dogmatic minority of homœopaths (as they insultingly style them). We have time and again implored these bold and abusive pretenders to publish but *one single* case of sickness in which they

have treated the sick strictly homœopathically, and, failing to cure, have fallen back on other (eclectic) methods and then cured. These pretenders also seem ignorant of the fact that there are, sitting as judges, the most deeply interested party, *The People*. They observe the *results* of the treatment given them by the dogmatic homœopaths and by the pretenders. If the pretenders and eclectics are more successful than are the dogmatic homœopaths, the latter will have to subside, of course. For the present it looks very much the other way, and it does not matter how boastingly the eclectics blab about their rights to do just as they please, abuse those whom they thereby foolishly believe to be able to drive into their ranks. There are the judges, "the people." Their judgment is final. The case is before them; it is labeled "Eclecticism vs. Homœopathy."

LECTURE ON "CALCAREA."

PROFESSOR J. T. KENT, M. D., ST. LOUIS.

CHARACTERISTICS.—Leucophlegmatic constitution; imperfect formation of bone. Indigestion, caused by lime-water, will be cured by lime in dynamic form. (In Sulphur the symptoms are largely physical; in Aconite largely mental.) In Calcarea they are both physical and mental. The leading mental symptom is this: "She fears she will lose her reason, or that people will observe her mental confusion." She reasons clearly, but thinks others observe mental aberration in her. Shuddering and dread as the evening draws near. The mental state is aggravated *in the evening*. Great anxiety and palpitation of the heart. Gloomy and *melancholy*. Forgetful; misplaces words. Talks about mice, rats, and murder. Disinclination for work. She will continue brooding day and night. Evil forebodings. This mental state is not in every picture of Calcarea, but if there are mental symptoms they will be of this type. She takes cold easily, suffers from every change of the weather and from every draught of air. This mental state is likely to occur in old dyspeptics; in weakness of the brain tissue brought on by excessive mental application. The vertigo and mental symptoms are made *worse* by *close application of the mind, and in the evening*. Calcarea, as well as Sulphur, must become a very useful remedy in softening of the brain.

HEADACHE.—Beginning in the occiput and spreading to the vertex; feels as if she would go crazy. The pain in the head

brings on this insane feeling. Throbbing headache in the middle of the brain. Many of these head symptoms are brought on by catarrhal states. The chronic catarrh is *moist*, but every cold makes it *dry*. Dryness and burning in the nose. Whenever the flow is stopped or come the head pains. Burning and splitting soreness in side of head, feeling as if the head would burst. Worse on *going up-stairs, talking, or walking; better from tight bandaging*. (This is similar to Arg-nit.) Headache *better after vomiting* (Sang.), *lying down, or pressure of the cold hand*. Icy coldness on the top of the head, most frequently on the *right side*. (Veratrum has a sensation of a lump of ice on the vertex.) *Headache coming on from suppressed nasal catarrh. Gets relief from vomiting*. Whitish-yellow scales of dandruff. *Head feels cold. Large head and open fontanelles*. Little infants, with late-closing of fontanelles, sometimes reopening after closing (Calc. or Silicea). Bell is the remedy for large-headed subjects in acute states; Calc. to prevent the recurrence. Burning on top of the head (Sulph). Calc. has sometimes hot feet, but it is the exception. Coldness of the head prominent, heat and burning would be the exception. There is a heat of the scalp, but it is superficial. (Sulph. patient feels as if she would like to put a cold cloth on her head.)

EYE.—Photophobia; Bell. for the acute, Calc. for the chronic. Entrance of a foreign body into the eye (also, Aconite for the acute inflammatory state), but when there is opacity and thickening, white substance forming on the eye and ulceration, Calc. Fungus hæmatodes, maculæ, suppurating fistula lachrymalis. Calcarea is capable of curing all the catarrhal states of the eye when its general symptoms are present.

EAR.—Calc. has cured hardness of hearing and ringing in the ears produced by taking Quinine. This will be met by China; also, Quinine produces a partial closure of the Eustachian tubes. Patient gets dizzy on going up-stairs. Singing, roaring, and crackling in the ears; crackling in the ears when chewing. Purulent offensive discharge from the ears, sometimes thick yellow muco-pus. Polypus in the ears. In connection with these symptoms you will find earache. Every time patient lies on right side the pain goes to that side, and *vice versa*.

I seldom give any other remedy than Puls. for earache.

For sties—Calc. and Puls.; if sty is indurated—Staph. and Thuja.

NOSE.—Calc. has a very large sphere of action in catarrhal conditions. (Calc.-Sulph. has a bloody discharge.) The Calc. patient sneezes and takes cold easily. (In Nux vomica the nose

is *dry at night*.) Calc. has this as a chronic state. Nasal poly-
pus.

FACE.—Pale, blue rings around the eyes; face feels as if it were swollen.

Men who have heavy beards, with itching in beard (if itching is aggravated by washing—Sulphur). The discharges of Calc. are likely to be offensive.

Chewing motion of lower jaw; children with open fontanelles; you might expect cerebral dropsy. Hydrocephalus.

SLOW DENTITION.—If the teeth come early, the fontanelles will close late, and *vice versa*. Children late in teething and learning to walk (late learning to talk—Natrum-mur.).

The taste is *sour*. Calc. in a general way is a *sour* remedy. The stool is *sour*, the taste is *sour*, the whole body is *sour* (Hepar is generally given in that state), the urine even smells *sour*.

THROAT.—Chronic sore throat, with dryness, pains extending to the ears; with this there may be inflammatory swelling of the palate, with sensation of contraction in throat when swallowing. (Lach. and Apis. left side.) Gels. has a pain running to the ears. Hepar also, with a sensation of a fishbone in the throat.

He feels the crawling sensation of a worm in the rectum and a *desire for eggs*. (Desire for wine—Nux-vom. and many other remedies. Craving for salt things—Natrum-mur. and Selen.)

Loss of appetite, but when he begins to eat, eats heartily (Cham.). (Craves things which, when obtained, he rejects—Bry.).

Milk disagrees—forms a curd in the stomach. (Æthusa has a slimy, sleek-looking curd, like "schmir käse.") Nausea and vomiting. Eructations taste of the food and *sour*. (Ferrum—Eructations tasting of the food just eaten.) Burning from stomach to throat, with eructations; these are so *sour* that they cause this burning. (If the burning is continuous, extending to mouth and stomach—Iris.) Vomiting, mostly in the morning and toward evening, during dentition. Where there is vomiting in pregnancy, with *cold, damp feet, etc., worse* in the evening; may cure if it occurs in the morning. (Sulph. vomit is aggravated in the evening.) (If patient is made sick every time she puts anything warm in the stomach—Phos. and Puls.) (Pressing pain in the stomach as if a load or stone was there—Nux, Puls., and Bry. Nux has this feeling an hour after eating. Abies nigra has it immediately after eating. Graphite pain comes on as soon as the stomach is empty, and the *pain* drives her to eat.)

Pit of stomach swollen like an inverted saucer; stomach is hard. Feeling of coldness in the abdomen (Plumbum, Ars., Colchicum), mesenteric glands swollen and hard in children. Mental state is guiding when present. Sensation of cold, damp stockings.

STOOL.—Frequent; first hard, then pasty, then liquid; offensive, like putrid eggs; yellowish or clay-colored, whitish or watery; white, undigested, involuntary; hardly an effort is made toward retaining stool. (Podo. has a white stool, clay-colored, with prolapsus.) Discharge of blood from rectum (Sulph. and Lyc.). Feeling of heaviness and weight in lower part of rectum (Nux vom.).

SEXUAL ORGANS.—Calc. is a basic remedy in a great many female troubles. It is a very important remedy in almost any sort of genital weakness; old cases of sexual abuse; system broken down; heart troubles; cold, relaxed sexual organs. Sexual desire at three A. M.; cold penis; slow erection with premature ejaculation (Nux-v., Sulph. and Lyc. all varying somewhat). Nocturnal pollutions, which debilitate both body and mind. Excessive exhaustion after copulation. Cold seems to go through him (Sepia). Gonorrhœa; continuous gleet discharge; afterward stricture.

MENSES.—Too early, too profuse, and last too long (very similar to Nux-v. Calc. patient flows more, while Nux patient has constipation and frequent desire to defecate). Inter-menstrual discharge of blood. Menses coming back too soon from excitement. Suppression of the menses with full habit after working in water. Membranous dysmenorrhœa.

LUNGS, COUGH, ETC.—A state that precedes the formation of tubercle. With the characteristics of Calc. you will find dropsy. You may think the patient is getting fat, but if he is examined the tissues will feel doughy, puffed up. The face has a doughy, waxy appearance; coughs every time he goes into a cold room; chilliness excites cough. If patient likes music, the excitement of it produces cough; expectoration has a putrid odor. Tickling cough; sensation of a feather in the throat. (Cough begins as soon as head touches pillow—Drosera.) (Cough as soon as gets warm in bed—Puls., Nux-m., and Coccus-c.) (Cough excited by going into a cold room—Phos. and Rumex.) All Calc. symptoms are made worse by taking cold. Stitches in chest and sides of chest when moving and when lying on affected side. (Bry.—better lying on painful side.) In connection with lung troubles rattling in chest. (For dry cough in emaciated boys, think of Lyc.) (In millers' and stonecutters' ailments, think of

Calc. and Silicea.) Old suppurating cavities and abscesses may need Calc. Hard swelling of cervical glands; thick, strumous tumefaction of thyroid gland; swelling and incurvation of the vertebral column; rachitis and caries of the spinal column. For injury in lower portion of spine—first, Arnica; second, Rhus, and then comes Calc., and it will do all that medicine can do. Whenever there is a sprain around a joint give Arnica, Rhus, and Calc. internally—giving time for each remedy to act. This is routine, but these remedies correspond to the transformations taking place in the joint. Calc. is a great remedy for gouty accumulations in the joints. Sulph., Calc., and Lyc. follow each other well in these gouty conditions, rheumatic gout, with scanty urine and constipation (Alum). Rheumatism brought on from exposure; patient is influenced by every change in the weather (Calc.-ph.). Aggravated from wet and cold. Sometimes fingers feel as if dead. Pain as if from a sprain in right wrist. (If patient kicks covers off and wants to be cool in rheumatism—Apis and Puls.) Sciatic pains caused by working in water. Pain is aggravated from limb hanging down and ameliorated from elevation of limb (milk-leg). Swelling of the knees. (Sulph. and Ledum also act upon the knees.) White swelling of legs and feet, with sensation of coldness. Abscesses feel cold. Cramps in the calves at three A. M.; also in popliteal space when extending limb. (Sulph. has cramps in the calves and in the soles of the feet.) In many of these complaints, you will be obliged to begin with Sulph. and then follow with Calc. Sulph. and Nitric acid are followed well by Calc. Burning in the soles (Sulph.). Sweat makes feet sore (Silicea). Paralytic bruised pain in the small joints.

NERVES.—Calc. is very important in the treatment of the nervous system, brain, and spinal affections (Sulph., Calc., and Lyc. in the treatment of epilepsy). Twitching of muscles, trembling of the body, talking produces a feeling of weakness, which compels the patient to desist. While he may feel well, as soon as he exerts himself or becomes excited he is exhausted. (The exhaustion of Arsenicum is quite *real*; patient feels so tired he cannot move.) The Calc. patient feels as though he could run a long race, but after he gets started the exhaustion comes on. It does not precede the motion, like *Ars*. Great exhaustion in the morning; unable to go up-stairs. Patient starts well enough, but before he gets half way up there comes on a difficulty of breathing. Going up a height produces great weakness. In epilepsy, before the attack, sensation of something running in the arm or from the pit of the stomach to the feet; feels like a mouse or large insect crawling in the skin.

In chills and fever, chill begins in pit of stomach and spreads over the body. Inclination to stretch in the morning.

Sleepiness and sleeplessness; awful dreams, anxious, fretful, dreams of falling. Children dream after midnight, cannot be pacified; cannot sleep after three A. M.; or late falling asleep, not until two or three A. M. (Sulph., Nux-v., and Kali carb. have a three A. M. aggravation.) Sensation of trembling in the inner parts on awakening from sleep. (Bell. is worse from sleep; there is a turgid state in the entire system; tired and languid; no benefit from sleep.) Now you see where Calc. comes in. *Generally better in warm and worse in cold air. Great sensitiveness to open air.*

Calc. has no marked chill and fever, but it may be curative in the chronic type, with its characteristic symptoms. Great sweating; morning sweat; the sweat is mostly upon the forehead and upon the feet. Clammy night-sweats, only on the legs. Feet are cold and damp, even during apyrexia. Calc. will follow Sulph. in many of these states.

TISSUES.—Cracking and crepitation in the joints, as if they were dry. The skin is rough and unhealthy; small wounds are disposed to suppurate; pale and flabby. Scurvy pimples. There are a great many eruptions upon the head and body where Calc. is indicated. Moist eruption behind the right ear. (Moist eruption exudes a glutinous fluid, honey-like—Graphites.) (If not glutinous and comes behind the ears and spreads to face—Sepia.) (If it spreads from the ears to the scalp—Hepar.) (Also, think of Dulc. in eruptions behind the ears.) (For ring-worm always think of Sepia.) Warts.—The skin is rough, and inclined to chap. The eruptions of Calc. are aggravated in cold weather. The skin is bad in cold weather (Rhus. and Petroleum). In old scars that become inflamed and sore from every change of the weather, when the patient is in bad health.

THE readers of THE HOMEOPATHIC PHYSICIAN will please excuse the delay in its appearance this month. It may not be generally known that the editor, Dr. Lee, is now in Europe and his duties have been performed by a deputy. The latter, having been somewhat prostrated by his professional labors, has sought rest and recuperation in a distant mountain region. This absence has caused consequent delay in the preparation of the journal. It is hoped to be able to issue the next number promptly on the first day of the month.

MEETING OF THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY,

HELD MARCH 19TH, 1885, AT THE OFFICE OF DR. HAWLEY, SYRACUSE, N. Y.

The meeting was called to order by the Vice-President, Dr. Young, at 10 A. M.

Members present—Drs. Hawley, Boyce, Young, Seward, and Carr.

Dr. Hawley nominated Dr. Carr Secretary *pro tem*. Elected.

No report from Committee on Credentials.

Secretary's and Treasurer's report not received, owing to their absence.

The President (Dr. Stowe) having arrived, Dr. Young vacated the chair.

The following Committee on Credentials was appointed *pro tem*.: Drs. Boyce, Young, and Seward.

Communication of the President received with the remarks that in New England pneumonia has been prevalent. Allopathy lost seventy-five per cent.; Homœopathy much less, as usual.

Dr. Seward reported a case of typhoid called to mind by Dr. Gregg's paper (published in HOMŒOPATHIC PHYSICIAN) on the too frequent repetition of the remedy.

Drs. Brewster and Harris arrived.

Dr. Boyce read from Hahnemann's *Organon* on repetition of the dose.

Dr. Wells arrived.

Dr. Boyce read a paper on Hahnemann's three precautions.

Dr. Hawley moved that the paper be forwarded to THE HOMŒOPATHIC PHYSICIAN for publication. Carried.

Dr. Hawley reported a case of secondary syphilis requiring repeated doses of Nit. ac.^{5m}

Dr. Brewster—Are we to conclude that in some cases we must repeat the doses?

Dr. Hawley answered affirmatively.

Dr. Brewster reports a case of renal colic relieved in previous attacks by Morphine, which now failed. Bell. relieved, and the nausea from the Morphine was relieved by Nux vom.

Meeting adjourned till 1.30 P. M.

Called to order at 1.45 P. M.; President in the chair.

Dr. Boyce introduced the subject of the meeting of the I. H. A. to be held here in June.

After some discussion, Dr. Wells moved "That a committee of three (with Dr. Hawley as chairman) be appointed to confer with the I. H. A. in relation to the meeting in June and to make all necessary arrangements for the same." Carried.

Chair appointed Drs. Hawley, Seward, and Brewster.

Drs. Hawley, Wallace, and Stowe each presented cases for advice.

The I. H. A. holds its meetings on the 23d, 24th, and 25th of June at the Court-house.

Adjourned to third Thursday in June, at Dr. Hawley's office.

E. B. NASH, Secretary.

OBITUARIES.

THE LATE DR. LEVERETT BISHOP.

A special meeting of the Oneida County Homœopathic Medical Society was held at Dr. Wells' office to take action on the death of Dr. Leverett Bishop, of Sauquoit.

On motion of Dr. Watson, Dr. L. B. Wells was chosen chairman of the meeting. Dr. Wells, whose acquaintance with Dr. Bishop extended over a period of fifty years, offered the following memorial and resolutions:

"Dr. Leverett Bishop, one of the oldest persons in Oneida County, died in Sauquoit, Sunday, March 22d, aged ninety-three years and eight months. He retired the evening before in his usual health, but awoke at four A. M., and complained of pain in both sides of his chest. His wife gave him some remedies, but soon a decided change was manifest, and he said to his wife, 'I am dying.' He apparently did not breathe afterward, retaining perfect consciousness to the last. He was born in Guilford, Connecticut, but was brought when a child to Sauquoit, where the family afterward resided. His father died in 1866, aged eighty years. Dr. Bishop was educated at Hamilton Academy in Clinton, and studied medicine with Dr. Elnathan Judd at Paris Hill. His father served through the Revolutionary War, and when the second war commenced the son connected himself with the army. He went to Sacketts Harbor and served as surgeon's mate, an office which now corresponds to assistant surgeon. Dr. Bishop was intimately connected with the whites in negotiations with the Indians of that day, and was an intimate friend of the Indian Chief, Skenandoa. In 1816 Dr. Bishop came to Sauquoit to practice, and remained there until his death. The Doctor was by education and practice an allopath. His

experience with drugs and observation of their uncertainties in relieving the sick led him to distrust the therapeutics of the dominant school. In 1844 and 1845 Dr. E. A. Munger at Waterville, Dr. Stewart at Clinton, and Dr. Haven at Hamilton became converts to Homœopathy, and Dr. Bishop was induced to give the system a thorough investigation. His acute and discerning mind soon grasped the great principle embodied in the law *Similia similibus curantur*, and in this his faith was unshaken to the end. His success in the new mode of treatment inspired him with a zeal in his profession which enabled him to overcome all obstacles. He continued to practice until ninety years old, when he was compelled to yield to the infirmities of old age. He was supposed to be the oldest practitioner in Central New York, if not in the State.

“His intellect was unimpaired to the last. He was married to Miss Bacon, who bore him one child, a daughter, who is now the wife of Charles D. Rogers, superintendent of the well-known American Screw Company at Providence, R. I.

“In 1845, being left a widower, he married the widow of Dr. Rufus Priest. This lady survives him.

“In 1816 Dr. Bishop became a Mason, a member of the Chittenango Lodge. He was afterward a member of the lodge at Paris, and was one of the charter members of the Sauquoit Lodge of F. and A. M. in 1849. He was at his death an honorary member of the lodge. In 1833 he was ordained an elder of the Presbyterian Church in Sauquoit, and retained that office until his death, being the only survivor of six then dedicated to this office.

“His gentlemanly deportment and kindness to all will long be remembered by all who knew him, and especially by those who when suffering the pains and ailments of life were the recipients of his skill and experience.

“*Resolved*, That in the life of Dr. Bishop we recognize a kind Providence which has so long preserved a life of usefulness to his fellows.

“*Resolved*, That in the death of our colleague we lose a valued member of our Society, endeared to us by long associations, and as a Society and individually we shall cherish with grateful remembrance his fidelity to his professional principles and practice, and his virtues as a Christian gentleman.

“*Resolved*, That a copy of this memorial and resolutions be forwarded by the Secretary to the family of the deceased.”

In moving the adoption of the memorial and resolutions, Dr. Watson spoke as follows :

“MR. PRESIDENT AND GENTLEMEN OF THE SOCIETY: It was my privilege to have known Dr. Bishop for more than thirty years. During that long period, covering nearly the lifetime of a generation of mankind, I have always found him the earnest and conscientious physician, the genial and courteous gentleman, the humane, benevolent, and honest man, ever faithfully striving to do what he considered most conducive to the welfare of his patients. None of the elder members of this Society, I am sure, ever forget the pleasant and beaming smile, the earnest and cordial greeting, and the warm and hearty clasp of the hand with which he met them. It is fitting that we should pause for a moment from the hurry and turmoil of the most exacting of the professions, and, standing beside his grave, should take a brief retrospect of the past, and borrow an example of well-doing from the life of the respected brother, who, after a useful and well-spent life, has passed onward, as we believe, to the better world.”

The memorial and resolutions were adopted unanimously, and the Society adjourned.

NEW YORK, June 1st, 1885.

At a special memorial meeting of the Homeopathic Medical Society of the County of New York, held May 27th, 1885, the following resolutions were read and adopted:

“WHEREAS, It pleased Almighty God to lay aside from the active practice of his loved profession our esteemed associate, Benjamin F. Joslin, M. D., and lately to remove him from this life; therefore

“*Resolved*, That we bow to this providence, believing that he has found in the world beyond as certainly as in this that service for others constitutes one chief source of felicity.

“*Resolved*, That we recognize in the service of Dr. Joslin as an active member of this Society, as its presiding officer, as the Superintending Physician of the Five Points House of Industry, as a wise counselor in the emergencies of general practice, an earnest, enthusiastic, devoted physician, one who added lustre to the honored name he inherited, a Christian gentleman whose example we may emulate.

“*Resolved*, That a copy of these resolutions be sent to the family of our late colleague as an expression of our deep sympathy, and that copies be furnished our medical journals for publication.”

A. B. NORTON, M. D., Secretary.

NEW YORK, June 1st, 1885.

At a special memorial meeting of the Homœopathic Medical Society of the County of New York, held May 27th, 1885, the following resolutions were read and adopted :

" WHEREAS, In the recent death of John Butler, A. M., M. D., L. R. C. P., the New York County Homœopathic Medical Society has occasion to mourn the loss of an esteemed member ; and,

" WHEREAS, It is befitting that this body should take suitable action to attest the feeling aroused among his professional associates by this untimely and most untoward event, therefore, be it

" *Resolved*, That, in our intercourse with Dr. Butler, we knew him as an earnest and laborious physician, whose bright and carefully trained intelligence had enabled him to attain to high rank in general medicine, and to pre-eminence in the special branch of electro-therapeutics.

" *Resolved*, That our acquaintance with him rapidly ripened into friendship, because by reason of his many attractive social qualifications and by reason of his high moral principles he impressed himself upon us as a man in whom affection and sincerity were conspicuous characteristics.

" *Resolved*, That in thus expressing its feeling, this Society desires to extend its sympathy to the family and friends of our lamented colleague.

" *Resolved*, That an authenticated copy of these resolutions be transmitted to Mrs. Butler, and that their publication be requested in our medical journals."

A. B. NORTON, Secretary.

OCULAR SURGERY.

Dr. Landolt, of Paris, will commence this summer a course of practical lectures on operations on the eye. Should there be a sufficient number of American medical men who may wish to attend regularly, the Professor will have much pleasure in forming a separate class for them, at which the lectures will be delivered in English.

For further particulars, please address,

DR. LANDOLT, 4 Rue Volney,
Paris, France ;

Or

DR. JOHN H. PAYNE, 415 Columbus Avenue,
Boston.

THE CONDITION OF THE STOMACH AS A CAUSE OF HEALTH AND DISEASE.*

C. PEARSON, M. D., WASHINGTON.

It is not proposed that this paper shall be an address or lecture, such as a teacher in a college would be expected to deliver to a class of medical students. If there be anything that will make an experienced physician cry out in despair, "Who have sinned, we or our fathers, that we should endure such infliction?" it is to be obliged to sit for half an hour or more listening to a dry, stale paper on some medical topic, perhaps pathology, copied largely from text-books. The more allopathic these, the more profound is the research displayed (!). Yet the lecture from beginning to end, may not contain one practical idea; nothing that years and years ago you did not know to be either true or false.

This custom has become so common of late in the American Institute that it has pretty thoroughly driven out all useful and practical papers, as well as disgusted those members who might have been induced to write them. I may not be able to impart to you any useful information, but will merely state conclusions at which I have arrived from close observation in constant practice for a period of over thirty-five years.

The members of the human family do not live over one-third the length of time they should. The dog comes to maturity in about three years, and five times this or fifteen years is the average length of his life; the horse is at his best at five years and lives twenty-five, and so with all the inferior animals. A man comes to physical perfection at about thirty years of age, and should, therefore, live to be one hundred and fifty. Now what cause can be assigned for his never reaching this age, and only occasionally the one-half of it? Unnatural habits of living, and still more unnatural habits of drugging. The stomach is the great receptacle of health and disease; it may be safely estimated that nine-tenths of all diseases, directly or indirectly, come from gastric derangements.

A very intelligent patient of mine once remarked, "If a man is sick, it is his stomach; if the patient be a woman, it is the uterus." And many greater errors than this have been made even by medical men. He did not take into consideration that uterine derangements, like those of other organs, are often developed from derangements of the stomach. It is true that many of us, like Gloucester, came "into this breathing world

*Read before I. H. A., June, 1885.

scarce half made up," and equally true that by inattention to hygienic laws this idiosyncrasy, in very many instances, is increased from a mere predisposition to an organic disease. Hundreds of patients die of what the doctors are pleased to term heart disease, Bright's disease, liver disease, etc., where if any such diseases are present at all, ninety per cent. of them had their origin in gastric ailments. Certain articles of diet, kept up for a length of time, will in some patients produce such marked changes in the urine that the patient, or even the physician, may be led to believe the kidneys are seriously diseased, while at the same time they are in a perfectly healthy condition and doing double duty in separating from the blood impurities that have found ingress through the stomach.

Two or three eggs eaten each day for an equal number of days will often change the urine from a straw to a dark mahogany color. Sugar, potatoes, or milk will often produce a sediment like buttermilk, adhering like lime to the bottom of the vessel; change the diet, leaving these off—for they should never be used where they produce these results—and the urine at once, without the aid of medicine, becomes perfectly normal; continue the diet, and no medicine can do this; as well might you expect to heal a wound with a knife or bullet in it, still keeping up the irritation. Heart symptoms are influenced in the same way. There are probably no agents that produce so many cases of indigestion as tobacco, alcoholic liquors, tea, coffee, and drugs, and consequently so many heart symptoms. Patients will present themselves for treatment for heart disease with their mouths so full of tobacco as to be scarcely able to speak, or the ever-present cigar is only removed long enough to tell their story. Others are never free from a stimulant of some kind, and hence never in a normal condition. Any abnormal action of the heart growing out of the use of these agents, at first perhaps only functional, may in time become organic, and when a fatal termination occurs it will generally be soon after partaking of a hearty meal, or after a fit of indigestion from something recently taken into the stomach. This may not always be from food. Nothing is more indigestible than crude drugs, and they hasten more deaths than they ever did or ever will avert. Alcoholic liquors are but little better. Never in a single instance have I seen any good result from their use, either in health or disease, and how any homœopathic physician can advise or allow his patients to take them while prescribing the high potency of the appropriate remedy, or what he expects to gain from such practice more than the approval of the patient or his friends, is some-

thing that to me still remains inexplicable. I tried this stimulating treatment during the first ten or twelve years of my practice, and am fully convinced that my cures were not so prompt with as without them, while debilitating and incurable diseases more rapidly attained a fatal termination. In pulmonary diseases I regard the use of alcohol as suicidal, destroying, as it does, the vitality and life of the patient, robbing the red globules of the blood of the oxygen, which the lungs with their enfeebled powers are laboring to supply. Except in a potentized form, homœopathsists should have no use for this agent ; its effects are tonical, palliative, and injurious. Throw it where it belongs, with patent medicines and other allopathic devilttries, to the dogs.

Look well, then, to the stomach of your patient. Pay no attention, further than its importance as a symptom, to his craving for certain dishes. Should he follow his inclination in this, his chances for an early funeral will be very fair. I once saw a patient recovering from a fever unable to resist the temptation of drinking a small quantity of sweet cider. Bowel trouble set in, of which he died in a few days. I saw three children convalescing from scarlet fever eat thickened milk, bringing on salivation in less than twelve hours and canker sores through the entire mouth. I once had a patient whom I had treated for vertigo, and who by my direction had left off the use of tobacco and regained his usual health, return to it again, and die from its effects in less than three months. So there are few greater fallacies than that the patient should have what he craves. Many are not aware what disagrees with them until their attention is called to it ; they will insist that their stomachs are all right, as they experience no pain in that organ ; but they are not aware that owing to the few sensitive nerves the stomach may be fearfully diseased with little or no pain being experienced, except in other organs. A patient of mine who died of cancer of the stomach, found to be such after death, never complained of pain in that region. He had the usual sallow, leather-colored complexion, with the most markedly intermittent pulse I ever saw, so much so that the patient, who was himself a physician, insisted the whole trouble was in his heart.

Cold is thought to be a very common cause of disease, and yet it is questionable whether any one can take cold whose stomach is in a normal condition. Nasal catarrh, either acute or chronic, prevails, perhaps, to a greater extent than any other one disease, and there is nothing more certainly aggravated by irregularities in eating and drinking than this. One hearty meal of highly seasoned food, particularly if pepper be an ingredient,

will often start the patient to sneezing in less than two hours, and increase the catarrh in less than twelve. Some patients will tell you they take cold all the time without regard to weather or temperature. Ninety-five per cent. of such cases originate with the stomach.

“Feed a cold and starve a fever” can only be true in the sense that if you feed a cold you will have a fever you will be obliged to starve to get clear of. I do not believe that such a thing as a purely local disease exists; a mechanical injury is not a disease; neither will disease, when not too serious, follow it if the system be kept right with the proper diet and remedies; hence I have no patience with specialists. The healthy action of every organ of the body is dependent to a great extent on the normal state of every other organ, and yet the specialist goes to work as if his favorite organ was entirely independent, doing business strictly on its own account. So he commences at the top, lops off a branch here, and another there, and woe to the abnormal growth or sensitive tooth that may show itself in the way. Of course, these are only results; but no difference, the doctor is expected to do something for his fee, and so he removes them; the root, however, still remains untouched; the cause is kept up through the stomach, and the patient gets clear of his money and is flattered into believing that he is getting better right along—till he dies.

I do not believe that any condiment, any drug, or medicinal substance should ever be taken into the stomach in health or even in disease. The potentized homœopathic remedy is not a drug; it need not and rarely does act through the medium of the stomach, but is taken up by the absorbents of the tongue. It is most remarkable that as the stomach is so generally made a kind of dumping-ground for every indigestible substance, that it should continue to perform its normal functions for so many years. None of the lower animals, with, perhaps, the exception of the ostrich, could endure this one-half the same length of time, though occasionally we find men with stomachs compared with which the ostrich is a dyspeptic. But while it is impossible to swallow poisons and escape their tonical effects, some have more power of endurance or greater powers of resistance, and then from habit the system in health will to some extent adapt itself to abnormal conditions, at first resisting with all its force every invasion by foreign substances, such as tobacco, alcoholic liquors, morphine, etc.; it is finally obliged to make the best terms it can with the enemy, and the patient, for he is then a patient, lives constantly under the in-

fluence of a drug from the effects of the reaction of which he immediately feels the necessity of a repetition.

And is it possible that physicians calling themselves homœopathic not only tolerate this abnormal condition in health, but resort to this palliative treatment in disease? There is nothing to justify this, either in science, Homœopathy, or common sense. If your patient should be nervous and wakeful, strike him a stunning blow on the head; this will induce *quiet sleep*. Should a reaction set in and insomnia follow, give him another stroke; that is, keep him under the influence of an opiate, and let the disease look out for itself! As an illustration of this worse than useless treatment, we have only to refer to the cases of Generals Garfield and Grant. It would seem as though their medical attendants were determined to prevent their recovery, if possible. It never seemed to occur to them that the vitality and recuperative powers should be kept up by the only thing that ever did or ever will have this tendency, namely, nourishing diet in a healthy stomach. Without these dietetic and sanitary measures being observed, whatever may be the amount of natural vitality, no one can long survive. Instead, however, of this only source of strength and life, in the case of the two illustrious patients referred to, being scrupulously guarded, it was outrageously and wantonly abused and destroyed by the treatment.

Will any one, by close observation of such a course and its results, ever profit by the lesson? The people may; doctors never do. I am well aware that no system of dietetics can be laid down by which all should be governed. All are not similarly constituted, and the system is often so changed by time that even in the same individual what was once found to agree can no longer be taken with impunity; but if any article of diet, as is sometimes the case owing to some peculiar idiosyncrasy, has always disagreed in health, it is folly to advise or even to allow its use in disease. While man is doubtless an omnivorous animal, some can only retain a reasonable share of health by restricting themselves to a very few articles of diet. Persons with prominent canine or cuspidati teeth, as a rule, may be regarded as meat eaters; small, regular incisors will usually indicate a milk diet; but where these teeth are large and prominent fruit should be an important item in the bill of fare; and with large, broad, firmly set molars and bicuspidi a coarser diet, such as corn, potatoes, and beans.

Insomnia is becoming the plague of human existence. Am I safe in saying that in the male subject ninety per cent. of all cases originate in the stomach? and apart from uterine and pul-

monary derangements, the same proportion in the female patients tells you they must have something to make them sleep. They cannot divest themselves of the allopathic idea that this wakefulness is a cause instead of a result, which all the opiates in the world will never cure; so they become impatient, are not disposed to wait till by the proper remedies and dietetics the cause can be removed, but swallow some narcotic, or, in other words, receive the usual scientific (!) blow on the head, rendering them unconscious, and they congratulate themselves on having found such a skillful doctor, who, if he has luck, will, usually, in from one to three weeks have them out riding—in a hearse! The friends, of course, are satisfied, and only regret that they did not sooner resort to the treatment.

The cure of such cases is a growth; medicine alone will not effect it. You might as well expect a medicine administered to a boy would cause him to grow to be a man in a week. The irritating cause has to be discovered and removed or withheld, and this will usually be found to be something affecting the digestion; then the proper medicine must be used to heal the wound. Only in this way can any disease be permanently cured, whether it be a painful corn or an aching tooth. You may extract the latter and amputate the former, but the cause will still remain and sooner or later manifest itself in some way in other organs.

Some persons say they would rather have shorter lives and indulge in eating and drinking whatever the appetite craves. This, of course, is their privilege. If they wish to commit suicide in this way they can usually be accommodated; nature will permit assistance, but never coercion. Any one who has inherited a large, strong, healthy stomach has had a fortune bequeathed to him of more value than gold, and the profligate who abuses the former is as inexcusable as he who squanders the latter; but how few realize this until it is too late!—how few in after-life can say with trusty Adam,

“Though I look old, yet I am strong and lusty;
For in my youth I never did apply
Hot and rebellious liquors in my blood,
Nor did not with unbashful forehead woo
The means of weakness and debility;
Therefore my age is as a lusty winter,
Frosty but kindly. Let me go with you;
I will do the service of a younger man.”

PROVING OF CONVALLARIA MAJALIS.

IRVIN J. LANE, M. D., SING SING, N. Y.

(Continued from page 210.)

VERIFICATIONS.—March 31st I was called to see Mrs. P—, æt. thirty-two. General health good; has had six children.

Her menses stopped January 21st. On the 23d she went out in the evening and paraded around the street with the Salvation Army and got wet and cold. Since then she has had no signs of the menses returning. She was quite certain she was not pregnant, although she had nausea, but could not vomit except at times, especially in the morning and at about 11 A. M., but she said she did not feel as she did when she was pregnant.

For the past three weeks she had had no appetite. Thirst for cold water, but drinking too much would cause nausea. Great prostration. Collection of nasty-tasting water in the mouth. Sore feeling across the hypogastric region. Aching in the back and sides. Restless sleep, especially after midnight. Feels cold all the while, except for the past few days she has had a fever commencing between 3 and 4 P. M., lasting until evening, followed by perspiration, perspiring a great deal nights. Vertigo followed by headache. After eating she feels faint, with a heavy pain in the stomach as of a weight.

I prescribed at different times, up to April 24th, Ars., Lyc., Nux vom., Puls., Sul., Ipec., Apis., Canth. as the symptoms seemed to indicate, but none of them had the desired effect.

April 24th, 4.45 P. M.—Felt very well yesterday A. M. except nausea, but could not vomit. Prostration, thirst, and no appetite. About 1 P. M. the headache and backache commenced quite severe. Chill commenced about 5 P. M. and lasted about an hour and a half, followed by a fever, which lasted all night. No sweat, followed at 8 A. M. April 24th by another chill and fever, which lasted until 12.30 P. M. The chills are preceded by yawning and sleepiness, headache, backache; nails will begin to turn purple; then the chill will commence in the hands and arms, then the feet and legs, and spread all over the body. Thirsty, drinking cold water or lemonade. She would sit near the stove and have a hot fire, but that would not make much difference. Dysuria, with frequent calls to micturate and passage of only a small amount of urine. The urine stained the chamber dark colored, which it was very difficult to wash off.

The urinary difficulty continued not only during the chill and fever but during the apyrexia also.

The headache was different each day, but the same on alternate days. One day the headache would be of a dull character, the next day the pains would be sharp. The days she would have the dull headache, there would be a heavy, dull, aching pain in both temples and vertex; sometimes the pains would extend to the right internal ear, and cause the ear to ache. The above headache was aggravated when walking around, at night, and when lying down, and ameliorated by tying a bandage around the head. The next day the headache would come on suddenly by a sharp pain, starting from the outer side of the right eye and extending to the vertex. This pain would continue for an hour or more, passing off suddenly in a dull, aching pain through both temples. During the sharp pain in the head she had to lie down and keep very quiet, as the least motion, noise, or even when she would speak would aggravate the headache. Has a faint feeling in the stomach, with desire for something to eat, but when she would try to eat it would cause nausea and she would have to stop. Aversion to anything sweet or sour, to potatoes or meat, except ham; after eating a small piece of ham it caused her a great deal of distress in the stomach; aversion to tea or coffee; could not bear even the smell of tea, which she always liked. All she cared for was crackers, bread and butter, ham, oranges, apples, lemonade, and cold water. I prescribed *Convallaria majalis*³⁰ (B. & T.) every two hours.

April 25th.—When I called I found my patient at the neighbors, “making a call.” When she came in she said: “I have not got my head tied up to-day, and have been to work; have done my ironing, sweeping, and other house work” (which she had not been able to do before in about seven weeks). She said that about one hour after taking the first dose of the medicine her menses came on but were scanty; the blood was light colored and thicker than common; the flow continued until she went to bed; then she soon fell asleep and slept well all night, which was the first good night’s rest she had had in over a month; she always dreaded when it came night on account of the sleeplessness. Has had no headache since about 6 P. M. yesterday, which was the first she had been free from the headache for a whole day in over six weeks.

This morning, when she got up, she says she felt “well,” with the exceptions of a backache through the lumbar region and sharp pains across the hypogastric region, just as she always has before the menses appear. The menses stopped during the

night. Has had no nausea to-day. Micturition has caused no pain. Urine normal in color and quantity to-day, but was very profuse last night; she says that she made nearly a chamberful during the night. Appetite not very good yet, but she feels stronger. Placebo every two hours.

April 26th.—Has had no backache, headache, or pain across the abdomen; has had some nausea during the day. Sore throat, which is not swollen and only slightly inflamed; sore pain on both sides when swallowing. Placebo.

April 28th.—The sore throat disappeared quite suddenly about noon yesterday. On April 26th it rained nearly all day, and the air was very chilly and damp. She had been used to having the room very warm and close, even in dry, warm weather, but on the above day she seemed to think she was getting well too fast, so she let the fire go out and kept the doors and windows open, so it became very damp and chilly in the room. On the 27th she had a cold so that she coughed quite hard; pain in region of the stomach when coughing, with yellow expectoration. At about 2 P. M. a fever commenced which lasted until she went to bed (8 P. M.). Dull headache all day. To-day she has had a feeling of nausea, with vomiting once in the morning after getting up and once about 1 P. M. Had a slight chill about 12 M., which lasted only a few minutes, and was followed by a fever, which lasted the most of the afternoon. Dull headache all day, appetite poor. R̄ Convallaria majalis³⁰ every two hours.

April 29th.—Feels better than for the past two days. Nausea with vomiting immediately after eating or drinking. Feels hungry and faint at the stomach, but cannot eat on account of the vomiting. Has coughed quite frequently to-day, but more last night. Expectoration thick and yellow; pain in region of stomach when coughing. Dull headache this forenoon. Feels dull and sleepy. R̄ placebo. I continued the placebo up to May 11th and she gradually gained so that on the above date she did not complain in any way except of the nausea, which was better.

May 15th.—Saw patient again to-day. On 11th instant I gave her Ipecac³⁰ every two hours. After taking the second dose the nausea disappeared and she has not complained since. She did her washing on the 12th and has attended to all her work since.

CASE NO. II.—C. E. Lane, M. D., had a sore throat for over a week. The symptoms were as follows: "Throat was sore and burning, and his eyes burned almost as if there was sand in them, but no redness or discharge from the eyes, no redness or swelling in the throat, but the back part

of the throat was covered with tough, stringy mucus. Weak feeling in the side, especially around the heart, aggravated by the least exertion. Pulse 55 while exercising. Temperature about a degree below normal. Very nervous and cross. Urine deposited a red sediment like brick dust; looked thick and dark colored when first passed; after standing looked normal in color and clear, except the red sediment." I prescribed *Convallaria majalis*³⁰ for the throat symptoms, as they were the only symptoms told me at the time. I do not know that *Convallaria* has ever caused the symptoms of the throat as above referred to, but I prescribed it from the throat symptoms of Case No. I, which I thought was an aggravation caused by *Convallaria*. The medicine was sent and prescribed by my sister, who writes me a few days later as follows: "I gave C—— the *Convallaria*, one dose at night; he did not feel very much better, so the next morning I medicated some pellets and told him to take a dose every three hours. The next morning he was better and I have not heard any trouble about his throat since."

Were the throat symptoms of Case No. I an aggravation by *Convallaria*, or was the whole case cured by the remedy being indicated by some other symptom?

C. E. Lane, M. D., reports a case of a woman during labor. The pains were weak, and *she would go to sleep between the pains*. He gave *Convallaria* low, which relieved the above symptom, and the pains came on more forcibly. (See HOMŒOPATHIC PHYSICIAN, Vol. IV, p. 124.)

I have had very good success with *Convallaria* in a number of cases of weak heart action. (See HOMŒOPATHIC PHYSICIAN, Vol. IV, p. 124.)

CLINICAL BUREAU.

CASES.

Mr. G. B., æt. fifty-one. September 23d, 1884.—Since 1st of last June rheumatism of left shoulder and arm. Sat in car by open window while wet; following week pain and stiffness in left shoulder and arm; now can only lift arm to head by elevating it with right hand; at biceps feels as though had been struck with a club and paralyzed; for about three months has

not slept two hours consecutively; always awakened by intense shooting pain in arm caused by turning on left side; the arm felt as though it had received a blow—thus, has to lie on right side or back; cannot lie on painful side; does not get refreshing sleep, and feels that the trouble is wearing on his health; thirst for large quantities all the time; drinks over two quarts per diem; micturition frequent and profuse; cannot hold urine any length of time; pulse very full—eighty-six.

His old-school physician has frequently used the galvanic battery and given him medicine, but without relief. He has also taken mineral waters with a similar result.

Two years ago had severe chill, followed by fever and sweat, with thirst all through chill, fever, and sweat.

One dose Acon.^{54m}.

October 3d.—Did not feel slightest change from action of remedy till ninth day, then, for the first time for months, slept all night—from 12 to 6.30 A. M.—without awakening. When awoke, was lying on left side, refreshed and invigorated. The restoration came unconsciously during sleep. Slept as well on succeeding night. He took pleasure in showing that he could now lift arm to head or throw it backward. In the night while he slept the fruition came.

No improvement as yet in the abnormal thirst or micturition.

No more medicine.

October 10th.—Less thirst, and does not urinate so much or so often. Sudden change in weather had caused severe pain in left arm. Placebo.

October 16th.—Pain from shoulder to elbow continues and it feels stiff. Acon.^{cm}, one dose.

October 28th.—Said he was entirely better, but walked four miles in a political procession, which overtaxed him, and he had taken cold. Acon.²⁰⁰ every two hours till three doses were taken.

He is well, and has had no trouble since with his physical man.

J. W. THOMSON.

I would like to call attention to a symptom which I have cured several times with Bell. "high," and one which I have learned to regard as a "key-note," especially when prescribing for acute diseases—quinsy, diphtheria, etc.—viz.: *a sensation as though bubbles were bursting in the ears, especially the right one.*

JOHNSTONE.

THE
HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. V.

SEPTEMBER, 1885.

No. 9.

DIFFERENTIATION OF REMEDIES.

P. P. WELLS, M. D., BROOKLYN, N. Y.

(Continued from page 270.)

Symptoms in the arms and hands are often important as guides to the specific remedy for *sicknesses*. Rheumatisms and neuralgias are not seldom chiefly treated in these, and call for one or the other of these drugs. We also find in these, not unfrequently, evidences of important embarrassments at the centre of circulation. These, rightly apprehended and differentiated, will often point to the desired curative. They are also often indicative of conditions of the brain, in sicknesses more or less important, and are always, and in all cases, to be carefully noted and studied, and then they may often become to us great practical lights.

Acon. has *trembling* of arms and hands with *numbness* and *paralysis* of the *left*, which will *not permit* the hand to *rest*. Bell. has *trembling* with *convulsive movements*. Bry. with *jerking*s, *spasmodic drawings*, and *constant tremblings also of the fingers*.

Acon. has *painful* and *powerless* falling down of the arms. Bell. has arms *numb* and *painful*. *Heaviness*, *weakness*, especially of the *hands*. *Paralytic weakness*. Paralysis. Bry. has *sensation of paralysis* in the *finger*.

Acon. has *coldness* and *loss of sensation* in the *arms*. Bell. has *copious cold sweat* on the *hands*. Bry. has *coldness*, after *heat*, in the *forearm*, and *hands*, in the *morning in bed*.

Acon. has *tearings* in the *arms* from the *shoulder* to the *wrist*

and *fingers*, almost only *when moving*, with *blueness* of the hand *during the pain*. Bell. has *tearing* in the *bones*, and in the *fore-arm*, and in the bones of the hand, and *paralytic tearing* in the *joints*, and *tearing cutting* in the *muscles*. Bry. has *nervous tearing downward internally*, *tearing* in the *forearm*, and in the *upper joints* of the *finger*.

Acon. has *bruised pain* in the *shoulder* (and *hip*) *joints*, *after sleep*, as from lying on a hard bed, only when moving the parts. Bell. has *pain like a bruise* in the *upper arm*. Bry. has not this pain in the upper extremities.

Acon. has *swelling* of the *muscles* of the *shoulder*, with *bruised pain* when *touched*. Bell. has *swelling* of *hands* and *arms* with *scarlet redness*. Bry. has *shining red rheumatic swelling* of the *shoulder joint* and *upper arm*, with *shooting*, *tearing*, or *tension* when *moving the part*.

Acon. has *stitch* sometimes *drawing* in the *shoulder* and *upper arm*. Bry. has *stitch* in the *upper arm* when raising it.

Bell. has *pressing*, *tearing* in the *shoulder*, *running suddenly down the arm*, especially severe at *night*, *relieved* by pressure; *increased* by motion; Bry. has *drawing* like a *thread* through the *arms* to the *fingers*.

Bell. has frequent *stretching* and *twisting*; *arms numb* and *painful*; *heaviness*, *weakness*, especially of the *hands*; *paralytic weakness*; *paralysis*; *crawling*, *running*; *not relieved* by *rubbing*; neither Acon. nor Bry. have analogies of these symptoms; Bell. has also *cramps*, *convulsive movements*, *jerking*, *flexion* and *extension* movements; Bry. has *witching* and *jerking* in the *deltoid muscle*; Bell. has *rheumatic pains* with *crawling*, also *paralytic pressing* and *drawing*, and *tearing*, and *rigidity* with *tearing* and sense of *shortening* in the *night*, three o'clock A. M.; *drawing* and *jerking* in the *muscles* of the *upper arm*; *paralytic pressure* in the *muscles*.

Bry. has *pressing* on the *right shoulder*, with *shooting* to the *fingers* when taking a *deep inspiration*; and also *pain* like a *sprain* in the *joint* when *raising the arms*; *pressure* on the *bones* in the *evening*, *hindering sleep*; Acon. has *drawing* in the *elbow joint*; Bell., *paralytic drawing* and *stitch* in the *left joint*; *cutting* when *walking*; in the *hand*, as if water were running through the *veins*; *pimples* beneath the *joint*; also *dark red* with *stitch* and *excoriation* when *touched*; Bry. has *swelling* of the *joint*; *stitch* in the *joint*, especially when *bending* it, with *drawing* as far as the *hand*; *red rash*, *shooting* and *crawling*.

In the *forearm*, Acon. has *heaviness* and *loss of power*, as far as the *fingers*, with *numb tingling* (asleep) when *grasping*; *pain* in

the forearm as if from a severe blow; drawing (tearing, shooting) also in the hands; increased by motion; paralytic sensation in right forearm and hand, especially when writing, removed by strong motion; Bell. has shooting, cutting in the forearm.

Acon. has spasmodic, contractive pains; sometimes with stitch in hands and fingers; tearing and paralytic drawing in the wrist joint; numbness, icy coldness, and insensibility of one hand; cool sweat on the palm of the hands; swelling of the hands with frequent cough and normal appetite; drawing, jerking, paralytic, and sprained pains in the thumb; when bending the fingers severe stitch in the wrist and to the elbow; crawling pain in the fingers, also when writing.

Bell. has shooting, pressing pains in the bones of the hand; sensation of rigidity in hands and fingers; can only turn the hand by starts toward the shoulder, as if from lack of moisture in the joints; small, red spots on the back of the hands; drawing pains in the fingers; easy cracking of the joints; stiffness of the joints with pains when bending; the ends of the fingers pain as if squeezed; shooting outward in the finger ends when grasping, with chill of the body; pain as if from ulceration in the end of the middle finger; inflamed vesicles on the fingers; pustules about the nails of the forefinger.

Bry. has crawling in hands, as if asleep; heaviness with stitch in the joints; weakness which does not permit a firm grasp, shooting in the wrist when becoming warm; pain from every motion of the joint as if dislocated or sprained; sensation of numbness in the palm; inflammation of the back of the hand, about midnight, with burning; shooting in the hands and fingers and in the muscles when writing; jerking of the fingers when moving them; hot pale swelling of the little finger, with shooting when pressed on and when moving; pain as of an ulcer in the root of the little finger with pimples between the thumb and forefinger, with shooting when touched.

The remarks on the importance and relations of symptoms of the upper extremities are equally applicable to those of the lower. In addition it may be remarked that some of the neuralgic affections of the lower limbs, by the severity of the sufferings they cause and the extreme obstinacy of their resistance to the action of palliatives and all other means resorted to for cure, except that of the true specific, give greater importance to these symptoms, as it is only by a right study and understanding of them that this specific can be found, which, being found, the cure is assured. In the prosecution of this study we shall find:

Acon. has *paralytic weakness* of *thighs* and *legs* after sitting. Bell. *paralytic tension*, as if *wrenched*, when *walking*. Bry. has *weak* and *unsteady legs*, when *going down-stairs*; *paralysis* of *legs*.

Acon. has *tensive pressure* in the *thighs*, with *great weakness* when *walking*; *loss of power* in the *hip-joint*, with *staggering gait*, and *intolerable crushing pain*, especially after *lying down* and *sleeping*; *numbness* and *paralysis* of the *left leg*; *unsteadiness* of the *knees*, which *crack* and *stagger* when *walking*.

Bell. has *heaviness* when *walking* with *stiffness* of the *knees*; also with *flow of yellow mucus* from the *nose* and *thirst*; *weakness*, with *drawing pain*; *paralytic drawing*; *paralysis* with *lying down*; *vertigo*, *anxiety*, *nausea*, and *trembling*; in the *thighs*, *heaviness*—also when *sitting*, but especially when *walking* with *stiffness*.

Bry. has *weakness* with *staggering*, especially when *going up-stairs*, and also *stiffness*, as if from *spasm*, mornings in bed.

Acon. has *drawing*, *jerking*, *tearing* in the *knees*, *ankles*, and *tendo Achillis*.

Bell. has *excoriating pain* on the *inner surface* of the *thigh*; *shooting*, or *jerking*, *tearing*, *cutting* when *sitting*; *drawing* in the *left* and *pressure* on the *right*; *shootings* as if from *knives*, after *eating*; *throbbing* in the *left*, *shaking*, *tingling* in the *right*, when *sitting*; *pain* in the *hip*, with *burning*, *shooting* in the *joint*, worst at *night* and worse from *touch*; *pain* in the *left*, with *limping*; *pain* in *left hip* when *lying on the right*; *cold sensation* on *right hip-joint*; *stiffness* after *sitting*; *cramp pains* in *gluteal muscles*, with *tension* when *stooping*.

Bry. has *stitch* in the *hip* as if from *knives*; *frightful stitch* from a *false step*, with *throbbing* in *repose*, and *pain* from *touch*; *painful jerks* or *blows*, when *lying* or *sitting*, better when *walking*; *shootings* from the *hip* or *buttock* to the *knee* or *foot*—also with *universal sweat* and *intolerance* of *touch* or *motion*; *drawings* in *legs*; *tearing* from *moving*; *drawings* as from the *commencement* of the *catamenia*; *bruised pain*, with *hammering throbbing* when *sitting*; *itching* also about the *hips*.

Acon. has *heaviness* of the *lower limbs*; *numbness* and *tingling* of *legs* and *feet*.

Bell. has *bruised pain* with *tearing* in the *joints*, with *stitching gnawing* to the *bones*, *relieved* by *walking*; worse when *sitting*; with *necessity* for *constant movement* of the *leg*; *inclination* to *turning* and *stretching* the *legs*.

In the *knees* Bell. has *severe pain*; *squeezing* also in the *bend* with *pressure*; *tightness* when *moving*, as if the *tendons* were too

short; stitch in the bend—also under the patella (with pressure); jerking of the muscles—also in the bend; trembling of the knees; sensation as if the knees would give way, especially when walking or going up or down stairs.

Bry. has *in the knees—weakness, with staggering and cracking when walking; bruised patella and pain when going down-stairs, as if they would break; cramps when sitting and nights when lying down; stitch when moving or walking, also with drawing, as far as the calf; tensive, painful stiffness; rheumatic, shining red swelling,* with stitches; tearing as far as the shin bone; burning in the right, itching in the bend, with sweat on the spot nights; dry eruption in the bend and itching in the bend, in the evening becoming red and smarting after scratching; pustules under the knee, with pain and stitches when touched.*

In the *leg* Bell. has intolerable pain, which compels *stretching it out; heaviness, also drawing or trembling, or with stiffness, as if from growing, or in the right when laying it over the left; weariness, also when going up-stairs, especially in the calves, or paralytic stitch in the leg, upward as far as the knee; also with external crawling; cutting; drawing, as far as to the thighs, loins, and shoulders; tearing, also pressing and burning, as far as the bend of the knee; squeezing, as if wedged, with raging (toben), especially at night, diminished by the legs hanging down; on the shin pressure when standing; tearing, also pressing; tearing, with pressing asunder.*

Bry. has *in the leg—weakness, especially when beginning to walk and when standing; drawing, especially in the bones or in the calf, with sweat; bruised pain in the calf, especially when moving the leg or when feeling it, with numbness in repose; jerking in the leg at night, also in the daytime, like electric shocks; tearing, jerking in the shin bone; stitching, tearing, tension, especially in the calf or from the feet to the bend of the knee, also with shining red swelling; swelling of the legs without redness, also rapid swelling; foul ulcers on the leg.*

Bell. has *in the calf—shootings from below upward; cramps evenings in bed while bending the leg.*

Bry. has *cramps in the calf, feet, back of the feet, and heels, especially at night when lying down, better from moving; cramps in the calf in the morning; nocturnal tearings in the back of the foot; pain like a sprain or as if from a false step, especially when stepping.*

* The red, rheumatic swellings, which call for Bry., are almost always shining also. This is quite a characteristic of the swelling of this drug.

Acon. has pain in the *ankle*, with *despair* and *fear of death*; *coldness* of the feet to the *ankles*, with *sweat* on the *soles*; *coldness*, especially of the *toes*; sensation in *callous bunehes* on the feet, as if they were *girt* with a *band* mornings; intolerable pain in the *ankle*, *relieved* by *external pressure*.

Bell. has *boring* and *tearing* in the *tendo Achillis*; in the *feet*, *crawling*; *tension* in the *sole*, also in the *joints* when *walking* in the *open air*; pain in the *meta-tarsal bones* when *walking* and *bending the foot inward*; *tearing* in the *meta-tarsal bones* of the *great toe* or in the *sole* with *stitch*; *shootings* in the *soles* and on back of *left foot* when *sitting*; *boring* and *digging* in the *soles*; cramps in the *soles*, *evening in bed*, when *drawing up the knees*; *drawing*, *running* about the *ankles*; severe or *gnawing itching* on the *feet* and *backs of the feet*; *heat* in the *feet*; *burning* in the *soles*; *sweat* on the feet when *sitting*.

Bry. has *shootings* in the *feet*, also especially *nights* or *mornings* in the *heels* or when *stepping*, especially in the *soles*, with *tension* of the *joints*, also when *lying down* intolerable *tension* and *shooting*; *heavy*, *numb* sensation in the *soles*, especially when *stepping*, as if *tense* and *swollen*; *tension* in the *joints* of the *feet*, especially when *moving* or in the back of the feet when *sitting*, also in the *evening* as if the feet were *swollen*; *hot*, *inflammatory swelling* of the *feet*, with *redness* and *bruised* pain when *extending* it; *tension* when *stepping* and pain like *ulceration* when *feeling* it; *gouty swelling* of the *feet*; in the *toes*; *bruised* pain in the *balls* of the *left*; *shootings*, especially in the *balls* of the *great toes*, also with *pressure* and pain as if *frozen*, or especially when *sitting*, less when *walking*, also *evenings* with great sensation of *heat* therein; *corns*, with *pressing* pain when *stepping* and in *repose*; as if *raw* or *burning*; *stitching* when *touched* and better when *pressed on*.

It was our purpose when we entered on this differentiation to give an example of study of our materia medica by the process of individualization, and this because it is by this process only that the specific character of drug action can be reached, and that by this same process only can the specific character of any disease which we may meet be disclosed and thus to impress the fact on the mind, if we might, that the *simile* in which the law of relationship of curatives to sicknesses is found is only in these specific characteristics. This is to be sought and found only by examination of these characteristics of the drug and sick phenomena in their *elementary* individuality. By this analysis and comparison of these two classes of phenomena, and only by this, can any treatment of the sick or any prescription for their

relief be *homœopathic*, except as a result of *accident*—a lucky blunder.

Homœopathy is in its nature a philosophy of individualization. Without this, Homœopathy *is not*. We bring this fact to mind because of its almost entire absence from the teaching and literature of the day which is put forth as homœopathic in our colleges, and so generally in the writings for our journals. The prevailing effort is, in these last days, to substitute for this a *generalization*, which may relieve the prescriber from the careful toil of dealing, as the law requires, with what may seem to him, at times, as only, or no better than, "a wilderness of symptoms," though so to deal with them alone constitutes a practice *homœopathic*. The modern resort to *generalization* in pretended homœopathic practice and teaching is ever an exclusion of all which is essential to the philosophy of the natural law of therapeutics.* This, for its practical administration, requires a gathering and analysis of *all* the elements of the sickness to be cured, before any other step of clinical duty can be taken under the guidance of this law. The generalizer thrusts this requirement of law aside, takes the sickness as a whole, a *thing* with a *name* to it, and then, if he has any regard to our law, or is presumed to have, he further generalizes that a certain drug, or it may be *drugs* (if he be an alternate), has produced in the healthy organism a similar *thing*. He *names* his *thing*, and is thus found on ground wholly allopathic, or nearly so, and that he obtains his medicines from *Smith* or *Tafel*, and gives them in small or large doses, does not change this fact in the least.

We can see but one excuse for this abandonment of the philosophy of the natural law of therapeutics. It is certainly *easier* to say before a given "wilderness of symptoms"—"*ague*," than to analyze and individualize each member of this "wilderness," and far easier, before this name, "*ague*," to say "*quinine*" than to hunt the *materia medica* for a record of a similar "wilderness." But then this whole proceeding is only a masking of *old-school* physics behind the pretense of the *homœopathic* name.

This generalization can never be a resort of the truly *specific* prescriber. It may be "*easy*" for the *prescriber*, but how is it for the *sick*? Because it violates natural law, it cannot be safe, and can only be successful when the prescriber's *guessing* is better

* This exclusion appears to have been resorted to, and this generalization substituted, in the interest of the lazy or the ignorant. It is a resort of the endeavor to make that *easy* which in the nature of the case can *never* be made easy. The result is only a sacrifice of the truth.

than his false *principles*—*i. e.*, it can only be successful by a *lucky* blunder.

In carrying out our purpose we have attempted to give, in a part of our paper, a specimen of simple differentiation of the elements of the action of these drugs on certain organs and functions. As to other organs and functions, we have given the record of each close to the other, and then have given a differentiation of these groups to show how this essential process of all true study of our *materia medica*, and all true practice with it, should be carried on. A part of the record, as stated above, has been given, and the differentiation has been left for the student to make for himself, he having been shown how this work is to be done. As a further help to him in this work, the differentiating elements of this last portion of the record have been marked by putting them in italics. The paper, as a whole, is only given as a specimen of a method of *true* study of *materia medica*.

We were some years ago an observer of an instance of the generalization we have spoken of, when a candidate for the degree of Doctor of Medicine presented himself before the Professor of *Materia Medica* of the College from which he had recently been receiving instruction, that he might be examined by this functionary as to his knowledge of this most beautiful and useful science. I was all attention. I wanted to see just how the good man would proceed in drawing out the evidence that this candidate possessed such knowledge of this science as would convince the examiner that, so far as this was concerned, he might be safely certified to as competent to administer it at the bedside of the sick. What was the *kind* of evidence this Professor would seek, for his satisfaction, that this candidate was duly qualified in this science to enter on the practical duties of a healer of the sick? His first question to the candidate was enlightening as to the *kind* of evidence he was after, and is also illustrative of his own unfitness to teach this science, and therefore unfitness to certify to another's knowledge of it.

This was the Professor's first question to the candidate: "Will you please to tell me, sir, the difference between the action of Aconite and Belladonna?" Well, here is a poser for him, thought I. And so it turned out, for the candidate could only reply, "I don't know." Of course he didn't so know as to give the short, didactic answer the Professor looked for. He wanted, in a few words, what it has taken all these many pages to express as to the many, *many* differences in the action of these drugs. Here was a *stick* in the very beginning, and the effort of the Pro-

fessor to lift the candidate over it was farther illustrative of the Professor's ideas of materia medica and presumably of how he taught it. This is how he did this, by asking another question: "Is it not, sir, that Aconite acts more on the *organs of circulation*, and Belladonna on the *nervous system*?" The candidate said "Yes." This question did not suggest a truth, and the answer yielded to a temptation and assented to a falsehood.

Both these remedies act on the circulation and both on the nervous system. It is *not* that *either* acts on the one more than on the other, but that each acts on *both*, and each on the one or the other of these two systems in its own fashion, and that this is *different* from the fashion of the other. The Professor had no conception of our science of materia medica as before this essential element of knowledge necessary to its successful administration in clinical duties, *viz.*: the *differentiation* of the *elements* of drug action. It is not difficult, therefore, to forecast the character of his attempts to teach classes what he would have them accept as our *science* of materia medica. He presented to them, in a very poor manner, a very poor imitation of *old-school generalization*, and this was to pass for a science wholly made up of *individual facts*. We ask, Is this very different from the way in which this science is disposed of in our colleges generally? And further, Do the graduates they turn out know when they leave the class-room that they go out not having been taught the *homœopathic* materia medica at all? Do they know, these graduates, that as to a knowledge of the true character of our materia medica, they do not carry away from their class-room enough to constitute them even decent caricatures of that which their received diplomas certify they have been made by the instruction of their colleges, *viz.*: *doctors*? It is plain to any one who is conversant with the history they have made for the American Institute, the last few years, that they do not know, for apparently they are not in the least ashamed of their disgraceful work. They do not know enough of *true* Homœopathy to know that this is a work to be ashamed of. Now, who is responsible for this ignorance? Who, indeed, but these colleges who have sent them forth with certificates, which as to these graduates and the world are only false witnesses as to their possession of qualifications for the practical life and duties of homœopathic healers.

We are authorized by the publishers, Messrs. Gross & Delbridge, homœopathic pharmacists, of Chicago, to announce that the third edition of Cowperthwaite's *Text-Book of Materia Medica* will be issued about the 1st of September. It will be much enlarged and improved.

THREE CASES OF PURPURA HÆMORRHAGICA.

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To begin with an Irishism, neither of these three cases of purpura could be strictly classed under that head. I have never seen a real case of purpura—that is, a case in which the cutaneous extravasation is the principal feature of the case. Of these three cases, one is rheumatic fever, another an intermittent fever, and the third a gastro-enteritis, but they all have as a prominent though secondary condition purpuric extravasations, which were evidently reciprocal, as they yielded, in common with all the other symptoms, to the remedy homœopathic to the case. They were each quite out of the ordinary run of cases and of a severity to cause great anxiety, but they afford beautiful illustrations of the proper way to “take” a case, and of the power of the properly selected dynamized remedy to stay the progress of the most dangerous retrograde metamorphoses, and of the recuperating energy of the human system when so aided.

I. A RHUS VENENATA CASE.

James S., aged twenty-nine; of the bilious type, lean and spare but not emaciate; by trade a carpenter, but at present employed on the elevated railway; married; had intermittent fever several years ago, and is somewhat subject to rheumatic attacks; applied at the Manhattan Hospital for treatment October 10th, 1879. He complained of an intense headache, describing the pain as throbbing. He felt dizzy when turning or stooping, but had no nausea. The conjunctiva was reddened and dry, the face somewhat flushed; temp., 100.2; pulse, seventy-eight; respiration, twenty. The pulse was rather hard, and the heart beat with a sharp click. He was given Glonoine¹² every two hours.

October 11th.—Headache no better. The face more deeply congested; the conjunctiva about as yesterday, but the eyes look more staring. The brain seems to have a wavy, undulating motion whenever he stirs, but especially when stooping. He refuses to take his medicine, as he imagines it disagrees with him, and thinks he has been poisoned. Complains of pain in the left wrist and throbbing in the hand, which seemed to be synchronous with the throbbing in the head. Temp., 100.6; pulse, eighty-two, and of about the same general character, respiration, twenty.

A study of the pathogenesis of Glonoine confirmed the impres-

sion that it was the remedy most homœopathic to the case. Glonoine has—

Throbbing: in temples, in vertex, in occiput, in whole head.

Severe pain in the forehead, throbbing in the temples, worse from walking.

Headaches worse: from shaking or jarring the head, stooping, bending it backward, after lying down, when ascending steps, in damp weather, in the sun.

Vertigo worse: from stooping, or moving the head.

Fear: apprehensive of approaching death; fears she has been poisoned.

Face flushed, hot, especially about the eyes and forehead, with headache; livid, purple.

Eyes injected, red, protruding, wild, staring.

Pulse: accelerated, increased during headache; quick, small, irregular.

Weakness of wrists after headache.

Rheumatic pains in fingers of left hand.

Feels pulse in fingers.

Thus assured of the homœopathicity of the remedy, although no improvement had taken place, I resolved to continue it in a higher potency. Gave Glonoine ²⁰⁰, every four hours.

October 12th.—Patient no worse; remedy continued as before.

October 13th.—Headache very much improved, and the face and eyes less congested, but the rheumatoid pains in the wrist had extended to the elbow and were much complained of. Temp., 101.5; pulse, eighty-six; respiration, twenty. Small petechial spots, like flea-bites, were noticed on the forearm and wrist, and this led to an examination of the skin elsewhere. The patient now mentioned, for the first time, that he had had for some days similar spots upon the legs. The legs from the knee to the ankle were covered with numerous small ecchymoses of varying size, and in some places, where several had coalesced as large as a silver dime. The knee of the left leg was tender and stiff, and the whole leg was pervaded with a peculiar sense of weakness and numbness. The patient was very restless and apprehensive; felt drowsy but could not sleep; the bowels, which previously had been regular, were now for three days constipated, with bitter taste, dry tongue, sore gums, and inappetence.

The petechiæ, the rheumatic pains in the wrist and knee-joint, the sense of weakness and prostration, the constipated bowels, the symptoms of the buccal cavity, the continued slow fever, and the insomnia with drowsiness, seemed to point clearly to Phosphorus, which was given, bi-hourly, in the sixth trituration.

October 14th.—Most of the symptoms remain about the same, but the pulse is ninety-two and weak, and the temperature has risen to 102.2°. The petechiæ have increased in number and size and have spread to the thighs and back. A slight nose-bleed occurred during the night. He feels greatly prostrated, but is restless and anxious, and his sleep after midnight was disturbed by vivid dreams, in which he thought he was climbing a great mountain, carrying a heavy load. The urine was scant and dark. Not seeing any clear indication for a change, Phosphorus was continued until the 16th inst., in varying potency, third, twelfth, thirtieth, and two-hundredth; but the patient grew slowly and manifestly worse, especially the pains and prostration.

October 16th.—Temp., 102.4; pulse, ninety, weak and trembling; respiration, twenty, shallow, as if unable to draw a full breath. The ecchymoses had extended over the entire body and were accompanied by much itching. The pain in the joints very severe, making him extremely irritable and restless. During the night he had had a copious nose-bleed. The urine scanty, with coffee-ground sediment.

An error in the remedy used being now apparent, led to a further study of the case. The character of the pain so closely resembled that of *Rhus toxicodendron* that its pathogenesis was examined, developing the following correspondences:

Fear of death; fears he will be poisoned.

Vertigo, worse from turning or stooping, or when rising from lying.

Headache, rush of blood to the head, with throbbing; restless; face red.

Eyes red and inflamed.

Epistaxis of coagulated blood, worse at night.

Face fiery red; dark-red; with burning.

Food, especially bread, tastes bitter.

Tongue dry, red, cracked.

Hunger without appetite.

Urine diminished; discharges a few drops of blood-red urine.

Pulse accelerated, weak, faint, and soft; trembling or imperceptible.

Tearing and burning in the shoulder and arm.

Pains felt mostly in the knee.

Swelling and stiffness of the joints.

Rheumatoid pains in the limbs, with numbness and tingling.

Great debility, soreness, and stiffness.

Restlessness, must change position.

Great sleepiness, with sleeplessness until midnight.

Dreams of great exertion, as rowing, swimming, etc.

Intolerable itching of the skin, with a red rash all over.

Rhus venenata was given in the thirtieth potency. This was chosen in preference to *Rhus toxicodendron* because of the profound depression of the nervous system, and for the reason that this *Rhus* is said to exert a stronger influence upon the cuticle; but I had no expectation that it would do anything more than reduce the fever and relieve the rheumatoid pains. In this I was very happily mistaken, for while the pains and the fever abated at once, the ecchymoses also ceased to extend, began to change color like an old bruise, and disappeared within ten days. The nose-bleed did not recur after the *Rhus* was taken, the fever was all gone by the second day, and the wrist and knee supple and free from pain by the fourth. The patient was discharged on October 26th, cured.

II. A CINCHONA CASE.

Mrs. L. M. B., a native of England, aged thirty-seven, resident in New York about nine years; brunette; large and fleshy; originally of a ruddy complexion, but now pale and anæmic; the mother of four children, and in her last confinement, about one year previous to the date here mentioned, lost an enormous amount of blood, so much so as to endanger her life, since which time she has been feeble and dispirited; her menses have always been rather free, and at times menorrhagic. The husband, who had formerly been a good workman, had for the past year and a half taken to drink, and the family had sunken into absolute poverty. The wife had endeavored to support herself and children by taking in coarse washing, and her system was much run down by overwork, insufficiency of food, and constant anxiety. To these influences was probably due the severity of the hæmorrhage at her last confinement. The child, unfortunately, lived until its tenth month, when it died of capillary bronchitis. The exhaustion caused by nursing this child, and her untoward surroundings, brought on a low fever, for which she received large doses of Sulphate of Quinine from a dispensary doctor. This was the condition of things when I first saw her, in March, 1881. Through a charitable organization I secured the removal of the family from the wretched room they occupied in a rear building on Eleventh Avenue, near Twenty-eighth Street, to much healthier and cleaner quarters on Twenty-fourth Street, near Ninth Avenue. Work was found for the husband, who

promised to reform, and who did maintain tolerably decent habits for some months thereafter.

A study of the patient's condition led me to give *Natrum muriaticum*, both because she had been dosed heavily with Quinine, and on account of various systems which corresponded with its pathogenesis; but, although it was continued for two weeks, in varying potency, with a milk and beef-tea diet, I saw no benefit from it. In some ways the patient was better, but these changes could well be ascribed to her improved surroundings and dietary.

She had a fever every day, beginning late in the forenoon, without chill, continuing until evening, and passing off with a copious sweat which lasted until near morning. The fever would vary day by day as to the hour of commencement, sometimes as early as ten o'clock, or as late as one o'clock, but never the same.

During the fever she was stupid, and could not be depended upon to describe her sensations. In the morning she had a bursting headache, and the congestion to the head apparently continued all day; but as soon as the perspiration set in all the untoward symptoms disappeared, she became lively and bright, said she felt very well and free from pain, and drank milk frequently and greedily. I stuck to *Natrum* longer than I otherwise should on account of one symptom—fever blisters on the lips—but finally changed to *Nux vomica*. This, *Ignatia*, *Rhus tox.*, and *Lycopodium* were given during the next (third) week of treatment. The symptoms varied considerably and I was making a rather hopeless stern-chase after them, and felt very much discouraged, when a new phase presented itself and altered the entire outlook. Her menses came on the sixteenth day of treatment and were profuse. The discharge was watery, and contained numerous dark coagula. On the twenty-first day, the menses continuing, and the patient being now very weak and apathetic, I was shocked to find that there had appeared spontaneously several ecchymoses on the left thigh about the size of a silver dollar, and smaller ones on the leg, foot, and along the lumbar region. Phosphorus¹² was given, bi-hourly.

Twenty-second day.—The ecchymoses have spread considerably, the old ones enlarging and many new ones forming. Her face is shrunken and livid, with eyes surrounded by heavy blue lines; sight dim and uncertain; noises in the ear, like distinct bells; very apathetic, and either does not reply at all to questions, or slowly, as if she did not fully comprehend; desires continually cold lemonade, and refuses milk and the beef-tea, which

disagree, causing eructations; urine scanty, turbid, and with a red-brown sediment; diarrhœa of bloody mucus, scanty, infrequent, painless; she wants to be bolstered up in bed on account of oppression in the chest when lying down; skin cold, clammy, and greasy; temperature (axilla), 103.4° F.

In the presence of so grave a condition, I naturally hesitated as to the best course to pursue. Evidently Phosphorus was doing no good. Various remedies, which had seemed indicated—at least, they were not given thoughtlessly and without much study—had been given, nevertheless, without result. I had avoided China, which had several times been called to my mind by symptoms in the case, because she had been so recently deluged with it. However, I could not disguise from myself the many points of resemblance between this drug and the case before me, and on studying its pathogenesis carefully I became convinced that if any remedy was capable of saving my patient it was China, and China only. China has the following:

Indifference; apathy; ill humor.

Dislike to all mental or physical exertion.

Slow train of ideas.

Intense throbbing headache—after loss of blood.

Sight dim and faint.

Fine ringing in ears.

Hardness of hearing; humming in ears.

Nose-bleed; ringing in ears; face pale.

Face pale, hollow, or livid; blue around the eyes; hippocratic.

Longs for sour, cooling things.

Violent thirst for cold drinks.

Sour eructations after milk.

Heartburn after milk.

Hæmatemesis; weak, pale, cold.

Stools: bloody, painless.

Urine: turbid, scanty; depositing brick-dust sediment.

Uterine hæmorrhages, ringing in ears, fainting, cold, loss of sight; discharge of dark clots.

Menses dark, coagulated; or pale and watery, with dark coagula.

Cannot breathe with head low.

Hæmoptysis.

Fever, long-lasting, and coming on at irregular intervals.

Sweat: partial, cold, or profuse; greasy.

Hæmorrhages from mouth, nose, or bowels; wants sour things.

Although the pathogenesis did not show ecchymoses on the

skin or elsewhere, and I did not at that time know of the recorded poisonings in which purpura developed (Vepau), nevertheless, I determined, in view of the origin of the pathological state of the patient, resulting, as it did, from overlactation following excessive parturient hæmorrhage, and the remarkable coincidence in the concomitants, to give China, and in a high potency. I gave half-a-dozen pellets of Carroll Dunham's two hundredth, about noon, to be followed by a similar dose every four hours. Very little change was noted during the first twenty-four hours, except an improvement in the condition of the bowels; but on the twenty-third day the mental state was altered for the better in a marvelous degree and the fever temperature was only 100° F. All her apathy was gone, and she answered promptly and pleasantly all interrogatories. She took nourishment freely, had no perspiration at night, and slept quietly and soundly.

Twenty-fourth day.—No new ecchymoses have appeared since China was given, and many of the old ones are fading, changing to a mottled and greenish shade. She is now taking two quarts of milk daily, besides beef-extract. Bowels and kidneys acting normally. Temperature at noon, 99.4° F., but she is not conscious of any fever. She is very weak, but her mind is bright and her spirits high.

Twenty-seventh day.—She has continued to convalesce nicely. No fever to-day for the first time in two months. Appetite good, and functions all normal. The ecchymoses are fading slowly.

Thirty-second day.—She was up and moving about the room to-day. Has had an ounce of Speer's port wine, three times a day, with her meals, since the twenty-ninth. Is in all respects well except extremely weak. Has had no medicine since the twenty-eighth, except five drops of dialyzed iron in half an ounce of water at bedtime.

III. A SECALE CASE.

On June 17th, 1881, I was called in to see a German woman, aged fifty-five, living on Twenty-ninth Street, opposite the old Hudson River Railway sheds. I had known the family for some time, as a son, a jeweler by trade, had a peculiar trouble of the heart. The old lady had not been ill for many years, but had for some months complained of a numbness of the left leg and foot, for which, however, she refused treatment, believing she could work it off. She was one of those dried-up little speci-

mens, with a leathery skin, which we so often see among the poor class of German emigrants. The block on which they lived was notorious for its bad sanitary condition, and during the hot weather, which was now prevailing, funerals were a daily occurrence. She had been ill for several days, but refused to have medical attendance, as she had a great scorn for doctors. I was at the time attending that anomalous case of puerperal fever which I reported in the *New York Medical Times* for September, 1881, cured by *Calcarea carbonica*²⁰⁰ (but which the editor printed after scratching out all reference to the potency), in the next house, and her daughter seeing me pass the door called me in to see her mother. The old lady refused to look at me or speak to me, but by using my eyes and from the report of the family I gathered the following facts in the case: She had had for two or three weeks a sensation on various parts of the skin, but most pronounced on the lower extremities, as of insects or vermin creeping about on her. She also complained of lack of sensation in her left foot and in both hands, which induced her to continually rub them with a piece of flannel. She had been taking some kind of German medicinal tea, the composition of which I did not learn. She evinced the greatest objection to lying in bed, and although very weak required constant supervision and persuasion to keep her there—and this when so exhausted that the attempt to get up only resulted in her sliding down upon the floor. Equally marked was her repugnance to being covered, and when I first saw her she lay in bed with nothing on but a short chemise and her native modesty. What attracted my attention first was the shrunken and anxious expression of her face, and next the peculiar appearance of her feet and legs. Both feet and legs up to the knee were covered with bruises, or what appeared to be such. These were much worse on the left side, where the toes were actually black. That this was not a mere local trouble was shown by the presence of ecchymoses upon the forearms and upon the buttocks. More alarming to the family, at least, was the emeto-catharsis. The vomiting and purging occurred simultaneously and involuntarily nearly hourly, but neither were very copious. The dejected matter was watery, nearly colorless, and preceded by colic and rumbling in the abdomen. Her skin was cold and clammy. She had a great thirst and was clamorous (or at least had been until her voice became so husky and weak as scarcely to be heard) for iced water, lemonade, beer, anything that was cold. She had had bleeding from the nose, but its character and frequency I could not learn. The urine was suppressed. Of course, there

was never a doubt about the remedy; if in so desperate a case any drug could save it was *Secale*. Whatever the remedy did do it was not a "faith-cure," either on account of the doctor's mental attitude or the patient's, and I expected to find her dead on my return in the evening. *Secale* was given in the sixth trituration, dry on the tongue every ten minutes for an hour, and afterward half-hourly; a higher potency would have been given if I had had it with me. When I saw her four hours later, the vomiting had ceased, but the bowels remained about the same, except in frequency. The medicine was commenced at 2.30 P. M., and the diarrhoea ceased at about midnight. The reaction was followed by a slight fever, for which I gave the next day *Aconite* (this now I believe to have been a mistake), returning again to *Secale* in the evening, on account of her having had a diarrhoeic stool. The purpura gradually faded, and quite disappeared in eight or nine days.

LECTURE ON CACTUS GRANDIFLORUS.

PROFESSOR J. T. KENT, M. D., ST. LOUIS.

One of the most prominent symptoms is a sensation of constriction. The heart feels as if grasped by an iron hand. The throat or the uterus may have the same constrictive feeling. Also about limbs, throat, head, and chest. (*Lilium-tig.* has a squeezing sensation about the heart, but not so violent as *Cactus*). This sensation is attended with prickling and numbness of the body. Spasms of the circular fibres, of heart and uterus in particular. It seems capable of producing contractions in the skin and wherever there are orifices. There may be sharp, sticking pains, with horrible constriction about the spincters. (*Apis*, *Phos.*, *Bry.*, and *Lach.* have a sensation of suffocation about the heart. *Rhus.* and *Digitalis* have an aching numbness.) Violent dysmenorrhoea with constriction. (*Cham.*, *Puls.*, *Bell.*, and *Valer.* are often given for this, but more frequently *Morphine* by mongrels.) Generally vertigo, with heart symptoms. (For this *Puls.* is more often the remedy.) *Cactus* produces congestion of the brain, blood-shot eyes, coma, suffocation, and fullness of the veins, which symptoms are all found in heart disease. Pulsation in the temple (*Bell.*) as if the artery would burst. Headache, especially on the right side (*Bell.*), worse

from lying down; sometimes attended with nose-bleed—a violent rush of bright, red blood. Face blue, pale, flushed, covered with cold sweat. (The blueness is very similar to *Carbo-animalis*.) The constriction of the throat excites a constant desire to swallow, which does not relieve, like *Lach*. Constriction of the œsophagus, must drink large quantities to force water into the stomach (*œsophagismus*); constrictive feeling at the *serobiculus cordis*, extending to the *hypochondria*, impeding breathing. Sensation of a belt around the abdomen. Pulsation generally is in harmony with *Cactus* (but *Puls*. has it more prominently). (*Ant. t.* has throbbing in the pit of the stomach, relieved by vomiting). Engorgement of the liver, acute or chronic, from heart disease. This engorgement is secondary to heart disease. Feeling as if a cord was tightly bound around the lower part of the chest, marking out the attachments of the diaphragm. Sharp pains shooting through the diaphragm up into the stomach. Spasmodic constriction of the anus, preventing stool, and sometimes so violent that it becomes very painful. *Urine* straw-colored, with much burning and constriction of the neck of the bladder. *Menses* too soon, black and pitch-like; menstruation, with constrictive spasms of the uterus; pain agonizing and worse in the evening; flow scanty and ceasing when lying down (*menses* always cease at night—*Bovista*). Many of the spasms of *Cactus* are brought on when lying down. Voice low and hoarse from constriction of the chest. Oppression of breathing on going up-stairs. Uneasiness, as if an iron band prevented normal breathing; cannot lie on the left side. Pulse throbbing, tense, and hard. *Dyspnœa* is an important symptom; endocardial murmurs: If you have organic disease of the heart you may not cure it, but no matter what the symptoms are, if they call for *Cactus* give it, it might do considerable good. *Cactus* is a deep-acting medicine, and is capable of affecting an organic change. Irregularity of the heart's action, at times slow, great irritation of the heart; enlarged left ventricle. Sensation of constriction in the middle of the sternum. Rheumatism of the muscles of the chest. Dropsy of the hands and feet consequent on heart disease. Chill not relieved by covering; returning at the same hour each day—11 A. M. and 11 P. M. The chills, pain, and constrictions occur regularly each day at 11 P. M. Intermittent fever with congestion to the head. Retention of urine. The entire body feels as if caged, each wire being twisted tighter and tighter. One prover thought that the walls were narrowing down around him.

HIGH POTENCIES AND DR. P. JOUSSET IN PARIS.

B. FINCKE, M. D., BROOKLYN, N. Y.

From the Zeitschrift des Berliner Vereins homœopathischer Aerzte, Bd. IV, Heft 6.

Under the title, "*On the Unlimited Attenuation of Homœopathic Remedies*," an extract of a letter of Dr. P. Jousset, in Paris, to Dr. Gallavardin (*Art Med.*, September, 1884) has been published in the *Zeitschrift des Berliner Vereins homœopathischer Aerzte*, Vol. IV, p. 227, with the supposition that the information about certain methods of potentiation given therein might be of general interest. This supposition, however, finds no justification in the communication, for never has greater ignorance of this important subject been displayed than in this letter of Dr. Jousset. With perfect justice, its tendency has not been touched upon by the editor, nevertheless I would like to recur to it briefly, since here is said quite unconcernedly: "*This sect, the adherents of infinitesimal doses into the infinite (sic), is a true ballast for us which must be thrown overboard. It deceives itself and the medical world when it talks about high attenuations.*"

Let us now consider who of the homœopathic fraternity are to be understood to belong to that sect according to the Frenchman's withering critique.

First and foremost, *Hahnemann* himself, the intrepid pioneer of that sect (he once spoke of the pernicious mixing-sect, but in our days his dictum is reversed), who decidedly made the cure dependent upon the properly potentiated dose, which must have nothing physical or chemical about it.

Then *Gross*, *Stapf*, *Bœnninghausen*, *Hering*, *Aegidi*, *Joslin*, *Dunham*, *Nuner*, and others. The life of all these champions for the pure Hahnemannian lore lies closed before us. They shine as stars of the first magnitude in the homœopathic firmament. They have left their experience for the now living as a legacy, not an inconsiderable number of whom belong to the most able, learned, and active adherents of Homœopathy, and their names need not be mentioned, being known all over the world. To be in such society is an honor which Dr. Jousset cannot share, not even estimate, though unconsciously he, in his condemnation of honorable men, needs must tell the truth. For when comparing Homœopathy with a ship it certainly carries, in the weight of the pure doctrine and of an honorable execution

of the same in the deeds of their adherents, the true ballast in its hold which secures to the ship its steady course and a safe equilibrium. If *that* ballast is thrown overboard the ship must surely topple over and go down.

Let us now examine where the deceit is of which Dr. Jousset is talking. One would think he must be well informed, because he talks with such assurance, but how much are we disappointed! He even does not speak from personal experiment, but refers to the apothecary.

First comes the preparation of *Jenichen's* high potencies (not Jennichen). It is said that Jenichen had prepared the fourth potency and moistened globules with it, which he shook violently. To these globules he added one drop of alcohol, and shook it again. Every shaking stroke was called an attenuation. Consequently his forty thousandth is only the fourth to which a few drops of alcohol were added, and which for some time was powerfully shaken.

Every homœopathician who has prepared his own remedies will see at a glance that this is pure nonsense, and, like all nonsense, perfectly without any foundation in fact.

The mode of Jenichen's preparation is contained in a letter of Jenichen to Dr. Hering, an extract of which has been published in the *Organon* of Dr. Skinner, Vol. II, p. 429 (Liverpool, Holden, 1879). From this it appears that Jenichen wanted to carry up the twenty-ninth centesimal potency of Plumb. ac., but found the tincture dried up and the cork shriveled and loose in the neck of the vial. Curious to know whether there was any virtue left in the empty vial, he filled it three-quarters full of alcohol and shook it. Of this tincture he took one drop, added it to three hundred drops of alcohol (70–80° Richter), and prepared from it the three centesimal two hundredth potency in a potentiating vial of four-and-a-half inches in length and one-half ounce in weight. A case of perspiration of the soles of the feet, smelling like foul cheese, ever since the second year of life in a young, athletic fellow, six feet high and of twenty years of age, offered an opportunity of testing the new remedy. Jenichen put a few pellets of said Plumb. ac.²⁰ (three centes.) in a vial and allowed the patient to take one full inhalation from it. The result was a perfect cure within ten days. Jenichen considered this as a revelation, and from that time made all his high potencies from evaporated tinctures in the following manner: The potencies were grafted from the twenty-ninth centesimal potencies in the way described above, and carried up to eight hundred in the

ratio of 1 : 300 with twelve shaking strokes. But from nine hundred he potentiated in the ratio of 2 : 12,000 with thirty shaking strokes, but for every four hundred degrees more he added twelve strokes to each potency. These highest potencies had been made with the clearest water of the Schwerin Lake. The potentiating vial weighed eighteen ounces, including the contents. The fluid at every stroke gave a shrill sound like the tinkling of silver money.

Hence there is not the least doubt that Jenichen did *not* count the shaking strokes for potencies, but that the potencies were real dilutions or attenuations according to Jenichen's peculiar scale, viz.:

1 : 100 up to the twenty-ninth,

1 : 300 from twenty-nine to eight hundred,

2 : 12,000 from nine hundred to forty thousand,

the highest potency which came from his laborious hand.

It has become the fashion to put down Jenichen, and to slander him in every way, though he was a man of honor and moral worth, a man scientifically educated, a veterinary physician approved of by his government, and appointed by the same as examiner in that quality, and besides an excellent homœopath who knew the *materia medica pura* as well as anybody at his time. Therefore, honor be paid to the man to whom honor is due. For he has given his very life for the great cause of potentiation and for Homœopathy. If the horses could speak, they would proclaim his praise, and would in this age of monuments raise one for him to the sky; for since Jenichen they are being cured with high potencies as well as men.

Everybody can now easily judge of the value of Dr. Jousset's baseless assertion. It is true, that the high potencies of Jenichen have been used by the most prominent homœopaths in practice with the greatest benefit up to the present day.

Now comes the turn of *Dr. Fincke* (not Finke), whose high potencies are declared to be merely *nothing*, though already excellent provings and cures with not only the thirtieth to CM, but also with the five and six millionth centesimal potencies of *Lachesis* are extant. But the learned Dr. Jousset has unwittingly and unluckily criticised not Fincke's potentiating vial, but that in Bœricke's machine, which has no bottom to it, and Mr. Bœricke has to thank him for calling his millions which have been said to have been effective in the hands of several physicians, *nothing*. Dr. Fincke's vial has, like every well-conditioned vial and every good head, its opening at the neck. Dr. Fincke also is not responsible for the elegant expression of "Bottle-wash-

ing," which has been invented by the embittered enemies of high potencies for other fluxion preparations, and in this relation indeed not without some justification. Dr. Fincke calls his method the fluxion-method. On this method one could not wash a dirty bottle clean even if a thousand tons of clean water were run through it. Fincke prepared his initial potencies centesimally up to the sixth (resp. thirtieth) by hand, but even these are called *nothing* by Dr. Jousset. These initial potencies are submitted to gentle fluxion in the ratio of 1 : 100 to infinity—for seven millions is so far by experiment finity—so that by the quiet undulations the thorough mixture of the medicine with the flowing vehicle without intervention of the manipulator is insured. By this process not the medicament alone, as Dr. Jousset teaches, is removed from the vial, but also the mass of vehicle interpenetrated by it, or else no fluxion and consequently no potentiation could take place, because, as one philosopher has wisely remarked, a full vessel cannot be made fuller. Only those potencies are taken from the fluxion which are to be preserved, for who could find room and means for seven millions of potencies? The fluxion proceeds forward and the potentiation backward, and the potencies obtained are pushed out above. The Hahnemannian element of shaking is replaced by the gentle undulation of the flux, and the potencies thus obtained can aptly be called *fluxions* because they correspond with the Newtonian-conception of a fluxion, which, though being infinitesimal, yet has a definite value. Hence a six millionth is still a finite potency because its action on the organism can be clearly observed, and inasmuch as an extreme minuteness is finite, be it ever so inaccessible to quantity, it loses the quality of infinitesimality and remains only a *minututum*.

The fact alone that high potencies thus prepared are efficacious in proving and healing according to homœopathic principles must enervate the objections of the physiccists. In Dr. Buchmann's proving of the six millionth fluxion-potency of Lachesis, forty-two symptoms of Dr. Hering's provings with the thirtieth have been verified. One would think that throughout the whole series of six million potencies the medicament must have been intimately mixed with the vehicle, as Jousset expresses it, or it would have been "washed" out long before, and nothing could have been left at such an altitude which could have produced such an extraordinary proving as the world has never seen before.

Also the much bedraggled *Korsakoff* is accused of bottle-washing, though this could hardly have been his intention

when—alas! fifty-three years ago—he communicated his famous discoveries for the first time. This noble man, though a noble man whose disinterested and laudable endeavors in the field of homœopathies have been properly estimated in the history of Homœopathy in Russia by Dr. C. Bojanus, soon found that the Hahnemannian method was not practicable for higher attenuations, and conceived the judicious idea of reversing the process. If, as Dr. Jousset teaches, the potentiating vial is merely emptied by putting it upside down, indeed, a greater quantity of vehicle will adhere to the walls than is desirable for the correctness of the scale. If, however, the vial is well emptied by jerking the fluid out, a residue can be obtained which agrees very well with the Hahnemannian scale. Hahnemann has sanctioned this process when, in a letter to Stapf (*Archiv* xi, 3, p. 106), he writes: “For preparations of so enormously highly potentiated attenuations of medicinal substances the process of the noble Korsakoff is as ingenious as to the point. On testing it with very sensitive balances it will be found that a vial of the given size, after powerful squirting out of one hundred grains of water contained in it, retains almost exactly one grain of water adhering to its walls, a circumstance which makes the further attenuations very safe and trustworthy, so that nothing can be brought against it, and which simplifies and eases the operation incredibly.”

Hence the Korsakoffian method cannot be reproached with more incorrectness than the Hahnemannian itself. For the latter is also only conventionally exact. According to it one grain is deemed equal to one drop. The fourth attenuation is made by placing one grain of the third trituration into a mixture of fifty drops of water and fifty drops of alcohol, which gives drops of a different size and a different ratio. And even the size of the drops varies with the vials according to the form of the lip and of the strength of the alcohol. Besides, the dropping over of single drops from vials made from glass-tubes is an impracticable thing. For the purpose of higher potentiation, therefore, the Korsakoffian method is as exact as it can and need be without encroaching upon the practical and scientific necessity. Every expert in this matter must admit that what is understood as Hahnemannian exactness, which, as above shown, does not exist, is unattainable in a process dealing with such enormous masses of vehicle, and with medicine of an incredible subtlety. It would involve a reprehensible purism which, in the conceit that the potencies as far as the millions could be prepared with mathematical precision, deprives itself of the benefit

of these remedies by means of which many cases can be cured which remain untouched or are only changed to other diseases by the crude substances and low potencies.

Of the contact potencies of Korsakoff, this most remarkable discovery, which has even a greater bearing in its consequences than that of his dilution-potencies, Dr. Jousset has nothing to say. But we learn that he has not even made experiments himself, but Mr. Catellan claims his sympathy on account of the labor and patience which it cost him to prepare a potency as high as—just think of it—the two hundredth. Of the many other industrious men who have made high potencies on the Korsakoffian plan, *e. g.*, Lehrmann, with his two hundredth, which were preferred by Dr. Bœnninghausen, and have gone over the world, of Dunham's two hundredth, which are highly estimated here, Dr. Jousset knows nothing, nothing of Tafel's five hundredth or one thousandth, which likewise were made after Korsakoff's plan with alcohol, not to speak of many others.

The argumentation of Jousset, which rests upon the statement of an experienced pharmacist, and intends to show the absurdity and impracticability of high potentiation on the Hahnemannian plan, serves only to prove quite the contrary of his intention, *viz.*: to show that high potencies cannot be prepared. For, if the Hahnemannian method is impracticable, another method is indicated, and if this one solves the problem of high potentiation without the great outlay in vials, alcohol, labor, and other expenses, why—"mein Liebchen was willst du noch mehr?"

Those who cannot get over the Hahnemannian method, upon which the methods of Korsakoff and Fincke are based, since they adopt exactly the ratio of 1 : 100, are indeed like the hypnotized hen, which cannot get away from the line made with chalk from along its bill upon the table.

This may suffice to repel the groundless assertion of Dr. Jousset that those who use the ten-thousandth or a higher potency have only the fourth Hahnemannian or nothing, and that their successes are by no means out of a level with those which in general are gained by Homœopathy. This stratagem to stamp the high potencies as low ones, and thereby to explain their efficacy in curing disease, has been tried before on this continent.

But this effort to help macrodosis on its legs has been futile, in the face of the many most interesting cases of the greatest variety cured in this country and in Europe during the last forty years and more.

In looking at the efforts of our opponents to put down high potencies at any price, nothing is more depressing than the discovery that they have not even advanced as far as Korsakoff (1831). What prevents them, if they have real scientific progress at heart, to select a remedy from our *materia medica* and to subject it to the process of potentiation according to Korsakoff, and to test the product thus gained by their *own* exertion upon healthy and sick people according to homœopathic law? That is the only way to arrive at a result consonant with the exactions of science. Then will the fluxion potencies also find favor in their eyes. When shall they cease to attack those who, passing beyond what is known and following it up, try to find new ways and means in order to make the healing of man and beast still safer and easier than it is now? Again, when shall the opponents make up their minds by their own experiment to convince themselves that the high potencies are no more low attenuations, nor any attenuations at all, but just potencies, forces, medicinal forces, which, by the potentiating process, are unfolded and developed, as maintained by Hahnemann repeatedly and with perfect justice? They surely cannot kill anybody with a hundred-thousandth potency, but cure many a knotty case, as appears from the wonderful Phosphorus cure of Dr. Buchmann—see *HOMŒOPATHIC PHYSICIAN*, August, 1884—a true model-cure after Hering. There is no danger, not even the danger of ridicule, which indeed many fear more than death. One must get over it. Truth must always remain truth.

Ceterum censeo, macrodosiam esse delendam.

ACONITE.

T. C. HUNTER, M. D., WABASH, INDIANA.

[Read before the Indiana Institute of Homœopathy, May 19th and 20th.]

Aconite is one of the most frequently used, least understood, and most frequently misused remedies in the *materia medica*. The beginner in Homœopathy has heard from his preceptors, and has read in books and journals, that it is a useful remedy in fevers. He therefore concludes that Aconite is "good for fever," and straightway gives it in all cases where fever is a prominent symptom. Our regular or allopathic friends have also learned that Aconite is "good for fever," because, he says, it is a heart and nerve sedative. He thinks that if the pulse beats less rapidly the fever is reduced, but forgets that if the pulse is

reduced by force that it will react again as soon as the force is removed. He is entirely ignorant, however, of the action of Aconite upon the healthy person, as all his knowledge of medicines is gained "*ex usu in morbis.*" He knows that a knowledge of anatomy and physiology are necessary before any one can have a correct knowledge of pathology, as the latter is only sick physiology, and when he compares the condition of his patient with the healthy organism, he finds out what damage is being done. It seems strange that the thought does not suggest itself to his mind that he ought to know the effect a remedy would have upon a healthy organism before trying it on a sick one. Indeed, the idea has dawned upon the minds of a few thinkers in the regular school of medicine, but I am not aware that any systematic effort has been made to carry out the idea. It would be dangerous ground for them to tread on, as it has such a strong tendency toward Homœopathy.

Every intelligent homœopath knows that each and every remedy has symptoms peculiar to itself, which are known as "characteristic symptoms." Some of these prominent symptoms may belong to several other remedies at the same time, yet there will be such a difference in the number and arrangement of these symptoms as to lead the intelligent prescriber to the right remedy. Hahnemann says, in his preface to Aconite: "It is essential to consider the mental symptoms, to see to it that they especially are very similar if Aconite is chosen as the homœopathic remedy." This rule will, I believe, hold good with all other remedies.

We should not forget that the mind and body have very close relations, so much so that the maxim, "*Mens sana in corpore sano,*" has been in use for ages. It is then clearly our duty to mark well the effect that the body, made sick with certain medicinal substances, has upon the mind. Hahnemann says, in the same preface, that "Aconite is especially indicated when, besides thirst and an accelerated pulse, there is present an anxious impatience, a not-to-be-soleed anxiety, and an agonizing tossing about." We all know that Aconite frequently makes what seems to be almost miraculous cures of that violently painful inflammatory disease known as pleurisy; but it will be found to be only when the above mental symptoms are present, so that it does not follow that Aconite is always good for the fever of pleurisy.

If in a given case of pleurisy these mental symptoms are not present, it will be well to look further before prescribing. If the patient is "irritable and wants to be let alone," you will

probably find all the other leading symptoms of the case in the pathogenesis of Bryonia.

In Aconite there are always these four conditions, viz.:

1. Thirst and an accelerated pulse.
2. Anxious impatience.
3. Inconsolable anxiety or fear.
4. Agonizing tossing about or restlessness.

You will find thirst and an accelerated pulse in many remedies. Bryonia has thirst at long intervals, drinking large draughts of water. Arsenic has continual thirst, but only taking a sip of water each time, because larger amounts are apt to cause nausea. Aconite has continual thirst, but does not desire large amounts. There is also fever with accelerated pulse without thirst in Belladonna, but all drinks are loathsome. In Helleborus we have also thirst with disgust for drink. Veratrum has thirst, but only for the coldest drinks. Chamomilla has the anxious impatience, but with it has the whining mood, while the Aconite patient complains loudly. China has inconsolable anxiety and so has Arsenic, but not so much marked by expressions of fear. The restlessness of Aconite is different from any other remedy; Arsenic has equal restlessness, but the patient wants to change beds or locations, while the Aconite patient remains in bed, but cannot remain in one position. The Rhus tox. patient moves his limbs frequently, as it gives temporary relief from pain, but he does not toss his whole body, like Aconite. It would be a waste of time to give Aconite to a quiet, non-complaining person.

Aconite has vertigo on raising the head, with vanishing of sight. Belladonna has vertigo with vanishing of sight, worse on stooping or rising from a stooping posture. Aconite has headache with increased secretion of urine, while Belladonna has headache with scanty urine. In Aconite everything tastes better but water, which is not the case with Belladonna. Both have vomiting with profuse sweat, but they differ in the amount of urine. Aconite is not likely to be of use in the vomiting stage of cholera, as suppression of urine is a leading feature of that disease. In croup we sometimes find the restless tossing about, dry cough, and difficulty of *expiration* of Aconite. The latter symptom is sometimes found in asthenia; lying on the back partially relieves the dry cough of Aconite.

The above-named four characteristics must be present if you expect the best results from the use of Aconite. They run all through its pathogenesis, and are peculiar to it alone. When they are present, all the other prominent features of the case will be found in its provings, and a mistake need not be made.

The dose must be left to the judgment of the physician. I do not doubt that good results can be had from both low and high potencies. One patient may be benefited by the crude tincture, while others may be better treated by the high or even the highest potencies. The question must be decided by the prescriber. The main point to be kept in view is the strict application of the law of similars. If low potencies aggravate the symptoms, or do not promptly benefit the patient, the observing physician will soon be led to try the higher. If high potencies fail he will try the lower, but ought never to depart from the law of similars, as only while we are obedient to law can we enjoy the largest liberty.

OBITUARY.

On Saturday, June 27th, died Dr. Henry N. Guernsey, of Philadelphia.

Dr. Guernsey has been a well-known and consistent homœopathist for upward of half a century. An enthusiastic believer in the doctrines of Hahnemann, he lectured for many years in the Homœopathic Medical College of Pennsylvania as Professor of Obstetrics. He relinquished the chair in 1869 when that College "merged" into the Hahnemann Medical College of Philadelphia.

The Class of '69 will remember with affection and gratitude his earnest efforts to instruct them in all the mechanism of obstetrics, and at the same time to infuse into their minds a clear understanding of the more enlightened treatment of Homœopathy and a firm reliance upon its principles in meeting the many trying emergencies that arise in such cases.

Twenty years ago he was a frequent contributor to the different homœopathic journals. He is best known, however, for his "key-note system" of selecting the similar remedy and for his great work on obstetrics, the best book on the subject that has ever been issued in the homœopathic school of medicine. In that book he has considerably elaborated his key-note system.

He was filled with a strong missionary spirit in advancing the cause of Homœopathy, and sought by association and the influence of his own example to convert to the pure practice many who are homœopathists only in name.

By most of his patients he will be remembered in deep reverence and affection. A MEMBER OF THE CLASS OF '69.

COMPARISON OF THE DIARRHŒIC STOOLS AND
ACCOMPANIMENTS, OF BRYONIA, NATRUM
SULPHURICUM, AND OXALIC ACID.

GEORGE H. CLARK, M. D., GERMANTOWN.

Bryonia stools are brown, thin, fecal, while Nat. sul. has *thin, yellow, fluid, and yellowish-green*; Ox. ac. stools are brown, fecal, and muddy; also constant involuntary stools; while Bry. has frequent stools and involuntary, but the involuntary are during sleep; Nat. sul. stools are only occasionally involuntary while passing flatus or urine or during sleep; the stools of the latter are not frequent, those of Bry. are. Bry. stools are acrid, causing soreness of the anus; are thin, bloody; *copious, pasty, and dark green*; like dirty water, with a whitish, granulated sediment of undigested food. They are putrid, smelling like rotten cheese, and alternate with constipation. Nat. sul. stools are painless, watery, with much flatus. Under Ox. ac. there is a continuous discharge of white mucus.

Bry. diarrhœa is aggravated *in the morning, about 2 or 3 A.M.; on first rising and moving about; from moving even hand or foot.* Nat. sul. agg. *in morning, after rising and moving about.* Ox. ac. agg. in morning, after breakfast, and from motion (pains). Bry. is also at night; worse in hot weather; *whenever the weather gets warmer.* Nat. sul. is worse in cold evening air; after a spell of damp weather; and from living in damp houses; also after farinaceous food. Bry. is worse after taking cold; after cold drinks; from milk; from eating stewed fruit or vegetables; after eating sauerkraut; from anger and chagrin; and from sitting up. Under Ox. ac. the agg. is as soon as one drinks coffee; as soon as he lies down the diarrhœa returns.

With Bry. the amel. is *by keeping still, by doubling up, or by lying on the abdomen.* Nat. sul. symptoms are generally ameliorated after breakfast and in the open air; while Ox. ac. is better from rest (pains).

Before the stool: Bry. has colic; cutting pains; nausea. Nat. sul. has contractive pain in abdomen, extending into the chest; pains in the groins and hypogastrium. Violent colic and rumbling. Ox. ac. has headache. Twisting colic around umbilicus.

During stool: Bry. has burning at anus; prolapsus ani; vomiting; thirst; drowsiness; chilliness; offensive flatus. Nat.

sul. has burning at anus and slight tenesmus; *profuse emission of flatus*; voluptuous feeling. Ox. ac. has colic about umbilicus; colicky pains seem to radiate from a small spot. Violent urging; griping pains in anus, so severe as to cause headache and heat in head.

After stool: Bry., heat and drowsiness; Nat. sul., burning at anus; relief of colic; cheerfulness. Ox. ac., nausea; tension in the calves; dryness in throat; relief of pain in small of back.

Then of much importance are the accompanying general symptoms. Without these one cannot be sure of the proper remedy, and no picture of the case is complete without them. Bry. has a desire for things which do not exist, or which are refused when offered. Peevishness; ill-humor; delirium. *Desire to get out of bed and go home. Talking of the business of the day. Head hot, with frequent raising of hands to the head. Boring of head back into pillow, or rolling from side to side. Eyes glassy and staring; sleeps with eyes half-open. Sensitiveness to noise and light. Dry, swollen, and cracked lips. Mouth so dry that child will not nurse until it is moistened. Tongue dry and red or brown, or white, or yellow. THIRST FOR LARGE QUANTITIES AT LONG INTERVALS. Bitter taste in mouth and of food. Nausea and fainting on sitting up.* Desire for cold drinks (yet cold drinks agg.), wine, and coffee, and sour drinks. Vomiting of bitter substances, of yellow, green mucus. Pain in bowels after eating or drinking. Urine dark-red and clear. Desire to lie down and remain quiet.

Nat. sul.: *Thirst in the evening*; sour risings with heartburn. Bitter taste. Copious formation of gas, causing distention of abdomen and flatulent colic. *Incarceration of flatulence*, especially in ascending colon and sigmoid flexure. Colic is particularly worse before breakfast, when the stomach is empty; relieved by kneading the abdomen and by borborygmus. Bruised pain in the intestines, *stitches in region of liver, and sensitiveness when walking in open air.* Liver is *swollen and sore to touch or to any jar of body.* Constant uneasiness in bowels and urging to stool. *Passing of large quantities of flatus, mostly fetid.* Constant desire to take deep, long breath. This remedy is frequently indicated in chronic diarrhœa, where the loose morning stool is the leading symptom. It is particularly indicated where there is inflammation and suppuration around the roots of the nails (panaritium) or a tendency thereto. Ox. ac.: *Thinking of the symptoms* aggravates them. Exhilaration. Stomach very sensitive to pressure. Frequent pains and soreness about the umbilicus. Copious urine.

POLYGONUM HYDROPIPER*

(SMART WEED).

MIND AND DISPOSITION.—*Great depression, followed by excessive irritability.* Gloomy views of life and dislike of change and excessive dread of death.

HEAD.—Dizziness. Pressure in back of head, on lying down. Pain upon sudden rising in back of head, with pain over eyes. These symptoms are much increased in damp weather, disappearing in moderately warm temperature. Acute pain in left side of face, extending to the temple, sometimes darting through whole left side of head. Under pressure of great weariness or excitement, a dull, depressed pain through the whole head, causing a sensation of torpor and a strong desire to sleep, with inability to. A sensation of sudden rising of scalp, with extreme irritation and increased dry exfoliation.

EYES.—Burning sensation in eyeballs and dry sensation in lids. Convulsive twitching of lids, when closed and when lying down, dizziness and wavering sight. Inflammation of edges of lids.

EARS.—Dullness of hearing. Ringing sounds in ears. Sudden sounds on tympanum, producing momentary cessation of hearing. Acute pain in ear, when bending head down; relieved by bending head backward. Moist atmosphere aggravating all these symptoms. Secretion of ears increased.

NOSE.—Inflammation of mucous membrane of nose. Tickling sensation in nostrils. Reddened or inflamed appearance of nostrils.

CORYZA.—Inflammation of mucous membrane of eyes. Colorless liquid from eyes and nostrils, with a swollen sensation in both. Feeling of congestion through eyes and nose. Coldness in exterior of nose.

FACE.—Excruciating pain and heat in left side of face, much increased by cold or damp. Coldness in right side of face, when pain is most severe on left. After severe pain, sometimes drawing in left side of face, from chin to temple; this is accompanied by paleness, with a drawn, tired look.

TEETH.—A soreness on pressure, with a sensation of enlargement. Increase temperature in mouth, leaving this sensation.

GUMS.—Tenderness of gums. Cold or cooling temperature in mouth, producing an acute toothache.

*Arranged by Dr. Edward Bayard.

MOUTH.—Bitter taste in mouth. Heat in roof of mouth, with excitation of salivary glands. An increased flow of heated saliva, affording no relief to the parched condition. Throat dry and hot with sensation of excoriation. Glands feel swollen, cold or moist air increasing it.

APPETITE AND TASTE.—Bitter taste. Loss of appetite. Food is tasteless or nearly so. Repulsion to swallowing. A contracted feeling in throat after swallowing followed by thirst. No relief after drinking.

STOMACH.—Feeling of weight in. *Pressure of clothes causing distress.* Slight acidity. Pain upon pressure, followed by throbbing and distress. General uneasiness in stomach and abdomen. Abdomen, pain in.

STOOL.—Dark discharges followed by burning sensation in rectum. All these symptoms increased on lying down. Occasionally burning heat in both stomach and bowels. Cold temperature increasing both evacuations and violence of pain.

URINE.—When the kidneys are affected by a cold causing a great disturbance of the secretions, such as inflammation, urine high colored, dark red, and in diseases of the kidneys themselves, its action is specific. Causes an arrest of albumen, a deposition of mucus in the bladder, and of the phosphates. With disease of the kidneys, pain in the back and at the lower extremity, at times acute, and again a drawing pain, lateral in its action—AS IF THE HIPS WERE BEING DRAWN TOGETHER.

LOINS.—Tearing and drawing sensation in, and on exposure to cold, followed by lameness and soreness of loins.

MALE GENITAL ORGANS.—Irritation of genital organs. Loss of power and of semen, sometimes followed by inflammation of glans penis. An extremely convulsive action in their functional uses.

FEMALE GENITAL ORGANS.—Congestive weakness and loss of power. Intense dislike for coition, followed by a perturbation and irritation if approached. Inaction of the flow of the secretions.

MENSES.—Congestion of ovaries. Tearing sensation in groin, especially right. Tardy menstruation from inaction and too copious, amounting almost to hemorrhage. Pressure and soreness in head. Grinding pain through abdomen. In case of too tardy menstruation, the secretions become fetid, discharging offensive matter. Acid leucorrhœa, excoriating the passages. It also produces a violent virulent action of the ovaries, followed by nausea, vertigo, and complete prostration. In connection with these conditions the respiratory organs are much affected. Misconception.

CHEST.—The movement of the abdomen in breathing becomes painful. Lungs enfeebled and breathing labored. Increased action of heart, with loss of rhythm. *Shooting pains through mammae with great soreness of same.* Hardness, distention, and great tenderness of mammae.

LARYNX.—Stifling sensation in, and an irritability of the whole system; with this disturbance a weakness of the functions of the genital organs. Crowding and pressure about larynx, with irritation of the bronchi. Hacking cough, more strongly manifest by a change of temperature. Sometimes a roughness as of adhesion of mucus to larynx, producing a spasmodic hacking and hoarseness.

EXTREMITIES.—Sensation of weakness in both upper and lower. Distention of blood-vessels in both hands and feet. Swelling of both legs and feet. Pain in arms, and inability or sense of weakness in lifting the slightest weight.

BOOK NOTICES.

THE ABDOMINAL BRAIN. By Leila G. Bedell, M. D., Chicago. Gross & Delbridge, 1885.

This pamphlet of forty-five pages, as its title denotes, is devoted to an effort to elevate the importance of that portion of the nervous system distributed through the abdomen.

The authoress divides the nervous system of man into two grand divisions—the cerebro-spinal and the sympathetic systems: the former the system of animal life—"the outward, moving, thinking, seeing, feeling, hearing man"—dominated by the will and reason; the latter the system of organic life—performing the "functions of blood-making, blood-purifying, and blood-distributing"—dominated by the emotions.

The cerebro-spinal or animal system is concentrated in the brain, the reservoir of thought; the sympathetic or organic system is concentrated in the solar plexus, which is held to be the reservoir of the emotions. Hence the whole phenomena of emotion, love, hate, hope, fear, etc., arise only in the sympathetic system, and therefore within the abdomen. This is rather a startling theory, it must be said. The writer seeks to justify it, however, by quoting certain ancient popular beliefs, as that love exists in the heart, depression of mind and anger in the liver, spite and revenge in the spleen, compassion in the bowels.

Brain is that mass of nerve tissue, both gray and white, contained within the cranial cavity. It consists of the cerebrum, cerebellum, pons varolii, and medulla oblongata, with its prolongation, the spinal cord.

The solar plexus is the collection of ganglia or network of nerve filaments in the abdomen. The high importance of these plexuses in relation to life is an undisputed fact, but to call them the "Abdominal Brain" is an extravagant and fanciful expression, and to our mind absurd.

It is not possible to give a definition of mind, but mind originates in the brain proper. All the rest of the nerve system is subservient. Mind is the result of cerebral activity, largely influenced by the sympathetic system.

On page 6, these two systems are claimed to be "distinctly independent" and, therefore the whole man *dual* in his nature (p. 2). It is useless to call anything in the animal organism *dual*. The organism of necessity cannot be dual because all the functions are intimately associated with each other and are reciprocal. There cannot be any superiority of one set of functions over another in the organism, though one set may be more highly specialized than another. The cerebro-spinal and sympathetic systems are intimately related to each other, as the author says, but to set up two separate and independent systems, as the word *dualism* implies, is a certain error. The idea is objectionable because the two are inter-dependent. For example, the pneumogastric nerve is a cerebral nerve. It is intimately associated with the sympathetic, and at the same time has direct relation with life centres at the base of the brain. Therefore we hold it to be a cardinal error to say that the sympathetic alone controls the organic functions. The pneumogastric nerve has been anatomically demonstrated to inosculate with the sympathetic in the region of the solar plexus, hence, we repeat, it is an error to say that the sympathetic alone controls the functions of organic life.

The authoress hopes to be able to show which is the greater, the sympathetic or the cerebro-spinal system. This attempt will not be successful because there cannot be any question of supremacy between these two over the functions of the organism.

Again, the authoress says that all emotion has its origin in the sympathetic. Emotion is the result of external impressions which are received primarily in the cerebrum. Without doubt we appreciate them largely through the sympathetic system by transmission and reaction. Hence, to say that the sympathetic system is the seat and origin of emotions is to commit a fundamental error. Take, for example, the emotion of fear. A person sees a rattlesnake. The primary impression is made upon the cerebrum through the optic nerve, and the resulting emotion of fear is thrilled to every part of the body through both the sympathetic and the cerebro-spinal nerve fibres.

There is a meagre review of the comparative anatomy of the subject. On page 22 the writer endeavors to show the "antecedence" of the sympathetic system in race development. Among several forms noted she refers (p. 30) to *Amphioxus lanceolatus*. If we consult Huxley's *Anatomy of Vertebrated Animals*, page 71, it will be found that "the sympathetic nervous system has not as yet been observed in the *Amphioxus*."

At page 32 the writer says: "Point me out a single cranial or spinal nerve having sensory or centripetal fibres which has not upon its root at its very origin a ganglion of the sympathetic system." In answer to this we can state that three nerves of not only sensation but *special* sensation, the optic, olfactory, and auditory—sight, smell, and hearing—have no ganglia of the sympathetic in immediate connection with them. (*Vide* Huxley.)

In conclusion we may say that this pamphlet will serve a useful purpose in leading to thought upon the subject of the sympathetic system which may result in more extended investigations and throw more light upon the subject.

W. M. J.

HOMŒOPATHY AND ITS RELATION TO THE GERM THEORY.

By Robert N. Tooker, M. D. Being the President's Address delivered before the Illinois Homœopathic Medical Association, at Peoria, Ill., May 29th, 1885. Gross & Delbridge, Chicago, 1885.

The most lucid exposition of this subject, *Homœopathy and its Relation to the Germ Theory*, is to be found in this most excellent address. Hahnemann was the first healer who opened the way for a "certainty in medicine." He succeeded in demonstrating practically the application of the law of the

similar for the cure of the sick. The Allopathic School of Medicine has offered various and ever-changing theories as to the nature and causes of diseases. Each new theory found its adherents and defenders because the previous theories proved themselves to be erroneous when applied practically. The latest theory is the Germ Theory. And how does it advance the therapeutics of the old school? It has already failed when practically applied. The cholera rages in Spain and is breaking out in France. People were inoculated with Koch's cholera microbes. They were attacked by the cholera like inoculated persons and died as they did. It is strange indeed that the superior successes of the homœopathic treatment of the cholera have hardly been noticed and that this remarkably successful treatment should be ignored and a new theory be adopted which does not help in the cure of the afflicted.

As homœopaths, we cannot yet expect to draw any deductions leading to practical results from the researches of scientific men who, like Pasteur, Tyndall, and others, have tried to find the causes of human suffering. We have cured the cholera before, we will cure it again, with the similar remedy properly administered.

The isopathists have thought differently, and carried away, especially by Pasteur's experiments, have come to the illogical conclusion that the products of a disease, IF HIGHLY POTENTIZED, will cure the disease itself. Homœopathy applies the medicine which possesses similar sick-making powers to the diseased condition which manifests itself through various objective and subjective symptoms. The cholera microbes were inoculated and failed to preserve the individual from taking the disease, and if under whatever plausible or necessarily false logic the isopathists administer highly potentized microbes such therapeutics would be unsuccessful because unhomœopathic, just as the inoculation was unsuccessful because it is unhomœopathic. As homœopaths, we know that if we are true to our principles success must follow, therefore it would be absurd to set aside these our principles and methods and be led astray by novel theories not in harmony with the teachings of our school.

A. LIPPE.

A TREATISE ON THE DECLINE OF MANHOOD. By A. E. Small, A. M., M. D. Duncan Bros. Chicago, 1885.

This is the third edition of this well-known little work. The subjects of which it treats are among the most important causes of disease that the physician has to encounter. Yet they are but little considered, because so deeply hidden. Dr. Small's book serves to arouse attention to these causes and therefore should be in the library of every man practicing medicine.

W. M. J.

ARNDT'S SYSTEM OF MEDICINE.

The second volume of this elaborate work has just been issued from the Hahnemann Publishing House of F. E. Bœricke. A review of it has already appeared in the pages of *THE HOMŒOPATHIC PHYSICIAN*.

PAMPHLETS RECEIVED.

VOICE IN SINGERS. By Carl H. Von Kleim, A. M., M. D. Hann & Adair. Columbus, Ohio, 1885.

DRUGS AND MEDICINES OF NORTH AMERICA. By J. U. & C. G. Lloyd. Cincinnati, Ohio. Vol. I, No. 6.

THE
HOMŒOPATHIC PHYSICIAN,
A MONTHLY JOURNAL OF MEDICAL SCIENCE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. V.

OCTOBER, 1885.

No. 10.

CLINICAL DUTIES.—WHAT THEY ARE, AND
HOW THEY ARE TO BE PERFORMED.

P. P. WELLS, M. D., BROOKLYN, N. Y.

[Read before I. H. A., June, 1885.]

They are those of the doctor beside the sick-bed, when he is about to attempt a cure. These duties all have their objective in what is expressed by this one word. What, from this standpoint, then, is the first duty of the healer? The answer will be determined by the views he takes of the nature of that with which he is about to attempt to deal. Among healers there are two classes who hold very different opinions as to this nature. One looks on sicknesses as material entities, *things*, each with its particular form, nature, and name—a something distinct from the patient it has invaded, and which is to be expelled by material agencies more or less violent in their action, and this is to be proportioned to the severity of the attack—the more severe this, the more potent is to be the violence required for its expulsion. Sicknesses are named and called *diseases*, the nomenclature being determined by certain generic phenomena found in each member of the class, and this naming is called the *diagnosis* of the case, which is the *first* effort of the materialist prescriber. Having, from these phenomena, found his name, he uses them for his next step, making them suggestives of a supposed nature of the attack and of the internal condition of part or parts which this

invader has caused, and this he calls the *pathology* of his case, which, having settled to his satisfaction, he is prepared to enter on his next duty—that of finding the means of cure. And here is the circle in which the materialist prescriber always and in all cases moves. The circle is complete when he has decided on the means to be employed. And this decision is controlled by the views the prescriber entertains of the imaginary internal condition of his patient's internal organs—his so-called pathology. He *imagines*, again, that it is in the nature of some material agent or *agents* (for he does not often use his gun single shotted), when brought into contact with these organs, so sick, to bring them relief. And here is the whole circle of the theory and practice of materialistic medicine. The first duty, the *diagnosis*; the second, the *pathology*; the third, to *find* the *curative*. Is not the circle a perfect one, and each step in the practice reasonable? Let us see.

The first step—diseases as things, entities. Are they so, indeed, or has this been assumed? As this has never been and never can be demonstrated, it must be regarded as assumed. And on what foundation does the assumption rest? Evidently on no other than that of the imagination of the materialist himself. Certainly this is no sufficient foundation for a *beginning* of the practical duties of "*scientific medicine*."

"No other foundation than an imaginary one, after all these centuries of examinations of the bodies of the dead? Have they learned nothing from all these of the essential nature of disease?" Apparently nothing; for the simple reason that this nature could not then, there, and so be learned. "But did not Louis so discover the essential nature of typhoid fever? and was not this disclosed in the changed condition of Peyer's patches and Brunner's glands?" Not more than one could decide by the silt at the delta the length, breadth, depth, and velocity of the stream which deposited it. These anatomico-pathological changes are only the *result* of forces and processes which have produced them, which forces and processes material medicine ignores in its first step of practical duty, and so it has guessed and guessed wrong, and has been industriously trying to back up its false judgments by autopsies which are really voiceless as to all pertaining to this essential nature. They are *results* of sick processes, these changes so discovered, and not the essential diseases, more than is the expectorated matter in lung affections essentially the pneumonia of which it is the product.

And then the second duty of the materialist prescriber—to settle the *pathology* of his case. Has he a better foundation for

his conclusions in this than in those of his first step? An intelligent examination of the matter seems to show the two have a common basis. This is in the nature of the case. No man has seen or can see that this internal condition is as his pathology assumes it to be. Only the Creator of the body can see its internal condition during life. The prescriber who proceeds on this as the basis of his clinical duties goes on an assumption of facts which have never been demonstrated and never can be, and oftener than otherwise have no existence except in his own imagination; so that if he finds his "pathology often misleading," as a hearty admirer and advocate of modern pathology has declared that it is, it is only what should have been expected, because in the nature of the thing it could not be otherwise. Even doctors cannot reasonably be expected *always* to guess right. And judging from the practical results of this kind of proceeding, we are sure we do those who thus practice no injustice if we say these often prove them to have guessed very wrong. And yet these men parade these *guesses* as an essential part of "*scientific medicine*"! Does the word "*scientific*" characterize only that which *is known*? But this perversion of its use attaches it to that which is *not known* but only *guessed at*! Is it any wonder, then, if this guessing, this so-called pathology, is "often misleading"?*

But how as to the solution of the means or agent for the cure? Is there not something better than guessing to guide the materialist in this choice? Let us see. Having his diagnosis and pathology guessed out, he brings before his mind a long list of classified drugs, which stand each as it may chance to have been classed, either as an emetic, cathartic, narcotic, anti-spasmodic, etc., etc., to the end of this arbitrary classification. He *guesses* his patient requires the assumed action of some one of these classes, say the emetics, and to him who recognizes only this one effect of all the members of the class it is not very important whether he takes one or another, if only his patient gets a good, satisfactory vomiting. A knowledge of the specific action of the different members of the class on the various other organs of the body and their functions makes no part of his education, nor has this any place in his practical thoughts. He employs the drug for its power to effect vomiting. Beyond this he neither intends nor wishes any result whatever. But will the drug heed his intentions and limit its action to this one organ and to this one of its functions? Will it not rather act

*W. S. Searle in "Single Remedy," HOMŒOPATHIC PHYSICIAN, Vol. II, p. 313.

just like itself and all other drugs in all other cases? *i. e.*, will it not go on expending its force on other organs and functions, just as it is its nature to do, wholly regardless of the honest intentions of this well-meaning and guessing prescriber? So we find it here as in his two first steps, only and ever guessing, and always guessing *in the dark*. From beginning to end of his clinical duties he has no guide but his own imagination or that of another, and of this it cannot be denied he makes free and constant use, and this, forsooth, because he has no other resort or resource.

Does failure of success, when so guided, at all weaken his confidence in this his ultimate authority? Let the history of the treatment of the last epidemic of malignant cholera in the city of Naples, in 1884, answer, when it sums up the result in the statement that of every one hundred so then and there treated fifty-three died. Does not the result convict of a practice *in the dark*? And yet this practice, so wholly made up from beginning to end of unmixed *guessing*, is paraded before the world as the embodiment of "*scientific medicine*"! the practical outcome of which, in the late experience of it at Naples, was fifty-three deaths in every hundred treated.*

But we have said there are two classes of opinions as to the nature of that which the prescriber is called upon to cure. We have given one of these, the material, and have seen its make up and the outcome of its practical application. Assuming what cannot be demonstrated as fact, at each step, from diagnosis to death, is it any marvel if fifty-three of the one hundred treated died? And is there any denunciation too severe of the bold impertinence and blind ignorance which parades this guessing and failure before the world not only as the "*scientific*," but as the *only* "*scientific*" in practical medicine? Can human impudence and arrogance go farther?

There is another view of this nature, which is founded on the perceptible phenomena of the sickness in hand, and therefore on elements which are knowable and presumably known. Those who entertain this view are neither called on to assume nor guess as to any element of the case with which they have to deal. This view limits their attention strictly and altogether, and in all cases, to facts which are or may be *known*. In this their philosophy and practice are in sharpest contrast with that of

* In the same city, in the epidemic of 1854, only one-seventh of one per cent. of those treated specifically (*i. e.*, homœopathically) died!! Number of cases so then and there treated, seven hundred and three.

those who by their different views are so wholly consigned to a practical life of guessing. This other philosophy of sickness goes back to the foundation of its first principles, and there finds the sickness not a thing but only a change in the action of those forces which execute the different functions of the different bodily organs, so that, while before this change, these functions were all performed in that harmonious balance and agreement which conserves the organism in whole and in part, now, by the change induced by the impact of the morbid cause, this harmony is lost, and thereby this action has become distinctive. It maintains, this other philosophy, that this is just what sickness is—a *change in the action of immaterial forces*, and not a material thing at all. That it is just this and nothing more. And that, as to its clinical duties, the first step in those of the opposite view—the diagnosis—the name—has no place in the solution of the problem of finding the specific curative. Not that right diagnosis is either unimportant or to be ignored. It is always to be made and made rightly, but never to be otherwise used than in its true province; and this other philosophy places this wholly aside from the problem of finding the true specific. Because not admitted into this most important of clinical duties, it is not to be inferred that the specific prescriber holds true diagnosis in light esteem. It excludes it from this part of clinical duties for the one reason that specific medical philosophy never prescribes for *names*, but ever and only for this change in the action of the life forces. So that again it places this immaterial dynamic nature of sicknesses in contrast with the other, which regards these as things.

Then as to the next step—the pathology of the case—the views taken by these two parties are equally diverse and antagonistic—the one imagining a condition of internal organs and processes, and calling this its pathology; the other gathering all the perceptible phenomena of the sickness, and these, taken as a whole, *are the pathology* it recognizes, and it holds that in these is contained all that can or need be known of the pathology of the case; that these constitute its pathology, and besides these there is and can be no other which can add aught of truth to any man's knowledge.

Then as to selection of the curative, and the views of these two parties as to its action, they are, if possible, still more at variance. The object of the materialist is, in most cases, to excite violent action in the functions and sensations of the organism, hoping for a curative influence in the reaction from this violence, to be gained in some not very well defined way. Thus

he seeks relief by indirect means. On the other hand, his opponent seeks the same end, always and only, by the most perfect, direct action of the chosen agent on the affected organ or organs, and on the functions of these, and by this direct action to change these affected organs and functions to their normal healthy state. This, to this second party, is all there is or can be in any cure. And in the use of the specific remedy his object is always to give his medicine in such doses as while the sick organs and functions are affected curatively it leaves all other organs and functions unaffected. This object, as well as avoidance of increase of present sufferings, is generally realized where no more of the specific is employed than is required for the cure.

Then the prerequisite knowledge which shall qualify these two classes to select curing agents, each according to his own philosophy of the phenomena before him, is not less remarkable for the difference in kind and extent than are the differences which we have already noticed as to nature, diagnosis, and object in drug solution and administration. The materialist is content with the knowledge which enables him to place his drug in its proper class. He knows that which he selects will vomit, purge, etc., and he proceeds, on this limited and comparatively unimportant intelligence, to give it to his patient, in doing which he has reference to this one element of its action, being wholly oblivious as to all other effects of his dose, because for the most part he is entirely ignorant of them, and then, if he knew them, his system of prescribing gives him no possible use for them. To him *sicknesses* are *diseases*—things. So he needs *diagnosis*—*i. e.*, a name for his *thing*; and his *pathology*, that he may have some kind of notion of the *kind of thing* he has before him; and then, does this kind, as he imagines, require vomiting, purging, narcotism, sweating, etc., or to what class of his materia medica shall his *guessing* lead him!

The other, the dynamist we will call him for convenience, begins and proceeds with a sickness he is to cure in a very different manner. To come at its *nature*, and to a knowledge of the agent which shall cure it, he first notes the history of the case as it has been developed previous to his visit. Then all the visible departures from a normal state which the patient presents. Then he questions the sick as to all his discomforts and pains in utmost detail; and of each of these as to the circumstances of its appearance, and as to whatever aggravates or relieves these. How are these affected, if at all, by time of day or night, by position or motion of any kind, or by the action of any function of life, as breathing, eating, defecation, etc.? In what order of

succession have these pains, etc., appeared, and what is the character of the pains—are they fixed or moving—if moving, in what direction? Having questioned *all* the functions of the sick body in this manner, and written down the answers, the prescriber has before him all that he or any man can *know* of the *nature* of the sickness he is to cure. He has no need for guessing as to this nature if he have the intelligence requisite to the interpretation of this language of nature, of which he has before him this written example.

If he has this intelligence he has discovered that, as with all sickness not the result of chemical or mechanical causes, his case began by a disturbance of some one or more functions of the bodily organs, and that these functional disturbances *preceded* any change of material tissues which he may now perchance meet in the case before him. From this he may learn the fundamental truth which pertains to all sicknesses, with the exceptions noted above, that these are in the beginning only changed functions, and therefore they are always *dynamic*, and not material, in their intimate nature. They are here and always but a change in the mode of action of the force which controls and executes the bodily functions. This is the first lesson for the specific prescriber to learn. Till he has compassed this, any efforts on his part as a healer must, from the nature of the case, be prosecuted in the fog and obscurity of old school physic. In this dynamic nature are found the first rays of therapeutic light; and in this is the beginning of the radical differences between the material and dynamic schools of medicine, which makes any philosophical coalescence of the two impossible, and any proposed attempt at this only the most absurd of conceivable ideas. It is only to attempt a coalescence of knowledge and ignorance, or of any other impossible incompatibles. And yet this coalescence has been talked of as an event to be expected, "*on a scientific basis.*" This well-sounding expression seems to have so completely filled the ears and brains of some who would be leaders of doctors, that they have no perception of or place for the only therapeutics God has given us, and to which alone pertains aught of "*science.*" It is "*science*" on the one side and guessing on the other—and can these coalesce?

Here then is the first lesson—the true *nature* of disease, and here is the first clinical duty of him who will obey God's law of healing, to gather before him *all* the elements of the sickness he will cure, not that from these he may infer some peculiar internal condition, but to make them a solid and rational foundation for the right performance of his next duty. With the supposed

internal condition, called by the materialist his *pathology*, the dynamist has neither concern nor need. The record before him, as we have supposed it to be, *is* his pathology, and is made up of facts known, and he has no need to supplement these with guessings, his own or another's, and he is only doing a foolish work who attempts this.

Then, as in these two first duties, gaining a knowledge of the essential nature of sicknesses and their pathology, if there are indeed two, the material and dynamic schools start with so different views and pursue their inquiries with so different objectives, that they are no less diverse in the third duty—finding the curative. For this the materialist only needs his catalogue of classified drugs, and his guess that the case, as he has come to understand it, requires some member of some one of these classes, and he selects that one, or those, which he guesses are the proper ones, and he gives them with hope, though in all his guessing, so far, he has had the guidance and aid of no one known, fixed principle, nor of any other thing or consideration than his own whim or imagination.

The dynamist, on the other hand, before he can take the first step in this duty, requires knowledge of the actions of each and every drug, from the total of which he is to select the *one* his case requires, and this as to how each acts on each and every organ and function of the living body. And this knowledge he is to have in a form and gained by a process which has left no place for doubt or guessing. This knowledge has come from experiments and observations, which, for the most part, have been the work of capable men who were fully impressed with a sense of the importance and value of the results of their labors. He is to select the *one* drug, not because of any supposed importance of any one of its effects on any one organ or function of the body of his patient, but because the selected drug is, in its modifications of healthy functions, the most perfect imitator of the sick aberrations before him. Having found this and given it, he has found and given the curative which his case requires, and of this he has the assurance of the law which declares the relationship of sicknesses and curatives. The knowledge of this law is another of the differences of the two schools, one of which recognizes and accepts this as guide and controller of clinical selection of curatives, while the other neither has this nor any other guide than his own fancy in the selections he may make.

There is another radical difference between material and dynamic medicine in the answer to the question—*how much?* It is one of fundamental principle. The materialist answers this

question by another—*How much will he bear?*—the idea being that the patient is to have all of the drug he can receive inside of the line, which, if passed, will imperil his life; while, of course, the intention is always to avoid the danger involved in excessive dosing, it not unfrequently happens that life is not only endangered, but lost, from the ignorance of the prescriber of the other actions of the drug than that which has given to it its place in the class from which it has been selected. He is not only ignorant of these other effects of his selected drug, but also and absolutely of the specific relationship between drugs and sick conditions, which exists in the very nature of these two chief factors in the clinical problem, the relationship of similarity, by which an unknown element in the action of the drug agent may unwittingly be brought in contact with a sick condition like to itself, and this may be followed by an aggravation of this element of the sick condition wholly incompatible with continued life. The death which follows in these circumstances is always a mystery to the unfortunate and ignorant doctor and a surprise to friends, who will require, and no doubt receive, a very learned and “scientific” explanation of a fact of which he who explains knows just absolutely nothing at all. The whole matter is to his mind a total darkness, and yet he explains.

The dynamist, on the other hand, meets the question—How much?—ever and in all cases with the reply, “the *least* quantity of medicine to accomplish the desired result.”* He knows nothing of good can come to his patient by any addition of drug force to the sum the cure requires. And then, if he be prepared rightly to perform the duties he has undertaken, he is secured from such unpleasant surprises as we have seen his materialist neighbor is liable to by his more perfect knowledge of the multitudinous effects of the action of drugs on the many bodily organs and functions. Then he is still further protected from these by a knowledge of the fact of the almost infinitely greater susceptibility of sick organs and functions to drug actions which are similar to the sick phenomena of his case. “The least possible” is the safety both of the doctor and his patient.

But how is the practitioner who has yet to gain an experience which will enable him to answer just how much this “least possible” is in a given case? Let him be instructed by those whose clinical record has shown the greatest proportion of cures to the cases treated, and whose knowledge of and loyalty to

* Dowling's reply to Professor Palmer.

law have rightfully made them our teachers. It is not, perhaps, too much to expect of such an one that he has been so far educated into the true philosophy of disease as to know that this, in all its phases, is dynamic in its nature. If such an one should say yes—but when this dynamic aberration has by its progress produced results such as large collections of pus or solid tumors, which, by pressure on parts or organs necessary to life, to an extent that this is thereby endangered—how then about the dynamic nature of the problem of cure? The answer is hardly needed, that in so far as this pressure has become a dominant factor in the case, it has thereby been transferred to the category of mechanical cases, which may, and often do, require mechanical means for their relief.

The nature of the sickness to be cured being accepted as dynamic, *i. e.*, existing in the aberrations of the actions of forces which control and execute functions, then the duty of gathering a knowledge of *all* these aberrations before proceeding to consider the choice of a remedy is self-evident, if this choice is to be made under the guidance of the only known law of relationship between curatives and sicknesses, and the only "*science*" of therapeutics founded on this law. This relationship, existing only in the *similarity* of the sick phenomena to these aberrations of functions produced by the action of the drug, it is easily understood that until *all* these phenomena are known, it cannot be known whether the action of any drug is more like these than that of any other, which is just what is to be known *positively* before its selection can be in compliance with the demands of specific prescribing. And just here is where the great difficulty in specific prescribing is met. It is in getting a knowledge of *all* the sick phenomena of the case. This duty is made difficult by the limited intelligence of both the physician and the patient. This difficulty is best known and appreciated by him who has been most loyally faithful in his endeavors to overcome it. However great this may be, it is to be met and overcome, or there is to be no certainty of results in any attempts at specific prescribing.

These preliminary duties having been performed by members of each school of practice, and the remedy to be given by each selected, then the answer to the question—In what *form* shall it be given?—is found to disclose another and important difference in the methods of each. For the best results, as he understands these, and in his endeavors to secure them, the materialist, having accepted sicknesses as *material* in their nature, proceeds to deal with them by the use of material masses of his chosen agent,

or agents, in crude form. In this he is but acting in logical accord with his initial error, which accepted disease as a material thing. He meets matter with matter, and as to the selection of the matter he is to employ, he guesses as well as he can. If the result be that fifty per cent. of the sick so treated die, who will say that from his erroneous standpoint and premises he has not guessed as well as he could? Is not the fault in these rather than in the unfortunate man who accepts them, and proceeds to discharge clinical duties on this foundation?

Are we wrong when we affirm that this whole process of this materialist prescriber is but a succession of guesses from the beginning to the end? If this be a just judgment, what measure of indignation does he merit who foists this upon the world and claims for it that it alone is the embodiment of "*scientific medicine*"! And is he receiving any injustice if, with whatever the measure of indignation heaped on him, there be with it an equal sum of contempt poured on his baseless claim? It may be, it is admitted, that this claim for this process of guessing—a process which, whatever else may be in it, is as utterly empty of even the faintest shadow of anything like "*science*" as Satan is of holy purpose—shall be deemed beneath contempt. Is it not full time that this empty, false pretense should be exposed, and those of our own school who affect an imitation of it should receive their merited rebuke?

The dynamist who accepts the immaterial nature of disease is also logical if he meets this by use of his discovered remedy in a dynamic form. But there may be differences of judgment as to how far the process of dynamization shall be carried to best fit the dose for a given case. It is well that right ideas of this process of dynamization should be received. It will save much muddle. The discovery of the process had its origin in an endeavor to diminish the force of the dose of the *legal*—*i. e.*, the *similar*—remedy, by reducing the quantity of drug matter in it. The manner of effecting this gave us an expression of what was supposed to have happened in the process, which is altogether misleading as to the fact. Each step in the reduction came to be termed a "*dilution*" or an "*attenuation*," neither of which describes what has happened as to the *curing power* of the medicament treated. It may be sufficiently correct to say of the *drug matter* that it has been "*attenuated*" or "*diluted*," but to say this of the *dynamic element* of the drug, which cures, is absurd and misleading. To *dilute* or *attenuate a force* is not readily conceived of as possible. This force may be *developed* by the process of dynamization, and this is proved by an abundant ex-

perience to be just what has happened in preparing his drugs for the use of the dynamist prescriber. This has been so abundantly proved in the experience of the most successful prescribers the world has known, that no more is needed by ingenious minds than the mention of the fact and the names of those who have thus verified it. It may be known from the experiences of Hahnemann, Hering, Staph, Benninghausen, Gross, and Haynel, and by that of a multitude of others less known to fame, by all who are willing to accept truth because it is truth; but it is bad to know that there are those with whom truth has no convincing power. What, indeed, has truth to do with minds which imagine themselves capable of limiting the operation of God's law by their own silly resolves, especially if they can get enough of them together to resolve strong and keep each other in countenance while they do it?

It will be well for the inexperienced practitioner to study the example and record left us by the worthies whose names we have just given. Let him imitate their example as far as is possible for him and to the utmost, and if he fails of a record which equals theirs, he will by so doing make his nearest approach to theirs. Let him individualize his cases as they did theirs, *i. e.*, let him drop from his thoughts, as they did from theirs, all reference to *names*, as of classes of sickness, and bring out and put on record the symptoms which characterize this individual member of the class before him, for it is these which relate his case to its curative. Having done this, let him give his related remedy in a degree of dynamization in the direct ratio of the degree of resemblance found between these symptoms and those his drug has been found to produce when taken by healthy persons, *i. e.*, the greater the number of similar symptoms, and the more perfect the similarity, the higher should be the number of the dynamization employed. He should also, if emulous of the best practical results, dismiss all thoughts of *drug matter* in his doses, and trust his numbered dynamizations as the veritable *potencies* they are, and not as "*dilutions*" or "*attenuations*," which they are not. And further, in this let him remember he is only carrying out the fundamental law of Homœopathy and its corollaries to their logical termination. Having so selected and so given his remedy, let him keep himself free from all nervous anxiety as to the result. Leave the dose to take care of itself and the patient, and only repeat it as the case may require.

There are those who are regarded by some as dynamists in practice who have abandoned the individualization here de-

scribed and in its place have resorted to the generalization characteristic of materialistic medicine, and in their practical duties are not readily to be distinguished from this by any principles of philosophy or practice. These, having abandoned the method of Hahnemann, should neither be regarded, nor their methods imitated, as those of dynamist healers. They are already, as Hering declared such would be, only caricatures of doctors, and not in any degree healers of men. Their chief function seems to be, after their foolish endeavors to mix practical incompatibles, to manufacture *resolves* for associated bodies which, when passed, have for their chief result *the stultification of both*.

PROVING OF APIOL (OIL OF PARSLEY).

SAMUEL SWAN, M. D., NEW YORK.

Mrs. M. B. P. took *Apiol* ^{50m} in January, 1880; the following symptoms were elicited: [NOTE.—In this and other of my provings, symptoms purely clinical are marked °; pathogenitic symptoms, clinically verified, are marked *.]

°Nothing worries her, is better-natured than usual.

Frequently dizzy.

When reading, the right page laps over on the left; but not *vice versa*.

Appetite excellent.

Inclined to nausea in afternoon; is not sick at stomach, but feels as if she would be.

Inclined to constipation.

Urinate every five minutes, not much at a time; constant inclination; color bright lemon.

Menses slight, no pain, was not aware of their occurrence.

Sudden palpitation of heart when quiet or at night, as if she had been frightened or had run up-stairs, followed by frequent sighing; after it passes off is very hot, face flushed, and head seems swelled; then white mucus from vagina, drying hard.

When walking, pain across hollow of left foot; worse when standing, when it feels like a stitch.

Restless, cannot sleep before one or two A. M., or if she falls asleep before midnight she wakes at that time, and then cannot sleep till daylight.

Can only get to sleep by keeping the hand or foot in motion.

WHAT IS HOMŒOPATHY ?

This question is a very broad one, and hence its answer cannot be limited or contracted. To say that Homœopathy is based upon the law of *similars* is but the bounding of a cone by describing its base and leaving its apex undiscovered and projecting into space; to say the least, the answer is unsatisfactory. When similars are mentioned, the novice immediately wonders what similars are referred to, and how are given similars related to each other. It is simple to affirm that similars nullify each other, and it is easy to demonstrate the fact, but other questions arise of greater importance and much harder to answer—how are these similars recognized, and how are they utilized to cure disease ?

After hearing the statement that similars nullify each other, and having accepted the law expressed by the formula *similia similibus curantur*, what Homœopathy really is, is yet to be learned. The knowledge comes after due conversance with disease and drugs. One must acquire knowledge of disease in all its relations to the human body. One cannot afford to neglect any resource whereby he can gain information relative to disease. Causes, morbid anatomy, duration, and course of every disease in particular must be thoroughly studied. The habits of each and every fixed disease must be observed to acquire a knowledge of its true nature. One must be able to predict from the present what will likely take place in the immediate future. He must also know the sick-making substances and the sicknesses they produce, their course and duration, beginning and termination. From these the homœopathist arranges his similars. These are his *media* through which he develops a knowledge of the art of curing homœopathically. Without a careful and thoughtful study of the two, he can never answer the question which has been selected as the subject for this paper.

If he neglects a part he is ever crippled and in darkness as to the whole or totality. If he neglects to study disease in any of its many sides, he gropes in darkness during his lazy, half-useful life. If he reads morbid anatomy, and attempts to apply remedies by such knowledge, he must live and die with a life filled with numerous failures. The man who reads his symptomatology, as found in drug pathogeneses, may do fine work, but he has neglected the half that he should have learned. The human body, the house of both health and sickness, must be searched until familiarity breeds contempt.

Homœopathy is the science of healing based upon the law of similars as a law of selection. To select under this *law*, one

must be acquainted with parts and counterparts, positives and negatives—*similars*—that his *conclusions* may be made by *exclusion*, that he may demonstrate to himself as well that remedies are not indicated, as that the one similar only can conform to the disease in hand; appropriate, because it of all the known medicines is most like unto the disease to be cured. It is well known that many want to be called homœopathic physicians. Some desire the appellation who in practice have not this information mentioned above. They are not even acquainted with sick pictures. They only recognize disease in parts, not seeing the whole. These men alternate, or practice, by using a part of the picture of one drug and a part of the picture of another drug to cover the two portions of a supposed disease which they see only in a fragmentary state; not being acquainted with disease in totality, they cannot shape a picture in a single drug to fit any but the fragmentary disease. Only a few days ago one of these men said to me: "I have just prescribed Arsenicum and Sulphur on the pathology of the case." Being anxious to learn the pathology that furnishes such an infallible guide to these remedies, I made a pressing inquiry, but that which I learned was so vague I am unable to comprehend it.

The study of true pathology should be encouraged, and is essential to the science of Homœopathy, and no homœopathician has ever discouraged it. Pathology is any discourse upon disease; it is broad and all-embracing. The study of disease as manifested through subjective and objective symptoms, a study of lesions or results of disease as made known by physical inspection, etc., etc., down to morbid anatomy, all should be known by the homœopathician, with a full appreciation of the true value of all. The disease in its course, history, and every known manifestation should be considered that the individuality may appear in one grand picture.

Not until this picture, this totality, this individuality, is clear in mind, is grasped completely, can the physician deal with it intelligently; he will then see, in some pathogenesis, a picture with a similar totality and individuality standing out with the same bold relief. Now if he is acquainted with both, and acquainted with the grand law of selection expressed in *similia similibus curantur*, he will administer the medicine possessing in its pathogenesis this likeness of effect, and wait with the confidence peculiar to the experienced homœopathician. These are the primary and essential tenets of Homœopathy. The rest of the science is made up of degrees that perfect as they advance, and are qualitative in character and quantitative in appearance. Under these

degrees we learn to play upon the strings of a vital harp with a *tactus eruditus*.

The next advancement deals with dynamization. Many are satisfied with the primary tenets of Homœopathy and want no more. They do not wish further instruction. They do not wish to be made conversant with the fact that all non-surgical diseases are dynamic in character (cause), and must be cured, even are cured *only*, by dynamic effects. They lose confidence in the potency of *Aurum* when it becomes too attenuate to guarantee visible gold, and yet they know that visible gold cannot be appropriated by a living stomach. Dynamic power begins to evolve very low in the scale of potentization, and may be evolved from the crude substance of some drugs. Experience, not philosophy, can satisfy the hungry mind as to the truth of this grandest achievement of the immortal Hahnemann.

When fully convinced that the dynamic power cures, another advancement awaits the student. He is then presented to the mysteries of dealing with the automatic forces of the living body when influenced by disease. He observes the effect of a dose of potentized medicine selected by the law of similars. It is indeed a small part of his observation to see the patient recover with no medicine but that contained in the dynamized drug. For greater things remain to be seen and studied. The aggravations and ameliorations found in peculiar diseased states are not so simple. The distress that may arise from a single dose of Sulphur in the last stage of phthisis is most astonishing; and the beginner cannot convince himself that the potentized drug was the cause of it. When I say to my class, You must not give Sulph. to the patient in the last stage of consumption, they all look at me in surprise. It is often observed that Phosphorus does great harm to low forms of organic disease. I have several times known a chronic invalid to go on with little suffering for a long time, and, with a hope to stay the progress of her disease, administered a single dose of a very high potency of an antipsoric medicine, only to distress her, put her in bed, and from which time her downward course was rapid, while I am convinced that had I avoided antipsorics she would have lived and suffered much longer. If a carefully selected antipsoric aggravates a low form of disease sharply, and the aggravation is protracted and no amelioration of the general condition follow, no more antipsorics should be thought of for that patient; the hope of cure must be abandoned, and short-acting medicines resorted to to palliate. In gout, cancer, phthisis, and organic diseases of this kind generally, the rule holds good. Any physician who has followed

the use of high potencies for a considerable time must feel it. Then who can say there is no power developed? Only he who has not found this method of treating the sick. The physician that sees not these aggravations only demonstrates that he has made few or no homœopathic prescriptions. The closer the homœopathic relation between the remedy and disease, providing the disease is of low origin and well advanced, providing the disease is incurable, the sharper and more distressing will be the aggravation.

Once a fleshy, robust-looking lady, came into my office for professional aid; she looked so well that I suspected only a slight illness. Finally, a close study of her symptoms revealed the history of rheumatism, endocarditis, suffocation, amenorrhœa of eight months' duration, and great bodily suffering. Indeed, I was surprised that she manifested so little of her suffering. I compared her symptoms closely, and found that no remedy but *Pulsatilla* could correspond to her symptoms. This remedy was administered (51 M, Fincke), dry, one small dose, and *Sac. Lac.* She went home and felt very badly. Pelvic symptoms became marked, and she sent for me. She believed her flow would resume, and I hoped from her report that I had made a homœopathic prescription. But she struggled on and no flow appeared; her pelvic symptoms were such as should accompany her menstrual *nisus*, but greatly intensified. I dare not repeat; success depended upon permitting the remedy to have its own way. She was made as comfortable as possible, and I waited on the remedy during this struggle for one or two weeks. The endocarditis then began to show itself with all its terrors, dark blood began to well up from the lungs, which grew worse from day to day, pulmonary œdema became marked, and blood-spitting increased from day to day. I felt that I must interfere and make an effort to save her life. The only result of the remedies selected was simply palliative. She passed away quietly.

I have treated several cases of gouty rheumatism in which I could plainly see that every dose of medicine advanced the original malady. Many times I have been forced to feel that the dose of a dynamized drug added new force to the old disease, and it progressed even more rapidly. I never saw such striking results from low attenuations. Not long ago I was called to the bedside of a patient in the last stage of phthisis. She had a diarrhœa, and passed large quantities of colorless urine; other symptoms accorded, and she took a dose of Acetic acid, which controlled the diarrhœa and polyurea, but immediately her chest symptoms came on with greater force than I was able to control,

and she sank rapidly. I am sure she would have lived much longer had I permitted the less harmful conditions to go on. These things look strangely to the inexperienced physician, but they are facts; and, above all, show the great power of our potentized remedies. The truly appropriate remedy commonly develops the evidence of extreme sensitiveness in all kinds of sickness, and the extreme danger of repeating remedies is here illustrated.

If there is anything I dread it is an incurable disease. My experience in this line has been greater than I could ask. While these things have shown the danger of repeating medicines, they have also taught me another thing; viz.: I am generally able to predict the gravity of the disease by the manner of reaction that follows my remedy. In acute diseases I have not seen troublesome aggravations, but a pleasant increase of the existing symptoms or even new symptoms appearing is presumptive evidence of a good selection. In the western country our diseases are so mixed with that unknown quantity, or something that we call *malaria*, it is necessary to repeat medicines oftener in acute disease than in most countries. Malarial diseases and states are so cumulative in character that the effect of a single dose is soon exhausted and another becomes necessary. Therefore I find myself repeating frequently in many very acute cases. I begin by repeating once in two hours in a fever that is continued, but as soon as I see signs of a remission I stop all medicine and wait on Sac. Lac. When a fever is going up I repeat, and the instant it has ceased rising, I cease medicine. In agues I generally administer one or two doses in the apyrexia and wait results. I seldom administer medicine until the paroxysm has been completed. When the first dose is followed by a perceptible aggravation, a second dose should never be administered until the amelioration, which follows the aggravation, has ceased. When a medicine aggravates it will generally influence the patient much longer than when no such aggravation has been observed. An amelioration that begins forthwith also demands that all medicine be stopped, but such amelioration is seldom so striking as when the amelioration has been preceded by a slight aggravation. *Immediate amelioration* often indicates the *absence* of a deep-seated disease. Especially is this the case with the use of long-acting medicines. These go so deeply into the life that they shake the very foundation of the automatic existence. When these powers are so clearly demonstrated, can any man desire Morphine to quiet a patient in any kind of agony? Can any man feel the need of greater force to combat disease with?

Yes, there are men who do not know this force; it cannot be evolved at will by anybody who wills to evolve it. This force is never observed, except by him who has learned the philosophy taught in the *Organon* of Samuel Hahnemann; and it is after, *not before*, looking upon the wonderful effect of a remedy conforming to the law of similars that one can appreciate the power he has with which to combat the ills of life, and with which to defend frail man against the assaults of his natural enemy.

Then to the question, What is Homœopathy? I must answer, *no man knows!* God only knows the length and breadth of the intricate, unfathomable mystery. The knowable part of this science, if I may use the word, consists in observing the sick-making phenomena of drugs and the phenomena of sickness, gathering and grouping the similars, selecting with the likeness in view and waiting for results.

While we are observing the folly of others we must learn to avoid extremes in our own midst. We must not despise the original thirtieths of the master because we have found the Cm in so many cases so useful. While reveling in the higher degrees of the true healing art, the younger and weaker must be fostered while tremblingly climbing the pathway up the hillside so familiar to most of us. While the way is beset with thorns, it is nevertheless the way of truth, and no part of it is to be despised. With the young and old our faith must be pinned to the *law of similars, the single remedy, the smallest dose, the dynamic power*, and the last, but not least, the *proved drug*. These coupled with our organic philosophy, we shall continue in doing good and living to do good.

J. T. KENT.

HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

The twenty-first annual session of the Homœopathic Medical Society of Pennsylvania was held in this city September 16th, 1885. Dr. B. F. Betts, President of the Philadelphia Society, made an address of welcome; Dr. John E. James delivered the annual address. Papers on medical and surgical and sanitary matters were read by Dr. C. G. Raue, Dr. A. Korndoerfer, Dr. E. Fornais, Dr. Mary Branson, Dr. H. J. Evans, Dr. J. B. Wood, Dr. P. Dudley, Dr. B. W. James, Dr. E. C. Parsons, Dr. J. H. McClelland, Dr. L. H. Willard, Dr. C. M. Thomas, Dr. W. B. Van Lennep, Dr. I. G. Smelley, Dr. C. H. Hofmann. On Thursday the following papers were read: "On Some Fever Experiences," by C. Mohr, M. D.; "Acute Tuberculosis After Measles," by J. C. Morgan, M. D.; "Exophthalmic Goitre," by Joseph E. Jones, M. D.; "A Case of Hysteria with Choreiform Symptoms," by Clarence Bartlett, M. D.; "Clinical Facts," by A. P. Bowie, M. D.; "Clinical Case," by W. J. Martin, M. D.; "Two Clinical Cases," by C. C. Rinehart, M. D.; "Brain Tumors," by A. Thomas, M. D.; "A Special Case of Intestinal Obstruction and Fœcal Vomiting" by J. C. Morgan, M. D. In the evening a reception and collation was held in Parlor C, Continental Hotel.

REMARKS ON ALOES.

Among the remedies of which provings have been published within the last few years, none has seemed to me more deserving of attention than Aloes.

The symptoms which have seemed to me the most characteristic are those of the head and of the abdomen, stool, and urine. They are those on which my use of Aloes in practice has been based. Chief among these are those of the stool.

From these symptoms we gather that Aloes produces a diarrhœa consisting of light-colored semi-liquid fœces, preceded and accompanied by much gurgling and flatus in the abdomen; that the diarrhœa occurs especially in the morning, say from two A. M. to ten A. M.; that the desire for stool is sudden and extremely urgent, being felt in the hypogastrium and in the rectum, and being so urgent that the patient can scarcely retain the fœces long enough to effect the necessary strategic "change of base;" that, during this brief interval, he fears to evacuate wind by the anus or to make any physical exertion, or even to strain to pass water, lest he should have an involuntary evacuation of the bowels. This sensation of the uncertain tenure by which the fœces are held in the rectum is a very well marked characteristic of Aloes, as shown by the following symptoms:

"The evacuation takes place without any exertion on the part of the patient; it seems, as it were, to fall out of the rectum (765). At stool a constant feeling as if there were more fœces to be passed (769). Involuntary passage of fœces when emitting flatus (824). Disposition to stool when passing water (826). Fœces and urine seemed incline to pass and do pass simultaneously (827). When passing water feeling as if a thin stool were about to pass (828). When standing, sensation as if fœces would pass (833)."

There is also a similar frequency or urgency of the desire to pass urine, with a similar uncertainty in the tenure of that excretion, as we perceive from the following symptoms:

"Frequent desire to urinate (990). Increased desire—quantity not increased (992). So urgent a desire he can hardly retain the urine (993). On rising he was obliged to *run quickly* to urinate (996)."

And the similarity of the affection of the urinary organs and the intestines is shown in symptom 1001:

"At stool urination; when urinating desire for stool."

In connection with these two series of symptoms, those of the

pelvis deserve notice. Among them we find "heaviness, pressure downward (865, 861). Feeling as if a plug were wedged in between the symphysis pubis and the os coccygis (860)." This is equivalent to a weight upon the perinæum. Viewing it in combination with the symptoms of stool and urine above referred to, we are justified in saying of Aloes, in regard to this portion of its sphere of action, that it strikes the patient equally "between *wind and water.*"

It is understood, of course, that this is not the only action of Aloes upon the abdominal organs. It is believed, however, to be that variety of action which is most characteristic of the remedy, and the least likely to be confounded with the effect of any other drug. In the frequent desire for stool; in the frequent, pappy, not very abundant stool; in the pressure downward in the back and pelvis; in the abundant formation of flatus in the abdomen which rumbles and gurgles, producing pinching pain in the lower part of the abdomen just before the stool, the action of Aloes very closely resembles that of *Nux vom.*, a remedy so useful in diarrhoea and dysentery. It is distinguished, however, by the peculiarities of the evacuation of stool. *Nux vom.* produces very frequent desire for stool, with inability to evacuate the fæces. Under Aloes, on the contrary, the difficulty is to retain the fæces as long as the patient desires to do so. Aloes seems to paralyze the sphincter ani to a certain extent; *Nux vom.* to excite it in a spasmodic action of exalted power. In this action on the sphincter, Aloes resembles *Hyoscyamus*.

Among the symptoms of the head I am inclined to regard as characteristic of Aloes those which describe a heavy, confused dullness in the front part of the head extending to the root of the nose, with inability to think; a pain in the forehead which compels the patient to close the eyes, or, if he wishes to look at anything, to constrict the eyes, making the aperture of the lids very small. It must be admitted, however, that symptoms so similar to these are found under other remedies, that these symptoms *alone* could not be regarded as a sure indication for Aloes.

The following cases will show how I have prescribed Aloes, and will suggest some reflections upon the mode of selecting remedies in practice.

Within the last three years I have treated about thirty-five cases which so closely resemble each other in their characteristic elements that the description of all may be given in that of the last of the series, which came under my care a month ago.

A young man applied for relief from a diarrhoea which had

persisted about two weeks in spite of various remedies which had been prescribed for it, and among which were Calcarea, Nux vom., Bryonia, and the inevitable Arsenicum. He described his stools as being light yellow, pappy, somewhat frothy, and tolerably abundant. They were preceded by flatulent rumbling in the abdomen and by pinching pain in the hypogastrium. The necessity for a stool awakened him from a sound sleep about three A. M. From this hour to nine A. M. he had from four to six stools of the character above described. None at any other period of day or night. When the desire for stool was felt, the urgency became instantly so great that he was compelled to spring from the bed and hasten to the water-closet. Yet this urgency *was not of the nature of tenesmus, but rather a sensation of weakness in the sphincter, as though he could not prevent the fæces from falling out.* During stool, which passed freely, in a mass, the instant the restraint of the patient's volition was withdrawn from the sphincter and there was a slight burning in the rectum. After stool, cessation of pain, but a very slight general sensation of weakness and lassitude.

During this period, from three to nine A. M., the patient was compelled to avoid all rapid or severe exertion of body, and especially straining to pass water. The penalty of such exertion or straining was sure to be an involuntary evacuation of fæces.

I prescribed one powder of Sac. lactis containing two globules of Aloes²⁰⁰, to be taken dry on the tongue at ten A. M. (the hour at which he called on me). From this time he had no diarrhœa. The next morning he slept until seven A. M., and at nine had a natural stool, as was his habit in health.

CASE II.

During the winter season a gentleman, about seventy years of age, applied for relief from a dull, heavy frontal headache, which incapacitated him from mental labor. He could give me no more definite nor characteristic description of his ailment. It was felt as soon as he waked, and lasted all day. From such a description as the above, it would be impossible to prescribe with any certainty of selecting the right remedy. I set myself therefore to investigate the patient's previous history, in the hope of getting some help from the Anamnesis, to which Hahnemann and Bœnninghausen attach so much importance. I learned that this headache was no new affliction. It had for years annoyed this gentleman, rather more during the winter season, whereas

during the summer he was comparatively free from it. No peculiarity of diet or regimen could explain this fact.

On the other hand, I learned that during the summer season my patient was very frequently attacked with diarrhœa, the disease coming on suddenly, waking him at two A. M., with a pinching flatulent colic, and so urgent a call to evacuate the bowels that he would be compelled to seek the water-closet instantly, experiencing meanwhile the greatest difficulty in retaining the fœces. From this time till ten A. M. he would have four or five stools, pappy, copious, light yellow, great difficulty in retaining the fœces for even a moment after the desire for stool was first experienced. Desire for stool provoked by eating, so that he was compelled to leave the breakfast table. Involuntary stool when straining to pass water. When comparatively-free from headache, he was inclined to diarrhœa, and *vice versa*.

I have long been persuaded that a most important condition of success in the treatment of chronic diseases consists in the practitioner taking such a view of the case as shall combine the various ailments of which a chronic patient may complain at different periods of time and in different organs, even though these periods and organs be remote from each other and apparently disconnected. In no other way, it has sometimes seemed to me, could the characteristic indications of the remedy for such a case be found.

Acting upon this persuasion in the case in question, I regarded the headaches which predominated in winter and the diarrhœas which predominated in summer as, in some sort, complementary series of symptoms, and as making up, both together, the "totality of symptoms" for which I was to seek, in the *Materia Medica*, the simillimum.

The symptoms of the headache, indeed of the entire winter affection, presented nothing that was characteristic of any one remedy to the exclusion of all others. Carbo veg., Sabadilla, Sulphur, Aloes, Nux vomica, and several others might be regarded as about equally well indicated.

When, however, to the head symptoms of the winter, I came to add the diarrhœa symptoms of the summer, regarding the *sum total* as *one* disease, it was then impossible to avoid perceiving that the diarrhœa symptoms were strikingly characteristic of Aloes, and could not indicate any other remedy. This furnished the clue to the prescription. On studying the head symptoms of Aloes, it was seen that they corresponded to the head symptoms of my patient quite as well as the symptoms of any other drug. Aloes²⁰⁰ was given and it afforded a relief which my pa-

tient had sought in vain from other remedies taken on the strength of the head symptoms alone. The headache returned a few times afterward with very much diminished severity, but yielded at once to Aloes. Latterly my patient has been entirely free from it, nor did the diarrhœa return as it used formerly to do whenever the headache ceased to prevail.

In a third case I have given Aloes for incontinence of urine in an old gentleman who has enlarged prostate. The prescription was based on the fact that he is very subject to a diarrhœa, presenting all the characteristics of the Aloes diarrhœa. The peculiarities of the incontinence, moreover, correspond to those of the Aloes urine symptoms. Thus far the success of the treatment leaves nothing to desire. But as the patient has been but a few weeks under the treatment, it is too soon to express a decided judgment or to entertain sanguine expectations of a cure.

CARROLL DUNHAM.

THE LAW OF THE SIMILARS.

AD. LIPPE, M. D., PHILA.

In the second number of the first volume of the *Organon*, a quarterly recently published at Liverpool (April, 1878), will be found a paper on this subject; it was the endeavor of that paper to show that the Law of the Similars is a Law of Nature; that it was practically applied by the father of medicine, "Hippocrates;" that Hahnemann was the first physician, who showed that all and every cure ever made was owing to the accidental application of this law, proving the correctness of his assertions by numerous quotations; that it was left to the genius of Hahnemann to establish by a strictly inductive method the only law by which therapeutics can be governed—"similia similibus curantur." There were not wanting men who, from the first introduction of the healing art, attempted a variety of progressive departures from the teachings and practice of the founder of our school; various motives, various shortcomings on their part, caused these departures—but, as they increased their success in curing diseased conditions decreased also, and hence led to still further departures. Time showed very plainly that the chasm between the progressive homœopaths and the progressive defenders of further departures widened year by year. A late departure was a rejection, or rather an attempt to reject, our accepted formula. The late *British Journal of Homœopathy* claims to have found that the formula "*similia similibus curan-*

tur" was not correct, and while that journal for over forty years had, in acceptance of it, displayed this formula on its title-page, it was now proclaimed to be erroneous, and should not read *curantur* but *curentur*. The then journal ceased to exist.

It was hoped that no further departures would be attempted, but these were vain hopes. A final departure from all formulas, a departure from our only law by which therapeutics can be governed, was taken at the last session of the American Institute. We are now informed that the President of said Institute, not satisfied with proposing three subjects for INVESTIGATION, which had been investigated and decided long ago, declared at the banquet of the American Institute at St. Louis that, "*We are a free people, bound by no law.*" As homœopaths we are governed in our therapeutics by the natural Law of the Similars. If we openly defy this governing law, we cease to be homœopaths, we sink into the ranks of the eclectics. Hippocrates even teaches in the book *De Morbo Sacro* (Epilepsy), "Diseases are generally cured by the very thing that caused them;" a further explanation of this axiom is given in the book *De lucis in homine*, where he says, "Similars cause and cure diseases." "That which causes strangury, cough, diarrhœa, and vomiting is also able to cure these evils." And now, in the year 1885, the President of the American Institute tells us "We are a free people, bound by no law;" and, as silence is always supposed to give consent, it seems as if the President uttered the sentiments of the company he was in. If such a sentiment was uttered at a banquet of "Communists," it would certainly express the sentiments of the men who boast of supporting the red flag; this sentiment would be in keeping with these law-defying members of society at large, and every good and law-abiding member of the community would declare his abhorrence of such a sentiment. And if we are professedly homœopaths, it behooves us to be bound by the law we professedly adopted as the only law by which therapeutics can be governed. The eclectics are to be compared with the lawless Communists—they are, in fact, professionally medical Communists, bound by no law. Even the common school is governed and bound to follow the ever-varying new hypotheses of their school—now it is the germ theory, by and by it will be a new hypothesis to be followed. On the 16th of September, 1885, the French Academy of Medicine discussed the report of Drs. Chantemesse and Rummo on the analysis made by them on Dr. Ferran's cholera vaccine matter. The conclusion arrived at in the report, which was adopted by the Academy, is that the so-called vaccine matter cannot afford protection against cholera.

The declaration of the President of the American Institute, who is also Dean of a Homœopathic (?) College, will not for one moment deter the faithful homœopaths, who accepted the only law of cure by which therapeutics can be governed, of following up their determination to further develop the means by which this unerring natural law can be applied for the cure of the sick.

How came these increasing and progressive departures from the methods and teachings of Hahnemann to invade and be advocated by the American Institute? How came this disgrace to be enacted, and have the true healers a remedy to preserve them from the taunts of the common school of medicine, on account of such conduct of the President of the American Institute, and by the silence of the assembled members of the Institute itself? The heroic band of true men who in 1844 formed the American Institute of Homœopathy did not, could not, anticipate that in 1885 the Institute by them founded to develop our Healing Art should be so disgraced as it has been. The observing members of this Institute are well aware of two facts—*first*, that members of our school who followed and developed Hahnemann's methods rarely, nay, exceptionally only, did seek admission to the Institute, that for more than a decade the addresses by the Presidents of the Institute as well as the transactions of that body unmistakably showed signs of great progressive departures from the aims the founders of the Institute had in view in 1844; *second*, the large accession of new members of the Institute of late years came from the late graduates of the so-called homœopathic colleges, and would not have aided to disgrace the Institute had they received good, sound homœopathic instructions, to which they were looking forward to and were entitled to receive at professedly homœopathic colleges, chartered for the purpose of teaching Homœopathy by a generous and liberal people. What were they taught? Certainly not Homœopathy, but a sort of eclecticism, which would be of no use to the young graduate, as under the application of what he was taught he would fail to cure, and, having been deceived by his teachers, having been made to believe that he was taught Homœopathy, a minority of educated men would begin the study of Homœopathy *de novo* and become useful members of the profession but not members of the Institute, a majority of uneducated graduates would blindly condemn Homœopathy pure, and, merely adopting the name for show, fall into the same vile practice of eclecticism as was taught and practiced by their professors, and they joined the Institute of course. The root

of the evil which presents itself to us is that the professedly homœopathic colleges do not teach Homœopathy, that the majority of the graduates of these schools swell the well-organized ranks of the Institute to the detriment of our Healing Art. Are these colleges chartered by the people for the purpose of teaching Homœopathy "bound by no law," as the President of the Institute expresses himself, or are they not amenable to the law of the land? Are they not bound under their charter, to teach in harmony with the Law of the Similars? That is the question which presents itself to the homœopathic profession. In remorse we leave the question not only to the homœopathic profession but to the people at large and especially to the trustees of the professedly homœopathic colleges who represent the people and who are expected to see to it that the provisions of the charter are fulfilled faithfully, that the Law of the Similars and the methods of Hahnemann are taught in their school, excluding the pernicious teaching that we are bound by no law, and see to it that the graduates are prepared to serve the community as true healers always governed by the Law of the Similars.

CHRONIC CHILLS IN CHILDREN.

WM. STEINRAUF, M. D., NOKOMIS, ILL.

Some two months ago Mrs. John Kippen brought her two-year-old baby to my office saying: "Doctor, this boy has now had the chills for the last nine months, and, in spite of all the patent medicines, such as Smith's Tonic, Ayer's Ague Cure, etc., in spite of Quinine and Cinchonidia, the disease will not abate; in fact, the child is getting weaker every day. At times the chills occur twice a day, again once a day, at other times every second day, then once in three days." Could I "break" the chills? that is what the mother wanted to know.

Having for the last year and a half studied Homœopathy privately to some extent, I began to investigate the symptoms and to see whether or no I would be able to find the indicated remedy according to homœopathic principles, and I had no reason to regret it.

The following symptoms of the child seemed to me all to point to a certain remedy:

The type of the chills quotidian; double quotidian, tertian. Regular paroxysms—chill, fever, sweat. This indicated Sulphur. The time of the chills was not characteristic—at all

periods, morning, afternoon, evening, night, chills without thirst; by heat with thirst—also Sulphur symptoms. We read in Allen's treatise on intermittent fever regarding Sulphur "that it (Sulphur) bears the same relation to chronic cases that Ipecac does to acute, viz.: if the indications for the remedy be not clear and well defined, *Sulphur may clear up the case, or completely cure it alone.* Intermittent fever is a terrible searcher after weak organs; and Sulphur is frequently required in all forms of the disease—acute and early, or chronic and later—to combat some latent malady aroused during the course of the fever. If we would use Sulphur more and Quinine less, our success would be much more satisfactory both to our patients and ourselves.

Sulphur ^{30x}, three drops in one ounce of water, and a dose morning and evening. No more paroxysms after the first dose, and a most satisfactory recovery, was the result.

A week later, a six-year-old boy was brought to me who had now had the third-day ague for over one year. Two allopaths had tried their luck for months at a time, but to no result. The symptoms being similar to those of the first child, I administered the same remedy, only in the 3x instead of 30x, thinking that the lad needed the dose a little stronger. The first dose did not cure. Boy had three more spells, each succeeding one lighter than the one preceding.

This last case taught me a lesson, *i. e.*, to depend more on the higher attenuations. It also gave me a clue why it was I did not cure two patients last year with the third-day ague that I tried to cure with the 3x of the indicated remedy. The chills grew somewhat less, patients felt better, but they had relapses, and finally drifted into the hands of an allopath in our town, who took the cases with the understanding, "no cure, no pay."

ANY one having treated cases of *purpura*, which they can report in detail, showing the homœopathic applicability of any remedy, are respectfully urged to send the same to Dr. Winterburn, editor of the *American Homœopathist*, 29 West Twenty-sixth Street, New York.

"BACTERIA" is having a literature of its own. The latest item is *The Technology of Bacteria Investigation*, by Dr. C. S. Dolly, a well-known specialist. The volume contains directions for the study of bacteria; also hints on their culture, staining, mounting, etc.

PNEUMONIA.

ACONITE.—Chill, followed by intense fever, hot, dry skin, quick and hard pulse; accelerated, labored, incomplete respiration, with restlessness, palpitation, fear of death, dry cough, soreness and heat in chest; later, burning-shooting or burning-pressing pains in chest, with painfulness to external pressure; oppression and acceleration of respiration, sense of weariness and exhaustion in chest; hyperæmia of lungs, sputa thin, frothy, tinged with blood.

ARNICA.—Caused by mechanical injury and where in plethoric persons pneumonic infiltration shows a tendency to hæmorrhage; dry cough, shaking the whole body, with tough, bloody sputa.

ARSENIC.—Extreme prostration, clammy sweat, great thirst, drinking little and often; shortness of breath on slight exertion; dry and dark tongue and lips, diarrhœa; singing and buzzing in ears; tendency to colliquation and dissolution; threatened gangrene, with ichorous expectoration, fetid or dingy green (Chin., Lach.). In sudden œdema, with passive hyperæmia of the lungs (sometimes caused by defects of the right side of the heart); in old people, from repercussed eruptions; in asthmatic persons; hypostatic pneumonia; pneumonia notha in old people, with danger of paralysis of lungs; hoarse after midnight, sudamina; *very restless*; worse after midnight.

BELLAD.—Cerebral complication, with great nervousness, intense and constant delirium; restlessness, sleepiness, but cannot sleep; picking at bedclothes; flushed face; congested eyes; pneumonia arising from or accompanying acute bronchitis; pneumonia of drunkards (Nux v.) and of old people; pneumonia of a typhoid character from the beginning.

BROMIUM.—Hepaticization of lower lobes; right lung mostly affected; sensation of weakness and exhaustion in the chest; sensation of constriction impedes respiration, with dry, tickling cough; loose cough night and day, but no expectoration.

BRYONIA.—Lobular pneumonia, anxiety from oppressed inspiration, pressure on middle or lower part of sternum; bruised feeling in chest; shooting pains in chest; red hepaticization and cough, but expectoration not yet free, sputa viscid, tenacious, of a brickdust color; foul tongue, constipation; gastric catarrh; thirst for large quantities; abdominal breathing; *inclination to lie perfectly still.*

CACTUS GR.—Oppression of respiration, pricking pains;

acute intense pains with the cough ; bloody sputa ; hard, quick vibrating pulse ; feeling of constriction in chest preventing free speech ; sharp wandering pains in chest, especially in scapular region ; cough, with thick yellow sputa like boiled starch.

CARBO VEG.—Profuse cool perspiration, pulse small and rapid ; great prostration ; tongue dry, with little or no thirst ; foul, decaying diarrhœic stools ; breath foul, craves cold air ; foulness of all secretions ; rattling in chest ; distressing cough, without any expectoration, by spells, or fetid, gangrenous sputa. Paralysis of lungs ; pneumonia complicated with affections of right heart, or, in emphysematous patients, with old bronchial catarrhs.

CHELID.—Shortness and difficulty of breathing, with tightness and anxiety of the chest, violent stitches in right lung going to the lower edge of right shoulder-blade ; short, dry cough, which increases the pain ; great and quite irregular palpitation of heart ; short and quick breathing, with anxiety, as if he must choke ; bilious pneumonia.

CHINA.—Hectic symptoms, with marked prostration, from loss of blood ; pneumonia complicated with hyperæmia of liver, icterus, intestinal catarrh ; incipient gangrene ; hæmoptysis, with subsequent suppuration of lungs and stitches in chest, worse during deep breathing and sudden movements.

CUPRUM.—Lobular pneumonia, when formation of abscess threatens ; beginning paralysis of lungs, indicated by sudden difficulty of breathing, followed by great prostration ; complication with whooping-cough ; face earthy, dirty, bluish ; roof of mouth red ; sweat sour-smelling ; diarrhœa.

GELSEMIUM.—Congestive pneumonia, with suffering under the scapulæ, both sides, caused by checked sweat ; short paroxysms of pain in superior part of right lung, on taking a deep breath ; rawness and soreness of chest ; slow, heavy breathing ; pulse slow, full ; thirstlessness.

HEPAR.—Mild suppurative stage, extending only over small part of a lung, with lentescent fever ; chronic pneumonia, with profuse purulent expectoration ; weakness of the chest, preventing talking.

HYOS.—Pneumonia, with cerebral symptoms (Bell.), delirium, sopor ; dry, fatiguing nightcough, or rattling in chest ; pneumonia complicated with typhus ; hypostatic pneumonia in the course of other chronic affections ; pneumonia senilis, with acute œdema of lungs ; pneumonia of drunkards.

IODINE.—*Pneumonia crouposa* ; tendency to bronchial and pulmonary congestion and hæmorrhage ; sensation of weakness

in chest, with anxiety and oppression, and burning, tearing, stabbing pains; sensation, as if something resisted the expansion of the chest; cough, with dyspnoea and blood-streaked expectoration. Also during third stage, where slow suppuration sets in without marked febrile symptoms in tuberculous patient, and causes a slowly progressing hectic condition, entirely confined to lungs.

IPECAC.—*Infantile pneumonia*; respiration rapid, difficult, surface blue, face pale; rattling of large bubbles, or fine rattling noises in chest, with spasmodic cough and nausea; hyperæmia of brain, without sopor; convulsions.

KALI BICH.—*Pneumonia crouposa*, with expectoration of tough stringy mucus; coughs up casts of elastic fibrinous nature; loud mucous râles; *pains from back to sternum*, or from mid-sternum darting to between the shoulders; morning aggravation.

KALI CARB.—*Infantile pneumonia*; during whooping-cough; great dyspnoea, preventing the child from sleeping or drinking; stitches in chest; difficulty of raising the mucus, although constantly coughing; wheezing and rattling breathing, choking cough; inability to breathe deeply; pneumonia, with stitches through right chest, hepatization of right lung, worse when lying on right side; abscess of lung, with expectoration of pus and blood.

KALI IOD.—Pneumonia in the beginning when the disease localizes itself; also with so extensive hepatization as to cause cerebral congestion and serous exudation; face red, pupils large, urine suppressed, one side as if paralyzed; cough dry, hawking, later copious green sputa; oedema pulmonum, with pneumonia.

KREOS.—*Gangrene of lungs*; dry wheezing cough; after every coughing spell copious, purulent expectoration; difficult breathing, with anxiety; sensation of oppression in chest, better from pressure.

LACHESIS.—Pneumonia, with hepatization, mostly of left lung, and great dyspnoea on awaking; especially useful in removing deposits resulting from inflammations in lungs already invaded by tubercles, or from low-graded chronic inflammations, developing during the progress of other diseases; suffocation and shortness of breath from the cough; frothy expectoration, mixed with blood; purulent dissolution of exudation during third stage; threatened gangrene of lungs, with fetid breath and sputa.

LACHNAN.—*Typhoid pneumonia*; hot and oppressed feeling in the lungs and heart, with dizziness; cough worse in bed,

preventing sleep; stitches following one another in quick succession, while at rest and when moving; unnatural brightness of eyes, with red flushed face.

LYC.—*Typhoid or neglected pneumonia* after suppressed menses, with continuing hepatization and purulent sputa; adynamia and night-sweats as sequelæ of neglected pneumonia; or, pneumonia, with raising of a mouthful of mucus at a time, of a light-rust color, stringy, and easily separated; constant tickling cough, worse at night; numerous loud mucous râles, with rare and scanty sputa; cough loose, full and deep, sounding as if the whole parenchyma of the lung were softened; circumscribed redness of face; *fanlike motion of nostrils*.

MERCURIUS.—Pneumonia and bronchitis, especially when the patients are disposed to blennorrhœa, or have a profuse expectoration of viscid bloody mucus; *bilious pneumonia*, with great tenderness over the right hypochondrium; *asthenic pneumonia*, with feeling of weight in lungs, short cough, and expectoration of bloody saliva; *epidemic broncho-pneumonia*, with deep irritation of the nervous system; nose, larynx, and trachea become suddenly dry, dyspnœa sets in with spasmodic cough, worse at night, and yellow-green, blood-streaked expectoration; skin burning hot, at times covered with copious sweat; tongue yellow, soon becomes dry; senses dull, violent headache, soporous condition, with light delirium; complains of little or no pain (influenza).

NATRUM SULPH.—*Sycotic pneumonia*; inexpressible agony; slowly coagulated blood; stitching pains running up from abdomen to left chest; dry cough, with soreness in chest, rough feeling in throat, particularly at night; had to sit up and hold chest with both hands; loose purulent sputa in the morning.

NITRIC ACID.—*Pneumonia of old and cachectic people*; sputa are raised with difficulty; awakens often all stopped up with mucus, and must expectorate before he can breathe more easily; sputa of blood mixed with clots during the day; pulse intermits.

NUX VOM.—*Broncho-pneumonia*, especially of drunkards, or of persons suffering from piles.

OPIMUM.—*Infantile pneumonia*, where the pulmonary inflammation is disguised by symptoms of cerebral congestion and oppression; cyanotic color of the upper part of body, with slow stertorous respiration; difficult intermitting breathing, as from paralysis of lungs; blood thick, frothy, mixed with mucus; great oppression, burning about heart, tremor, feeble voice; anxious sleep, with starts; legs cold, chest hot.

PHOSPHORUS.—*Broncho-pneumonia*; dryness of air passages; excoriated feeling in upper chest; great weight on chest or tightness; chest sore, bruised; hepatization of lower half of right lung; dulness of sound on percussion; bronchial respiration, frequently attended with crepitation and rattling. *Typhoid pneumonia*, not a genuine inflammation, rather an accumulation of blood in the veins, and extravasation of fluid blood in the tissues of the organ; the patient is weak, with feeble pulse, sighs occasionally, is unable to use his lungs, not from pain, but merely from weakness and hyperæmic stagnation; pulse thready; cold sweat; *pleuro-pneumonia*, with extensive implication of the pleura; hepatization, with mucus or bloody sputa; coughing increases the difficulty of breathing; during the third stage purulent infiltration of the parenchyma, with mental depression, slight delirium, carphologia and subsultus tendinum, rapid prostration, cold clammy sweat, small, feeble, frequent pulse, dim eyes, sunken features, dry lips and tongue, short, laborious breathing, oppression and anxiety, tedious cough and expectoration, involuntary diarrhœa; threatened paralysis of lungs; tuberculosis in tall, slender, weak-chested persons.

RANUNCULUS BULB.—Bright-red cheeks, with clean tongue; short and very oppressed breathing, with scarcely audible respiratory murmurs; dry heat; prostration from the start; small, very rapid pulse, with great vascular and cardiac excitement, nausea, and even faintness on motion.

RHUS TOX.—*Typhoid pneumonia*, often from resorption of pus, with tearing cough and restlessness, as rest aggravates the pain and dyspnœa; tongue red at tip; loss of strength, sopor, hardness of hearing, unconscious defecation and urination, dryness and heat of skin, dry and sooty tongue; dyspnœa worse from distention of pit of stomach; sputa bloody or of color of brickdust, or green cold mucus, of putrid smell.

SANGUIN.—Great difficulty of breathing, lies upon back, with head elevated; not much pain in chest, but that of a stitching-burning character; pulse small and quick; face and extremities inclined to be cold, or hands and feet burning, with circumscribed redness and burning heat of the cheeks, especially after noon; cough, with tough and rust-colored sputa, or in third stage purulent and offensive; diarrhœa, night-sweats.

SILICEA.—Chronic neglected pneumonia, passing over into suppuration; dyspnœa when lying on back or coughing; lungs feel sore; excruciating, deepseated pains in lungs; sputa profuse, fetid, green, and purulent, often tastes greasy.

SPONGIA.—*Broncho and croupous pneumonia*; sputa tastes sour or salty, worse when lying down; wheezing, anxious breathing; burning and soreness in chest; during the stage of resolution with profuse secretion and expectoration of mucus, inability to lie down; the cough relieved by eating and drinking (Caust.).

SQUILLA.—Suitable in pneumonia or pleurisy after bleeding, or when accompanied with gastric symptoms; pain in chest worse mornings, also cough; sputa copious and thin.

SULPHUR.—*Pneumonia assumes a torpid character, with slow solidification of the lungs*; there may still be much rattling of phlegm in chest; frequent weak, faint spells, and flashes of heat; feels suffocated, wants doors and windows open; constant heat on top of head. *Torpid typhoid pneumonia*, with short rapid breathing, a mere heaving of the chest; cough and expectoration nearly impossible; the patient responds sluggishly, comprehends slowly; worse about midnight. *Neglected pneumonia* occurring in psoric patients, and which threatens to terminate in tuberculosis pulmonum, or in phthisis pituitosa. Pneumonia passing through its first stages normally and then remains stationary; such a deficiency of reaction points to Sulphur as the remedy, where it accomplishes the absorption of the infiltration and prevents suppuration.

TARTAR EMETIC.—*Pneumonia catarrhalis*; paroxysms of cough, with suffocative arrest of breathing: rattling hollow cough; cough, with heat and moist hands, sweat about the forehead; anxious oppression of chest, with rising of heat, reaching as far as the heart; dyspnoea, with desire to cough and a quantity of rattling mucus in the chest; *œdema pulmonum*; impending paralysis of lungs; cyanosis; suitable especially to infants and old people.

VERATRUM ALBUM.—Dyspnoea, with rattling of mucus; fear of suffocation; frothy serous sputa; blue face; dry and spasmodic cough, accompanied by marked cerebral congestion; hurried and small pulse, cold skin and *cold sweat*, with excessive debility; capillary bronchitis, œdema of lungs; suitable often to old people.

VERATRUM VIRIDE.—Pneumonia; pulse hard, strong, quick; engorgement of lungs; sputa containing large masses of blood, with faint feeling in stomach, nausea, slow and intermittent pulse; constant burning distress in cardiac region; heart beats loud, strong; *great arterial excitement*; great cerebral congestion.

BOOK NOTICES.

DOMESTIC GUIDE TO THE HOMŒOPATHIC TREATMENT, and also the Hygienic Measures Required in the Management, of Epidemic Cholera. By J. A. Biegler, M. D., Rochester, N. Y.

Though this little work is intended solely for domestic use, the professional man will be amply rewarded by its perusal. A brief history of cholera, in connection with homœopathic therapeutics, is given, and complete evidence adduced of the grand success Homœopathy has won against this dread enemy.

HOW TO SEE WITH THE MICROSCOPE, etc., etc. By J. Edwards Smith, M. D. Second edition; Chicago: Duncan Brothers, 1885.

In our notice of the first edition of Dr. Smith's work a description of its purposes and character was given. It is not necessary at this time to repeat that description. We may simply add that the second edition is enlarged, revised, and improved. The purpose of the book is to teach one how to use a microscope. This is very well done. The book is indispensable to those learning to use that valuable, now almost indispensable, instrument, the microscope.

LECTURES ON CLINICAL OTOLOGY. By Henry C. Houghton, M. D. Pp. 260. Boston: Otis Clapp & Son. 1885.

This volume consists of twelve lectures, delivered before the senior class in the New York Homœopathic Medical College, to which are added cases from practice and summaries of remedies; also, an appendix with a useful repertory of symptoms appertaining to the ear. The first lecture is introductory and good; those succeeding treat of the more common ailments of the external, middle, and internal ear; such as inflammation, catarrhs, ulcers, morbid growths, etc., the last lecture being on deaf-mutism and helps to hearing.

Dr. Houghton has acquired a valuable reputation for his skill in treating diseases of the ear. This volume gives evidence of this skill. The work is well written, well illustrated, and the therapeutic measures recommended are in the main such as homœopaths find useful. In some cases topical treatment is recommended and declared to be necessary. The older (and more skillful?) homœopaths declare they have never used, and never needed, *any* kind of topical treatment! Why then do the younger generation need them? Shall we acknowledge ourselves to be less skillful than they of olden time?

A CHART OF TUMORS. By G. F. Shears, M. D. Chicago: 1885.

This chart embraces the classification, characteristics, diagnostic features, prognosis, and treatment of solid and cystic tumors. It is printed on heavy card-board, forming a chart of about two feet square. The whole surface being before the eye at once, it is easily consulted, and comparisons readily made.

SPECIAL PATHOLOGY AND DIAGNOSTICS, WITH THERAPEUTIC HINTS. By Charles G. Raue, M. D. Third Edition. Pp. 1049, 8vo. Half morocco. Philadelphia: F. E. Boericke. 1885.

The third edition of this valuable work has just been received; it is thoroughly revised and considerably enlarged. In addition to revisions and

changes, this edition has been considerably enhanced in value by the addition, to the principal chapters, of a "digest" of the remedies recommended—a brief Repertory. This is a valuable feature, and will be appreciated by the practitioner.

The concise, pregnant style which distinguishes all Raue's writings is retained in this new edition, and the volume is a decided improvement on previous editions, which were all good in their day. Dr. Raue's reputation is a sufficient guarantee for the accuracy and usefulness of the work. We can only add: study it.

A SYSTEM OF MEDICINE. Based upon the Law of Homœopathy. Edited by H. R. Arndt, M. D. Vol. II. Philadelphia: F. E. Boericke. 1885. Pp. 923, 8vo.

As previously noticed, the second volume of Dr. Arndt's work has just been received. It is gotten up in the best style possible.

A glance at the list of contributors shows that, as in the previous volume, all grades of practitioners have written for this volume. And hence the methods of practice advocated are various and some very dubious. In alphabetical order we find the following writers: H. R. Arndt, M. D., of Grand Rapids; F. E. Doughty, M. D., of New York City; H. B. Fellows, M. D., of Chicago; E. C. Franklin, M. D., of St. Louis; Charles Gatschell, M. D., of Chicago; J. S. Gilchrist, M. D., of Iowa City; W. C. Goodno, M. D., of Philadelphia; G. A. Hull, M. D., of Chicago; Charles Porter Hart, M. D., of Wyoming, O.; J. Martine Kershaw, M. D., of St. Louis; F. Park Lewis, M. D., of Buffalo; S. Lillenthal, M. D., of New York; R. Ludlam, M. D., of Chicago; J. H. McClelland, M. D., of Pittsburgh; J. T. O'Connor, M. D., of Amenia, N. Y.; Julia Holmes Smith, M. D., of Chicago; W. B. Trites, M. D., of Manayunk, Pa; George William Winterburn, M. D., of New York; Samuel Worcester, M. D., of Salem, Mass.

Among these authors are some of the ablest men in the homœopathic ranks, and the list on the whole comprises greater talent than that of the first volume. Some of these gentlemen have given very fine articles on the subjects written of: as was to be expected from their reputation.

But, on the whole, the volume is weakest *where it should be strongest, i. e., in its therapeutics.* In some cases it is not only weak, but absolutely out-and-out eclectic! Thus, p. 508, an ointment of "one drachm of Belladonna to two ounces of lard" is recommended for use in "chronic vaginitis"; it is also stated that "great relief may be obtained from an injection into the vagina of fifteen grains of chloral hydrate to an ounce of water three or four times a day." If such practice be "based on the law of Homœopathy," an explanation of it would be interesting. Contrast such practice with this good counsel, as found on p. 441: "Above all, with the greatest care study out the key-notes of the case;" that advice comprises "the law of Homœopathy" in its strength, and, if followed, will give the greatest success. The adoption of worn-out allopathic expedients does not bring one much success.

The subjects treated of in this volume are the diseases of the spleen, kidneys, ureters, bladder; genital organs, male and female; of the nervous system, general and special; of the locomotory organs, including gout, rheumatism, etc., etc.—subjects full of interest and importance to all practitioners.

We feel justified in believing that these volumes will be of more use to the homœopathic practitioner than the works of Pepper and Ziemssen. The practice recommended is, in many cases, entirely eclectic, and in other cases the treatment as given is meagre and unsatisfactory. Yet what there is that *is good* is worth the entire cost of the volume. The physician should know how to separate the wheat from the tares.

T H E

HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF MEDICAL SCIENCE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. V.

NOVEMBER, 1885.

No. 11.

MEDICAL EDUCATION, WITH REASONS FOR ACCEPTANCE OF THE HOMŒOPATHIC LAW AND PHILOSOPHY AS ITS SCIENCE OF THERAPEUTICS.*

P. P. WELLS, M. D., BROOKLYN.

Medical education in its completeness is a compound of knowledges of many sciences. While in its constitution this is very composite, in its objective it is very simple. It is to relieve human pains and sufferings and cure and prevent human sicknesses. A knowledge of whatever helps to the attainment of these may rightfully be incorporated into the sum of whatever has entered into an education of which these are its legitimate objectives. Preventing, relieving, and curing are the functions of the physicians' office, not to pose before the world as expounders of the inexplicable, and masters of all the unknowable in the universe. To be able to explain everything is the function of the sham—to cure is that of the true physician.

To the attainment of this end there have been many ways laid out in preceding generations which were to be followed by those who should cure. These have had their origin in the minds of ingenious men, who imagined the nature of the different factors in the problem of cure, and also the processes by which this was to be effected, and this they called "*theory*."

* Introductory to the Course of Lectures for 1885-86 in the Woman's College and Hospital in New York city.

There have been many of these theories. Together they constitute the history of practical medicine from its beginning down to the birth of a knowledge of the divine law of therapeutics, the promulgation of which among men was given to Samuel Hahnemann. Previous to this, practical medicine was *theory—i. e., imagination*. This has survived the advent of law, and is now all about us in the garb of *Allopathy*. The record of practical medicine from the time of Hahnemann has incorporated into it a new element. Theory has been displaced by *law*. This element it is which characterizes the system he proclaimed to the world and called *Homœopathy*. This has survived the opposition, abuse, and hate of the older—the system of theory—and the two now exist together in the world. *Allopathy*, theory, imagination, guessing, on the one side, and *Homœopathy*, in itself a law, God-given, which declares the relationship between sickness and their curatives, and points the way to their discovery in all curable cases. Here in a single point are the characteristics of the two divisions, in which we meet the practical medicine of to-day—imagination on the one side and law on the other. To which shall we give our adherence and confidence?

It would seem that the question contains in itself its own and only possible answer. And yet, plain as may appear, the superiority of law to speculative guessing, law has not yet all of science and intelligence on its side. So great is the force of tradition, and so much of power is there in its hold on those who have trusted it and have given their lives and their faith to its control, that these have, from the beginning, been found the most violent and persistent opponents of law. Absurd as it may appear, there have been, and still are, many who prefer the guidance and authority of human guessing to that of this only law of therapeutics. This being so, then, when one enters the studies needful to a medical education, he meets at the outset the problem of this education, presenting to him the question of *law or theory*. He must make his choice. Let him do this in the light of truth, and do it loyally, firmly, finally. Let there be no insane attempt to mix the two, for this is really impossible. He who attempts this, if he perseveres in this course, is in the end only doomed to a drowning in his own folly.

If we now receive the law of relationship between curing agents and sicknesses as given to us by Hahnemann, what are the grounds of our acceptance of it as truth coming to us with divine authority? What does this law say to us that, as wise seekers of truth, we would present to the ignorant or the skeptical as a justification of our choice?

First. It demands, before proceeding to the choice of remedies for pains and sicknesses, an exact knowledge of the *facts* of the case in hand—*facts*, and not our own imaginations or those of other men as to the condition of internal parts or organs in the case, which condition is charged with the responsibility for the sufferings and danger of the case. It demands a knowledge of *all* the facts which can be known, and therefore are knowable, instead of imaginations of supposed conditions of which no man living can know, because while the patient lives these are wholly in the category of the unknowable; and when he is dead the case is but little better, for whatever is learned from autopsies comes too late for practical purposes. This knowledge includes the history of the case as well as that of the facts perceptible to patient and prescriber. Then the law goes farther, and demands of the prescriber that he shall have a like knowledge of all the facts of the action on the organism of the remedy he is to employ, in the same detail as is that of the sickness to be cured. This is the first great distinctive feature of the system of law. It deals only with the knowable, and insists that this shall be known in its entirety, both as to sickness and remedy. In this it stands alone of all which has claimed to represent a system of practical medicine in all past history. And this is the first fact we present which challenges our confidence in the truth of the system of law.

As first propounded by Hahnemann, this system was met and opposed because it ignored the imaginations of the current medicine of the day. "This totality of the symptoms—these knowable facts—and this all? Where then is to be the place of the science of pathology, and what can be the use of it? and what can any system of practical medicine be without this which makes so great a part of that which is our great boast? It is only symptoms. The attempt to base a practical therapeutics on these is only to deal with the surface of things. It is superficial, and only superficial, neglecting to go to the depth of things, as we do, in our imaginations!" These and like objections were and are brought against this system, which demanded facts and a knowledge of them as opposed to that which only proceeded on theories and hypotheses, and held these as not only sufficient, but indispensably necessary, to the duties of the practical prescriber.

In reply to such objections to this system of law, we say, first, when we present it to your confidence, we have no apologies to offer to these objectors, either for the system or its author. They need none. If they are accused of partial views of the

sciences necessary to a complete medical education, and neglect of some necessary to an intelligent therapeutics and its practical administration, it is a sufficient reply that Hahnemann and his system require a knowledge of *all* that is *knowable* of the factors of problems of practical healing, and he or that which demands more is only acting the part of ignorance or folly. He who demands more than *all* existing facts is simply insisting on acceptance of his own imaginations being received as of equal authority with facts, or that these be permitted to displace facts, which the system of law will not accede to. In this very point the antagonism of the systems of law and theory has its chief existence. It is not a little singular that human vanity and conceit can go to this extent in opposing a system of law and philosophy and a practice based on these, and bring nothing as a substitute with a foundation more substantial than sheer imagination or hypothesis. And certainly human conceit, arrogance, impudence, and pride can go no farther than it has gone when it claims for this no system of mere fancies that this, and not the system of law, is to be accepted by men as the embodiment of "scientific medicine." And it seems the more strange and singular if we have examined this pretended system, and have seen its emptiness, and the fact that the therapeutics with only a theoretic foundation are as destitute of all belonging to true science as the mummy of Ramesis the First is of life. Truly law owes no apology to theory. It offers none, but instead, asserts its own superior authority and worth with the confidence of a perfect assurance. If any are disposed to discredit the confidence of this assurance, and call it only unseemly "dogmatism," we would remind such an one that a man with truth on his side has a perfect right to dogmatize, as to all who have nothing better to oppose to it than theories and hypotheses, and that dogmatism here is rather graceful than unseemly.

It is not forgotten that there have been and are those who have appeared as apologists for what they regarded as the defects of this system of law. But such have given us no new facts to redeem their alleged defects. They have suggested no improvements which could give added efficacy to the therapeutics of law. Like the habitual carpenter at our materia medica, they have only asserted imperfections which they have done nothing to amend. And but little attention to their utterances and movements is necessary to a discovery of the apparent animus and motive of these apologists. Their objective seems to be a harmony and blending of the systems of law and theory, that of the two they may make one, and so have peace. In their efforts

for this they have been chiefly busy with efforts to destroy all which is characteristic of the system of law, that it may be more acceptable to theorists, evidently calculating on the ready reception of law, when dead, by those who have in all their history had so little to do with any principles with life in them. These apologists would seem to be ambitious of blending the living with the dead, and would have us believe that the intended result is to be only in the interest of the living. We accept no such apologies. We respect no such apologists. Before all such, and to all such, law may well exclaim—

“*Timeo Danaos, et dona ferentes.*”

Indeed, they bring no gifts, and are expected to bring none, except it may be an acceptance of the cadaver of Homœopathy after its life has been sacrificed by its professed friends. And then, if this be so accepted, which party is the gainer, and what has it gained?

If these apologists have attempted improvements of the system of law at any time, it has been by a sacrifice of the second reason I would present as a claim on your confidence in its truth and authority—viz.: its *simplicity*. It needs no aids from outside sources to secure to its practical administration its greatest possible successes. It accepts none. Wherever these have been thrust into that administration they have only and invariably damaged the record: something from old physic, perhaps to appear to be doing *more* for the sick, and so to relieve the anxiety and satisfy the prejudices of friends. But the *more* from this source has always been the *worse*. Law will have simple obedience, and to this, and this alone, it promises success. The disaster which is so certain to follow violations of law by the introduction of means it neither calls for nor sanctions, has only this one poor consolation for its victims or their friends: “Everything has been done that could be done.” Yes; and hence the disaster. It has come because “everything has been done” except the *one* only thing law demanded!

We have said we present the system of law to your confidence because of its simplicity. In this it is like all natural laws. We use the term as applicable to its nature and as opposed to the complex. It is simple in its expression—*Like cures like*. The terms are brief and easily understood, it would seem. But it may be possible to make a mistake in this last, if we hastily conclude that, because simple, therefore easy to be understood. Perhaps, before we thus conclude, if we ask and endeavor to answer the question, “What is the like which cures?” we may find the answer not so easy as we may have been tempted to be-

lieve, because of the simplicity of the law. Though the law demands a recognition of *all* the facts of the case, this is not because each fact is of equal importance to every other in disclosing the curative relation to the case of the *one* drug the law demands of us that we find in the discharge of clinical duties under its direction, but because until all are exposed we have no certainty that that which is most important to this discovery has not been left out of sight; and so a failure to find the simillimum is the result, and so the consequent failure to cure. Hence one of the elements of first importance in the education which qualifies one to cure the sick is that knowledge which enables the prescriber to distinguish between those symptoms which are most important as indices to this relationship and those which are less so. To become master of this element is not an easy matter. To become a master in specific prescribing without this knowledge is simply impossible.

The most that can be done for the beginner to aid him in its mastery is to give him general principles for his guidance. Here is one: Those symptoms which belong to a class of sicknesses, and are found in each example of it, and which dominate diagnosis, are of very little importance as indices of the specific curative. As an example, the pains, tenesmus, tormina, etc., of dysentery, without which no case is dysentery, are of first importance to the diagnosis, but are the least helps to the discovery of the curative. It is that which is characteristic of the case in hand, and not that which belongs to every member of the family, which points us to the specific. It is a simillimum to these characteristics of the case which we are to find in the record of some drug, and not to those of the family. The law in this is simple. Its language is, the *one drug*. The duty of finding this, under the guidance of law, is not seldom difficult. In this simplicity it stands in sublime contrast with the medicine of theory, which accepts any and everything the prescriber thinks may do his patient good; as is also the administration of this, singly or in mixture, as the case may be, with the giving of the one specific when found. Here are the two—the one guessing, despairing, giving anything which he imagines will help his case, while the other, with his specific, is able to say, *I know*, because I have the warrant of God's law for my assurance.

Then we present a third reason for our confidence in our law, *viz. : its completeness in itself*, which makes it equal to all needs of sick conditions of men. It is as appropriate to the gravest of these as to the most trifling. To the new and strange, as to the

old and familiar. Its practitioner, who is equipped for its practical duties, is as ready for the first case of a strange plague as for any subsequent one. No case of new sickness is a stranger before the law. It, as are all others, is met by the simillimum to its phenomena, and in this is found its master. So that to its completeness in itself, having no needs of outside help, it adds a fourth reason to our acceptance in its *universality of application*—it meets the wants of all curable cases in all lands and climes. This fact alone stamps it as one of nature's laws. And besides this, there is no one of the proposed methods of treating the sick, which does not fail to establish itself as a law, by reason of failure to sustain this character of universality of applicability to all sicknesses. Being a natural law, it is unchangeable. Time has no power to change its relationships or to diminish its efficacy.

This does not mean that diseases called by the same name are always to be cured by the same drug. The system of law has nothing to do with names when it promises cure by the use of the simillimum. In this again it is found in sharp contrast with the medicine of theory, which deals only with *names*, which are accepted as representing *things*. The first duty of the theorist is his diagnosis, *i. e.*, find a name, and then deal with what he understands this name to represent. The prescriber, under the authority of law, disregards names wholly when he is searching for his specific remedy. He is engaged with the phenomena of the sickness before him because it is the simillimum to these which cures. The law does not concern itself with names. Hence it may happen that when called to treat a case—it may be of whooping cough—the remedy which cured all cases last year is of no value in treating what we call by the same name this. The reason is this—though the defining or general symptoms compel the use of the same name, the totality of the symptoms are changed, and this, under law, compels a change of the remedy. Sicknesses change, and so call for change of remedy, and it is one of the glories of our law that it is always ready to meet such changes, and never is surprised by them.

Such is the law we commend to your confidence, as from the omniscience and benevolence of the Supreme—His one great gift to humanity for the relief and cure of its pains and sicknesses; and these are some of the evidences of its divine origin. In one word, its perfect adaptedness to all the needs of relief proclaims its origin, while the triumph of its intelligent administration challenges your confidence in, and loyalty to it, in all your future studies and labors. The medical education which

you are now endeavoring to gain is that, and all that, and only that, which contributes to an intelligent administration of this law. It is, if rightfully made up, composed of two parts—one training your own powers of mind into a fitness for this sublime duty, the other of gathering into the mind such knowledge of facts and principles as are involved in this duty.

And, first, of your own mind. And here, from the nature of the case, you must be almost wholly dependent on yourselves. No one can help you much in this. In the initiatory endeavor to prepare the mind for the serious duties of your future life, first, with all your strength and in all time, cultivate your powers of *attention* and *observation*. Insist on seeing, and carefully, whatever is before your eyes, for this is just what your eyes were given to you for. If this seems an easy thing, and one which will do itself, because you cannot but see what is before you, don't make a mistake and fail to cultivate these powers. It is not easy to see all that is before one. Few persons do this, and no one does who has not cultivated the faculty of observation. This, in the practice of specific medicine, is a power of the very highest importance. How are you to cure by finding and giving the remedy which has in its record facts most like those of the case you would cure if you have not seen these facts? If not seen, their necessary comparison with the *materia medica* record is impossible. Therefore see everything before you. For example, the patient being in bed, note his position. Is he on his back or side? If on the side, on which? Note his posture; is he lying straight or bent? Is he quiet or restless and constantly moving? Is his aspect tranquil or anxious, expressive of pain or peace, of reason or delirium? The color of the face—is it pale or red? If red, dark or bright? Is the red in circumscribed spots or diffused? Is the color dirty gray? Are there dark circles under the eyes? Is the general surface warm, hot, cool, or cold; dry, damp, or wet? If wet, is the perspiration hot or cold? Is the morale tranquil or excited? If excited, what is the character of the excitement? What is the character of the respiration and pulse? These and all other visible facts are to be carefully noted; and the point we wish to make is that you are so to train your power of observation that it will permit no one to escape notice. It is no part of our duty or intention to enter on an explanation of the relation or significance of these facts. This would be to usurp the duty of your teacher, which I would avoid. By a careful training of this faculty you may come to that pass with it which will at a glance give you intelligence as to the nature

of the problem before you, and a power to deal with it successfully which those who are careless of this duty can never either emulate or understand.

Next in importance to a cultivated faculty of observation is the possession of the art of gathering *all* the symptoms of a case to be treated, and the first step toward acquiring this art is to get a definite idea of what constitutes a symptom. Do you say, "Why, a symptom is only a simple fact"? This view is wholly defective and inadequate to the expression of this constitution as before the specific prescriber. For him a symptom is much more than this. It is a fact, but not a *simple* fact. So far from this is it, that it is a fact with all that belongs to it of circumstance, condition, and relation to time, and to all the functions of all the organs of the body—how this fact affects each and how each is affected by it. How is it affected by motion or repose—by position or change of position? What are the qualities of this fact? If it be a sensation or a pain—what its exact location—what the time and circumstance of its appearance, aggravation or relief. These and many other elements which complicate the nature of this fact are to be taken into the account before the specific prescriber can accept it as a complete symptom. The reason of this is because the relationship between the sickness and its curative is found in the similarity of these complicating elements to like elements in the record of the *materia medica*. To gather symptoms, thus understood, is the daily and life duty of the homœopathic prescriber; and until this is accomplished a homœopathic prescription is an impossibility. The pretense of this, without the performance of this first duty, is ever and always a false pretense. This is not only the most important part of the duty of prescribing, but by far the most difficult. It is the most important because until this is successfully accomplished no subsequent step can be taken under our law for the relief or cure of the patient. It is to be done, and done carefully and right, or if otherwise the duty be performed carelessly, or a part of the needful record be wanting, then finding the curing agent may be an impossibility, by reason of the partial statement of one of the elements of the comparison which is to reveal the curative. The likeness to this which represents but *part* of the case may not have the relationship of curative to your case, and the discovery of a *simillimum* to this, if it be given, can only end in disappointment and failure. The law requires *all*, and will have it, or it gives us no promise of good. Its promise of cure is to that which is most like *all* the facts of the

case. To gather only a part, and proceed to prescribe on this, is only of the nature of breach of contract on the part of the prescriber, both as to the law and the best interests of the patient. All of success in practice depends on the thoroughness and completeness of the performance of this duty. Therefore count no labor or careful study given to this, more than its importance demands. Be content with no less than a constant and perpetual endeavor to strengthen your powers in use in this duty, and to increase their familiarity with the processes by which its objective is obtained. Let there be nothing of slip-slop or haphazard in its performance, not even for once, for this once may become the beginning of a habit, and the habit once formed, and practical life becomes a wreck, from which there can be no recovery. Cultivate this power to gather symptoms truly and in their entirety till you have mastered the great difficulty, and then you may safely assure yourselves that you have a large part, and a most valuable part, of a practical medical education. This, if you achieve it, remember, is to be a fruit of your own mind-working. Your teacher cannot give this faculty. It must have its origin in your own conviction of its importance, and its growth from the vigorous impulses of your own will. Never cease trying to do this better and more thoroughly, and the end will be, you will find yourselves doing it better and more thoroughly, and your successes will become greater and more assuring and comforting as you continue to strive.

In view of the supreme importance of this duty, may I not hope to be pardoned if I so trespass on the proper ground of your official teacher as to offer some suggestions as to how this securing of this totality of symptoms may be best accomplished? In the first place, write down your facts as you gather them, and you will save the risk of neglecting some if you trust your memory. Have a small, blank note-book always by you, ready for your record. Have some regular, orderly plan of procedure, trusting nothing to chance. It is not a bad one which begins at the head and inquires as to all possible pains, vertigo, and mental and moral symptoms, with all conditions and modalities connected with them. Then follow with the organs of sense, learning all aberrations of functions and pains, with conditions and modalities as before, and proceed through the organism according to the anatomical schema found in the *materia medica* record, noting all pains, functional disturbances, and their conditions and modalities as before. Then deal in the same manner with the general symptoms, skin, sleep, and fever. Having gone over

all this, and thus carefully, you have a basis on which a rational and specific prescription can be founded.

These two indispensable elements of a medical education you are to acquire mainly by the use of your own powers. No one, not even your teachers, can help you much in this work. The most they can do is in the way of advice as to methods of procedure. Attention and observation engages with objectives which are visible. The art of gathering all the symptoms of the case has largely to do with invisibles, the objective of which is to bring them into light and place them in the record which is to be the basis of a legal and rational proceeding for cure. There is and can be no other foundation for this than this record, and hence the necessity for its completeness and perfection. When law insists on the *perfection* of the record, it means it shall have in it no false entries; that in the answers to the needful inquiries the patient is not to be permitted to deceive himself nor his prescriber by whatever of exaggerations or imaginations of his own. It is not to be forgotten when gathering the symptoms of a sickness, that there is occasionally met a weakness of human nature which is ambitious that its own case shall be regarded as an *interesting* one, and to make it so this variety will not hesitate to draw on imagination, and is certain to exaggerate whatever of facts they may disclose. These are most difficult and not pleasant patients to prescribe for. It is to be carefully guarded against that if such patients succeed in deceiving themselves, they shall not deceive the prescriber.

There is a second part of a true medical education, to which the knowledge of others may be made to contribute. We refer to that part of it which includes a knowledge of the facts and laws of life, sick and in health; the philosophy of sick conditions and of their recovery; a knowledge of the nature and action of the means in use for this end, and their rightful administration both as to form and method—in short, whatever enables one to place his problem of cure in the clearest light of law, and in this light helps to its more ready and certain solution, is to be a part of the capital of every one who is to assume the duties of the practical healer. The educational processes he has passed through, presumably, have had for their objectives a general qualification for these duties. He has been taught a knowledge of the law which underlies and sustains the only "*science*" of therapeutics. He has learned its universality of scope and adaptability to the healing of the sicknesses of men. He has made himself familiar with the corollaries of the law which control its administration, and the right manage-

ment of the means it employs for healings. It is to be presumed he has been taught these knowledges as they are found in the *Organon of Homœopathic Medicine*, and are found nowhere else. It is presumed he has been taught these and also the true nature of sicknesses as there taught, because if not knowing these, whatever else he knows, he is wholly destitute of the knowledges which furnish the specific prescriber for his work. Without a knowledge of these there is no medical education which is worthy of respect or confidence. A knowledge of these principles, and of how to make practical application of them, is a medical education in itself. Other knowledges may be required to give completeness to the sum the healer should know. But whatever else he knows, and not this, he is not the possessor of an education which qualifies him to deal specifically with the sicknesses of men. Without these knowledges the would-be healer is but too likely to drift into the habits and methods of the medicine of theory, and there being no great difference between this and the kind of Homœopathy he knows, represents, and practices, he soon falls to dreaming of a possible union of the practical medicine of law and theory—"on a scientific basis."

One thing more. We have only considered medical education as exclusively related to the intellect. If it stops here it leaves its votary but partially fitted for his best work. The heart of the healer must also be educated for the duties of his office. And we would begin this by enforcing the apostolic injunction, "Let patience have her perfect work." In this we do not forget the beauty and need of gentleness and affectionate interest in the subjects of professional care. These in woman are known to be present as a spontaneity. But we begin with patience because of the great difficulty often experienced in its exercise, and because the practice of it is indispensable to the successes an observance of the demands of law promises to us. We inculcate patience first, because often, in dealing with important sicknesses, success will depend so much on its presence. Patience first in gathering the basis of a rational prescription, which is often very difficult. And there are many reasons for this. Some belong to the patient and some to the prescriber. The patient may be of that eccentric order who think it is smart to deceive, conceal, or mislead the inquirer after his symptoms. In this his eccentric vanity presents him to himself as the superior of his doctor, and he likes the view. I have seen and dealt with some of this class, and confess that a proper dealing with them requires a sublimity of patience almost beyond the pos-

sible. But this poor vanity is to be borne with, and by persistent perseverance is to be overcome. The truth must be had. Then another class is met who are almost wholly incapable of giving an intelligent account of the elements of their sicknesses. They only know they feel bad, and any attempt at an analysis of their bad feelings is something beyond their comprehension. A pain is a pain with them, and all are alike, and their whole idea of it is limited to the sense of discomfort it causes. These may not be foolishly vain, but they are almost incorrigibly dull, and truth, which must be had, is only obtained from them by utmost patience and perseverance. Each patient will have his personal peculiarities and each present his peculiar difficulties to be overcome, and each will demand more or less carefulness and patience for their mastery. No doubt it is easier to generalize and guess than to strive and overcome the many difficulties incident to a specific dealing with sicknesses. But remember, if you yield to the temptation, and substitute generalization for the individualization a practice founded on law requires, you have by so doing abandoned Homœopathy, and have no longer a right to its honorable name. If for ease's sake, or for any other cause, you proceed to find and give a remedy for pneumonia, for example, instead of searching out the facts of that sickness and finding the remedy for these, as the law requires, you will not only have abandoned Homœopathy, but will have added, probably, to the long list of fatal cases which have been so treated before. It is easier to prescribe for a *name* than for the "totality of the symptoms"—*i. e.*, for all that is knowable of a case; but certainly we know no other reason for this stupid resort. It may be true, as was said recently by a so-called homœopathist of New York, that those in your city "who prescribe on symptoms could be counted on his fingers." If so, then all that follows from the fact is, that the number of those here who are really true homœopathists are all found in this limited number. The doctor who had made this interesting discovery gave the exponent of his own professional character when he answered the question, in a professional consultation, "What are the reasons which decide your choice of the remedy you recommend in the case?" His answer was, "It is Dr. —'s great remedy in these cases!" His professional life has evidently been an imitation of the child's game, known as "follow my leader." You may meet such—and it is to be feared there are but too many of them. If you do, they may tax you for all the patience you have, and perhaps more.

But there is another field in which you may be called on for

your whole stock of patience. You have studied your case, gathered its facts, and, as you believe, have found your simillimum. You have given this, and when the time comes that you look for response in the relief of your patient, it has not appeared. What shall you do? Change your remedy? Not so. Revise your examination of your case and your comparison of its record with that of the materia medica, and if you find your selection justified—wait! “Not able to wait for a thing”—said that great master of prescribing, the elder Gross—“is the original sin.” Or, more literally translated, the parent of *all* sins. And in therapeutics there is in this more of truth than rhetoric.

We would emphasize this duty of waiting, because just for the want of this many lives are lost. Let it be remembered, different patients respond to their specific in times which differ greatly as to extent. The same is true also as to the time required by different remedies for their reactive and curative action. Some are reacted on instantaneously, sometimes, and always, if at all, in a short time after their administration. Others only after hours, days, or even weeks. I have seen the best of results, in gravest sicknesses, appear after two weeks of painful waiting. I have seen the worst of results follow the change of remedy which impatience had demanded and practiced, because the expected curative action was delayed beyond the time in which it had been looked for. For the government of practice in the matter of change of remedy and repetition of dose—study the directions of the Master in his *Organon*, obey these implicitly, and then—let patience and your specific have their perfect work.

REFLECTIONS ON SOME URINARY TROUBLES, SUCH AS GRAVEL AND ENLARGED PROSTATE, AND OTHER INCIDENTAL REMARKS.

B. EHRMAN, M. D., CINCINNATI.

We have lost in this community some of our best citizens, with these complaints, who might have lived a good many years longer if properly attended to. But, being regarded as surgical diseases, patients are prone to confide in surgeons until they relieve them of all aches or pains.

The readers of this journal as well as the *Advance* will recollect some controversy about the curability or non-curability of this disease of old age, enlarged prostate. The young doctor (although a graduate of a homœopathic college), being entirely

guided by Gross as to diagnosis and prognosis, ridiculed the pretension of homœopaths to cure the same.

The writer of these lines, having himself suffered lately for five or six weeks severely with this disease, and being now convalescent for some time and in a fair way of a complete cure—although he is the senior by twelve years of most of those that have died within his knowledge for the last five or six years and in consideration of the fact that even our homœopathic physicians will doubt and despair—feels it his duty to testify to the curability of the disease under consideration for the benefit of suffering humanity.

Now let me relate the history of one such case that was partially under my care, and who eventually fell a victim to bungling surgery :

This patient passed occasionally some small gravel for many years—maybe once in three, four, or six months—without much inconvenience. Being otherwise in good health and robust constitution, he was not disposed to become a regular patient for the eradication of this gravel dyscrasia, but would simply take a prescription occasionally whenever he thought best.

In consequence of one of his neighbors being operated on for stone in the bladder, he felt some apprehension that he might be in the same condition, and concluded to have himself examined. The surgeon found no stone nor any other lesion.

Some weeks after, he called at my office and related to me what I have just stated, and jocosely remarked that “the surgeon gave him with his instrument the clap,” for which he now engaged my services, after this surgeon had failed to remedy the trouble which he had induced by his instrument.

I had prescribed but a few times for this urethritis in my office, and mostly by proxy, when the young doctor came to my office to inform me that he, in consultation with another surgeon (a homœopath), had examined my patient and found enlarged prostate and *no gravel* at all. The young doctor, a near relative and living in the same house, now prescribed, but after five months' treatment, during the best season of the year, had failed to do him any good, and I was recalled. After three weeks' treatment I received a letter from him (for I visited him only when requested to do so), stating that he was a good deal better, and that he had to use the catheter only two or three times during the night, whereas he had to use it very often before.

But, to make the matter short, the young doctor used every opportunity to get him again under his care, merely to palliate

this enlarged prostate, as a cure was impossible according to the authority on which he relied. After treating him for a few months for that purpose, he died suddenly and unexpectedly. Now we come to the most remarkable part of this story. The post-mortem examination revealed the following facts: The prostrate had sloughed away, and the bladder contained twenty-three calculi, some as large as buckeyes and others smaller.

Failures as well as cures are very useful if the proper lessons are deduced from them. Therefore:

Remark 1. It is my candid opinion that if the patient had never seen that first surgeon, he would be alive yet, and lived for many years more as comfortable as he had done before. There would have been no urethritis for me to treat, and there would not have been an opportunity for the young doctor with his homœopathic surgeon to step in clandestinely to take the patient out of my hands, just at the beginning of my treatment for this urethritis, induced by the first surgeon, under the plea that I treated him for a wrong disease, gravel dyscrasia.

Remark 2. When I was recalled to attend the patient again, he told me incidentally that a neighbor had handed him a certain root, which he said had the power to dissolve stone in the bladder when used as a tea. He concluded to inject an infusion of it into his bladder, on the supposition that it would be more efficacious in this way than as a drink merely. This he *did* all on his own responsibility and without my knowledge, while under my care, in the first weeks of my treatment. A few days after this the two savants came to examine the patient, and as they found no gravel disease, they found their efforts well rewarded by discovering the prostate enlarged, as they said. Now, supposing it was larger than usual with a man of his age, and suffering as he did for many weeks, the question now comes up forcibly: If that root had any such power as to dissolve calculi, it must certainly be irritating, not only to the parts injected, but also to the surroundings. The prostate gland would naturally be larger, just as the parotid glands enlarge in malignant diphtheria or scarlatina, by sympathy.

Remark 3. Whenever there is any urinary disease, everybody will recommend some natural mineral water, such as Bethesda water, as if it were a cure for all cases. So this patient was advised by his doctors to drink of it as much as he could, day and night, and have the urine drawn by the catheter altogether.

According to my experience and observation, I regard this Bethesda water homœopathic to gravel dyscrasia, in so far as it favors the formation and accumulation of gravel in the bladder;

and, when employed or administered homœopathically, might, no doubt, do good.

But to do as the patient was advised by the two savants—to drink plenty of it day and night, and have all the urine drawn by the catheter, thereby preventing the passing off of small particles, and disregarding the very important element of diet in this disease—was the height of folly, and nothing but a fatal end could be expected.

CARIES OF THE TEETH.

Calc. carb. in caries of the teeth of children, particularly the scrofulous or rachitic, and if the toothache is increased by draught or cold. In caries after abuse of Mercury, *Asafetida*, if there is a drawing pain in the jaws and copious saliva; *Nitr. ac.*, if the teeth are loose, or feel as if they would fall out, the gums being white and swollen, and often bleeding; *Mezereum*, the teeth decay rapidly; if touch aggravates, and also motion.

Phosph. ac., in caries of scorbutic persons—gums bleed easily, pain is worse after cold or hot, and a sensation of coldness in the roots of the molars.

Rhus tox., in crusty caries, always combined with tetter, or in rheumatic or gouty patients, worse at rest, better in motion, and most at night.

Aurum, in secondary syphilis, or after abuse of Mercury, with looseness of teeth, ulcers in the gums, bad odor from the mouth, and heat in the head.

China, in carbonaceous caries, commencing with a black spot, most observed with scrofulous or tuberculous persons; if the pain is throbbing, of a congestive nature, or caused by abuse of Mercury.

Carbo animalis, in rending, tearing pains, caused by salt victuals, with bleeding gums and looseness of teeth, the tooth being very sensitive to the least cold.

Lycopodium, particularly after Calcarea, if the dull aching is worse after eating, with little tumors or ulcers on the gums.—
C. HERING, in *Hom. News*.

ANXIOUS FOR THE NEW REPERTORY.

MY DEAR LEE:—My *Lippe's Repertory* is all torn, shall I get it rebound or can I soon hope to be the happy possessor of *two* copies of the new edition, one for my son and for me. A book so often used allows no partnership. Hope you enjoyed your trip. I just returned from Etruria and feel ready for work again.

S. LILIENTHAL.

REMEDIES AS TIME-KEEPERS.

There are remedies incorporated in our *Materia Medica* which may justly be termed "Time-keepers," from the fact that in their provings they elicit symptoms which re-occur at certain hours or at stated periods, and at certain and regular intervals, without fail.

This feature, belonging to certain drugs, being verified by each and every prover, enables us to prescribe them with the utmost confidence when indicated—this confidence being daily strengthened by the witnessing of most remarkable cures following their administration.

One of the most important of this class of drugs, and the one I wish to call attention to particularly in this brief paper, is the *Aranea-diadema*, commonly called the cross-spider. When the proving of this drug was first made, one of the most peculiar symptoms which was prominently brought forth and verified by subsequent provers is the one which reads: "Toothache every day at the same hour." Now, although this symptom is exactly in accordance with the proving, yet we must not make the mistake, as is frequently done by those who do not properly interpret the true meaning of symptoms as recorded in our *Materia Medica*, to throw aside this drug in a given case of toothache, for the reason that it may not happen to occur in the patient under treatment at precisely the same hour each day—remembering, that it not so much the precise hour at which the symptom returns, as it is the marked regularity.

Many brilliant cures have been lost to the practitioner, and many a convert, also, to our school of practice, by reason of this error.

In the homœopathic use of such drugs as the one we are now considering, we must reason from analogy, and if the symptom, whether it be odontalgia or what not, comes on with clock-like regularity every day, every other day, or every seventh day, moving as it were in a cycle, then the remedy, corresponding to this positive regularity, is homœopathic to it, and it will, in all likelihood, effect a cure.

By thus reasoning I was enabled to make a most beautiful and perfect cure of a case of chills in the person of a robust, tall, and heavily bearded man, who, from the nature of his business, was exposed to all sorts of weather.

This patient came to my office last spring, and explained to me that he was suffering from a very peculiar ailment. For

weeks past, though feeling tolerably well throughout the day, attending regularly to his daily round of duties, every night, as soon as he stepped into bed, he was seized with a severe chill, which lasted perhaps for the space of two hours, followed by heat, but no sweat.

Thinking that the cold sheets upon which he lay had something to do with his difficulty, he adopted the plan of substituting blankets, but no improvement followed this procedure. The key-note in the case, "chill the moment he touches the bed," is very remarkable, and I did not propose wasting half a day hunting for it in the *Materia Medica*, for I knew it was not to be found there. I, however, reasoned from analogy, as I have always been in the habit of doing in prescribing in similar cases, thereby interpreting drug symptoms far beyond their literal meaning, as printed in black and white in our books. Hence, I was enabled to cure the patient promptly and effectually, and in this way. Upon hearing the story of the gentleman's sufferings I said to myself, There is no such symptom to be found, *verbatim et literatim*, among our key-notes; but in a moment the drug *Aranea-diadema* loomed up before me, with that remarkable symptom confronting me, viz.: "toothache every day at the same hour." Now this patient's sufferings did not present themselves at the same hour precisely each day, but, on the contrary, were developed only when he retired to bed, which was at irregular hours; but when they did present themselves they were as regular as clock-work, and always under the same conditions.

Aranea occurring to me, as I remarked before, as being the best time-keeper among our remedial agents, I was satisfied that this, and this only, afforded hope for my patient. Accordingly, the remedy in the thirtieth potency was administered in smallest size pellets, a dose night and morning for four days.

At the expiration of a week the patient, according to agreement, reported, and stated that after the fourth dose the chills ceased, and he considered himself well. I saw him a week later and there was no relapse.

Comments.—We are prone to put a too narrow or contracted interpretation on many of our provings, not allowing them sufficient scope. For instance, *Lac-caninum* has sore throat, constantly changing from one side to the other. Now, if we stop here, and simply infer that this drug has this peculiar power or action only in the throat, we will do nothing else with this peculiar symptom but cure sore throats with it. If, however, on the other hand, we interpret the symptoms recorded in our

provings aright, giving them proper and reasonable construction, and reading between the lines, we will soon find that just as well certain forms of colic or acute pains in various portions of the body can also be readily cured with it, wherever this peculiar symptom exists of the pain alternating from one side to the other at regular intervals. Studying remedies in this light will give us much greater latitude as healers of the sick, and will help us out with many a knotty case, where the identical symptom, as given by the patient, cannot be found recorded.

Remarks.—The headaches of *Aranea* are very severe, greatly aggravated by attempting to read or to write, but ameliorated by smoking tobacco, and entirely relieved by smoking out in the fresh air.

The colic produced by this remedy is somewhat similar in its severity to *Colocynth*, but while the colic of the latter is much relieved by pressing the abdomen against some hard substance or bending double, the *Aranea* colic is made better by sitting up and rubbing the abdomen all over with the hand.

The *Aranea* toothache occurs in one or more teeth every day at precisely the same hour, but on lying down every tooth in the head is sure to ache.

The menstrual symptoms closely resemble *Calcarea carb.*, inasmuch as it causes the flow to appear eight days too soon, and are too copious and too strong.

We have but a meagre proving of *Aranea-diadema*, and we should be pleased to hear through the pages of *THE HOMŒOPATHIC PHYSICIAN* of cures made with this drug, with the symptoms clearly given, by members of the profession who have found it, as the writer has, a most valuable addition to our armamentarium.

C. CARLETON SMITH, M. D.

PHILADELPHIA.

INVOLUNTARY PROVING OF ARNICA.

E. W. BERRIDGE, M. D., LONDON.

The following report was sent me by a patient: He received a blow on left cheek from a cricket ball, which blackened the eye and whole side of face. Applied a strong dilution of *Arnica*, and took one or two drops internally at once, and continued to do so for two or three days. The swelling then became red, puffy, and angry, especially under the eye, with unmistakable symptoms of erysipelas, scaly and in spots, extending down the

cheek and on the forehead. *Hamamelis* and *Calendula* had little or no effect. Then, as the swelling seemed exactly like the sting of a bee under the eye, he tried *Apis*, first decimal, in two-drop doses once or twice, with immediate and striking relief, the swelling going down within half an hour. Did not repeat the dose till next day, when the swelling seemed to return slightly, and the same result followed taking the medicine. A sty then formed on lower eyelid, and *at once* the right finger began to pain, ending in a gathering, which discharged. Was the whitlow the effect of *Apis*?

REFLECTIONS.

AD. LIPPE, M. D., PHILADELPHIA.

There is before us a new work emanating from the Hahnemann Publishing House, Philadelphia. The title-page of this work reads, *A System of Medicine Based upon the Law of Homœopathy*, edited by H. R. Arndt, M. D. Upon reflection this title-page is quite an enigma. Is it a *new* system of medicine growing out of or based upon the laws governing Homœopathy, or what can it really be? Is there really a Law of Homœopathy? or is not Homœopathy, as promulgated and taught by its founder, Samuel Hahnemann, an art which teaches how to apply the only possible law of cure—the law of the similars—to the science of therapeutics? An explanation of this healing art was given by its founder in his great philosophical work, *The Organon of the Healing Art*. The only possible solution must be, upon sober and calm reflection, that this new work expounds, upon the basis of the laws governing homœopathic laws of therapeutics, a progressive system superseding Hahnemann's methods, or else that it is a fraud. The title-page gives no satisfactory explanation, and we now proceed to reflect upon the new revelations to be found in the preface. There the editor tells us that he possesses one great advantage over the majority of the progenitors of new books, in that he need not enlarge upon the *raison d'être* of this publication. The entire homœopathic school have for years experienced the want of a work on "Practice," which should take the place of the very excellent, but now old, treatises of Baehr, Kafka, and others. It is, after all, *not* a new system of medicine; it is a work on "Practice" wanted by the entire homœopathic school! If the editor had said, "by a majority of *professedly* homœopathic practitioners," he would probably have been right in his asser-

tion ; BUT there is still the old guard, the pioneers of our school, who *know well* that all the works on Practice, from the *Domestic Physicians* down to Kafka's work were, and had to be, *failures*. They were and are progressive attempts to generalize ; they are an impossibility, for the reason that in each individual case the true healer is compelled to individualize. The editor further says (page 8) : " In each instance, then, the reader has placed before him the result of actual experience gained by observation obtained at the bedside, a feature of the work which becomes of great importance in those portions which deal with the *treatment* of special pathological conditions ;" and on page 9 the editor further confirms his position when he says : " The indications for remedies are of necessity given with reference only to symptoms which occur in direct connection with disorders treated ; concomitant symptoms usually are ignored, because a work like this cannot be made to take the place of a work on symptomatology."

Does the editor of this work ignore the well-known fact that the homœopathic healing art *never* did and never can treat special pathological conditions, or does he imagine that a treatment of special pathological conditions will bring satisfactory results ? What are special pathological conditions ? What is sick physiology ? It always has been, as Hahnemann so lucidly described them, merely a hypothesis, a misleading, speculative guess-work, and so it will be to the end of the world. Concomitant symptoms usually are ignored in this work. What, then, is the true inwardness of this new system ? It is a modern attempt to put the pathological livery on the homœopathic healing art. Valuable material has been collected by Ruckert and Oehme giving the experiences gained by observations at the bedside, under the title *Ruckert's Clinical Observations*. Ruckert or any of the collectors of such clinical observations never claimed to make them a basis of a system of medicine. These five volumes have been valuable to the student of Homœopathy. Concomitant symptoms were not ignored, and there was no attempt made to generalize. Pathology as a collateral branch of the medical sciences has never been ignored by the true healer as a means of coping with the allopathists. They make their pathology the basis of therapeutics and we do not ; all the attempts to reduce Hahnemann's methods to the adaptation of the allopathic unsuccessful attempt will fail. Any work written for that purpose will fail, as it is misleading, unreliable, a false guide. Let us reflect for a moment on the text of the book, and we just open Vol. I, page 464—*Angina pectoris*.

There is a better and a decidedly more *honest* essay to be found on *Angina pectoris* in the fourteenth volume of the *Cyclopedia of the Practice of Medicine* by Ziemssen.

Has it come to pass that the homœopathist is invited to resort to a palliative treatment—Amyl nitrite—not accepted by the better observers among our allopathic brethren, who even warn us against its general use? And what criticism is ready for our school when a *truly* scientific physician of any school reads on page 473, “I am satisfied there are cases closely simulating this disease which are wholly due to hysteria, uterine, and ovarian disease. In such cases *Cimicifuga*, *Asafetida*, *Lilium*; and other utero-ovarian remedies prove useful. I have (says the writer of the paper) used in similar cases with brilliant results hypodermic injections of *Morphia*, *Codea*, and *Atropia* in minute quantities, and their effects were permanent, no recurrence appearing after the production of sound sleep.” Based on the law of Homœopathy? What does H. R. Arndt, M. D., say to such an assertion? In disgust and sick, we hope to find something good in the work, and turn at random to page 669. There we find “Gallic acid in ten-grain doses, frequently repeated, Alum in two-grain doses, and the Acetate of lead are most reliable.” Does H. R. Arndt call this modern Homœopathy?—a system of medicine based upon the law of Homœopathy? Woe to the young practitioner who has invested in this work. Woe to the victims who, under the expectation of homœopathic treatment, are dosed according to this marvelously pretentious work. Let them remember that the true guide to success as a true healer is to accept Hahnemann’s teaching as it is found in his *Organon of the Healing Art* and accept as a true therapeutic guide his *Materia Medica Pura* and *Chronic Diseases*, as well as further late publications such as his *true followers* made and to beware of all false teachings not in harmony with the laws governing Homœopathy.

After due deliberation we come to the conclusion that the title-page of this work is misleading, that it will be found to be a fatal error by all intelligent men conversant with the laws governing Homœopathy, and that it should read “A system of medicine *ostensibly* based upon, but really *repudiating*, the law of Homœopathy.”

A gentleman called for assistance on the 20th of September, 1885. For some six months his hair had been falling out in tufts on the back part of his scalp, leaving bald, smooth spots as large as a quarter of a dollar and smaller. He desired aid, so that he might finally not grow bald. About fifty years old, he

had always enjoyed good health, and is at present perfectly well. No possible cause could be assigned for the peculiar falling out of the hair in spots. He was a strong homœopath, and I remembered him well, having some seven years previous waited on his six-year old boy in consultation with the late Dr. H. N. Guernsey, in a case of very malignant diphtheria. This case recovered fully under strictly homœopathic treatment. Again he wanted strictly homœopathic treatment. He received one single dose of Kali carb.^{cm} (Fincke) on the 20th of September. He called again on the 12th day of October, and all the bald spots were covered with a new crop of hair growing splendidly.

Comments.—The case here related was by no means one of the many grave cases so often coming under treatment, but it was, nevertheless, a trying case. Apparently but one symptom presented itself, falling off of the hair in spots. The two best known remedies for this affliction are Hepar s. c. and Phosphorus. It was very desirable to detect, if possible, some other symptom which might guide the healer to find the truly homœopathic remedy. His hair had been exceedingly dry for some months, was not turning gray. Great dryness of the hair we find under Alumina and also under Kali carbonicum, and as Kali carb. has produced and healed falling off of the hair, we chose this remedy. With most happy results it was administered. The most difficult task for the careful physician is the finding of the symptoms—the examination of the sick; the more meagre the symptoms, the more difficult is the choice of the remedy. In this case the choice was Kali carbonicum. The second very important question is how to administer it. The safest way of administering a well-chosen remedy is to give one single dose of a well-developed potency without paying the least regard to a set of illogical, benighted pretenders who *a priori* guess that there is no medicinal virtue above the twelfth dilution, and while said benighted pretenders have NEVER yet presented a case illustrating their assumption that there is no curative power beyond the twelfth dilution, their assumptions must be ignored by all men who have made experiment honestly and come to the final conclusion that so far no limit to potentization can be set, as all potencies yet made have developed, if possible, increasing curative virtues. As to the single dose; if the similar remedy has been ascertained, the clinical experiment will teach every good observer that in most cases, acute and chronic, the single dose will develop all the curative powers necessary to restore health, and, to the contrary, a continuation of the proper remedy will just, in most cases, act detrimentally, causing accumulative medicinal

effect on the already sick organism without giving the *vis medicatrix* time to overcome the diseased condition under the influence which a simple dose exerts on it. Such cures as are daily made by the true healer who relies on the law of the similars, the single remedy, and the single minimum dose, have been called, by the unfortunate illogical members of the profession "accidental cures." Maybe they are, but it is strange that they occur so very often, nay, regularly, under the same methods of practice. Cases of this kind have also connected with them their *lesson*. If our younger colleagues wish to save much anxiety and blundering, let them discard as false and deceptive guides all works on "practice," but hold fast to the teachings of Hahnemann and our *Materia Medica* as unerring guides in the discharge of the duties of a healer. Suppose just such a case as here related comes under the care of a younger colleague who has to establish a reputation for skill, will he find any advice or any help in any of the various works on "practice"? A shorter and safer method of finding the curative remedy is to consult our *Materia Medica*. There he will find the desired information, and there he will find in each individual case the truly homoeopathic remedy. Where will he look in a book on practice for advice? Has this case above stated been labeled by the pathologist, and if not labeled where is the physician to look for advice? The promised fleshpots of Egypt will just vanish, and no comfort will come to him till he goes back to Samuel Hahnemann for advice and discards the pretenders. The publication of the results of the clinical experiments, the publication of cured cases, serves but one great purpose, viz. : to testify to the incontrovertible fact that the methods of Hahnemann and his directions *how* to apply the only law of cure, the law of the similars, for the cure of the sick, are corroborated by the experiment, by their practical applications in the science of therapeutics.

MOSES' REGULATIONS CONCERNING THE HYGIENE OF ORGANS OF GENERATION.

Moses found the practice of circumcision established in his race since the time of Abraham, and directed its continuance. It has been stated that Abraham borrowed this custom from the Egyptians. The statement is thought to be supported by the authority of Herodotus, who had observed the custom in Egypt. But as stated by Dr. Bouisson (*Diet. Encyclop.* V, XVII), Herodotus wrote nine hundred years after Moses, and the Egyptians were

probably inspired by the example of the Israelites, as is affirmed by several historians. The custom renders less easy the transmission of contagious maladies produced by sexual relations, and it is asserted by Israelites that the practice prevents those pruriginous affections which may become a cause of irritation and of vicious habits. These conditions, which are often dangerous, are extremely rare among them. In the hygiene of women there is a point of capital importance—the regularity of the catamenial function, which should be accomplished in calm repose. A large number of the affections appertaining to the utero-ovarian apparatus may be referred to imprudences committed during the menstrual period. The congestion which precedes and accompanies the periodic flux appears to be connected with ovulation. If the catamenia are, as has been stated, accouchements in miniature, we know that fatigue, strong emotion, and all excitements should be severely interdicted during this period. Nevertheless, the education and the exigencies of modern society take no account of this matter. Most women do not make any change in their habits; they take long promenades, dance, travel, and ride horseback quite as though they were in a normal condition. Moses, however, affirmed and enforced a proper respect for the catamenial period. During its continuance the woman was obliged to remain sequestered.—Dr. Noël Gueneau de Mussy, in *L'Union Médicale*.

LACHESIS TRIGONOCEPHALUS—PROVING BY INDUCTION OF THE 7M. FINCKE.

DR. BUCHMANN, ALVENSLEBEN, GERMANY.

Ernest Wagner, seventeen years, student, had, when a child, spasmus glottidis. Two years ago a bronchial catarrh was accompanied by asthmatic attacks in the night, which returned several times, and which, for the last time before Easter of this year, had caused three successive sleepless nights.

1885, July 14th, 8.10 A.M.—Prover took the vial with Lachesis 7M. (F.) for fifteen minutes in his right hand, sitting on the sofa.

8.15 A. M.—Yawning, frequently repeated; accumulation of water in the mouth, watering eyes.

8.25 A. M.—Tickling in the nostrils and watery secretion in the nasal cavity. Aching between the shoulder blades, lasting five minutes; sensation of firmly adhering mucus in the pharynx.

Rumbling below the navel. The yawning continues. Great tiredness and indisposition to mental labor. The eyes get watery again.

10 A. M.—The tiredness has ceased. The voice has a crowing character which strikes him very much. In the afternoon, increased thirst.

Toward 5 P. M., very much depressed. The crowing voice gets worse toward evening. Immediately after supper the tiredness increased.

July 15th.—In spite of great tiredness, difficulty to fall asleep. Before midnight, waking up from sleep frightened, after which he falls soon asleep again three times. On rising in the morning he notices a great spot in the cheek—a thing which never happened before and frightens him considerably. A seminal emission occurred during sleep without his knowledge, without erection, and unaccompanied by dream. After getting up, some transient dyspnoea.

July 16th.—After going to bed at 9 P. M., being very tired, itching on the left instep near the toes, then upon the left shoulder near the neck, then upon the left hand near the fingers, then upon the left side of his face, especially at the left side of the nose, then at the left ear-lap as far as the lower part of the cartilage of the concha, then outside of the leg near the left tibia. Now and then the itching returned at these parts, causing him to scratch till 10 P. M., when he fell asleep. He has never observed a similar itching before in his life. During the day, voice somewhat rough.

July 18th, 6.10 A. M.—The prover took the same vial in the left hand for half an hour. After about ten minutes, yawning several times, watering eyes, sensation of mucus adhering to the pharynx, tiredness.

After removing the vial no more symptoms were observed.

It will be seen that this proving furnishes interesting symptoms which correspond with Hering's proving of the thirtieth cent. Interesting, also, is the comparative immunity to Lachesis on a second application, after cessation of all the symptoms, and the following short duration of action (Wirkungsdauer).

THE SOUTHERN JOURNAL OF HOMOEOPATHY: *The Southern Hom. Pellet* comes out under this new name, in a new dress and with brighter pages. Success to it, and may it do much good in the Southern land.

THERAPEUTICS OF ANGINA.—SORE THROAT.

The treatment of the different forms of angina is generally directed with reference to their characteristics, their intensity, and complications. The first duty of the physician in these, as in all acute diseases, is to arrest their probable causes, and to remove every agency capable of augmenting these maladies; then to prescribe a suitable diet, which most frequently consists in abstinence from all aliment; and finally to select the remedy most apposite to the case.

Actæa is serviceable whenever there occurs stiffness of the neck, a sensation of swelling and vehement pressure in the tonsils; great dryness and burning heat in the throat, with a sensation of hot air passing over it; extreme sensibility of the throat to cold drinks and to cold air; burning itching; contraction in the throat on swallowing solid food; painful pressing after having spoken; irritation followed by cough and bloody expectoration. When these symptoms persist, despite the previous use of *Aconite*, the *Actæa*, aided by *Nux vomica*, will mitigate them in a few days.

Ammonium carbonicum applies as a remedy when there is burning on the neck, extending as far as the throat; sensation of swelling in the tonsils on swallowing; pressure with congestion of the œsophagus, as if some substance had been arrested in its passage, although exempt from pain; speaking difficult; voice hoarse; nocturnal cough violent; respiration short; and occasionally an aphthous appearance. Great sensibility against cold, weakness of the limbs, a continued shudder, which alternates, at night, with heat, also indicate this remedy.

Ammonium muriaticum is indicated by shooting pains in the neck, whether on swallowing, or independent of deglutition, and also in the throat on gaping, with bitter taste, anorexia, unquenchable thirst, dry cough, and dry coryza; when frequent tickling is joined to a sensation of roughness and shooting pain, and to a great dryness of the throat, at the same time that there arises an abundant secretion of mucus, which it is very difficult to expectorate. Then occur repeated shudders, great fatigue, and flushes of agonizing heat. The *Sal ammoniac* also answers when the malady is obstinate and threatens to pass over to a chronic state.

Baryta benefits when there are penetrating pains in the throat on empty swallowing; pressure and shooting pains on swallowing aliments; strong swelling suppuration of the palate and

tonsils; obstructions to speech and deglutition; sometimes, in the morning, dryness and painful stitches on swallowing, recurring at night; contraction of the throat, with labored respiration after meals; efforts to belch; scratching in the throat; humid coryza, with dry cough, alternate chills, and flushes of heat. The Baryta renders the greatest service when the angina lingers, remains stationary, passes over to the chronic state, or resembles schirrus.

Belladonna is to be given if a violent fever and burning heat accompanies the pains of the throat, with warmth and swelling of the veins; if there is dryness of the throat and mouth; shooting pains in the throat on swallowing, turning the head, or breathing; or when on swallowing there is experienced a sensation of a bruise and burn, or, in addition, a contraction and oppression of the throat, which impedes the deglutition, speech, and respiration. Dry cough is an important indication of *Belladonna*, and, also, swelling of the tonsils. It frequently succeeds Aconite with marked benefit.

Bryonia accords with pricking sensations in the throat on swallowing and turning the head; pressure, swelling and dryness of the back of the throat, the palate, and mouth; abundant secretion of saliva, constipation; cold in the head and hoarseness; dry cough and oppressed respiration. *Bryonia* follows the Aconite advantageously in practice.

Cainca has been applied with the greatest success when the salivation has been abundant; when there has been swelling of the uvula and palate with a grating sensation; a constant contraction in the throat alternating with drawing; heat; difficulty of deglutition; hollow, oppressed, and hoarse voice; pressure on the larynx; copious expectoration of watery mucus; sneezing; dry cough; difficulty of respiration at night; swelling and paleness of the face. This remedy is remarkably active and curative in many catarrhal forms of angina, especially those which precede scarlatina and measles. It is also useful in the treatment of anasarca that succeeds these two diseases.

Cantharides deserves employment when the throat manifests a burning and grating sensation; when there is redness and tension in the mouth; or pressure terminating in shooting pains on swallowing; or when the patient cannot swallow liquids; has a bitter and sour taste; white tongue; salivation; violent tickling in the larynx; dry cough, sometimes followed by bloody expectoration, and labored, painful respiration. *Cantharides* has proved useful at the conclusion of inflammatory, and at the commencement of catarrhal sore throats.

Capsicum is an energetic remedy when an inflammatory pain exists in the throat, which becomes drawing, or very contracting and convulsive, irrespective of the deglutition; when a painful pressure, a kind of contraction, exists in the curtain of the palate during deglutition, and when the ganglions of the neck experience rending and agonizing pains, recurring by paroxysms. To these symptoms may be added tickling in the throat, which causes frequent sneezing and sensation of roughness; weak, disagreeable taste; excretion of abundant and thin mucus from the nose; hoarseness; dry, hacking cough, and the production of a copious mucus in the trachea, expelled by expectoration. *Capsicum* is also appropriate to many epidemic maladies, or to such of its indications as occur suddenly during the prevalence of an epidemic. Sore throats complicated with gastric or rheumatic ailments, as well as those of unfavorable forms that pass over suddenly to a gangrenous state, yield readily to *Capsicum*, given twice in six hours.

Chamomilla responds expressly to angina complicated with gastric and bilious fever; also with painful deglutition; a sensation of fixed pain in the throat; bitter taste; malaise; nausea, and catarrhal affections, particularly dry coryza, tickling in the larynx, hoarseness, dry cough, and difficult respiration. *Chamomilla* is indicated in all mucous diseases, and therefore is especially suitable for catarrhal sore throats.

Cocculus is applicable to dryness of the mouth, with a sensation of roughness in the throat, or burning in the throat which extends quite to the curtain of the palate, with a flow of saliva, very great sensibility of the neck, even to smarting, pressing pain in the tonsils on swallowing, bitter and offensive taste, distaste for all aliment, partial paralysis of the œsophagus, with sensation of inability to swallow, contraction of the throat, difficulty of respiration and irritation constantly inducing cough; at night the cough becomes violent and menaces suffocation. *Cocculus*, after the prior administration of *Aconite*, will relieve all inflammatory traces of the above symptoms that the latter remedy does not reach.

Drosera is an admirable remedy for dryness and contraction of the palate and pharynx; pricking in the throat, without deglutition; expectoration of watery saliva; irritation to cough, with darting and pricking pains in the larynx, hoarseness, yellow mucous expectoration, and difficult respiration. The voice becomes materially changed, and the cough, which occurs in the evening on retiring and during the night, is developed in deep,

repeated, and convulsive paroxysms, which are sometimes succeeded by vomiting.

Hepar.—Pricking sensations in the throat as if from pins, on swallowing, gaping, respiring deeply, and turning the head, which sometimes extend to the ears; pain, as if from a bruise, in the muscles of the neck; interiorly a sensation of swelling and pressure as if from some fixed external body; sensation of scraping on swallowing solid aliment; heat and scraping in the throat after primary relief, with constant expectoration of mucus; vomituration in the morning, with a dry and deep cough, which develops itself at evening and becomes sometimes extremely violent and agonizing; frequent expectoration of mucus and blood; expression of the face weakened; eyes black and blue, shivering followed by heat, clammy perspiration, especially on the forehead and chest—such are the symptoms which indicate the use of this remedy. In sore throats of the most serious character, which threaten to destroy by suffocation, also in croup, the *Hepar sulphuris* displays the most astonishing power, and not less conspicuously where there is a tendency to induration of the tonsils, or when such state is developed. The *third* potency of this medicine has acquired a decided preference, for efficacy, over any other of its forms.

Hyoscyamus is in requisition for burning heat in the face, the features of which are distorted, and the complexion purplish; for dryness of the throat, thirst, prickings in the larynx, contraction of the throat, impossibility of swallowing, copious salivation, increasing loss of appetite; for vomitings of white mucus or of green bile, collection of mucus in the larynx and trachea, hoarse and indistinct voice connected with a sensation of a foreign body firmly lodged in the trachea, nocturnal cough, which may be dry and spasmodic, and respiration labored and agonizing. The *Hyoscyamus* is peculiarly suitable to sensitive and irritable constitutions disposed to spasms or convulsions.

Ignatia.—Lancinating pains in the throat, sensation of a foreign body lodged there, a bruised pain on swallowing, pricking in the windpipe, constant effort to swallow, pains in the cervical ganglions, pressure on the entire œsophagus, rending pains in the larynx which increase on swallowing, respiring, and coughing; sensation of ulceration of the nose with coryza, dryness of one nostril, copious secretion of mucus in the trachea, progressive tickling in the larynx with cough, or, in its place, difficult yellow expectoration with contraction of the throat that excites a cough; distention of the abdomen and constipation. The *Ignatia* not only accords with the previous state, but is of infinite impor-

tance in rheumatic and gastric constitutions. It frequently requires to be followed by *Pulsatilla*, *Rhus*, or some appropriate antipsoric remedy.

Ipecacuanha.—Rough, bruised, pricking, and swollen sensation of the throat, especially during deglutition; elongation and painful sensibility of the palate; liquid stools; severe catarrh with drawing pains in the limbs; violent cough with dyspnœa, and without expectoration, similar to whooping cough, with congestion of blood to the head, constriction of the surface joined to extreme paleness. *Ipecac.* is also useful in catarrhal sore throats, when they are connected with spasms of the chest and other nervous affections of the same nature. This medicine should be given every two days in alternation with *Nux vomica*, to which should be added *Arsenic* when agitation and dyspnœa supervene.

Manganum aceticum finds a place for the following symptoms: dryness, roughness, and a sensation of obstruction in the trachea; pain in the palate, without swallowing, with prickings on both sides of the neck on empty swallowing; roughness of the throat, bitter, disagreeable taste, anorexia, hoarseness on inspiring air freely; dry coryza, a disposition to cough, which modifies no other symptom; dry cough after talking; great dryness, roughness, and sensation of constriction in the larynx; yellowish green mucous expectoration; smarting extending to the cheeks; febrile paroxysm at night. The *Acetate of manganese* has been amply tested in practice.

Mercurius solubilis.—Sensation as if from an obstruction in the throat, painful deglutition with pressure, constant effort to swallow, lancinating pains in the neck and in the tonsils extending to the ears, pressure in the œsophagus and larynx, which increases on eating; drinks cannot pass by the epiglottis, and are forced back by the nose, swelling of the parotids and the cervical ganglions with pressing, burning, or lancinating pain, flow of thin and fetid saliva, coryza and sneezing, dry and violent cough, occasional bloody expectorations, and dyspnœa. This remedy applies especially to serofulous temperaments where the sore throats have endured for a long time without assuming a decisive character, or where there has arisen suppuration of the tonsils, palate, and pharynx; or, further, an induration of the same. The Mercury also answers for the last stage of violent catarrhal sore throats which have been neglected or badly treated, and where the Eustachian tube is involved in these conditions.

Nux vomica.—Roughness and sensation of a bruise in the throat during deglutition and inspiration of cold air; swelling

of the curtain of the palate and of the uvula ; pressing pains during and without swallowing ; at the same time lancinating pains in the throat, which extend to the ears and submaxillary glands ; sensation as if the smallest body would be arrested in the throat, on swallowing ; burning heat in the larynx ; grating sensation in the larynx ; ulcerative pain in the nose, with an abundant secretion of mucus ; itching and tickling in the larynx, cough on respiring and talking, rending in the jaw-bones and swelling of the face. This remedy is required in angina arising from colds, in which case *Aconite* should precede its use, if the inflammatory fever is very high. It also is remedial for simple catarrhal sore throats. The *Nux* is applicable when the swelling of the parts involved aggravates the disease to the danger of suffocation, especially when connected with obstinate constipation.

Pulsatilla.—Exterior lancinating pains on swallowing, pressure in the throat, sensation of swelling in the uvula and curtain of the palate ; during and without swallowing, sensation of roughness and pain in the throat, or as if the swollen submaxillary glands throbbed with pulsating leaps forward, in the mouth ; the palate seems filled with lumps, is painful on speaking and touching the tongue ; in the morning an insupportable dryness of the throat, mouth, tongue, and lips ; they become covered with a tenacious mucus, bad odor from the mouth and dry cough ; in the morning, a flow of thick and yellow mucus, sometimes of fœtid matter, sensation of scraping and scratching in the throat, pain in the chest, perfect hoarseness, cough, with scratching and tickling in the trachea, copious and consistent expectoration, and dyspnœa.

Stramonium is indicated for extreme dryness of the throat, with inability to swallow, contraction, as if from a cord, altered voice, running into a very high octave, difficult speech, respiration exceedingly labored, anxiety, and blue discoloration of the face. This remedy should be also employed in spasmodic and convulsive conditions of angina, attended with exhaustion of the strength through the violence and duration of the malady.

Senaga responds to various indications ; white tongue, mucous taste, vomituration, smarting in the palate, inflammation of the pharynx and of the uvula, with enlargement ; tension from the palate to the articulation of the jaws, dryness of the mouth and throat, collection of tenacious mucus, or of lumps of mucus, about the larynx ; frequently a strong scratching, which compels the patient to expectorate and to swallow, with burning, itching, and pressing in the throat ; also frequent sneezing, dry cough,

or cough with expectoration of tenacious mucus, collection of mucus in the larynx, with tickling in the throat, dyspnoea, heat in the face, and slight chills. *Senega* is very useful in simple sore throats, as well as for rheumatic complications. The third potency is to be preferred.

Sulphur corresponds with strong heat in the throat from the larynx to the mouth, suppuration of the uvula and tonsils, or a sensation of elongation of the uvula, sensation of swelling and pressure in the throat, as if from a body lodged in the throat, especially on swallowing and respiring; sometimes lancinating pains and spasmodic constriction of the throat, as if the deglutition could not proceed below the gullet; also, dry coryza, hoarseness or total loss of voice, dyspnoea, and contraction of the chest. Although *Sulphur* may be specifically indicated for *chronic laryngeal phthisis*, it is also equally applicable to similar conditions of the throat; moreover, when symptoms slightly inflammatory have not been entirely removed by more active or acute remedies, when hoarseness persists, and when the general symptoms are unyielding and threaten a fatal termination.

We have only designated such remedies as are most required for some throats, but will allude to others hereafter under other heads. Among these we will merely mention at present *Calcearea carbonica*, *Graphites*, *Argentum*, *Cina*, and *Digitalis*, which are equally important for some of the complications of angina.—A. GERALD HALL, M.D., in *Hom. Examiner*.

CLINICAL BUREAU.

CLINICAL CASES.

E. W. BERRIDGE, M. D., LONDON.

(1.) *Anantherum muricatum*.—1884, February 25th.—Miss Kate A., æt. twenty-eight.—For five days feeling of a ball in the head; worse on moving head at night, when lying on the right side, and when stooping. The pains seemed to have been caused by catching cold five days ago. There was also throbbing in vertex and occiput; gave her a dose of *Ananth. muricatum*^{cm} (Swan) at nine P. M., and told her to repeat the dose every four hours till relieved; supplied her with medicine for four days.

March 10th.—Wrote to say that the pains in head were much better the next morning, so that on the following day the ball pains went and did not return. By the twenty-eighth all the pains in head had quite left her.

1885, January 30th.—Her sister, whom I had cured of a fissure in rectum, reports that patient had remained perfectly well.

Anantherum is one of Houat's provings, concerning which I will have something to say later. Houat's symptoms have been omitted in every repertory that I have examined for them, even in Allen's *Index*, though incorporated in his *Encyclopaedia*. Fortunately I found them in my MS. Repertory of Head Symptoms. It is noteworthy that Dr. Richard Hughes, who is now posing before the profession as an improver of HAINEMANN'S Homœopathy and a purifier (?) of the materia medica, stigmatizes these provings as "actual lies." Can the new *Cyclopaedia of Drug Pathogenesis*, and the new *Materia Medica, Physiological and Applied*, edited by such an unscrupulous slanderer, be anything but a miserable caricature?

(2.) *Oxygen*.—1885, January 17th.—Cough excited by tickling in throat, and causing soreness of chest, occurring between two and three A. M., and better when lying on the back; is promptly cured by one dose of *Oxygen*^{em} (Swan), thus verifying Swan's proving of this remedy published in *The Organon*.

BOOK NOTICES.

EPITHELIOMA OF THE MOUTH. By H. I. Ostrom, M. D. Pp. 120. New York: A. L. Chatterton, 1885.

Dr. Ostrom has acquired a favorable reputation as a successful surgeon and prescriber, therefore anything he writes on his specialty—surgery—will be found practical, sensible, and useful. It is so with this monograph on *Epithelioma of the Mouth*. To those who desire to study carefully this dread disease we can recommend this book. It is divided into two chapters—the first treats of the epithelium of the mouth, the second of epithelioma of the lip, gums, tongue, etc. We see the Doctor speaks highly of *Ranunculus bulb* as a remedy in these affections, but at present he finds remedies are not able to cope with it, and so operative measures have to be resorted to, which is at best only palliation.

RATIONALISM IN MEDICINE. By William Thornton. Pp. 46; price, \$1.00. Boston, 1885.

Dr. Thornton, being dissatisfied with existing old school medicine, attempts in this volume to theorize concerning a rational system of medi-

chine. To our mind, his theories are as wide of the mark as those of any of the ancients. He writes: "I have constantly heard and hear to-day of the 'science of medicine,' but have yet to learn how empiricism can become a science." There is a science of medicine, Doctor, guided by a *law of nature*. Study and investigate Homœopathy—we mean Homœopathy, not mongrelism—and you will surely be convinced there is rationalism in medicine.

Although we cannot agree with Dr. Thornton's views, we must say he presents them in a very interesting manner.

HISTORY OF HOMŒOPATHY. By Wilhelm Ameke, M. D., of Berlin, edited by Dr. R. E. Dudgeon. Pp. 445. London: E. Gould & Son, 1885.

In this interesting volume we have a full sketch of Hahnemann's life, of his works, of the reception he met with, and that Homœopathy has since met. The book is a very useful and a very interesting one, and one that laymen would do well to read carefully. Those homœopathic physicians who are not well acquainted with the early history of Homœopathy would also do well to read it.

Dr. Ameke gives us another fresh and vivid sketch of the grand old master—Samuel Hahnemann—showing clearly how wonderfully able, learned, and discriminating he was in all he did. How immeasurably greater than any of the pigmies, who in these latter days criticise and condemn him and his teachings because their little minds cannot know all he knew.

NOTES AND NOTICES.

FOR SALE.—We have two complete sets (5 volumes) of this journal for sale.

THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY, Volume I, No. 1 (the third series), under new management, is just out. The initial number presents a neat appearance and is well supplied with good matter. The *Journal* will hereafter be issued monthly at three dollars per annum, will be conducted by a corps of editors, viz.: Drs. George M. Dillon, Sidney F. Wilcox, Malcolm Seal, Clarence E. Beebe, Charles E. Sterling, and Eugene H. Porter. Dr. George G. Shelton is to be the manager, and the office at 10 East Thirty-sixth Street, New York City.

ERRATA.—The following errata occur in Dr. Wells' article on "Clinical Duties," in our last issue: P. 335, line 24, and p. 338, line 18, for *solution* read *selection*; p. 337, line 10, for *distinctive* read *destructive*; p. 342, line 18 from bottom, for *in compliance* read *a compliance*.

GERMS IN THE AIR.—M. de Parville has published a paper on the presence of bacteria in the air we breathe. He says that the proportion of bacteria in a cubic meter is 6 in sea air, 1 in the air of high mountains, 60 in the principal cabin of a ship at sea, 200 in the air at the top of the Pantheon in Paris, 360 in the Rue de Rivoli of Paris, 6,000 in the Parisian sewers, 36,000 in old Parisian houses, 40,000 in the new hospital of the Hotel Dieu of Paris, and 79,000 in the old hospital of Pitie, in Paris. In Ryder street, St. James, London, a cubic meter of air contains only 240 bacteria.

THE
HOMŒOPATHIC PHYSICIAN,
A MONTHLY JOURNAL OF MEDICAL SCIENCE.

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

Vol. V.

DECEMBER, 1885.

No. 12.

A SHAKESPEARIAN MEDICAL QUESTION.

AD. LIPPE, M. D., PHILADELPHIA.

The Shakespearians have been discussing the possibility of having at last found out Shakespeare in a mistake. The passage over which the question arises is to be found in *Othello*, last act, and reads—

"Now, how dost thou look now? O ill starr'd wench!
Pale as thy smock!"

Some Shakespearians believed it to be an error committed by Shakespeare to have Desdemona look pale after Othello had smothered her; that more likely her face appeared bloated and blackened. It is evident that Othello *smothered* Desdemona, but he did just as evidently not strangle her; she died from *suffocation*. A strangled person appears bloated, the countenance is suffused, the marks of strangulation are visible on the neck and show how the circulation was forcibly interrupted, causing the clotting of the blood in the carotid arteries; the tongue and eyes are protruding. In Wharton and Stillé's *Medical Jurisprudence*, Vol. II, p. 802, we find a complete vindication of Shakespeare. Paragraph 902, IV. "*Homicidal Suffocation*. Those who are usually the victims of this form of murder are infants and the aged, or those who are otherwise helpless. So slight a degree of resistance is necessary to defeat the purpose of the assassin that a great disproportion of strength must exist for

the attempt to be successful. Nevertheless, those miserable wretches, Burke and his accomplices, reduced murder by suffocation to a system, choosing it as a mode of death most likely to leave no mark of crime behind it. The murderer bore with his whole weight upon the breast of his victim and with his hands covered forcibly the mouth and nostrils till death came on. The body of one of the victims presented, according to Dr. Christison, so few traces of injury, that, without the assistance of proof from other sources, it would have been impossible to have declared that the death was not a natural one."

How well Shakespeare knew the different appearance of a suffocated and a strangled person is evidenced in his masterly description of strangulation in Part II of *Henry VI*, Act iii, Scene 2.* Suffocation alone caused the death of Desdemona, and suffocation was slow. Othello, supposing Desdemona dead, admits Emilia to the chamber, who relates to him the killing of Roderigo, whereupon Desdemona speaks out, "O falsely, falsely murdered!" and when Emilia begs her sweet mistress to speak again, Desdemona tells her, "A guiltless death I die!" and when Emilia asks her, "Oh! who hath done this deed?" Desdemona replies, "Nobody; I myself. Farewell: commend me to my kind Lord; oh! farewell!" and dies. This last gasp of breath is explainable on the supposition that suffocation, almost accomplished, left some of the vessels of the lungs still free and a very small quantity of blood in the left side of the heart. Violent mental emotions caused the heart to contract, and when the right side of the heart finally became filled with dark venous blood she died.

* *Warwick*: "See how the blood is settled in his face!
 Oft have I seen a timely parted ghost,
 Of ashy semblance, meagre, pale, and bloodless,
 Being all descended to the laboring heart,
 Who in the conflict that it holds with death,
 Attracts the same for aidance 'gainst the enemy,
 Which with the heart there cools and ne'er returneth
 To blush and beautify the cheek again.
 But, see, his face is black and full of blood;
 His eye-balls further out than when he liv'd;
 Staring full ghastly like a strangled man;
 His hair upreared, his nostrils stretch'd with struggling;
 His hands abroad display'd, as one that grasp'd
 And tugg'd for life, and was by strength subdued:
 Look at the sheets; his hair, you see, is sticking;
 His well proportioned beard made rough and rugged,
 Like to the summer's corn by tempest lodg'd.
 It cannot be but he was murder'd here;
 The least of a'l these signs were probable."

COMMENTS.—This reflection is to show the great knowledge the poet had of all things ; how most accurately he draws the distinction between strangulation and suffocation in his description of the appearances after death. His descriptions are unsurpassed by anything modern sciences have revealed. On further reflection it appears that every medical man should be fully versed in medical jurisprudence, as cases will come up in which such a knowledge of one of the many branches of medical science—in this case a knowledge of medical jurisprudence—is absolutely needed.

DRS. PECK AND ALLEN.

AD. LIPPE, M. D., PHILADELPHIA.

An extremely interesting paper is before us on pages 194 to 199 of the October number of the *Medical Advance*. George B. Peck, M. D., relates the impressions which the address of the President of the American Institute of Homœopathy made on him on the memorable second day of June, A. D. 1885 ; locality, the ordinary parlor of the Lindell Hotel, St. Louis ; time, ten A. M. ; President of the Institute and orator, Professor T. F. Allen, from New York. Dr. Peck describes his astonishment over that address, and gives Professor Allen's (?) answer to a letter by him addressed to the orator, in which answer Professor Allen attempts to set himself right before the profession, when he proposes to put Homœopathy to a new test, and the learned Professor is especially anxious to open again the posological question.

After mature reflection we come to the conclusion that Professor Allen has not been prudent in reopening this vexed question and in defining his own personal conclusions he arrives at after his own experiments. It is very evident that Professor Allen in his own statements gives us the reasons of the conclusions he arrives at. Formerly, says Professor Allen, he administered the two hundredth potency in water and could repeat the dose every hour or two with impunity. Now he claims that he has prescribed for the last few years the third and sixth, and says, "I get my best results from single doses, much better, indeed, than formerly from single doses of high potencies." Here is a palpable contradiction and a fatal error. The repetition of the two hundredth or of any potency indiscriminately or habitually cannot be made every hour or two with impunity, failures must follow necessarily, and if Professor Allen has better results from the third or sixth in *single* doses he commits a fatal error in condemning the higher potencies, as he

administered them, by his own confession, indiscriminately and habitually every hour or two. Of course, he will have better results if he returns to the single dose, be it the third or sixth or two hundredth, or a much higher potency. But may we ask if Hahnemann and his methods are to be put on trial again, and that before a packed jury and incompetent judges? Has the posological question not been settled long ago? Have not the Vienna provers given a final verdict in favor of the non-sick-making and more curative properties of Natrum mur. in the thirtieth potency than in the lower potencies? In this case the judge and jury were, as Dr. Watzke confesses, prejudiced in favor of the lower potencies, but the facts were so strong, were obtained by honest prejudiced men, that, notwithstanding their prejudices, honest Dr. Watzke gave vent to his own sentiments in the *Österreiche Zeitschrift*, Vol. IV, page 251, where he says: "Concerning the nosology of our remedy (Natrium muriaticum), I am unfortunately—I say *unfortunately*—COMPELLED to declare myself in favor of the higher potencies; I would have preferred to represent the generally prevailing notion of the usually applied lower doses. The physiological provings, as well as supervening clinical results made with kitchen salt which have been obtained so far, speak decidedly and positively for them." The re-provings of Nat. mur. were made by skeptics, the provings were made honestly, and Hahnemann with his own *Materia Medica* was on trial before these skeptics; they were, much against their will and wish, *compelled* to indorse not only the great, wise man, Hahnemann, but both the physiological provings, and the clinical applications of the thirtieth potency overwhelmingly proved its superiority over the lower potency. This confession by skeptical Dr. Watzke was made in 1848, and in 1885 all the noble work of these honest skeptics and their confessions seem to be forgotten—or ignored. The President of the American Institute is again stirring up this burning question of posology, and in his address deliberately resorts to misstatements. The chasm widening year by year, as some professing homœopaths in Boston express it, is not a difference on the posological question, as President T. F. Allen impliedly asserts when he says: "The belief in them (the high potencies) has led to the formation of a society by some of our members who wish the most perfect freedom in expressing their opinions and relating their experiences." (*Transactions*, page 26.) President Allen here alludes to the formation of the International Hahnemannian Association. We take the liberty to contradict him flatly. The members of the I. H. A. were

disgusted with the rapidly progressing departures in our homœopathic ranks tolerated and fostered by the American Institute; their original object was to *organize* in opposition to the abominable heresies tolerated by the Institute. There was not a syllable said about the imaginary division in our ranks—as high and low potency men. The members of the I. H. A. united themselves to uphold the Law of the Similars, the single remedy, and the minimum dose. Who but an idiot can interpret the minimum dose into “high potency”? It always stood for the dose “just sufficient to cure.” The vexatious subject on which the younger men with no convictions are coming to us, is, that they should be held to comply with the Law of Cure, the methods of Hahnemann, etc. As long as the American Institute of Homœopathy sustains or even tolerates such utterly misleading and unhomœopathic books as that just published by a member of the Institute, Dr. Arndt—his *System of Medicine, etc.*, these young men will gain a conviction that Homœopathy and its practice are based on “no Law,” and what will be the result? Why, they will turn out to be despised eclectics, governed by “no Law;” they will still more swell the ranks of pretending homœopaths, a disgrace to the medical profession, and if a president of the Institute tells them that practically there is a limit to the divisibility of drug power associated with material substances, and that this divisibility is very finite, they must be supposed to be utterly ignorant of what is going on in the scientific world. Shall Professor Jaeger and a host of scientists be set aside? Their discoveries must be ignored because they do not suit the President of the Institute, but Arndt’s eclectic and unscientific work must be tolerated. Finally, the proverbial woolly headed Ethiopian emerges from the wood-pile. On page 28 of the *Transactions* of 1885 Professor Allen says: “It seems to many of us impossible to ignore the results of the high dilutions on the sick, but these apparent results must be confirmed by experiment on the healthy, and our practice made to conform to our positive knowledge.”

These apparent (open, visible, evident) results must be confirmed by experiment on the healthy; exactly so; and till then these results must be set down as in appearance only—*illusivæ*, so says Professor Allen. Does the learned Professor expect to have all and every symptom or group of symptoms cured, permanently cured, by high potencies reproduced by proving the same so-called high potencies on the healthy? And will he persist in his refusal to accept the testimony of qualified witnesses till these proposed provings are made? The learned Pro-

fessor has voluntarily given testimony to which nobody objects, as it has been given in good faith and to the best of the witness' knowledge and belief. We take the liberty to ascend to the witness stand, and hope such men as have the same experience will from time to time mount the witness stand and testify as well as they can to the best of their knowledge and belief. And we now state that the proposed experiments have been made not only in Vienna but just over the North River in the city of Brooklyn—to be explicit, there resides in the said city of Brooklyn a Dr. B. Fincke, who has made and published a proving made on the healthy with a very high attenuation (fluction potency) of Lachesis; and that I, a resident of Philadelphia, have noted down said provings; and that under the administration of single doses such symptoms as had been produced by Lachesis 5M on the healthy were cured on the sick, not once but repeatedly; that we have found Lachesis 5M curative in nymphomania if otherwise indicated; that we always held the clinical experiment to be the only true test of the reliability of the provings of a drug; that for forty years the experiment, with first the two hundredth, and later with much higher potencies, has resulted in increasingly favorable results provided the methods of Hahnemann were strictly followed; that long, painstaking experiments have shown that by means of potentiation the curative virtues of drugs are developed and increased; that a persistent denial of the correctness of such statements does not creditably reflect on a person making such denials. We have pretending homœopaths, and we know of public teachers, in so-called—erroneously so-called—Hahnemannian medical colleges, who unblushingly teach that intermittent fever does not admit of strictly homœopathic treatment, but that fifteen-grain doses of the crude Chininum sulph. is the proper dose to cure that disease. The fact remains the same that every case of intermittent fever can and must be cured if the truly homœopathic remedy is properly administered, and if Professor Allen claims that he obtains better results from the third and sixth potency than he did from the two hundredth, the reflecting physician must come to the conclusion that both the Quinine teacher and Professor Allen have stepped forward and unwittingly made a profession of a *testimonium paupertatis*. If, as Professor Allen says, on page 197 of the October number of the *Medical Advance*, “No amount of clinical evidence will ever be able to demonstrate these propositions (theories of dynamization and the action of infinitesimals) as truths of nature,” the simple question arises, How does *he* demonstrate *his* proposition? Why, by his own indi-

vidual clinical evidence, unsupported, to be sure, by anything but his own assertions; and by what authority does he undertake to set aside the ever-accumulating clinical evidence that dynamization and the action of the infinitesimals *are* truths of nature? The clinical experiment is the *ONLY* final test of the truths of nature, and if Professor Allen looks down upon this only possible test and the acceptance of it and the results obtained by it as *puerile* HE is welcome to that *opinion*. Finally, Professor Allen and everybody else must come down to the clinical test. How else can they ascertain the correctness of any proving of any drug in substance in lower, and finally in a highly dynamized form but by the clinical test? A very valuable beginning could be inaugurated by publishing a *correct* translation of the exhaustive provings of Natrum mur. by the Vienna provers to be found in the fourth volume of the *Oesterreiche Zeitschrift*, as also the deductions honest Dr. Watzke draws from said provings and from the clinical experiments. It may be as well to remember how the Milwaukee test fizzled out—how Gotham tried to revive isopathy, and how we hear no more of it, and as Gotham now proposes to put Hahnemann and his approved methods on trial again, it may be expected that this trial will end in a fizzle, while the proponent may well remember that a new trial cannot possibly be inaugurated till a previously obtained verdict is set aside. Dr. Watzke published that verdict, and it will require some very powerful argument to set it aside; it is for this reason that a publication of that previously obtained verdict is published, as also the reasons why it should be set aside and a new trial be called into existence by Professor T. F. Allen from Gotham.

ADDRESSES, ETC.

P. P. WELLS, M. D., BROOKLYN.

We have had occasion several times in the past few years to express our opinion of the character of some of the "addresses" of presidents of our associated bodies, and not always approvingly. So often have they seemed to be so greatly defective that we have expressed our honest conviction, more than once, that we could better do without them than otherwise, unless we could have them with improved character as to a knowledge of the philosophy of Homœopathy, which treats of the true nature of human sicknesses, and also of that of the agents by which it proposes and promises to cure them. As these continue to come to us, they do not appear to come so improved; and after the last

of which we have only an abstract, giving its chief points, we have not been able to avoid the conclusion—If this is the best which the chiefs of Homœopathy have to give us on great occasions, then they, and it, are certainly in a very bad way. Here is one of its utterances as given by the writer of the abstract :

“Then, dealing with the question of attenuations, he made a plea for the use of remedies within that line, wherever it may be, that scientific methods are still able to detect material substance of the drug.”

Why this “plea”? What are these “scientific methods”? And what have these “methods” to do with decisions of the best methods and means for the cure of sick humanity? These means, if selected according to law, are addressed to the sensibilities of the living, sick organism, and not to “scientific methods” of any kind, or of methods of any man or men. The object of the administration of any member of our *medica* to any person sick is that he may be cured by it, not that it may be seen by the microscopist, or “detected” by any other “scientific method” whatever. And the only question of its usefulness is—Does it cure? not, can it be seen or “detected”? If *seen*, it is not very apparent how the fact can aid the curing process, or, if “detected” by other means, how the case is the better for this. The objective of our administration of remedies is not for the inspection of the microscopist, or that they may be brought to test by any, whatever, of “scientific methods.” If the means given to the sick for their cure accomplish this object, or if they fail to do this, they have been subjected to the *only* “scientific method” which can have any possible “*scientific*” relation to the case. The whole problem of sickness and cure is in the domain of dynamics, and never at all in that of physics. And, hence, any reference here to processes which are applicable to investigations in physics, is about as congruous and logical as to propose resort to the methods and means of the chemist’s laboratory for investigations into the philosophy of morals. The “plea” in this case is too evidently only the outcome of ignorance of the real nature of the factors of the problem he was attempting to discuss. It would be better if such ignorance hereafter could be counted a disqualifying element in choosing presidents for so important bodies as our State societies.

And then—

“But if he were alive to-day [*i. e.*, Hahnemann], and having kept astride [whatever this may be] with the times in the various departments of medicine, his logical mind would ere this have given to his discovery its proper *limited* place.”

How *limited*? and by whom or by what? This "logical mind," which this President no doubt means to compliment, supposed his "*discovery*" was a *natural law*. What shall be thought of the intelligence of a President who talks of "*limiting*" such laws—that of gravitation, for example? Why this, which underlies the science of therapeutics, more than that? The *universality* of its applicability to the cure of all curable human sicknesses is one of the irrefragable proofs of its origin and nature—that it is indeed a God-given law, and, like other laws having the same origin, has no "*limits*." Is this talk of "*limits*" to the operations of a natural law another evidence that ignorance of the subject he was professing to discuss disqualified him for his office and for the discussion this imposed on him? It may be, and it may be evidence of this will increase as we progress. And then it may be, if Hahnemann could only have lived and "kept astride with the times," something wonderful might have happened. But as he didn't live and he didn't fix a limit to the operation of the natural law he discovered, it is somewhat appalling to contemplate the power and extent of a "stride" which could be attended with such consequences. And then, given the "stride," how did this President know such consequences would follow? We do not see how he could know—and the more, as the evidence in this abstract of his address is ample that he is neither a prophet nor the son of a prophet.

"He then spoke of the great superiority of homœopathic medication in pneumonia over the old methods of allopathic prescribing, but contrasted with the modern expectant method its superiority was shown by statistics to be only 1.7 per cent."

We take issue with this alleged testimony of statistics as to the comparative results of expectant and homœopathic treatment of pneumonia. The President expresses near enough the comparative results of Fleischman's treatment of this disease in his hospital in the Gumpendorf suburb of Vienna with the expectant treatment of the disease as given by Dietl. But Fleischman was never a representative homœopathic prescriber; and in the cases reported in the *Österreichische Zeitschrift für Homœopathie*, Band I, Heft 1, S. 198, his practice was *not homœopathic*. It is described by himself in the *Zeitschrift*, at the page referred to, as only treated by Phosphorus from the beginning to the end. He sustains this practice as follows: "The experience of many years has given me the strongest conviction that it [pneumonia] can be cured by no other remedy so safely and speedily as by Phosphorus, without the help of any other remedy." This

certainly is not *homœopathic* treatment. It was only treatment based on a *name*, not on the *totality of the symptoms*, without which no treatment is homœopathic.

The proper homœopathic treatment of pneumonia will show a result of loss much less than 6.5 per cent., which was Fleischman's loss under his Phosphorus treatment. He subsequently changed his method and reduced his mortality to $3\frac{3}{4}$ per cent., or nearly one-half.* And even this, we believe, does not fairly represent the loss from pneumonia under a right homœopathic treatment. We believe this, because we have the proof of this in our own experience. In a practice of this system which reaches back forty-three and two-thirds years, which most of the time has been very large, and of a general character as to the diseases treated, of which, no doubt, pneumonia has made an average part, I have *not lost one case*, and we are sure this is better than the difference between 6.5 and 7.4, from which probably our President derived his 1.7 per cent., or the difference between Homœopathy and Dietl's expectant experiment. Mühlenbein, in a homœopathic practice of twenty-seven years, lost less than one per cent. in all these years (one in one hundred and five). His was a general practice, and, of course, he treated his share of pneumonia. And then he, the President,

"desired the Society [the New York State] to lay aside as much of the mysterious as possible and give prescriptions that contain *matter*, thus being more likely to obtain force by its administration and obtain the best possible results in the treatment of disease."

* Reis, in hospital in Linz, in a practice from 1843 to 1848, lost one per cent., so that, presumably, of every 6.5 lost by Fleischman under his *quasi* homœopathic treatment, 5.5 would have been saved if they had been really treated homœopathically; and of the 7.4 per cent. who died under the expectant treatment of Dietl, 6.4 might have been saved. The difference of loss between true homœopathic treatment and the expectant is greater by many times than 1.7 per cent.—it is 6.4 saved out of every 7.4 lost, or six hundred and forty saved from seven hundred and forty lost.

Then the duration of cases under Dietl's expectant treatment averaged three weeks, or twenty-one days, while under homœopathic treatment, with the thirtieth number, the average was but 11.3 days; treated with the fifteenth, 14.6 days; by the sixth, in which "*matter*" is admitted to be present in the dose, the duration was 19.5 days, differing but little from the result of the expectant treatment. These facts, which were gathered from a series of experiments in the homœopathic hospital in the Leopold-Stadt, in Vienna under Wurmb, are worthy of the careful attention of such as our President, who will have *matter* in their doses. They will find that in the proportion as the doses approached the point of alleged *visible matter* the result came nearer to that of the expectant or no treatment at all. They will not fail to notice that under treatment by the highest number used the duration was but little more than half that where there was *matter* in the dose.

This is certainly as precious a specimen of *begging the question* as we remember to have seen, and this the world has adjudged as of no great force in argument. Give "*matter*" and so get "more force," and so "the best possible results in the treatment of disease." To what force does this apparently very ignorant President refer? Is it to the "force" which cures or the "force" which poisons—kills? If to the former, then, before he allowed himself to be put into the President's chair he ought to have known that the best possible testimony to be had in the case declares that this curing power is greater in doses where there is no evidence of matter than in those where presumably matter may be found. These witnesses say this not because of any speculative reasoning on the subject, but because they have tried it and found it to be a fact; and having so proved the fact, it must be accepted as against the dictum of our President, who evidently knows nothing at all about it. And then, if he would lay aside the "mysterious" in practical medicine, he must discard all of knowledge of life—sick and in health—all of the agents by which sick life is to be restored. All here is mystery. But if he means "lay aside" all affectation of mystery on the part of the prescriber, he is right and we are with him.

"The next portion of the address was a warning with regard to certain influences threatening to destroy Homœopathy as legalized in the State of New York, in the shape of associations composed of homœopathic physicians and antagonistic to the State Society."

This warning may have been very sincere, and the apparent danger may have given our President great pain. It is, therefore, a pleasure to assure him that if his fears are for the safety of Homœopathy, or of aught of good belonging to it, he need have no fear for either, for all this will live and grow, even if the antagonism deplored should succeed in extinguishing the State Society; and it is not quite sure these would not do nearly as well without the State Society as with it. If the fear is for the safe continuance of the State Society, he may be reminded that this was declared to have committed "*hara-kari*" some years ago—*verdict*, died by its own hand—and this by reason of a certain "*resolution*" which was made to *pass through its body*. If it has in any measure revived by reason of large doses of material philosophy it has been enduring, it is not very apparent that it is restored to any sense or knowledge of that of Hahnemann. This has hardly left a trace on the subsequent record of the organization. And then we would gladly assure him we have no thought these organizations to

which he alludes have any malign intentions or wishes as to that over which he presided. It may well be that they have no great relish for the large doses of material philosophy with which his Society has been drugged, and I can easily see how, if they have any such destructive wishes as he intimates they have, they have only to await the natural results of these large doses, and that now partly accomplished, in this greater organization—viz.: the near death of all which is characteristic of true Homœopathy, and, consequently, the extinction of the only *raison d'être* the State Society ever had. Its consequent “second” death will be quite *natural*. And then as to these associations. It is not quite clear what the President and his Society can do with them other than hate them, and this it is evident they can do. Notwithstanding this, we would assure him these homœopathic physicians who constitute these associations, so warned against, are a very respectable and intelligent body of men, and are perfectly harmless as to all except the enemies of true Homœopathy, and we would advise all such, societies or men, to “*give them a wide berth.*”

And further, for the instruction of our President and his Society, we have been told, and we see no reason to doubt the statement, that at least one of the “associations” probably alluded to had its origin in the fact that our State Society had so little to do with Hahnemann’s Homœopathy. This being so, then it may be there is something our State Society can do. Will they do it? Or will they rather heed the suggestion of the President, said to have been given in these words:

“Attention was next called to the limited instruction given students in our colleges in materia medica, and the importance of familiarizing them with the materia medica of the old school.”

Why is this important? What is there now in old school materia medica, which is not in the new, which can be of the least importance to a student of Homœopathy, or to a practitioner of this, who has been a *student* of its materia medica, in any discharge of his practical duties? There is in it really nothing, except what has been taken from the new, and this can be better studied in its original connection by any one who is to practice curing the sick under the guidance of law. We cannot do otherwise with this suggestion than to refer it to the limbo of the silly and the useless, with that other, not more silly, which would incorporate into a homœopathic curriculum a knowledge of how to prepare pukes, purges, and poultices. The student and practitioner of Homœopathy has no use for either, and the

suggestion of either of these to such, as of possible helps in clinical duties, can only have had origin in the densest ignorance of all belonging to the dynamic system of practical medicine taught by Hahnemann. This system has resources of its own so ample and so superior to all these, that a need of any of them can never be felt by one who has given intelligent and honest study to homœopathic law and the means it presents for the cure of the sick. Such suggestions can only have come from a sickly sense of imbecility to deal with a law not understood, and with its methods, which, to these suggestors, are but strangers.

The abstracts of the address on which we have commented are taken from the first number of the first volume of the new series of the *North American Journal of Homœopathy*, which has come to us with bright outlook and promise. A brief editorial in this number, evidently having this address in view, says :

“On what line is true progress in the homœopathic school to move? Upon the line of appreciable matter, preconceived as the limit of the dose, or upon the line of induction from scientific and unbiased clinical experiments?”

The reply to this question must depend very much on answers to other questions, not here put by the respected editor: 1st. Is the progress to be upward and onward, or downward and backward? If the example and record of the greatest and best of the masters of homœopathic science and prescribing are to be our instructors, we are answered as to the “line” on which “true progress” *has* moved, and if this example and record are compared in their results with any differing from these, we shall have no difficulty in seeing on what “line” “true progress” *must* “move,” and very little knowledge of the history of this “progress” will demonstrate that it can move on no other. There have not been wanting, nor are there wanting now, efforts to “move” on “lines” differing from that pursued by these worthies, but the “progress” on these has always been and is now away from the truth, downward and backward into a near approach to the murk and groping of allopathy. These downward and backward movements and movers have always been in sympathy with this, and seem not seldom to have been inspired by desire and hope for an ultimate “union” of Homœopathy with this, “on a *scientific* basis.” That is to say, “movements” on this other “line” have for their objective the final extinction of Homœopathy. Homœopathy in its nature and in the means it employs is *dynamic*. These other move-

ments and movers will only have to do with *matter*—matter in their doses—matter which can be *seen*, and they will have no other. Just so with old school physic. And is a progress of Homœopathy toward this in any sense or degree a “*true progress*”?

The first of the worthies to be named by whose example and experience we should be instructed is Hahnemann himself. He “*moved*” on the “*true*” “*line*” from the initiation of his discovery of the law of therapeutics to the development of means which could be most *safely* used for the cure of the sick, and with least addition to their sufferings. This was his only motive when he entered on the experiments which revealed to him the fundamental principle in homœopathic dynamization. He sought to avoid aggravation of sufferings from excessive doses, and only this. He found the reduction of the *matter* of the dose did not diminish, but rather increased the *curing power*. He “*moved*” on this “*line*” of reduction till he reached the thirtieth in the centesimal series, and here, having gained his objective, escape of aggravations, he stopped. Why he did not go on with his discovery of increase of *curing power* when *matter* was decreased, is not quite apparent.

The next “*move*” was made by Korsakoff. His object was to find the limit of the curing power in the advancing series, the idea being that the increased power heretofore realized was only the increased division of the molecular constitution of the drug, and this must somewhere cease to be further divided, and then the curing power would cease altogether. With this end in view he carried Sulphur and some other anti-psorics, phial by phial, to the fifteen hundredth number. He cured an obstinate chronic affection with this number and was surprised. He thought he must have passed the limit of curing numbers long before this. Here he gave up his search for the limit. On this “*line*” on which he “*moved*” he had made “*progress*” in knowledge of the nature of the curing power, and as this was the result of intelligent experiment and observation the “*progress*” must have been a “*true*” one. It demonstrated the fact that *that* which cured was not the *matter* of the drug. For here the power cured, where, if it were the *matter* of the drug, it had failed when more of it had been given. Shall we be instructed by Hahnemann and Korsakoff?

On the same “*line*” comes next after Korsakoff, Jenichen, who moved as far as the forty thousandth in the centesimal series, in the case of Arsenicum, and thirteen thousandth of Phosphorus. His high numbers were taken up by Stapf, the

elder Gross, Bœnninghausen, Hering, and many others, who had most interesting experiences and successes as the result of their use. Even in his highest number of Arsenic they found not only had the limit of its curing power not been passed, but that even here it was present in great power. I have myself seen the discharging, open cancer, in its most painful and offensive form, altogether changed as to pains, soreness, foulness, and quantity of the discharge by this highest number of Jenichen. The constitutional irritability and fever were also greatly reduced after its use. There was no mistaking the beneficent action of the medicine. This was so apparent that my enemy and enemy of Homœopathy had sufficient influence to cause the removal of the patient to a distant city where she would be out of my way and that of "high potencies!"

Is it not apparent that Jenichen "moved" on the right "line"—and the more when we hear those truly great masters of our art declare they found a greater curing power in these higher numbers than they had ever met in the lower? Gross exclaims, after witnessing the result of his first prescription of Jenichen's high numbers, "*Wie gross war meine erstannen!*" [How great was my astonishment!] Who can be so foolish as not to recognize this "move" of Jenichen as on the right "line," and who so stupid as to refuse to be instructed by the example and experiences of these truly great masters? And the more when past history proves that no "true progress" in therapeutics has been made on any other "line," and past experience and the nature of the case equally prove that "true progress" in therapeutics is possible on no other—certainly not on the material "line"? Progress on the dynamic "line" is only a carrying out of Hahnemann's discovery toward its logical and natural termination.

GIVE US PROOF.

In a letter to Dr. George B. Peck,* Dr. T. F. Allen, of New York, writes:

"If the efficacy of infinitesimals can be demonstrated on the healthy, and the provings therefrom utilized, then they will be, I believe, the best implements to use; for the less medicine prescribed to patients, the better the results. For nearly twenty years I prescribed almost exclusively the two-hun-

* See *Medical Advance* for October, 1885, p. 177.

dredth potencies, but for the last few years I have been prescribing mainly the third and sixth attenuation, and have about come to the conclusion that my results, in most cases, are more prompt and far-reaching than formerly with the two-hundredths. I have always found that fewer doses of these lower attenuations can be prescribed, that whereas formerly I could repeat the two-hundredth in water with impunity every hour or two, now I get my best results from single doses, much better, indeed, than formerly from single doses of the high potency.

“My present status is that of a pure Hahnemannian, giving as a rule infrequent doses of the moderate attenuation, waging an unsparing warfare upon allopathic expedients of all sorts. Those who know me well will bear me out in saying that no one more faithfully studies the *materia medica*, more carefully prescribes the indicated remedy, and in every respect is a more consistent homœopathist than I am to-day. I have no tolerance for those who alternate their medicines and overdose their patients. I cannot tolerate those who have departed from the master’s rules and use mainly fluxion potencies, very frequently on empirical indications. My motto is, ‘Prove all things and hold fast that which is good.’

“I believe there has been no demonstration of dynamization and no proof of the power of infinitesimals, and I will not be an apostle of these dogmas until they have been proved to be God’s truths. I have worked and fought for them and for the right of free speech in their favor and will still fight for it; but, since after years of honest work to prove their truth I have failed, I can do no less than boldly announce the fact and solicit the help of all who have the future of Homœopathy and of accurate therapeutics at heart.”

The power of dynamized remedies must be shown by exact experiment, not by argument. Let us, then, briefly glance at the facts of the case. On the one side we find numerous educated physicians very successful in curing the sick, who have used both the low potencies and the high, declare in favor of the high.

Secondly, we have numerous provings—and these pathogenesis have been verified clinically—made by high potencies. Records of these provings will be found in Dr. Allen’s *Encyclopædia*. As opposed to this evidence we have the assertions of men who have used the low potencies only or chiefly that the high potencies are of no value.

Dr. Dunham wrote:* “Experience shows that while the

* See *Homœopathy, The Science of Therapeutics*, p. 256.

majority of cases, both acute and chronic, are cured more speedily by the high than by the lower potencies, yet, in some cases, the converse is observed."

We feel warranted in asserting that Drs. A. Lippe, Edward Bayard, P. P. Wells, David Wilson, etc., have been using high potencies these forty years and have always found them active and reliable.

Now, then, since Dr. Allen has tried both the high and the low potencies, and as his experience with them has been unique and uncommon, it would certainly be very welcome to his *confreres* to learn the facts upon which he bases his changed views—upon which he basis this opinion: "I believe there has been no demonstration of dynamization and no proof of the powers of infinitesimals." A sweeping assertion; prove it if possible!

We take the liberty of quoting below a few cases cured by Dr Allen with high potencies. Will he kindly quote some from his case book showing where high potencies failed and low potencies (the third or sixth attenuation) cured? E. J. L.

CASES ILLUSTRATING THE ACTION OF HIGH POTENCIES.

CASE I.—February 25th.—Boy aged two and a-half years. For two months has had sore eyes. Found it very difficult to examine his eyes on account of excessive photophobia. Profuse muco-purulent discharge, with red, swollen lids and face; congestion of bulb and lids; pustule on each cornea. *Euphrasia*.

March 1st.—Discharge all gone; opens his eyes himself and looks up; lids and face still red. *Sac. lac.*

March 19th.—Somewhat worse again. *Euphrasia*.

March 24th.—No improvement; afraid of examination; photophobia very great; the external canthi are cracked, sore, and bleed; eczematous eruptions on face about his eyes. *Graphites*^{25m}, one dose. After this his eyes steadily improved; eruptions came out more on his face and became quite annoying; continued *Sac. lac.*

April 15th.—Reported entirely well.—*T. F. Allen, M. D.* (*Journal of Mat. Med.*, 1868, p. 85).

CASE II.—Keratitis pustulosa. Girl eight years old. Has been subject to repeated attacks of pustular keratitis.

February 24th.—Pustule on cornea, with lachrymation and photophobia. (Noises in the ear disappear when the eyes become sore.) With this and every attack of sore eyes, the top of her head becomes so sore that she cannot comb her hair. *Merc. sol.*^{2c}, one dose.

February 25th.—Much better.

March 12th.—Has been well till yesterday, when a fresh pustule began to form; has had no noises in ears, and has no soreness on the head; lachrymation profuse; photophobia moderate; worse toward evening. Prescribed *Pulsatilla* 2C, one dose.

March 19th.—Pustule disappeared; slight inflammation still remains. *Sac. lac.*

April 1st.—No inflammation; slight macula of cornea. *Calc. carb.*^{2c}.

August 30th.—Nebula all gone. *Calc. carb.*^{81m} one dose.—*T. F. Allen, M. D. (Journal of Mat. Med., p. 75, 1869).*

CASE III.—September 15th.—Girl two and one-fourth years old. Ulcer of cornea. Small round ulcer in centre of cornea. *No photophobia.* Edges of lids thick and red; child pale, unhealthy, fat, and flabby; eats heartily. *Kali c.*^{oo}, one dose.

September 19th.—Better. Sleeps better at night.

September 27th.—Ulcer nearly healed.

November 8th.—Ulcer well. Lids remain sore and excoriated. *Graphites*^{35m}.

November 13th.—Bulb inflamed; the ulcer has broken out afresh and is very deep; slight circumcorneal redness; *one and a half lines of hypopyon in ant. chamber.* No vascularity of cornea, no photophobia, very restless nights. *Sulphur*^{oo}, one dose.

November 15th.—Healing rapidly. *Hypopyon entirely gone*; so, also, inflammation from conj.; eye still watery and suffused.—*T. F. Allen, M. D. (Journal Mat. Med., p. 86, 1869).*

CASE IV.—A young woman had suffered a long time with a "kind of neuralgia." The head felt constantly as if it were a cushion, and some one were pressing their two fingers in it at the occiput as if feeling for pins, with occasional lightning-like flashes in the eyes and feeling as if something obscured vision.

This condition in cold weather or in a draught; *relieved by wrapping the head up warmly.* *Silicea*^{72m}, one dose, speedily and permanently removed all trouble. She seemed otherwise well.—*T. F. Allen, M. D. (Journal of Mat. Med., p. 61, 1870).*

JUSTICE TO HOMŒOPATHS.

The trustees of the City Hospital of Rochester, N. Y., are considering the advisability of admitting homœopaths to practice in that institution, a resolution proposing to set apart one-half of the hospital for that purpose having been adopted.

NOTES FROM PROFESSOR KENT'S LECTURE UPON IGNATIA.

This is the old women's and the nervous girls' remedy—concomitant phenomena which are contradictory to or inconsistent with each other. There is a wonderful state of weakness, alternating with a wonderful condition of strength, which is found in hysterical women; states and conditions brought about by anger and grief; hysterical aphonia; paralysis of either hand, that comes and goes,—these opposite conditions guide you in a general way to Ignatia; great grief after loss of friends or persons that are very dear (*Natrum mur.* follows if Ignatia does not cure); children who have been reprimanded and sent to bed become sick; ailments from grief, mortification, and bad feeling; effects of disappointed love; throbbing pain in the occiput; sensation as if a nail were driven into the side of the head—better when lying upon it; the sore throat of Ignatia is better when swallowing solids; flickering zigzag before the eyes—this occurs in nervous states after grief, anger, or disappointed love; many of the eye symptoms are very deceiving; headache from coffee, tobacco, or stimulants—they even dread the smell of coffee; a lady will get sick-headache when in a room where there is tobacco smoked.

There are all sorts of spasmodic twitching of the facial muscles. It is a great remedy for spasms, stitches in the soft palate extending to the ear, stitches in the throat only between the acts of swallowing; the patient obtains relief from swallowing, (*Zincum*, has it in a less degree); sensation of a lump in the throat when swallowing; choking sensation as of a lump rising from the stomach (*globus hystericus*; the *Lach.* ball goes down). Ignatia in that is something like *Nux vomica*, but *Nux* is not useful for hysterical women. Ignatia is also worse on empty deglutition. Hunger and nausea at the same time; feeling of hunger in the evening, which prevents sleep; desire for various things, which are refused when offered (*Bry.*). Sometimes a hysterical person when vomiting will take a fit—the character of the vomiting is of little consequence—a handful of cold-slaw or some vinegar will relieve; sensation of weakness and sinking in pit of stomach. "All-gone" sensation, with sighing, calls for Ignatia only. Some of the very worst cases of hæmorrhoids may be treated with Ignatia—the pain running up into the rectum and bowels, the piles being either bleeding

or blind. Ignatia produces a very troublesome constipation and diarrhoea, which may be either mucous or bloody or slimy; menses too soon, scanty, or profuse—the blood is as black as tar, of a putrid odor, and clotty; hemorrhage from Chamomile tea; cramping pain in uterus, worse from touching the parts. This spasmodic state may be somewhat hysterical. It is a great remedy during pregnant state for puerperal convulsions and vomiting; for after-pains with much sighing, and perhaps globus hystericus and “all-gone” feeling in stomach. American and French women will usually require Ignatia for nervous conditions, while Nux vomica is the most suitable for English women. Ignatia is one of the most useful remedies in laryngismus stridulus (Gels. and Laur.); desire to take a deep breath; sighing; oppression of the chest—so great she thinks she has the heart-disease; coughs every time he comes to a stand-still during a walk. A nervous girl begins to cough in bed at night; coughs until she sweats, and the more she coughs the more she sweats, and finally she becomes exhausted from coughing. The longer she coughs the more the irritation of the cough increases. After a spasm the Ign. patient will become perfectly rigid; paralysis after great mental emotion and night-watching in a sick-chamber; chorea or chronic spasms, after fright, with grief; worse after eating; better when lying on the back. The Ign. patient will be perfectly wide awake one instant and fall asleep the next (Baptisia has it from congestion of the brain). The Ign. patient is generally jealous (like Apis and Hyos.). The chill, fever, and sweat is important and just as deceptive; chill and thirst better from external warmth (Apis and Arnica). As soon as patient gets near the stove the chill passes away, and *vice versa*. There is no thirst during the heat; internal chill, external heat, and *vice versa*; external heat, without thirst, with intolerance of warmth, but relief during the chill from warmth. The apyrexia will be attended by an “all-gone” feeling in the stomach; sensation as if sweat would break out—which does not follow. The patient is very sensitive to pain, contact, and injuries; generally worse from slightest touch, but better from hard pressure; symptoms worse from drinking water, because of the slight contact. Ignatia is similar in some respects to Zincum; they antidote each other (also Ign. and Coffee). As a general thing, the Ignatia patient is fine-grained, high-toned, and easily disturbed; sometimes tearful, but not in the same sense that Puls. and Apis are. The Ignatia patient is absent-minded, and will alternately cry and laugh.

HYPERTROPHY OF THE PROSTATE.

PROFESSOR A. McNEIL, M. D., SAN FRANCISCO.

Dr. B. Ehrman's article interests me very much, and it recalled a case to my mind confirming his statements. While living in Indiana, passing a house, I was called in. The patient was a mulatto, fifty-seven years of age. I saw that he was suffering from general dropsy, and he informed me that he was also suffering from an enlarged prostate. He had been the servant of Dr. Ishem, of Louisville, Ky., and he and Professor Holland, of the University of Kentucky, had agreed in that diagnosis. I hastily considered that from the dropsy and the urinary symptoms, complicated by the enlarged prostate, I could not cure, so I did not make an examination myself nor did I test the urine.

He for some months had passed no urine, except by the catheter, which he had been taught to use. He had intense thirst, but drinking water caused distress and vomiting. He had a great deal of restlessness and slept but little. With no hope of giving him more than transitory relief, I gave him Arsen.³⁰ in water. In a short time there was marked relief. He soon began to pass part of his urine in the natural way, and before long his catheter was no longer necessary. The dropsy soon went, and the dyspnœa, which had tortured him, also, so that he frequently walked to my office, a distance of half a mile. I gave him Arsen. in increasing higher potencies as the action was exhausted, not giving him any medicine as long as improvement lasted. I kept him in sight for seven months, when he felt ready to go to work. During all of this time, after the first week, he had no necessity to use a catheter. I am fully aware that non-Hahnemannians will say that is "another high dilution lie," but I ask them to study up such cases of enlarged prostates carefully, according to the rules laid down by Hahnemann for the examination of the sick, and give the indicated remedy, no lower than the thirtieth, and as long as improvement continues give no medicine whatever. When improvement ceases, re-examine and give a dose of the similar remedy, let it be the first or another, and then report the results, giving all the symptoms, so that all may judge as to the homœopathicity of the remedy, to THE HOMœOPATHIC PHYSICIAN. Be sure of the diagnosis.

I do not claim that all will be cured, but enough will to prove that a disease which sooner or later ends in death is amenable to homœopathic treatment.

POISONING BY THE BERRIES OF RHAMNUS FRANGULA.

Dr. O. Petersen reports in the St. Petersburg *Nieuve Woche-schrift*, No. 37, 1885, a case of poisoning, and remarks: "In general the berries of *rhamnus frangulæ* are considered harmless, and the lay-folks use it frequently for diarrhœa."

July 29th the doctor was called hastily in the evening to the son of a farmer who was unconscious and in convulsions. It was harvest time. The boy accompanied his father over the fields, and about four P. M. ate some berries of *rhamnus*. Driving home about eight, he complained of headache and vertigo. At home he wanted to moisten his head in the waters of a creek, but lost his balance, fell into the water, but was immediately removed from it. The vertigo steadily increased, consciousness failed, he began to act furiously, and complained of excruciating pains.

About half-past nine Petersen found the well-nourished boy of eleven years lying near the porch, thrashing about in such a manner that three persons could hardly keep him down. He screamed and laughed, and there were spasmodic twitchings of the muscles of mastication. The extremities twitched constantly; no opisthotonos. There was no regularity in the spasms, but chronic spasms prevailed. Consciousness was totally abolished, the pupils dilated equally on both sides, with slow and trifling reaction. Pulse greatly accelerated, small, filiform. The doctor tried to raise him up in order to give him some wine, but the muscles of deglutition failed to act and most of it ran out of his mouth. After repeated cold douches the pulse became stronger, the respiration rose, and the boy made some motions showing his dislike to the cold affusions. The spasms decreased so that a clysmæ could be given, which was retained, as well as a second one, only the gurgling of the fluid in the large intestines could be heard, showing intestinal paralysis, though the sphincter was still acting. The affusions were continued at longer intervals, ether given internally, and after three-quarters of an hour consciousness slowly returned, a copious alvine discharge followed, containing with much fecal matter the black skins and pits of the berries. Copious draughts of hot water and every ten minutes two teaspoonfuls of *Vinum Ipecacuanhæ* caused copious vomiting and discharge of berries and pits. He soon fell asleep and the next morning complained only of weak-

ness, pains in the pit of the stomach, and a heavy, white-coated tongue heated to acute gastric catarrh. After a few days he felt perfectly well. It seems that the poison—hydrocyanic acid—is not so much contained in the berries as in the pits, which in this case the boy masticated.

Allen, Vol. VIII, page 302, has a short article on rhamnus frangula, black alder, blackthorn alder (which he translates Zrech-wegdorn, whereas Petersen says Faulbaum), of which the texture and triturations of the bark, gathered in spring from the younger branches, is used. We read here: Vertigo, dullness of head, frontal headache, increased peristaltic movements of the bowels, rumbling in abdomen, profuse emission of flatus, accelerated pulse, general exhaustion, weakness of all the limbs, great distress.

The *United States Dispensatory*, fifteenth edition, page 698, says of it: "In its fresh state this drug is very irritant to the gastro-intestinal mucous membrane, producing, when taken in sufficient quantity, violent catharsis, accompanied by vomiting and much pain."

Bartholow, Wood, Hale do not mention it. Phillips (*Mat. Med. and Therapeutics*, 105) considers it a hydragogue cathartic and vermifuge (sometimes emetic), and well adapted to some cases of habitual constipation. *Its vermifuge properties should not be overlooked.*

This last sentence made me compare the symptoms of Rhamnus frangula with Santonine, as I saw a fatal case of poisoning with the latter, and showing similar symptoms, as unconsciousness, vertigo, dilated pupils, convulsive movements of the muscles of the face, especially of the lips and lids, nausea and vomiting, rumbling in abdomen, respiration rapid, pulse feeble and quick, most violent convulsions, with loss of consciousness, chronic spasms, beginning in face and extending downward, collapse.

Every case of poisoning is only a verification of our provings and will thus enlarge our knowledge of materia medica.

S. L.

REPERTORY OF CHARACTERISTICS.

We expect to commence printing this repertory about January 1st, and hope to have it completed early in June. We feel much gratified at the interest shown in this work, and hope to make a useful and reliable book—such an one as will be a valuable assistant to us all in our practice.

A VERIFICATION OF CAMPHOR.

Planet (Saint Pons) publishes the following case in the *Brussels Med. Psycholog.* of March, 1885: A young man, otherwise healthy, but somewhat nervous and inclined to be his own physician for slight ailments, took for sleeplessness, while suffering from a coryza, about twenty grains of Camphor in small pieces. He soon felt chilly, and a state of something similar to unconsciousness set in, and when he recovered he felt as if crazy. This repeated itself several times, till an emetic removed a large quantity of Camphor. He still felt a sensation of coldness from the stomach down the lower extremities, the hands appeared to him paralyzed, and all that he looked at trembled around him. After a few days' rest he returned to his work, but after three weeks, lateral headaches, sensation of globus, loss of memory, becoming easily frightened, palpitations, hallucinations, alternate weeping and laughing, pollutions without sexual ideas, and a state of somnambulism set in, and some time passed before he felt well again.

Allen, II, 424, gives us similar mental symptoms and many illusions of vision; 384, pain in the epigastrium, radiating all over the belly and into the limbs, coldness only in stomach; 414, cold sensation in upper and lower portion of abdomen; 484, incomplete erection, with weak venereal desire, which soon again vanished; emissions for several nights; nocturnal pollution without dreams; 540, palpitations; 607, limbs are difficult to move; 704, relaxation and heaviness of the whole body; 764, symptoms of intoxication, optical delusions, fright, screams, hideous sights; 816, chilliness over the whole body, etc.

As Cholera and Camphor go hand in hand, it may be worth while to lead our attention to the persistent action of large doses of Camphor, so that we may keep in mind our devise, *Die milde macht ist gross.*

S. L.

NOTES FROM PROFESSOR KENT'S LECTURE UPON ARUM TRIPHYLLUM.

This remedy is occasionally indicated in typhus, intermittent with typhoid symptoms, and the febricula of little children by peculiar and distinct symptoms. Little children bore their fingers into their nose. There is more or less pain, still it bores and picks its nose—even tries to get the entire fist in. These

symptoms must be accompanied by scanty or suppressed urine. There is more or less delirium, general redness of the eyes, catarrhal state of the nose, with corrosive discharge, which causes itching and tingling, provoking the patient to bore. Coryza fluid and acrid; water runs down over the lip and produces a raw streak in its course; excoriates the upper lip and wings of the nose. During day yellow, thick mucous discharge; nose stopped up, worse left side; must breathe through the mouth; worse in the morning; drink passes up through the nose. Corrosive nasal discharge generally, but sometimes thin and bland. (Ars. has a corrosive discharge but it does not compel the patient to pick the nose.) The important feature is, the child will pick and bore in the nose continually. Picking of the lips until they bleed. The corners of the mouth are sore. This remedy is sometimes indicated in scarlatina. (Bell. Arum-t. patients desire to be covered, Apis uncovered.) Swelling of the submaxillary glands. (Merc. if submaxillary glands are alone swollen.) Excessive salivation. Buccal cavity sore, raw, and bleeding. The first indication of the action of this remedy is that the urine begins to flow. In all of these acute inflammatory states you must repeat your remedy every hour. Clergymen or singers have sore throat or laryngitis, brought about by excessive speaking or singing. Give them Arum-t. This is not provoked by a cold usually, but immoderate use producing a weakness of the vocal cords.

A PLATINA CASE.

Dr. Seutin, of Brussels (*Revue Hom. Belge*, July, 1885, p. 113), in an article on Platina relates the following case:

A lady suffered for several days from an intense uterine hæmorrhage. The apparently most appropriate remedies, as Aconite, Belladonna, Ipecacuanha, Pulsatilla, Sabina, Secale, and finally Cinchona, produced only transitory amelioration, always followed by renewal of the severe flooding. Seutin felt puzzled about his failure, and in a fresh examination the patient indulged in extravagant praise of her own family—her husband, her children, her brothers and sisters. This tendency to vanity and boasting led the Doctor to prescribe Platina, sixth, two drops in one hundred and eighty grammes distilled water, a tablespoonful every hour for a few hours and then in lengthened intervals. After twelve hours all flooding had stopped, she felt well, and

only for sake of precaution she was advised to keep quiet for a week.

He agrees with Hahnemann, Hering, and Hughes that Platina is to females what Aurum is to the male sex, and in chronic ovarian affections Platina holds the same place which Aurum occupies in corresponding affections of the testicles.

The old school has spoken lately in high terms of Platina chloride in chronic syphilis and condylomata. In a score of obstinate cases, which failed to yield to Potassium iodide, a prompt cure followed the use of Iodide and Chloride of Platina, five drops of the third decimal dilution twice a day. Teste, in his *Systematisation pratique*, places Platina next to Thuja as antisycotic.

WHOSE THE ERROR: GOD OR MAN?

While two national societies are "revising" our materia medica, a single physician in far-off Arkansas is interrogating Nature. *His* employment I deem far the worthier; but, alas! he is committing a heinous offense, for he is adding yet another "remedy" to a materia medica that is already "too large!"

Isn't it a pity that the Almighty should have invested each separate plant with its special virtue, and have made so many plants, and thereby have occasioned us so much trouble in mastering our materia medica? If the whole universe contained only ten "remedies," how much nicer would it be, and how compact and how handy our pocket-case would be, and how much simpler the study of materia medica would be! Really, hasn't the Omniscient made a mistake? It looks as if two national societies (when their "revising" job is done) will soon answer this pregnant query in the affirmative. But this is only *my* opinion, and what am *I* compared with two national societies, two editors, and six "consultative" appendages?

Of late years the trend of "our school" is hardly a matter of jubilation to the thoughtful observer. The leaven of agnosticism has found its way into our societies, brought thither by the *Zeitgeist*, and the wily Father of Lies glosses it by calling it "Science," and many are deceived, and the end thereof is—your know *where!* Meanwhile, in far-off Arkansas, one simple-hearted physician makes an old-fashioned "proving," showing that Hahnemann's life-teachings are not *yet* obsolete. Twelve righteous men would have saved Sodom, and there may be

twelve left to make old-fashioned "provings" in these United States, and we may be saved—who knows?

Of course, if this Arkansas physician had only made his "proving" under the direction of some materia medica "revising" society, and not according to the old-fashioned Hahnemannian method, his results would be "scientific" and *a la mode*; as it is, his "proving" must enter the lists and win its spurs despite all our "revising" societies. This it can do, and just this every true thing will do, maugre all manner of societies known to men. It is a pity that it is so, for the fact hints that truth *was* even before "revising" societies were.—*Dr. S. A. Jones in Bulletin of Homœopathic News.*

MENTAL DISEASE AFTER AN OPERATION UPON A FISTULA.

April 4th was called to see T. P., Boston Highlands, æt. thirty-nine, dark eyes and complexion, considerably emaciated, his face deeply pock-marked in consequence of variola, which he had many years ago. Sitting on the sofa, his head hanging forward, lower jaw dropped, the tongue lying loosely between the teeth, saliva running from the mouth, his eyes without expression, he has the full appearance of an idiot. His articulation is very imperfect, the tongue lolling about in his mouth, with only occasionally an intelligible word. Is uneasy and restless, his eyes rolling vacantly from object to object, frequently endeavoring to rise, which is done with great effort and awkwardness, and after getting on to his feet the *body bends toward the left* to such an extent that his keeper is obliged to support him from falling over toward this side. In walking, drags his feet, and the direction of his steps is always *toward the left*. Is entirely unable to feed himself, dropping his food into his lap and out of his mouth, must be fed, and seems quite indifferent to food.

Upon close questioning, I find his left arm and left leg seem more useless than the right, although this is not very apparent to me. He seems impressed that he is followed by enemies who are trying to harm him, attempts to leave the room as if frightened by visions close behind him.

It was entirely impossible to get an intelligent answer from the patient, but his wife's account is as follows:

Has been "doctoring" for costiveness for more than a year;

about three months ago a fistula in ano appeared, which was operated upon eight weeks ago. A few days after the operation complained of his head, particularly pain in *left temple* and occiput, aching pain in lumbar region; five weeks ago came home from his work feeling dizzy, faint, and nauseated, talked incoherently, and soon afterward used a language no one could understand, as it were a foreign tongue; has been entirely without mind since. Will frequently cry and whine, then laugh in the silliest manner. Has not slept at all nights, sleeps only for a minute or two at a time during the day. Is often violent at nights, so that he can with difficulty be kept in bed; endeavors to climb up the bedpost, and grasp at imaginary objects; is indifferent to food, but will eat a little when fed. After the most powerful drugs he has small costive operations, only once in six or seven days, voided with great difficulty.

This patient was seen and treated by three allopathic physicians, one a physician from an insane asylum. They gave up the case as incurable, and advised the patient to be taken to an asylum. In their opinion he could live but a short time.

The wife, whom I had relieved of sick headache some years ago, sent for me. I gave her no hope, but required a month's time to try a remedy which seemed strongly indicated. Should he grow more troublesome and boisterous, it would then be time to send him to an asylum.

The pathogenesis of *Lachesis* has the most striking similarity with the prominent features of this case, of which I will here mention the *left-sided* affection of head and limbs, the dropping of the lower jaw, the paralytic condition of the tongue, the lolling speech, and, above all, the symptoms of the sensorium.

On the 4th of April I gave a dose of *Lachesis*^{200th} (Dunham), dissolved in six tablespoonfuls of water, a tablespoonful to be taken every four or five hours until used up.

On the 8th of April, four days later, I saw him again; has slept two hours the second night, speaks better, articulates more distinctly, answers in a vague, dreamy way, is still followed by enemies, and endeavoring to get out of the house, broke a large pane of glass in the front door; can feed himself better, and walks with less inclination toward the left; had a good stool the evening before. *Sac. lac.*

April 12th.—Reports a great deal better, speaks connectedly, horrid visions coming up through the floor of the room occasionally, continual pain in left temple, but less severe, has had three good operations. *Sac. lac.*

April 16th.—Talks quite rationally; says he has lost all his

fancies and visions since the last two days; slight pain in left temple; backache nearly gone; two good stools; has been out to walk, and does not require the assistance of his nurse. *Sac. lac.*

April 22d.—Complains of left temple, as if a screw were being driven into it; forgets recent occurrences; dizziness every afternoon; appetite excellent, speaks well. *Lachesis*^{200th}, in water, every six hours a tablespoonful, for twenty-four hours. In a week after he rode out, and is now, May 18th, as well as he ever was, and much better than for two years. The only difficulty he complains of is a soreness in the rectum, lasting several hours after an operation. I told him this was the most favorable symptom he could mention, and if he were fortunate enough to have the fistula reappear would never be troubled with his head again, even if it took *years* to cure that affection strictly *homœopathically*.

W. P. WESSELHÆFT, M. D.

NOTES, CLINICAL AND PATHOGENETIC.

E. W. BERRIDGE, M. D., LONDON.

1. *Kali carb.*—Mr. W., after taking *Kali carb.*^{3cm} (Fincke) every two hours for acute spinal disease, noticed the following symptoms: dreamed the same dream repeatedly, about a dozen times in all, and on waking had a vivid recollection of it; after he told his wife it did not return. Compare similar symptoms produced in another patient of *Kali carb.*^{4m} (Jenichen), numbered 1629 in Allen's *Encyclopædia*.

2. *Kali carb.*—Miss H. took for myelitis *Kali carb.*³⁰, 3cm (Fincke) and cm (F. C.) with great benefit, but preceded by aggravation; the 3cm caused most aggravation, the 30 and the cm least of all.

3. *Podophyllum*.—Mr. J. once took, by the advice of a pseudo-homœopath, a drop of the strong tincture of *Podophyllum* in the evening. Next morning there was dryness and swelling of tongue, which was yellow-striped; in two or three days more the tongue become quite red and very rough, still remaining dry and swelled. These symptoms lasted quite two weeks. On two other occasions a dose produced similar effects on him, in one instance lasting ten days.

4. *Zinc*.—Miss S., æt. fourteen, suffering from left hip disease, was much relieved by *Zincum*^{cm} (Fincke), the keynote of the case being "*cracking in sacral region*," which was removed by the medicine. See Bönninghausen's *Repertory*, p. 170.

5. *Hyoseyamus*.—Mrs. B. was delivered at twenty-five minutes past twelve P. M. At nine P. M. complained that she had passed no urine since half-past nine A. M. Has almost constant desire to urinate with discomfort in bladder, aggravated by the least movement, and by lying on either side, relieved by lying on back; putting the child to the breast caused the same symptoms. *Hyoseyamus* ^{1m} (Jenichen), promptly cured.

6. *Saccharum lactis*.—Mrs. B. felt thoroughly exhausted from overwork and nursing a patient. Gave a dose of *Sacch. lactis* ^{cm} (Fincke), and in five minutes the exhaustion was gone. (This has been verified by others.)

BOOK NOTICES.

A TEXT-BOOK OF MATERIA MEDICA, Characteristic, Analytical, and Comparative. By A. C. Cowperthwaite, M. D., Ph. D., LL. D., Third Edition. Pp. 697; price, \$6.00. Chicago: Gross & Delbridge, 1885.

This work has been before the profession for several years, and its character, therefore, must be very well known. For the benefit of those, however, who may not be familiar with it we may say that it is simply an annotated edition of the *Materia Medica*. The symptoms of a drug being stated in the ordinary way, any other remedy having the same or a similar symptom is added in parenthesis. This is an excellent idea for facilitating the study of the materia medica. The work before us had, to our mind, very humble beginning, but the efforts of the author are evidently appreciated, for this is the third edition, and it is now nearly three times the size of the first issue. Yet much more in the way of notes of comparisons of related remedies might be added with advantage. Thus, under Sulphur we have the symptom, "the child dislikes to be washed and bathed." The similar remedy to this is given—*Ant. crud.* We suggest that the following might be added with propriety:

Nat. mur., desire to wash in cold water. (Hering.)

Acon. and *Fluoric acid*, amelioration from washing diseased part. (Lippe.)

Ant. crud., child cries when washed in cold water; better when washed in warm water.

Many other notes might similarly be added throughout the book, increasing its usefulness.

However, as it is it must often prove a welcome assistant in the toil of finding the similar remedy.

We hope that the sale of this third edition will be so rapid that the author may be encouraged to publish another one having many more annotations.

W. M. J.

OTIS CLAPP & SON'S VISITING LIST AND PRESCRIPTION RECORD.

This list resembles, somewhat, the lists usually made for physicians of the "regular" school. It differs from most lists by being perpetual. It may be

used in any year and at any time of the year without wasting space. It contains the usual obstetrical calendar and a list of poisons and their antidotes. The paper is of excellent quality and the binding neat and substantial.

A NEW JOURNAL.—With this (November) number the publication of Boericke & Tafel's *Bulletin* will cease, and in its place will be issued *The Homeopathic Recorder* six times a year. Dr. J. T. O'Connor has accepted the editorship. The journal will be devoted mainly to giving excerpts of interesting articles from the foreign medical press, and to the introduction of new remedies and the dissemination of a better knowledge of many of the older ones.

THE HOMEOPATHIC PHYSICIAN'S VISITING LIST AND REPERTORY. By Robert Faullner, M. D. Second Edition. Boericke & Tafel; price, \$2.00.

This useful adjunct to the physician's daily practice comes to us in neat binding and gilt edges. It is conveniently arranged and is everything the homœopathist can desire.

BOOKS AND PAMPHLETS RECEIVED.

REPORT OF CALCUTTA HOMEOPATHIC CHARITABLE DISPENSARY FOR 1884-85.

THE SURGICAL TREATMENT OF CYSTS OF THE PANCREAS. By N. Senn, M. D., Milwaukee, Wis.

IRITIS, ITS RELATION TO THE RHEUMATIC DIATHESIS AND ITS TREATMENT. By Charles J. Lundy, A. M., M. D., reprinted from September No. of *The Physician and Surgeon*.

DRUGS AND MEDICINES OF NORTH AMERICA. Edited by J. U. and C. J. Lloyd. September No.

NOTES AND NOTICES.

SUPPLEMENT FOR 1886. See advertisement, on page 3.

DR. C. A. HARMON, of Lancaster, O., proposes prostatotomy for the relief of hypertrophy of prostate gland (vide *St. Louis Periscope* for October).

DR. PERCY O. B. GAUSE, of Philadelphia, has located for the winter at Aiken, S. C., where he will continue practice. He solicits the care of patients ordered South by their physicians.

WARNING.—The *People's Health Journal* of Chicago warns its readers against the abominable habit which many people have of putting money in the mouth. It is a dangerous practice, as syphilis may easily be taken in this way.

DR. WILLIAM BENJAMIN CARPENTER, LL. D., F. R. S., an eminent English physiologist, has lately died from the effects of terrible burns, caused by the upsetting of a lamp while he was taking a vapor bath for rheumatism.

THE MEDICAL NEWS (of November 7th) copies from an exchange an interesting account of a girl born without any vagina. An operation was performed, relieving the uterus of about two quarts of retained menstrual fluid. An artificial vagina having been established, the girl thereafter menstruated regularly.

SIR JAMES PAGET has been tracing the course in life of one thousand medical students taken at random from an English institute. He found that twenty-three out of the one thousand achieved distinguished success; sixty-six had considerable success; five hundred and seven made a living; one hundred and twenty-four had a very limited success, not having made a fair practice within fifteen years after graduation, and fifty-six failed utterly. Nearly ten per cent. (ninety-six) of the whole number left the profession after beginning either study or practice, eighty-seven died after entering practice, and forty-one died when students.

"THE AMERICAN OBSTETRICAL SOCIETY" is the name of a new association started in New York in October last "to engage in the study of the art and science of obstetrics in a systematic manner, with the hope of making its practice more exact and satisfactory." The officers are: President, George W. Winterburn, M. D., of New York; Vice-Presidents, Henry Minton, M. D., Brooklyn, N. Y.; Professor Sheldon Leavitt, M. D., Chicago; Professor Walter Wessellheft, M. D., Cambridge, Mass.; Secretary, Everett Hasbrouck, M. D., Brooklyn, N. Y.; Treasurer, Clarence M. Conant, M. D., Orange, N. J. For further particulars apply to the Secretary.

THE BACILLUS OF CHOLERA.—Those who believe that Asiatic cholera is caused by a specific germ, but are not ready to accept the conclusions of Dr. Robert Koch concerning the comma bacillus and its work, may find support for their theories in a report of a committee of eminent English physicians upon the investigations made by Drs. Klein and Gibbes. * * * * *

The English investigators found the comma bacilli of Koch, but they do not admit the soundness of his conclusions concerning the power of these organisms. They declare that the bacilli are found only in dead tissues. The committee declares that their report justifies the inference "that no direct relation exists between the number of comma-shaped organisms associated with the choleraic process and the gravity of the disease, and that these organisms are not found in the blood or tissues, and are not ordinarily, if ever, to be found in the tissues of any part of the intestinal canal in even the most acute cases of cholera when the post-mortem examination is made immediately after death." The investigators found the same kind of organisms in cases of intestinal diseases other than cholera. They undertake to show that water containing the comma bacilli has been used with safety in Calcutta by hundreds of families. They declare that it has been proved by their experiments that it is not possible to produce in animals by inoculation with these organisms taken from cholera patients "any illness, be the introduction into the system carried out by feeding, by subcutaneous injection into the jugular vein, or by injection into the cavity of the intestine." They add that there is no direct experimental evidence that cholera can be induced in man by the introduction of a pure cultivation of comma bacilli into his system. * * *

—The New York Times, November 29th, 1885.

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